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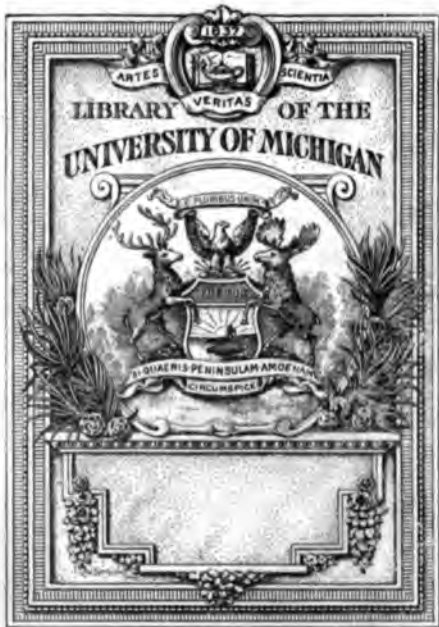
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THE
MEDICAL ADVANCE

A MONTHLY MAGAZINE OF
HOMŒOPATHIC MEDICINE.

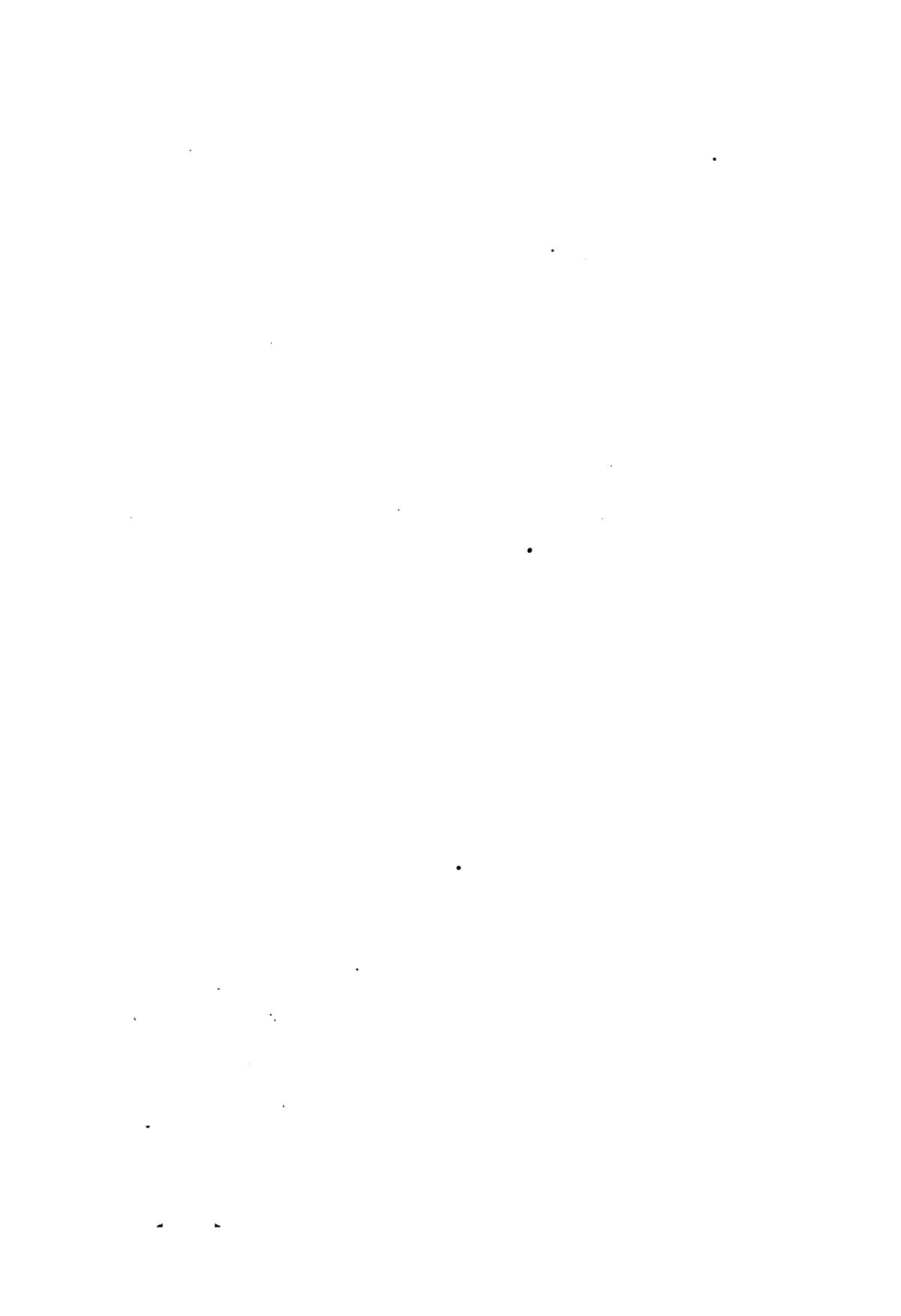
EDITED AND PUBLISHED

BY

HENRY C. ALLEN, M. D.

VOLUME XVII.

ANN ARBOR, MICH.:
THE ADVANCE PUBLISHING COMPANY.
1886.



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THE MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

VOL. XVII.

ANN ARBOR, JULY, 1886.

No. 1.

ORIGINAL CONTRIBUTIONS.

CAN THE PROGRESS OF ZYMOTIC DISEASES BE ARRESTED BY ARTIFICIAL MEDICATION ?

P. P. WELLS, M. D., Brooklyn, N. Y.

"That which has been, is possible."—*Old Proverb.*

The affirmative of this question has long been denied by men of high position in the profession, both of the old school and the new. Fifty years ago, in an address before a State Society in one of the New England States, a professor of *Materia Medica* in one of the most honored medical schools in the country, denied this as to scarlet fever. And since then we have heard it denied many times, from men less eminent in position and natural and acquired endowments, as to the zymoses in general. They have said this is impossible. It has been said by so many, it is very likely the great majority of physicians have come to the acceptance and belief of the negation. This is the more to be regretted because wise men are not likely to be found striving for that which they believe it is impossible to obtain. And hence a cessation of effort to displace confidence in a judgment which is false, the consequences of which can only be disastrous to the sick, and to progress of knowledge and success on the part of the physician.

If it be asked, Why is this skepticism as to this limitation so general if it be not a truth? we can only reply: Zymoses

may not have been "*cut short*" in the experience of any one of these negators, and hence the affirmed impossibility. It may indeed be true that they have never succeeded in arresting the progress of such cases by medicines. They may never have seen such progress arrested in the practice of others; but does this justify the denial that this arrest is possible? Before this negation can be so justified, it must be shown that these negators are the possessors of all knowledge and skill, and their experience embraces all that the world has seen. It would hardly be conceded to such a claimant that he is a modest man. He may be honest, but not modest. The "impossible" is only known to omniscience, and we know no reason for conceding this attribute to these negators. It is worthy of remark that some of those who deny the affirmative of our question are of those who would be leaders in a school of medicine which claims to have a foundation on definite principles—which have their existence in the nature of things, and not in any degree on man's acceptance or rejection of them.

This school claims that one of these principles is a God-ordained law of relationship between sicknesses and the agents which are their assured curatives; that a right administration of this law is equal to the cure of whatever is curable in human sicknesses. This law, which this class of negators is supposed to have accepted, declares that like will cure like. It declares that this is true of all curable cases. Law does not say all cases except zymoses. It makes no exception of these when it claims for itself universality of application to sicknesses as an evidence of its genuineness as a natural law. To accept this claim, as some affect to do, and then turn to limit its application as to the zymoses, is much as if, in accepting gravitation as a natural law, one were to say, yes, it applies to all ponderous bodies except—what? If there be any *what*, then it is conclusive that gravitation is no natural law.

Law proposes and promises to *cure*, not to permit sickness to run a certain course without loss of life. And before zymoses it has never said the power of its right ad-

ministration to cure them is limited to any stage of their progress, more or less remote from that of its initiation. If there be failure to *cure* these at any stage, the cause should be sought, and will be found, not in any limitation in the law, but in the incompetency or carelessness of its administrator. If truth compels one to the acknowledgment that "cutting short" the progress of zymotic diseases has been rare in his experience, or that he has never seen this in his own practice or that of another, let him look to *himself*, not to any limitation *in the law*, for the cause of the failure. Let him give more intelligent and careful attention to his attempts to administer this law, which he accepts, and perhaps boasts of, and he may thus come to a new and better experience in the better results which will follow better efforts.

Is it pretended there is aught in the nature of the causation of these diseases, or in the character of the phenomena they exhibit in their progress, which places them, more than other sicknesses, beyond the jurisdiction of our universal law of healing? If so, in what does this disabling peculiarity consist? If there be nothing of this, and the utterances of those who deny the possibility of cutting short the progress of this class of sicknesses, when the process of the actions of these causes has once been initiated, have no other foundation than the failure of their own efforts to effect this, then the assertion of this impossibility rests on assumption for themselves of all possible knowledge and skill, and that this has been applied to these cases for their cure, and with only repeated failures as the result.

We do not accept this record of failures as proof of the asserted impossibility. We reject the assumed possession of all knowledge and skill, and more, the claim that these have been present and active in the conduct of the cases which have ended only in these many failures. We reject this the more confidently because *we have seen* these diseases "cut short" repeatedly, and, therefore, we affirm, with confidence, the possibility of this, and the duty of the practitioner of *specific medicine* to strive for this in

every case of the zymoses he may be called to care for.

The outcome of the following case, the first of the kind I attempted to treat homœopathically, answers the question at the head of this paper affirmatively, and the answer seems to be conclusive as to the *possibility* of the arrest questioned. The patient was a little girl, nine years old. Her posture in bed and general aspect were eloquent in declaring the profound nature of her sickness. She had dull, dusky-red color of face, an expression of anguish, skin hot and dry, pulse 140, constant muttering delirium. She could be recalled to consciousness and intelligence by questions, which, once answered, she immediately returned to her imaginery world, and converse with imaginary beings. She complained of great pain in her head, was intolerant of light and noise. She coughed violently and said her chest felt as if it were all raw inside. Cough was without expectoration. The abdomen was distended, tympanic, and extremely sensitive to touch over its whole surface. A diarrhœa of frequent, watery, brown, offensive passages, was rapidly exhausting her life powers. Tongue dry, rough and brown. She had great anxiety and restlessness.

This is as true a picture as I can give of the case as I first saw it. It will be observed that it is made up of *diagnostic* or generic symptoms; the specific, or those controlling the choice of remedy, are, after these many years, not so easily recalled. This is not important to our present purpose, as we are not drawing up a model case for the tyro's imitation, but only attempting to show the *possibility* of even a severe example of zymotic affection being "*cut short*" by specific medication.

It was now but a few months—two or three—since I entered on a course of clinical experiments, the object of which was to prove the nothingness of the means Homœopaths pretended to employ for the cure of the sick. I fully and honestly believed, when I began this trial, that the curing power in these was wholly an affair of the imagination, and this I set myself to prove. The experiments were few before I found I had "caught a Tartar," or

a Tartar had caught me. The results made me the most astonished man in the county. I had had such surprises that I was half inclined to believe *everything* could be cured by the means I, and all good allopaths like me, had so greatly dispised and hated. It was in this state of mind I met this case. Of course I was almost wholly ignorant of the true method of finding specific curatives for sickness; but I did as well as I knew and did *wrong*. I gave the patient the nearest simillimum to the group of *diagnostic symptoms* I have given above that I could find, and expected from this such results as had followed my late attempts at homœopathic prescribing. I was disappointed greatly, and did not know the reason why. The reason was, this was *not* homœopathic prescribing. The foundation of the prescription was the symptoms which decide the *diagnosis* of a case, which often have little importance as guides to the selection of a curative. The patient was much worse when seen at the next visit, and I was alarmed. I was dealing with this grave sickness with means of which I knew little, and the parents who trusted me to treat their child knew nothing; and if in these circumstances the child should die, it would be bad for both parents and doctor. I had done as well as I knew, and supposed I had complied with the demands of the law, and the result was—worse! I had not the knowledge which could show me my mistake, nor the courage to go on with the course of which I knew so little. I had treated cases I had called by the same name allopathically, and they *had not all died*. I believed this case would surely die; but I would try it allopathically and did. The result of this was the patient grew worse so rapidly that, when next seen, her death seemed assured. Then I said if she *must* die, it may as well be under the new as the old; and as I had already seen extraordinary recoveries under the new method, I determined to try this again, and proceeded as I should have done at the first. I made a careful record of all the symptoms of the case I could either see or learn from her attendants, and then took this to my room, and spent the next seven hours in comparing this record with every

member of the *Materia Medica* which had any of her symptoms; and this was repeated again and again till those remedies which were least like were eliminated from the list and only one remained, and this was accepted as the "most like," and was given to the patient—one dose in water, at 4 o'clock P. M. She was next seen at nine o'clock next morning. She was *up and dressed and sitting on the sofa!* She got no more medicine, and needed none. I heard from her many years after. She was living, and had remained in good health from the time of this convalescence.

No man of decent intelligence could have hesitated a moment in the diagnosis of this case *if he had seen it*. After a recent recital of it, I am told, my diagnosis was called in question by some who had *not seen it*. There could not be the shadow of a doubt with any competent physician when he called it a genuine case of typhoid fever. A questioner of the correctness of this, before the case, would at once, and easily, have been convicted of either ignorance or stupidity. Those who recently disputed this, not having seen the case, will probably only stand convicted of impudence.

But can other species of the zymoses be "cut short" in like manner by *exact* specific (or homœopathic) prescribing? If "that which has happened is *possible*," then we can have no hesitancy in saying they can. Here is another case that proves the truth of that which we affirm:

Mrs. E—, twenty-eight years of age, nursed her little son of seven years through a severe case of scarlet fever. She was with him and cared for him night and day, till he came to the stage of desquamation. The case had been a severe one. At this period, and about the third day after the first appearance of the scales, the mother was found in the morning with violent headache, hot, dry skin, pulse 140 per minute, throat intensely inflamed, and very painful when swallowing, and, what was singular in the case, this pain was not inside of the throat, but on the *right*, outside, which was also very sensitive to touch. Face and eyes were red, eyes injected, and there was great bodily rest-

lessness. I do not see how even a querulous diagnostician could fail in the circumstances of the case, to recognize and acknowledge that here was a genuine scarlet fever, on which the severity of the symptoms, and the protracted fatigue and anxiety of the nursing, imposed a grave prognosis.

In searching for the specific for this case, that never-to-be-forgotten rule in the 153d section of the "Organon," to have, in this search, "chief regard to those symptoms which are *peculiar*" was permitted to decide the choice. Evidently, here, that which was most "peculiar" in the case was the pain, when swallowing, on the right *outside* of the throat, and the great sensitiveness of this part to touch. The other symptoms were sufficiently like those found generally in this fever, and therefore decide its diagnosis, but are of little importance as guides to the specific curative. The generic symptoms were discarded when we began our search for the remedy. I had never met this peculiarity in any case of this fever before, nor did I remember it as a part of the pathogenesis of any drug. It was found, however, but not in the record of any drug which I had seen mentioned as related to scarlet fever, but in that of one I had never prescribed for any form of sickness. And yet, when this "*peculiarity*" was found, the drug was given with fullest confidence, and this was justified by the result. Every symptom of the case had vanished at the end of twelve hours, and the care of the patient for her boy was not interrupted. She got but *one* dose of the medicine. In just one week from the day of this first attack she, having been all the time in the room with this desquamating boy, had a repetition of the attack, with symptoms identical with those of the first. These were perfectly and permanently removed by one dose of the drug which so promptly cured the first, and in the same brief period of time. [Niccolum, Ed.]

Then a third case of another sickness, testifies to the possibility of this "cutting short," which confirms the affirmative of our question in this manner: The patient was a young doctor, twenty-two years of age, who had

lived a life of health; was exposed to the contagion of small-pox in the first year of his practice, and notwithstanding repeated vaccinations subsequent to that of his infancy, none of which had taken, he contracted the disease. The initiating fever was the severest I have seen as the introductory of this dreaded plague. The pain in his head he described as if his "head were filled with coals of fire." The heat, restlessness and pulse were in severe accord with this. The eruption, when it showed itself, was in small umbilicated vesicles, standing so thick there was not space for a small pin's head between them, and this over the whole body, from the top of the head to the soles of the feet. It was certain these would all coalesce when they should develop into the full pustule. The prognosis of course, was very grave. At this point in the case, the patient got one dose of a remedy which, though we are told has been much laughed at by the American Institute, was followed by most remarkable results. The whole case was aborted from that hour. The pustules did not fill out. A thin, scale-like scab formed on the vesicles, which soon dried and fell off. The eruption left but one small scar, though it had been so abundant. There was no secondary fever for there was no suppuration. Nor had the patient any other symptoms after taking his laughed-at dose. The whole of this severest case of variola I have ever treated or seen, *vanished* as if into the air. Perhaps the Institute will acknowledge the right to laugh to him who wins.

The object of this paper is not to give models for treatment of other cases which may be called by the same names given to these here reported. This is wholly unprofitable, misleading and useless. It is only to present evidence, from experienced facts, that the denial of the possibility of abridging the duration of the zymoses by medication is wholly destitute of truth, and therefore unworthy of confidence. For this purpose we have given a single example from each of three of the most important members of this class, in each of which medical treatment did unmistakably cut their progress short. And now, who is there to deny that that which *has* taken place is *possible*.

Then *why* are those who deny the possibility of this success with the zymoses so many? And are they honest in their denial? On what reason do they base this denial?—are questions which naturally arise just here. The *why* is evidently, partly because they have been so taught, and partly because they have not seen this success in their own practice, and hence they sincerely believe it cannot have been realized in that of another, and this is their mistake. They have not realized this success because they have not been taught the only way in which it can be secured. They may have rested on the teaching they have received, and so have made no efforts to attain this supposed impossible success; or they may have made earnest and honest endeavors to achieve this, but have failed. And why? It can only have been because their method of seeking the necessary means for this success was a wrong one. If they had truly obeyed the requirements of our natural law of healing, and given less heed to the false teachings which have led them off to seeking a simillimum for their diagnosis, or for a supposed pathology of their case, the result might have been different. In the case of typhoid fever we have reported as "*cut short*," there was no success when a remedy supposed to be like the diagnosis of the case was given. Matters were only made worse by this, and if this course had been persisted in, there can be no doubt the case would have terminated fatally. But when *typhoid fever was forgotten*, and only *the phenomena* of the sickness were remembered, and a simillimum for these was sought and found, the result of its one dose left nothing for any other dose or any other drug to do. The case was "*cut short*"!

So in the case of scarlet fever. There was no thought of *diagnosis* or *pathology*, or of *pathological anatomy* of the case when searching for a simillimum to its phenomena, and this because these sciences have no place in the prosecution of this duty. Does anyone say that a prescription resulting from a search for a remedy where these sciences have been excluded is "unscientific" therefore? Nay, but that prescription is an "*unscientific*" prescription

into which these sciences have been intruded, where, under the law they have no place. And perhaps it may not be unreasonable if we refer the alleged want of success in abridging the duration of the zymoses to this wrong use of these valuable sciences, which are only valuable when rightly used in the right place, and for the purposes to which, in the nature of things, they are adapted. Is the prescription in this case of scarlet fever denounced as unscientific because these sciences were excluded from the process by which it was reached? Could the result have been *better* if they had been admitted to this process? It might have been *different*. Could it have been *better*?

The same was true in the case of small-pox. Only the phenomena of the case were regarded in deciding the question of the remedy, and we do not see how the result could have been better if all the sciences known to man had been lugged in with intent to aid in this decision. The prescription could not, therefore, have been made more "scientific" or successful. A *prescription* is made "*scientific*" when it is in accord with the science of therapeutics, and the natural law which underlies this. Failing of this accord, it is unscientific, if, in its make-up, all the sciences in the catalogue have had a part. This expression, "scientific," is the most misused and misleading of all words, as at present so often used. The effect of it is, or is often intended to be, to justify any absurdity in practice into which there is a pretence that any number of sciences have been lugged in, and the more of these, the more "scientific" the absurdity is supposed to be. The problem being to find a specific which will cut the progress of a zymotic disease short, this practice which intrudes sciences or considerations into it which have no place there, under the law, may therefore be counted the more "*scientific*" by those so doing, but it will not, for this reason, be more *successful*. It should be no surprise to those who are intelligent in therapeutics when told by those who thus practice that they have never seen any member of this class of diseases "cut short" by medication. How could they have seen this when confessedly they have never

sought this under the guidance of law, but only by violating its fundamental principles?—*N. A. Journal.*

TYPHOID FEVER.

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In the discussion of Dr. Wells article on the abortion of zymotic diseases in *N. A. Journal* for May, Dr. Schley said:

"I have heard with some astonishment the statements of Doctors P. P. Wells and E. Carlton about the sudden arrest of typhoid fever within five or six days of its commencement, apparently by the action of homœopathic medicine. Doctor Carlton states that he saw his patient on the fourth or fifth day, and that within forty-eight hours the patient was safely convalescing. Now, it is a well-known fact that it is often impossible to make a sure diagnosis of typhoid fever before the sixth or seventh day, and then we must meet with a fever, enlarged spleen, a rash, tenderness in the ileo-cæcal region, and perhaps diarrhœa. Two or more of these must be present, or all, perhaps.

"I am a homœopathic physician and propose to remain one. I am, unfortunately, not as accurate a prescriber as Dr. Allen, but I *believe* in the efficacy of our drugs, and am often contented with them; but in acute diseases, as croupous pneumonia, typhus and typhoid fever, and scarlet fever, which are self-limited, we must not be boastful of the results of medicines administered. These diseases run a course peculiar to themselves, and I am doubtful if we may check it. I have had several cases of typhoid fever under my care during the past winter, and many more from time to time since living in this city, and I have *never* seen a case aborted (?) before the fourteenth day, or reach its crisis before the twenty-first day."

1. The objection of Dr. Schley (p. 463) is purely diagnostic in an allopathic way, and does not touch Homœopathy at all. Dr. Wells called the case for registration typhoid fever which was perfectly correct because it had symptoms similar to typhus, which means typhoid. According to Dr. Schley he would have had to wait till the nosological group required for allopathic diagnosis was complete, but in the mean time the patient probably would have died. Dr. Wells' diagnosis was homœopathic; he selected his remedy according to the totality of symptoms and was so successful, that no allopathic diagnosis was

needed. Hence it is a fallacy to diagnose in the allopathic way because you have to wait for the development of the species of disease, and meantime lose the opportunity to heal on the spot. This is the great advantage of the Hahnemannian teaching that the present positive symptoms are sufficient to serve as healing instruments, as soon as observed. How many diseases of the allopathic description are prevented by taking the remedy immediately after the first symptoms appear! And in that consists a greater art, needing more acumen, than after the disturbance develops to a whole totality of symptoms comprised under a nosological name. Here is, therefore, a great lack of judgment in the objectors, because they put the allopathic diagnosis before the homœopathic one, and it is, because they have departed from the teachings of Hahnemann whom they think antiquated, while their own myopia does not allow them to see that these very teachings will be true for all time to come.

2. If the Doctor (p. 463) is doubtful whether a self-limited disease can be checked, or rather cut short (for no good Homœopathician will ever check a disease) he will have to learn yet from experience, and not set himself up as a critic when he is only a sceptic. A too close adherence to allopathic pathology misleads the Homœopathician, because no two cases even are alike, and according to Hahnemann every one has to be treated according to its own individuality.

3. The false departure indicated above is clearly shown by the answer of Dr. T. F. Allen to Dr. P. P. Wells (p. 464) how he is to arrive at a knowledge of the determining symptoms: "By first making a diagnosis of the pathological process, and then determining the secondary symptoms," with the beautiful explanation depending upon the lesion and the tissue-changes attached to it. This shining light explains so much of empiricism among his compeers and no wonder, for what they, imitating the despised old school which for all their approaches still has nothing but contempt, takes for science, is in reality nothing but the crudest empiricism. Any scientific treatment of any matter

whatever must always depend upon induction. Induction is the establishment of facts by observation, experience and experiment, in order to arrive at the general laws from which the single facts again may be deduced. The patient presents a number of symptoms which must be carefully observed, as they alone in their totality form the disease which we are able to recognize. The idea that by pathology supported by Anatomy, Chemistry and Microscopy we may be enabled to penetrate the inwardness of the totality of those symptoms which alone lay claim to unassailable positivity, and to get a clear perception of the morbid processes which the vital force institutes in order to restore the equilibrium of the disturbed state of the organism, cannot be entertained for a single moment when looking upon the ever varying opinions upon which allopathic pathology progresses, in the illusory hope to make everything inside the body concerning the "lesions" and "tissue-changes" as clear as daylight. For the pathological reasoning is dependent upon the changes which the organism is undergoing not being left to itself, as Hippocrates observed them, but under the crushing load of allopathic medication so that nobody knows which is which. The old school changes continuously with the ever varying kaleidoscope of pathology, that insatiable man which swallows the innocents by the million. The facts, then, upon which this science of allopathic pathology—for a science for all that it is—proceeds, are not facts servicable for the science of healing, which must be based upon facts the most certain. They lack the main requisite for scientific induction; pure positive facts observed by an eye which is able to keep itself free from the bias of an antiquated school, a school which at the present time draws fresh nutriment from the facts established by the new school. Homœopathics, or the science of healing by similars, therefore, has nothing to do with "first making a diagnosis of the pathological process." But the first office of the Homœopathician is to make a diagnosis of the present state of the system by the homœopathic rule, which is taking up the pathogenetic picture of the disturbed action of the organism, as it is, in plain language, collecting

all the symptoms amenable to our understanding. Now, certainly this mass or totality of symptoms must have a connection of the same among themselves, and here the judgment of the homœopathic observer comes in, assigning to each symptom its value and appropriate place in the picture. Suppose you wanted to make a portrait and did not understand where to paint the nose, similar as it may be, what kind of a portrait would you make? If you would put the nose in the place of the forehead, how could you hide the hiatus left by that important member which gives character to the face? Or, would you paint an insignificant button on the coat in its place? Thus the Homœopathician must in the present positive pathogenetic picture find out where the nose and where the button belongs. But it appears what to one looks like a button, is to another a nose. That depends upon the judgment of the observer. He must find out which symptom is of the greatest dignity and value and which is the one less important. This is the homœopathic diagnosis, which is not at all dependent upon allopathic pathology because the object is healing, restoring the disturbed state of the organism to its normal equilibrium; not to furnish material for pathological conjectures and theories.

There are more ways of healing, than the homœopathic treatment according to Hahnemann, but with them we have nothing to do except to assimilate from them what belongs to the homœopathic law, if we want to cultivate and perfect the science of healing by Homœopathy as Hahnemann conceived it.

It is, therefore, unscientific to "first diagnose the pathological process and then to determine the secondary symptoms;" it is merely empirical, because there are no scientific laws to proceed upon, but the ever shifting opinions of men. But not that alone. Suppose "the pathological process" to be diagnosed, whatever that may be, how does it help Dr. T. F. Allen to prescribe intelligently, as it is called, according to this diagnosis? Are our remedies known to act according to the cut and dried pathological processes which the gentleman diagnoses? No, and here is the sec-

ond source of his empiricism. For, how can he know how the medicine will act in the body after he has given it? Certainly not from homœopathic data. For the symptoms of their provings upon the healthy give us the only thinkable positive knowledge of what is necessary to meet the pathogenetic symptoms similar to them, or to heal them, and cure the disease. This scientific precision and positivity of the homœopathic practice is the reason why the singular spectacle is presented that after nearly a hundred years of homœopathic practice, the great majority of homœopathic physicians want to run over into the allopathic camp where they are repulsed, as not being true to their own cause, which is true, whilst the Allopathicians avail themselves of the fruits of the homœopathic *Materia Medica Pura*, and improve their own treatment. Verily, a cause must be sound to the core, if such a curious spectacle surprises the world! It is that very *Materia Medica Pura*, that great and incomparable work of consummate masters, that thesaurus of the homœopathic language from which the Allopathicians begin to pilfer, infringing upon the seventh commandment, that identical work which these empiricists in the homœopathic ranks who have spent and spend now any amount of labor and money upon its publication, now revile and try to belittle and curtail fore and aft in order to make it homœopathic to their own abridged minds. Do not these so-called scientists see that they tread upon uncertain ground, that they venture upon the swamps of empty conjecture and theory devoid of the necessary character of scientific precision, when they try to introduce into Homœopathy the allopathic notions which the present time largely influenced by that practice which they simulate to despise, has brought to light? If it were only empiricism, it would indeed be commendable, because empiricism means originally experience, and always is the fore runner of science. But not even so much is to be conceded to these Homœopaths who complain of the increasing empiricism in their ranks (see editorial) by which is meant a treatment of routine without law and order and character

such as giving masses of Chinine in intermittent and opium and brandy in hydrophobia.

4. Comparing what Dr. T. F. Allen (p. 464) laid down as the first duty of the homœopathic physician to "diagnose the pathological process," does not tally with what before in his paper (p. 408) he said about the determination of symptoms. It is the result of ruminating of what those very Homœopaths have entertained whom he classes as empiricists, but so contrived, as to reconcile it with his allopathic conception of the pathological process. It is not true that von Bœnninghausen was the father of "characteristics." He only carried out what Hahnemann's genius had declared long ago (see *Organon* § 153). But it is true that to von Bœnninghausen and Lippe pre-eminently we owe a world of gratitude for eliminating from a chaos of symptoms such reliable "characteristics" which already have saved more lives than Allopathy has ever done. The sneer of the editor (p. 452) to covering the "Geist of disease" by the "Geist of the remedy" shows indeed some spirit, but not much mind; whoever wrote it thought himself "geistreich" when he only sinned against the spirit. He shows an inexplicable empiricism, when he attributes cures owing to similitude of mental symptoms in organism and remedy to "inexplicable intuition." Dr. Skinner cured a case of diabetes mell. not by "diagnosing the pathological process and determining the secondary symptoms," but by adhering closely to a mental symptom which was found in the pathopœsis of the remedy applied. All his intuition amounted simply to selection of the similar remedy from the M. M. P.

5. The division of the symptoms into two classes (p. 408) is well enough for certain purposes, for instance, for studying the *Materia Medica Pura*, but it is a hindrance for healing purposes, because it is apt to obscure symptoms which have no such relation, and have their positive value for all that. And it is in the same vein as dividing diseases into different classes, as acute and chronic, a division which has its justification, but often hinders healing because certain remedies are assigned to either of them,

whilst it is true, that any remedy if it is homœopathic, is available for any of these classes. Thus it is also with the artificial classification into zymotic, syphilitic, sycotic, psoric, malarial, etc. It is all very well for registration, for pathology, but it should have nothing to do with the healing, because it prejudices the mind in the selection of the remedy which is the next prerequisite after the pathogenetic picture has been taken up.

6. There, now to the rub. The only fault that all these allopathically inclined Homœopathists find with the Hahnemannian postulatam of the totality of the symptoms is, that it is too much for them (p. 454). They do not know what to do with it. They are asked too much. Dr. T. F. Allen gets the horrors when, out of his twelve volumes of Encyclopædia, which do not even contain all the provings, he is to select for a totality of symptoms in a case which applies to him for cure. The fact, then, is, that he and many of his compeers are unable to use this postulatam of science to advantage for their patients. They want to be excused from the task laid upon them, because—because in their mind, it is more scientific to prescribe pathologically according to allopathic notions. Well, they may do so, if they please. This is a free country, and it is lawful to prescribe allopathically as well as homœopathically. But they must discard all claim to Homœopathy if they set at naught one of the most important requisites of homœopathic practice. If they do so, they deceive the public which expects to be treated homœopathically. If they are not able to handle the case according to the totality of symptoms, others have done it, and do it to the present day. All the great men in our profession have done it, and they owe their glory mostly to this fact. It only would follow from this that Dr. T. F. Allen and his compeers should either try to reach that standpoint where the totality will no more be the bugbear of thousands who call themselves Homœopaths without deserving this honorable name, or to throw it and with it themselves overboard as useless ballast in the homœopathic ship in the preference of the

diagnosis of the pathological process according to the rules of the old school.

7. The fling at keynotes and characteristics (p. 452) fails of its aim, because it actually hits in the quarter from which it comes, because the complaint of increasing empiricism in the bad sense, comes from that very quarter. If the Homœopaths make use of characteristics, they do it in perfect accordance with Hahnemann's teachings, and it is these which give the picture its peculiar features such as above in the instance of the portrait was mentioned the characteristic nose. If the Homœopathician by a single key-note can cure a case successfully, where the most elaborate diagnosis of the pathological process and determining the secondary symptoms will not do it, why should he not do so? Why should it be deemed less scientific? Because he has not gone through all the paraphernalia of the presently adopted regular school? Quite the contrary. Such cases show the possibility of perfection which Homœopathy will attain if it continues to progress as it has done for the last twenty years. The people who do not understand such wonderful facts call the Homœopathician who succeeds in this way, often to his own astonishment, a wizard, a devil, because poor ignorants as they are, they have no idea of the power of the homœopathic law. And indeed, it seems, the great majority of the homœopathic profession stand in the same relation to pure Homœopathy. Having the majority they proceed to measures which are apt to put Homœopathy pure at the stake as in benighted times when they burned the poor witches who had only the fault of being more sensitive creatures than they.

But Homœopathy is not a witch, nor an error, but an eternal truth which will live and prosper in spite of the multitude of revilers coming from her own womb. They cry out against it, because they can not overcome their own insufficiency, and they either must mend or end.

Ceterum censeo macrodosiam esse delendam.

EQUISETUM HYE. has cured Sarcoma of uterus, even when ulceration had occurred. No symptoms given.

UTTER WORTHLESSNESS OF QUININE IN THE TREATMENT OF TYPHOID FEVER.*

GEO. M. DEWEY, M. D.

Habits, customs, traditions in medicine, cling as pertinaciously to M. D.'s, as traditions and religious dogmas do to D. D's. A tradition three thousand years old is to-day as precious to the Jew as at its conception. Inflammation was the bug-bear of the doctors for untold ages and venesection the stereotyped remedy.

To-day Quinine is a therapeutic despot whose autocratic sway few have the courage to dispute. At sometime, in some stage of every malady most doctors fancy they find an indication or an excuse for giving quinine. In high fever it will pull down, in low fever it will push up.

No pulse so high, no pulse so low,
But down one's neck the stuff must go.

In this paper I propose to speak particularly of the folly of giving Quinine in any dose, for any purpose, in the treatment of typhoid fever or that bastard malady born on the historic banks of the Chickahominy, whose untimely end is near at hand.

I know of no disease in which Quinine can do so little good and so much harm as typhoid fever. The mass of the profession give Quinine in the beginning of typhoid fever in large doses to lower the temperature, and at the close in small doses to increase the appetite, "as a tonic." A dose large enough to lower the temperature, two or three degrees never fails to injure the nervous system, and to produce gastro-intestinal trouble. A large per cent. of deaths from typhoid fever are from exhaustion. The issue in a vast majority of cases is entirely dependent on the ability of the patient to take and digest food. I hear and read a great deal about "tissue waste" from high temperature. I doubt not this is the tendency of long continued high temperature. But the fact is that a gallon of sweet milk will prevent more "tissue waste" than an ounce of Quinine. The

*Read before the Moberly District Society (Allopathic), October 20, 1885.

fact is "tissue waste" causes exhaustion from impaired digestion, not from temperature. The application of cold water to the surface is more efficient and tenfold safer as a means of reducing temperature, than Quinine. The vast majority of uncomplicated cases of typhoid fever will end in recovery if well fed.

I presume no one is fool enough to expect Quinine can prevent complications or cure them when they arise. Is there a man in the profession idiot enough to give Quinine for diarrhoea, or bronchitis, or delirium, or tremors? Many doctors have told me they have followed this Quinine practice and their patients finally made it. It is hard to set bounds to nature's ability to resist mal-practice.

Much useless drugging is done in self-limited diseases, especially in pneumonia and typhoid fever. I think the heroic doses of Quinine in typhoid fever are given under a misapprehension. The deleterious effects of high temperature are greatly exaggerated. It is only a few years since the fever thermometer was invented or come into general use, consequently the temperature could not be known, nor was it thought of in the treatment of typhoid fever. If the per cent. of recoveries are greater now than before the use of the thermometer it is more due to milk than reduction of temperature.

The cause of high temperature is not positively known. When we prescribe for high temperature we prescribe for a symptom only. The disease or cause producing the temperature is what kills the patient. In no other disease do we make the fight so vigorously against a mere symptom. In the high temperature of some cases of cerebro-spinal meningitis our efforts are not spent alone on the temperature. Utter neglect of temperature is far better for the patient than half drachm doses of Quinine.

The *vis medicatrix naturæ* ever stands at the gate of death to resist the fell strokes of the doctors.

A year or two ago a doctor invited me to see a typhoid fever patient of his at St. Luke's Hospital in St. Louis. The patient was a man about 30 years of age. He was in the third week of the fever. His temperature was 101 de-

grees, pulse 90. There were two doctors in attendance, one of whom was the son of an eminent surgeon of St. Louis. They informed me they had given this man of very moderate temperature 40 grains of Quinine every day since his admission. My opinion being asked as to the treatment, I expressed great surprise that the man was still alive. Of course I advised the discontinuance of the Quinine; the doctors decided to continue it, but reduce the quantity to 25 grains per day. This man, strange to relate, finally recovered after a tedious convalescence. I saw him a few months ago, when he informed me he took 1,250 grains of Quinine during this attack; but these doctors no doubt point to this man as a living witness of their consummate skill, and of the transcendent virtues of Quinine in the treatment of typhoid fever.

The virtues of "Piso's Consumption Cure," "Warner's Safe Kidney Cure," and that panacea of quacks, "The Elixir Iodo Bromide of Calcium Compound" rest on the same stable foundation. The Quinine monger's faith in Quinine is only duplicated by the Chinaman's in Ginseng. Men swallow these things and fail to die, hence the cure.

In a very recent work entitled "A System of Practical Medicine by American Authors," Dr. James H. Hutchinson contributes a hundred pages on typhoid fever. His history of the disease and matters concerning it are excellent; but when it comes to treatment he falls neck and heels into routine.

On page 326 he says: "When called upon to treat typhoid fever, if the case is a mild one with no bad symptoms, such as excessive diarrhoea, delirium, tremors, and the like, and especially if the temperature does not rise higher than 102 F., I am *accustomed* after giving minute directions as to diet and general care of the patient, to prescribe from two to three grains of Quinine four times a day. No great power in reducing the temperature of the body can, of course be claimed for these doses, but *experience* has shown that the impression they make is useful and they do not interfere with the administration of the drug in larger doses should this become necessary."

Now here is a man supposed to be the Polar Star to guide American practitioners over the doubtful sea of medicine; writes in a book (who dares dispute what he sees written in a book?) directions for giving Quinine every three or four hours to a patient with typhoid fever whom the veriest tyro knows needs nothing but good diet. The patient he describes is a good one to have. A good one to get up a reputation on. One who "has no diarrhoea; no delirium; no tremors; temperature 102." A clear hundred per cent. of such cases ought to recover. Why would any thinking man give such a patient Quinine? He says he was *accustomed* and in the *habit* of doing this way. This is at the bottom of all such nonsensical practice. A doctor who contributes a hundred pages to a book to guide American practitioners ought to give some better reason than *custom* and *habit* for giving medicine.

The doctors from the land of flowers and gun-powder tea give medicine for the same scientific reason this author does; from habit, custom, tradition. Dr. I. Hun Su of Peking, China, treats uncomplicated typhoid fever very successfully with the following prescription:

R. Three inches dried umbilical cord.

One dried snake-skin.

One fresh tom-cats head.

Mix. Boil in five pints of water for two hours and strain.

Sig. Tablespoonful every four hours.

This prescription would be far less apt to disorder the stomach and nervous system than Quinine, besides being "tonic."

There is a German farmer in my neighborhood who has what may be called the Quinine habit. He has the same longing for Quinine that the Opium eater has for Opium. He has taken five or six grains every morning for ten years. His health is not first rate, still he is able to do fair farm work all the time. His hearing is bad. When he omits the accustomed dose he is quite unfit for business. If the Quinine maniacs can find any consolation from this case they are welcome to it.

In the same neighborhood there lives a colored man one

hundred and twenty years old, who has used tobacco and drank whiskey since he was fifteen. Therefore whiskey and tobacco prolong life?

Nothnagel, the prince of German Therapeutists, says:—
“The frequent assertion that the constant administration of Quinine results in increased appetite does not appear to be well founded. It is claimed that when febrile diseases are cured by Quinine the appetite is improved, but this is the result of the improvement in the disease and not directly of the Quinine.” He says Buchheim and Engle “have found that the presence of Quinine in the stomach of the living animal retards digestion,” and then says: “We must therefore deny that small doses of Quinine improve digestion and appetite; on the contrary, in many persons it causes nausea, vomiting, and a feeling of sickness in the stomach. The preparations of Quinine are in very common use as remedies to aid digestion and as tonics. They are given in a slipshod manner in expectancy of particularly good results, in cases of failing appetite, and in the most diverse cachetic and other conditions of the system caused by inanition, in simple dyspepsia, in symptomatic dyspepsia of phthisis, to patients who are weakened by long suppuration or loss of blood, to convalescents from typhus and so forth.”

He continues, “How unstable the foundations for such a treatment are, we have pointed out; continued observations have thoroughly convinced us of the *utter futility* of the indications of Quinine on merely practical grounds; Quinine is by no means a *directly strengthening* remedy; a good piece of beef, wine, milk, eggs, but *not* Quinine, strengthen the convalescent from typhus and the feverless sufferers from pleurisy.” (Nothnagel, Therapeutics, Vol. III., page 612-13).

Such is the opinion of as judicious an observer of the action of medicine as lives. But the routinist, the rut fellows will jump up and reply that this may be all right for Germany, “but in this malarious country Quinine is a necessity.”

During the late war the Yankee's invented a new disease

that howls and cries aloud for Quinine. This bastard was baptized and christened 'Typho-Malarial Fever;' and though Dr. Woodward abandoned his bantling in disgust, every malarial maniac in the land is clamorous for its life.

I believe no one claims to have any typical pathological lesions of typho-malarial fever differing from typhoid fever. In our last State meeting Dr. Van Emon gave the histories of fifteen post mortems of death from the so-called typho-malarial fever. In every one the characteristic lesions of typhoid fever were found. If the prefix—the tail—the malarial end of this disease could be amputated, Quinine would get its quietus from a good many doctors who only prescribe it on account of this caudal appendage. Some men are very contentious about the characteristic symptoms of typhoid fever. Pathology ought to settle it. If a patient has a continued fever and any one symptom known to occur in what they call a typical case of typhoid fever is absent, this is a case of "typho-malaria." Should a case fail to have diarrhoea, or delirium, or tremors or petechia or tympanitis, or headache, or insomnia, or stupor, bronchitis or hæmorrhage, then it would be typho-malarial fever and absolutely require Quinine. Hybrid diseases exist only in the brain of fools. I believe no one claims to tell the sex in baccillas.

Which is the Sire or which the Dam,
Seems quite beyond the ken of man.

I am told by the believers in the hybrid theory that this fever often commences as a typho-malarial fever and runs into or ends in typhoid. After malaria is killed by Quinine, typho lives on. Some men are bent on keeping this name alive to justify the treatment.

Our forefathers fooled a long time with biliousness to justify Calomel.

Hepatic doctors now are seen no more,
The hunt for bile has long been given o'er,
Whoever would a reputation make,
Deserts the bile, the bugs to overtake.

Whether one believes or disbelieves in typho-malarial fever is unimportant; Quinine is a deleterious drug in either.

The so-called typho-malarial fever is not shortened or mitigated or controlled or in any way benefitted by Quinine. The same objections apply to its use in this as in typhoid fever and for the same reason namely, it is the self same disease.

Some one may ask is it possible for a patient to recover from a typhoid fever or that one with the prefix malaria, without Quinine? I will say, the writer has not given a grain of Quinine in these diseases for twenty years, unless there was a mistake in the diagnosis in the incipency. He is willing to compare notes with anybody.

Self-limited diseases are not cured by any treatment. The principal remedies useful to assist nature in these fevers are cold water, sweet milk, brandy and a fever thermometer. Giving Quinine though sanctioned by the schools and books is the great medical delusion of the age.

I am aware that when one entertains views in medicine or divinity contrary to the common herd he is liable to be thought "cranky" or crochety—not orthodox. Orthodoxy in religion or medicine is a matter of belief, not of fact. Orthodoxy in one pulpit is heterodoxy in the next. The same may be said of different schools of medicine.

The lancet now we give quite o'er,
 With all our thirst for human gore,
 The modern doctors make the fight,
 Between the cell and parasite.

MILK DIET IN TYPHOID.

In the discussion on his article "The Relation of Food and Drinks to Disease," at the recent meeting of the Ohio State Society, Dr. Owens said: "I suggested that milk should not be allowed in treating typhoid fever. It seems to be a craze in this country to give milk for everything, but I object to it for reasons that I will give. In the first place, in this disease digestion is very slow, and milk is one of those substances which readily forms a curd in the stomach. It soon becomes curded and passes through the intestine in the shape of a solid mass. When it passes through the small intestine which is usually inflamed it has a very irri-

tating effect. As long as milk is given irritation will be prolonged, until the patient is well along in the disease. I will relate two cases which recently came under my observation. One was the wife of a prominent citizen of Cincinnati. She had had an attack of typhoid fever which had been running some two weeks. I found that she had been taking milk liberally ever since she was first attacked. Upon making an examination to ascertain the cause of the continued pains in her abdomen, I found a hard lump as large as my two closed hands. Upon inquiry she told me that she had had no movement of the bowels for ten days and from the size of the mass in her abdomen, I thought it might have been twice as long. It was enormous. When I first saw the woman she was thought to be dying. I made an examination as soon as possible and told them what I thought the trouble was, and that if she could be relieved she would get along nicely. We gave her injections and placed a large bowl upon her abdomen over the mass, and an hour from that time she felt a motion in her abdomen. In two hours we had a movement of the bowels with about a quart of curded milk. She was relieved immediately and convalesced as soon as could be expected. Another was the case of a young woman who was supposed to be convalescent. She had been directed by the physician in attendance to drink all the milk she could. One morning she was troubled with distressing pains in the abdominal region. A large mass was found in the bowels and it was conclusive to me that the trouble was in the intestine, and that it was this mass that was giving rise to this distress. I suggested to her what I thought the trouble was. I requested her to turn over on her side so that I could make a thorough examination, and I came to the conclusion that there was curded milk at this point. I directed a liberal injection to be used. In the course of a day the young lady was relieved and got well immediately. The conclusions that I have reached, as stated in my paper, are based upon considerable observation. I observed that when milk was given as a part of the diet during this disease the sickness lasted unusually long."

Dr. Webster:—"There is one article of diet which I always use in typhoid fever. That is oyster soup. It is healing and nutritious. I have used it so much that I have been termed by my colleagues "the oyster soup Doctor." I think it is dangerous to use raspberries. I have been making observations for thirty-seven years now and I have noticed that cholera morbus begins with the raspberry season."

Dr. Owens:—"They are not if you exclude the seeds."

Dr. Webster:—"There is the point. It is almost impossible if they are eaten at all, to exclude the seeds. In each of the little cells there is a seed, and in one bite there are a great many of them. It is impossible for anyone to digest them, and trouble begins immediately."

Dr. Owens:—"I suggested the juice and not the berries themselves."

Dr. Barnes: "A physician was once attending a Dutchman who had a very severe attack of typhoid fever, and his patient got very hungry for cabbage; so the doctor got him some cabbage, gave him all he wanted, and he recovered immediately. Soon he had another case of typhoid fever, so he thought as cabbage had cured his last patient, why wouldn't it cure this one? So he got a lot of cabbage and let his patient eat all he wanted of it, but this patient was an Englishman and it killed him. So the doctor came to the conclusion that while cabbage would cure a Dutchman it would kill an Englishman. In all of these diseases I have found that there is a little somebody down in there that knows more about it than I do, and I have never known the least injury to come from following the hint. One of the patients called for cabbage and it did him good, but the other did not call for cabbage and he died. I have found that often where a patient is in a delirium he will call for something, and if I give him that thing he will immediately get better. I had typhoid fever once when I was a young man, and as I was delirious my brother attended me constantly. The doctor had left in the evening and told my brother that I could not live. In the course of the night some time I cried for dried beef, and

he concluded that if I must die any way, I should have dried beef before I went. He went and bought a quarter of a pound of dried beef and gave me shavings of it little by little until I had eaten the whole quarter of a pound. When I waked up in the morning my brother and the doctor were quarreling, and I heard my brother say that if I did get well there would be no credit due the doctor for it. My brother would not tell me what was the matter between him and the doctor for two or three years. That gave me a hint when I was only a boy, and I have never known a case to get any worse when they got what they called for. Dr. Owens' principles are correct in practice, but if there are any calls way down inside of you, you better follow them, because they know more about it than you."

A SLOW PULSE.

G. B. GILBERT, M. D.

Mr. B——, widower, 60 years of age, about 5 feet 3 in. high, plump figure, dark brown hair turning to gray, ruddy complexion, apparently in good health except a moderate hydrocele on left side, and, for a few months in 1883 and 1884, up to the time when I first counted his pulse in June, an aching in the back of his head. In June, being in attendance on a member of the household, he asked me to count his pulse—he had discovered that it was slow. It was thirty-three (33). He was so frightened that his landlady persuaded him to go that day to Philadelphia, where he was thoroughly examined by his physician, who pronounced his heart sound, and only advised him not to hurry up stairs—unnecessary advice, as hurry is not one of his characteristics. I counted his pulse at intervals for about a year, and the last time it was twenty-eight and one-half ($28\frac{1}{2}$); it felt as large as a lead pencil ($\frac{1}{4}$ in.) and was of a heaving character, like the motion of a large, heavy body. I saw him a few months ago, (April, 1886,) in apparent health, but did not ask him about his pulse.

MATERIA MEDICA.

NITRATE OF SANGUINARIN.

PROVINGS.

WILLIAM OWENS, M. D., Cincinnati, Ohio.

I beg leave to call your attention to the fact that at the meeting of the American Institute at Put-in-Bay in June, 1878, I submitted four provings of this drug, and three clinical verifications which were published in the transactions of that year, pages 248 to 256. I will therefore refer all who desire to study the drug further to that publication. The provings which I have the pleasure of presenting to-day have been made subsequently, and while I have used the drug on many occasions with most satisfactory results I prefer to substitute the clinical reports of others, some of which cover a much wider range of symptoms than I have encountered in its use.

Proving by C. J. S—, aged 28, dark complexion, has always lived in the east but not near the sea shore. Had variola sixteen years since, and is deeply pitted. Previous to this his health had been poor, but since he had variola he says he is much better; said that his health is perfect.

Nov. 24, 1878, at 10:30 p. m., he took dry upon his tongue one powder containing five grains 3x trituration of Nitrate of sanguinarin and immediately retired for the night. He sneezed twice within ten minutes. In about fifteen minutes he felt water trickling down the left nostril, (he was then lying upon his left side). He also felt a burning in left nostril; felt very irritable, unable to compose himself. Could not go to sleep. In about one hour the burning had extended to the right nostril, forehead, and both eyes, with smarting in the eyes; eyes inclined to water; they seemed painful; pain relieved by sneezing; sneezed several times and felt as if he were taking fresh cold. The right nostril now began to discharge watery mucus. At about one hour and forty minutes after taking the medicine he noticed a

sensation of fullness with heat and burning through the nasal passages. Went to sleep between 12 and 1 o'clock A. M., but awoke at 3 A. M. with great pressure, heat, and fullness in forehead, extending to the root of the nose; was restless and slept but little until morning. On arising both nostrils were plugged with mucus, which on moving about was discharged and was of a thick, yellowish character; that from the right nostril was tinged with blood. Mucus of a thick yellowish character continued to flow from the nose for the next ten days, when it gradually subsided, leaving stiff, sore, cracked feeling in the posterior nares and soft palate. Examination on the second day showed swollen and elongated uvula, redness and oedema of the palate and upper part of the pharynx, the mucous follicles were enlarged and of a bright red color; the whole surface was covered with a white tenacious mucus.

Proving Wm. O— Sr., M. D., aged 56, florid complexion, usually enjoys excellent health, took a quite severe cold on being exposed at night. Had sneezing, coryza, discharge of clear viscid mucus from nose, watering of the eyes, pain in the forehead. Dec. 6, 1879, 4 P. M., took the drug for relief of these symptoms, 3x trituration, one grain doses every two hours. Continued two days except when asleep. Observed first a slightly bitter taste of the medicine which soon passed off. Morning of the third day, Dec. 9, awoke with severe headache, pain mostly in the forehead over the left eye, pressure and heat extending down to the root of the nose, pain and soreness in right malar bone with heat in the whole of the right side of the face. Attempted to snuff warm water; could only force it into the left nostril, the right nostril was closed. The prolonged inhalation of hot vapor from lime water relaxed and softened the plug, when it gave way, a very profuse discharge of a thick yellow lemon colored matter (mucus) took place. This discharge lasted several months. No detailed history was kept. This was followed by thick brownish, sometimes bloody crusts which continued until the spring of 1883. The nose frequently became plugged and compelled me to breath through the mouth. This mucus at all times

seemed hot, tasted sweet, changing from yellow to brown or green. During the winter of 1882 and 1883, the posterior nares became involved, extending into the larynx and bronchia, and was attended by more or less hoarseness with sore, raw feeling never before experienced. These conditions all passed away during a visit to Florida in the spring of 1883.

CLINICAL.

CASE I.—*Nitrate Sanguinarin.* Mrs. B—, widow, aged 55, light complexion, catarrhal constitution. Had chronic cough for many years. Asthmatic on taking cold, great accumulation of mucus during attacks, raised occasionally during attacks viscid frothy mucus tinged with blood, gastric catarrh; great tenderness at epigastrium.

October 26, 1883, was seized with severe catarrhal symptoms, sneezing, burning in nostrils, fluent, watery mucus discharge from nose, aching in forehead. Cough, dry and hollow. R. 20 drops, Nitrate sang., 3x, in six ounces of water, two teaspoonfuls every hour. Beginning at 6 P. M., at 9:30 P. M., four doses having been taken, she was quite relieved. The usual time for getting relief before had been two or three days. She has used the same prescription on several occasions since with like results.

CASE II.—*Hay Fever.* Dr. G—, Manayunk, Pa., age not given, says: "Your proving of Nitrate sang. fits my symptoms of Hay Fever. Please send me enough for a trial." "It always commences when grapes commence to change in color? This season it was in full bloom on the 21st of August. I have a sensation of cob-webs across my nose, beginning ten days before it is fully established, and remaining until it is so fully established. My nose feels large and tingles; trickles water, mucous membrane very sensitive to cool air, causing frequent sneezing. The light increases and aggravates the symptoms. When I get out of bed in the morning then the agony commences by repeated sneezing, copious discharge from the nose. Sometimes it is lead colored water which makes anything sore that it touches; this then becomes ropy with salty taste. The eyes itch so that I could almost rub them out."

"The secretion from the eyes is the same color as that from the nose and has a sticky or pasty feel between the fingers. Symptoms worse in the morning to ten o'clock,—continue, but not so bad in afternoon and evening; have cough and irritation similar to inhaling fumes of Sulphuric Acid; rumbling of wind in abdomen; pass large quantities of gas. Appetite is good, sleep well, and attend to practice, but requires a great effort to do so; fruits and melons disagree with me; the only comfortable position I can get is in bed and a dark room." Dated September 22, 1879.

October 26, 1880. Dr. G—, writes me, "I used your Nitrate sang. last year, commenced as soon as I received it, was somewhat relieved. But that you gave me in June of this year I think has done the work, for the first time in twelve years, I have escaped my attack of Hay Fever."

Since I commenced the study of this drug some nine years ago I have received numerous letters of enquiry about it and requests to furnish it to physicians in various parts of the country. I have furnished each, with the request to report results. Quite a number have responded with reports variable in character, but all tending to favorable results. When in San Francisco a few weeks ago I met an old time friend and student whom I had supplied with the drug some six years ago. He was quite enthusiastic over it as a remedy for the colds and catarrhal affections of that windy place. I hope gentlemen that you will give the drug a trial in those acute catarrhal conditions arising from recent attacks, which Dr. C. Wesselhoeft calls "Our New England colds."—*Ohio State Society.*

THEA: ITS NUTRIENT AND MEDICAL QUALITIES.
A FRAGMENTARY PROVING.*

MARTHA MAY HOWELLS, M. D., Cincinnati, Ohio.

Homœopathy has not only revealed to the world the dynamic forces of *drugs* but has also discovered that a useful medicinal spirit may be aroused from many familiar arti-

*Read before the Medical Staff of The Ohio-Hospital for Women and Children.

cles of food. From the cup of coffee which drives sweet sleep from tired eyes, comes forth the coffee to soothe the delirium and wakefulness of nervous exhaustion. In the harmless pinch of salt we find the spirit force which vanquishes the poison of marsh fevers or pernicious intermittents. The spirit of the onion wipes away many tears, while its relative the garlic, exerts a ministering sphere upon the respiratory and digestive tracts. The dainty mushroom and hearty oats lend their invisible "elves" to quiet the quivering nerves and lull to rest the exhausted brain. Even the pale faced skim milk (*Lac de Floratum*) is said to contain a force which disarms direful forms of sick headache. Thus day by day do we discover more and more of the spiritual forces of our food and drink and are made well aware that the true "history of a mouthful of bread" has never been written. To-night we ask you to commune for a few minutes with the spirits materializing from a cup of tea.

Tea—genus *Camellia Thea*, a shrub found native in China. The leaves gathered and dried constitute the article of commerce from which is brewed the daily drink of many nations. The different varieties of tea depend chiefly upon the manner of preparation of the leaves, the time of gathering, etc. While the green tea is dried very quickly, the black is exposed to the air for a very long time; in this way it derives its dark color and under the influence of oxygen undergoes certain chemical changes which give it peculiar and distinctive qualities. The chief constituent of tea is an aromatic volatile oil, which has a peculiar and powerful taste, especially irritating to the nerves of the tongue and throat. The ill effects of tea are most frequently ascribed to the oil: tea packers working in an atmosphere impregnated with it, and tea tasters, who are very careful never to swallow any of the decoction, become in a few years wrecks of humanity. The Chinese recognizing the powerful effects of this oil, are careful never to use tea less than a year old—much of the oil being then lost by evaporation. Another constituent is a vegetable alkaline substance called *thein*. *Thein* has a slightly bitter taste

and dissolves in hot water. Third, we find tannin, or tannic acid, which gives tea its astringent properties. Fourth, gluten, which is not dissolved by hot water, and therefore remains in the grounds, making them slightly nutritious. The best manner of preparing tea for the table is by pouring boiling water over the leaves and covering the vessel tightly. If the water is not hot, the thein and tannic acid are not extricated; if the tea is boiled, a large per cent. of the volatile oil which gives the pleasant aroma is lost. The Chinese make tea by placing a few leaves in each cup, over which they pour boiling water; the leaves being held down by a small cap and the cups covered with saucers. The poor of China and Japan make the tea in a pot.

While the English nation serves tea with cream and sugar, the Russians find lemon juice a pleasant substitute for the cream, and other nations think the flavor much improved by the addition of brandy or some form of spirits. Hard water should not be used in making tea, unless the excess of lime be neutralized by carbonate of soda. Dr. Edward Smith in an article on "Foods" maintains that while tea has but a small amount of the nutritious elements, it stimulates respiration and promotes assimilation of other foods. Excessive use causes wakefulness and increased mental and physical activity followed by reaction, resulting in depression and exhaustion.

Adulterations are frequently found in the teas of the market. Green teas are stained to obtain a bright color; old tea grounds are restored and sold for new tea, and the leaves of other shrubs sometimes substituted. The action of tannic acid is astringent, usually constipating in effect; it also acts as a diuretic. Thein and the volatile oil are probably the elements which act specifically on the nervous system, producing exhilaration and wakefulness.

Many accidental provings of tea have been made, and since it is only through repeated provings that the real merits of drugs are discovered, the writer adds her experience. The subject is in good health mentally and physically, of sanguine temperament, and not a habitual drinker of either tea or coffee.

PROVING.

At the close of a day of very hard work was urged to take a cup of tea; the tea of the "best black" was made at the table and generously diluted with milk; the taste being delightfully mild and pleasant, a part of a second cup was indulged in. A half hour later, a peculiar sense of burning was noticed in the region of the pylorus. In the course of two hours, long, slow, cutting pains beginning just above umbilicus extending to pit of stomach, there becoming most *intense* and thence radiating over the chest, producing a sick faint feeling. Sometimes there were three or four pains in quick succession; but oftener one long slow pain recurring every four or five minutes, followed by spasmodic belching. Pains continued through the night and towards morning grew more intense, and were followed by discharges from the bowels of a watery character, accompanied by much flatus and pain. Discharges of a similar character occurred every two or three hours all day; slept fairly well through the second night. Next morning a single watery discharge and return of pain at long intervals, disappearing entirely towards evening (now forty-eight hours since taking the tea), but succeeded by the most profound nervous depression. The least thought of any physical or mental exertion seemed hopelessly overpowering. Slept heavily, and awakened in the morning of the third day to find exhaustion even more marked. With the greatest effort of the will managed to walk from the house to the carriage, and made several calls. Was repeatedly asked if I were not ill: the eyes appeared sunken; face pallid; marked tremor of the hands even in lifting a small vial; all movements slow and halting, as if about to faint. No pain in head, only intense weariness and a feeling in the brain that every thing must soon stop. About the middle of the day began to rally slightly, took a little light food, at night had a refreshing sleep and rapidly recovered.

N. B.—Having previously experienced many of these symptoms after the use of tea, I feel that I can render them as reliable drug symptoms, suggesting tea as an important remedy in some forms of intestinal irritation and

nervous depression. The pain and burning in region of pylorus were especially marked and peculiar, the sensation being as if the interior of the stomach had been scalded, or as if the tea must be eating its way through the wall; a pronounced taste of tea seeming to extend from throat to stomach.

A case strikingly illustrative of the toxic effects of tea came into my hands several years ago. The patient applied for relief of certain dyspeptic symptoms, which had been a torture to her for years. One of the marked features of the trouble was a continual belching which seemed to be rapidly exhausting the strength. For relief of belching I prescribed *Asafoetida* 30. At a second call my patient gained confidence to tell me of many strange nervous symptoms. For a long time had felt a continual apprehension of something dreadful about to happen; feared a sudden death; never would go out alone, even if she had to take the baby for company. At times her mind was full of most dreadful thoughts; impulses to commit some horrible crime, or to murder her children seemed to take such possession of her that she trembled for their safety. On inquiring carefully into her mode of living, I discovered that her diet consisted mainly of bread and tea. A large bowl of tea was drunk at each meal while the tea pot containing the remainder prepared, stood conveniently at hand for a drink whenever she felt thirsty; thus consuming three pints of strong tea in twenty-four hours. The quantity of tea was gradually reduced to one small cup per day—the result being the disappearance of all morbid symptoms.

Dr. Samuel Lilienthal some years ago reported a case of violent mania in a tea taster. The remedy prescribed was potentized tea. In Allen's pathogenesis of *Thea* we find a multitude of forcible symptoms, a few of which have been verified. In the provings here recorded, the mania or delirium produced, is usually of a wild desperate character, with murderous inclination, and states of constant apprehension. The marked pain and faintness in pyloric region is frequently spoken of, though no particular form of diarrhœa is given: the profound exhaustion of the muscular

system is also repeated by many proverbs. In the host of symptoms here presented it is difficult to select the key note. Only symptoms repeatedly verified can be depended upon for clinical use.

Hull's *Jahr* (by Lilienthal) contains a fragmentary proving—the symptoms not particularly characteristic. Lilienthal's *Therapeutics* mentions the drug in several places. Under headache, gives the following: "Throbbing of the carotids, general tremor, palpitation, oppression of the chest." Few other writers make mention of the therapeutical value of this drug. One writer in the "Old School" speaks of the laxative qualities of coffee and the astringent properties of tea; another says, tea, coffee, cocoa contain the same alkaloid and have much the same effect; while one speaks of the flatulent colic produced by excessive tea drinking. Scudder, of the Eclectic School, says it is a useful astringent which may be employed as an antidote in poisoning by vegetable alkaloids and Tartrate of Antimony. He also recommends it as a useful remedy in otorrhœa, used as a strong infusion injected into the ear, and also as a collyrium in ophthalmia.

A substance producing such marked effects upon the nervous and digestive systems is certainly worthy of closer study, more careful proving and clinical verification.

MELILOTUS ALBA.

G. W. BOWEN, M. D., Ft Wayne, Ind.

I would be pleased to call the attention of the medical profession to this remedy, in consequence of its promptness of action in relieving congestions, and regulating the circulation of the blood, taking rank for that purpose, far in advance of Belladonna. Much of the tincture now in use, was made from the dried plant that was exhibited to me by a homœopathic pharmacist, who said he had imported it, from which to make his tincture. Hence the unsatisfactory results obtained by many from its use.

My first attempt to obtain some knowledge of its drug

effect, was made while attending lectures at the Cleveland Homœopathic Medical College in the winter of 1851-52. I had a few of the dried roots that I cut up and put in a half ounce vial of alcohol, and after one or two weeks began taking a few drops several times a day. After about one week had severe headache, and was partly delirious or insane, and soon after had a profuse bleeding from the nose, and also coughed or spit up considerable bright red blood. Drs. Dodge and Williams (professors) were summoned and helped me out at the time, and I was advised to go home, but did not.

From the evidence of its action I became somewhat fearful of it, and did not attempt a further proving until some fifteen years later, when I began to get its range of action from a tincture made from the whole plant, on a worthless student in my office, and some patients that I was not very deeply interested in. Becoming satisfied that it could be tried with some degree of safety, I made some legitimate provings on myself, my wife, her mother, and my niece, and on several others that I could carefully observe. All had fearful headaches and hæmorrhage from the nose, except myself. My nose did not bleed, and thereby hangs a tale, noted in a note. I began to give it to every patient that had a headache, especially what they called "sick headache," and so large were my doses that many recoveries were followed by profuse epistaxis.

Since then, no proving has been made except in a clinical way. I have given it for all forms of congestive or nervous headaches, and for engorgements of the blood vessels in any part or organ, and find it acts promptly on the chest, heart, liver, ovaries, and uterus. The ready and speedy action of it has been observed in all forms of spasms, including eclampsia, epilepsy, and infantile. Its action is not instantaneous, for it requires from one to five minutes, but not more, to produce an effect. I have used it in several cases of insanity, to at first relieve brain pressure and irritation until I could decide what was best to give, and found it acted so nicely that it was continued, and in one case, nothing else was given until the patient was com-

pletely restored. In such cases, it has seemed to produce results that I could not expect from any other remedy.

I have not for many years needed, or given anything else for nasal or pulmonary hæmorrhage. It has seemed to unload the engorgements of the blood vessels so promptly, that I deemed it invaluable where an equalizer of the circulation is needed.

I have never given it in any form for many years, except, in pills medicated with the first centesimal, for it did not seem possible to secure better results from it in any other.

NOTE.—In making the proving on myself I did not lose blood from my nose and so have the engorgement of the blood vessels it caused relieved from the pressure, but it evidently left them enlarged, for since that time my brain and mental faculties have been more active than ever. I never forgot anything, could learn or comprehend most readily, even a glance at anything was sufficient to stamp it ineffably. I needed less food and sleep; could lose two or three nights in a week and not feel its loss. My nervous system was as perfect as anyone's ever was, *except* my sympathetic nerves, which became almost a total wreck, so much so as to disqualify me for any forensic effort whatever. My belief is that *Melilotus* was the cause of its deflection from normality, and from this effect a neurologist ought to be able to point to its radius of action and its probable efficacy in certain forms of insanity or nervous affections.

SYMPTOMS.

MIND.—Fairly furious; had to lock him up; loss of consciousness, with gushing of blood from nose. Has relieved many cases of insanity in the early stages.

HEAD.—Terrible headache, with or without nausea; headache accompanied with dizziness, faintness, and nausea; intense throbbing headache, with feeling as if all the blood-vessels in the head would certainly give way and cause some lesion of that organ. Accompanying this headache was the prominent symptom of being obliged to void urine frequently. Headache so intense as to cause a purple red-

ness of the face and bloodshot eyes, culminating in epistaxis, which affords relief.

Periodical headaches of a nervous character, occurring every week, or once in four weeks; more frequent during the winter months. Headache so severe that it almost produced delirium; frightful, heavy, oppressive headache, lasting three days, which was relieved by the application of vinegar. (Belladonna has aggravation from vinegar.)

Sick headaches relieved by epistaxis or the menstrual flow; blood, bright red.

Headache intense in left supraorbital region; made worse from any motion, and always aggravated by attempting to think hard, but better from lying down. (Belladonna worse from lying down.) Talking caused the pain to disappear from forehead and settle in occiput. But when ceasing to talk, pain returned at once to forehead; it could be distinctly felt migrating.

NOSE.—Blood gushed from nostrils with loss of consciousness.

FACE.—Very red face, highly congested, almost livid.

STOMACH.—Acid eructations all day, causing burning and smarting.

RECTUM.—Felt heavy throbbing and fullness in rectum, which proceeded from internal piles, evidently caused by the drug, as the prover never had hemorrhoids before in his life.

URINARY ORGANS.—Was obliged to leave business to go and relieve accumulation of water in the bladder, which became very annoying.

RESPIRATORY ORGANS.—Horribly distressing cough, causing great anxiety. Became very weary and could not get air enough; felt as if smothering. Toward night a slight expectoration, detached with much difficulty, but which brought some relief. Had to give up business and apply hot cloths to chest; part of the night delirious, talking wildly. Cough so heavy and oppressive could not finally lie on either side; tickling in throat, with cough and spasmodic breathing, causing extreme nervousness. Cough relieved, like the head, by epistaxis; blood, bright red.

CHEST.—Great load on chest, causing difficult breathing; feels as if he must smother, causing me to examine clothing to see if garments were not too tight. Became very weary, “because I could not inhale air enough to do me good.” Chest very sore. Pulmonary hæmorrhage of bright red blood (Ipecac. Millefolium.)

GENERAL SYMPTOMS.—Very nervous and easily annoyed. Extremities cold.

Melilotus may be studied with Alumina, Carbo animalis, Coffea, and Dulcamara—all of which have epistaxis with the headache.

Antimonium crudum has, like Melilotus, epistaxis, but it occurs in the evening, and *after* the headaches and *after* the rush of blood. Both the white and yellow species were used in making the tincture.

ACALYPHA INDICA.

PETER COOPER, M. D., Wilmington, Del.

Nat. ord.: Euphorbiacæ. A common weed in the East Indies. Proved by Dr. Tonnere, of Calcutta.

AGGRAVATION.—At night: cough, most violent. Hæmorrhage: Morning; expectorates blood, pure, bright red. Evening; expectorates blood, dark and clotted.

MIND.—Gloomy and despairing, but very unwilling to die.

COUGH.—Severe fit of dry cough, followed by spitting of blood (from ten drops of the lx). Cough: violent, dry, followed by bloody expectoration. Cough most violent at night.

CHEST.—Dullness of chest on percussion. Constant and severe pain in chest. Tubercular deposits in apex of left lung.

HÆMOPTYSIS.—Tuberculosis. Pulse small, depressed, from 109 to 120. Progressive emaciation.

A CLINICAL CASE.

[Extract of paper read before the Delaware State and Peninsular Homœopathic Medical Society, January 11, 1886, made from Dr. S. A. Jones' report of the drug.]

Thus does Dr. Jones read *Acalypha indica*: "It does not follow that *Acalypha indica* has any special elective affinity for the lungs." . . . "N. B.—Worthy of trial in all pathological hæmorrhages, having notably a morning exacerbation."

Such is an outline of this drug, given us by so eminent an authority as Professor Jones, of the University of Michigan.

It was his "N. B."—his suggestion that *Acalypha* was worthy of trial in all pathological hæmorrhages from any source, providing the morning aggravation was present, that especially fixed my attention on the drug. At that time I had a case of hæmorrhage per rectum that had baffled me for several months. No remedy had aided in the least, so far as I could see, unless it were Pond's extract, used locally in the form of injections; and I finally came to the conclusion that the relief apparently due to the *Hamamelis* was merely a coincidence. I had given all the hæmorrhagic remedies I knew of, or could hear of; still the bleeding came just as often, with increasing severity. Each time the patient was sure she would bleed to death, and I was not positive she would be disappointed. In fact I was so hopeless that I used to delay the answer to her summons as long as possible, that the bleeding might have time to exhaust itself and cessation of the hæmorrhage speedily follow the administration of a remedy. Thus, in her belief, I had saved her life many times during this period of six months or more; while, in reality, I was only gaining time and she was losing both time and flesh. She became reduced in flesh and the hæmorrhagic drugs became reduced in number until like the "nine little Indians sitting on a gate, the last one tumbled off and then there was none."

Soon as I read Professor Jones' monograph on *Acalypha indica* I determined to try it. She, the patient, had all the symptoms: bright red blood in the morning, dark and clotted in the afternoon, stronger during the afternoon and evening—except one, *i. e.*, instead of blood coming from the lungs, it came from within the portals of the anus. I

procured the 6x dil., and served it in water. It gave speedy—almost immediate—relief. Each subsequent attack came less profuse and at longer intervals. She has not had a hæmorrhage now for ten months, while before she was having from seven to one (continuous) a week. She is gaining in flesh and is in every way improved, and keeps a bottle of *Acalypha indica* constantly by her.

IGNATIA: ACUTE DROPSY OF MITRAL VALVE.

C. B. GILBERT, M. D., Washington, D. C.

Miss C.—, 17 years old, 5 ft. 5 in. high, quiet and uncomplaining disposition, dark hair and eyes, had rheumatism in May, 1885. On the 31st, twenty-seven days after the onset, she took a warm bath by herself in the bath room and at bed time was apparently no worse for it—(she was considered convalescent). The next morning she wakened with great shortness of breath and became at once much alarmed; when seen at noon I said cheerily as I went in—“Well, R—, what have you been getting up?” Her only reply was an effort to keep back the tears which in a moment forced themselves between the closed lids. The remedy was plain. Now for the pathological state for the purpose of diagnosis, as a means of prognosis. The shortness of breath of course drew attention first to the chest, and then was heard through a flannel jacket, cotton night dress and gauze undervest, mitral regurgitation as loud as I ever heard it. The pulse was 134, the tongue mapped, considerable fever, and in the night there had been much thirst. The remedy of course was *Ignatia*, which was given every two hours, in water.

June 1. Much better generally and the regurgitation seemed a trifle less; pulse 112. Sac. lac.

June 2. Did well yesterday, and up to 12:30 A. M. when she awoke with short breath and cried, her mother gave her *Ignatia*, one dose, that I had left in case of need, and one and a half hours later a dose of *Spigelia*, which was a mistake. She soon got better, but from 5 A. M. was loquacious

and at 12 A. M. sweat. During the afternoon of the 1st she broke out with an eruption like measles. No regurgitation can be detected this evening (5 o'clock) after opening the clothing to the gauze.

Given—the pathology; what was the remedy? *Echo answers.*

See note to § 6, Organon. Also § 153. "In searching after a homœopathic specific remedy. * * * we ought to be particularly and almost exclusively attentive to the symptoms that are *striking, singular, extraordinary and peculiar* (characteristic); for it is to these latter that similar symptoms from among those created by the medicine, ought to correspond in order to constitute it the remedy most suitable to the cure."

In 1838, in the introduction to Jahr's Manual, Dr. Hering wrote: "There is a quarter from whence Homœopathy may suffer injury, and by which its reputation may be lowered and its usefulness abridged. I refer to the futility of combining the practice of the old and the new school together; the Juste-Milieu-System, which some physicians have indiscreetly adopted. We readily allow that no medical man can be expected to pass *instantly*, from one mode of treatment to another; an affair of such moment should be done gradually, yet with the resolute purpose, as quickly as possible, to lay aside the old method of treatment. No practitioner, and more especially no novice should arrogantly affirm that what he cannot homœopathically cure can be cured by no other person in that way. The history of Homœopathy has abundantly shown, during the last 25 years, that whoever attempts to unite the two modes of treatment, must ever remain a very moderate Homœopathist; and as it regards the advancement and perfection of the science, the whole of this class have contributed nothing that is worth recording. I sincerely hope, that this charge may not at some future day, be brought against American physicians."

SURGERY.

SURGERY IN HOMŒOPATHIC JOURNALS.

J. G. GILCHRIST, M. D., Iowa City, Ia.

In the earlier days of our history as a school of therapeutics, the reports of surgical cases in our journals were few and uninteresting. In looking over some old files, wounds, bruises, fractures and such like acute surgery can only be found, and not much of that. The reason for this, probably, was that our numbers being comparatively small and the field to be occupied extensive, the therapeutics we professed naturally restricted the range of our studies, so that the popular expression that "homœopathy knew nothing of surgery," was true. Later, however, opportunity gave encouragement to special students, and some appeared really worthy to be called "surgeons," such as Helmuth and Beebe. Now the unpleasant feature of this change was, that the journals became full of surgery, but there was little Homœopathy in it. I say "unpleasant feature," because the more some of our practitioners acquire in a surgical way, the less attention they seem to give to therapeutics. This is an eminently natural state of affairs, for there is a fascination in the achievements of modern surgery that may excuse a forgetfulness of the fact that the homœopathic doctrine of therapeutics has a very close relationship to surgical practice. Possibly the experience of others is something like my own. The application of this therapeutic principle has become such a matter of habit that it is only on notable occasions that we recognize the fact that we are doing something that the majority of surgeons do not do. For instance, some time since I made an abdominal section in South-Western Missouri, one of the assistants being of the so-called regular school. The bladder had been opened and the manipulations had been prolonged. On leaving the house, the gentleman said: "How long do you expect that patient will live?" "Why," was the reply, "we expect her to get well!" A look of

incredulity, and he said: "But there will be septicæmia and peritonitis." He was assured that I never thought of that, as there were remedies that rarely failed to put a stop to all such symptoms. It then occurred to me that I *had* means at my command unknown (but not *unknowable*) to the surgeons of the old school. As a matter of fact does not the homœopathic surgeon approach his cases of abdominal surgery with a fearlessness unknown to the old school, not conscious, many times, of anything singular in the occurrence, simply because Aconite, Arsenic., Lachesis, etc., have almost invariably dissipated threatening symptoms, or rather prevented their appearance? In undertaking, therefore, the responsible duty of superintending the surgical department of THE ADVANCE, I shall have in mind that those of us who practice surgery are prone to forget the great advantage we possess over practitioners of other schools of therapeutics, and do what in me lies to exalt this part of surgical practice, not to the exclusion, by any means, of other departments of the science. To make this department what our readers have a right to ask for, there must be hearty coöperation on the part of all concerned. We earnestly request original papers on surgical topics, and particularly reports of cases in which remedies were used successfully or otherwise. Those having surgical reports to make will confer a favor upon the editor, and assist our cause at the same time, if they will forward them early. The assumption of the care of this department has been so recently assumed, that the first instalment is necessarily somewhat too *highly individualized*, even for a Homœopath; to avoid a repetition of the infliction it is hoped there will be no lack of contributions in the future.

IS SYPHILIS CURABLE?

Strange to say the above query is even now awaiting a definite answer. I know that nine out of ten, among practitioners of experience, will answer affirmatively, but the tenth has a right to be heard, and may be right if he

is in the minority. As is very frequently the case, we may find that there is less disagreement than at first would appear, the difficulty lying in a different use of words. Some esteem syphilis to be the chancre; some restrict the term to the constitutional manifestations; and others include, and properly, all the phenomena from the earliest initial lesion down to the latest symptom in the tertiary or congenital forms. Then again, many of our writers refuse to recognize a difference between chancroid and syphilis. In entering upon a discussion of the question, therefore, there should be a clear understanding between the parties as to the meaning of terms. This subject was suggested by a discussion that arose at the recent meeting of the Iowa State Society, at Burlington. The assertion was boldly made that syphilis was curable, in a matter-of-fact way, many fortifying their statements with *clinical reports from their own experience!* For some years the writer has entertained the opinion that syphilis was incurable, yet some cases were often cured. In looking up testimony, *per contra*, in Jahr, Berjeau, Yeldham, and other homœopathic writers, nothing of value could be found, or at least very little—on either side. One reporter would give a case in which a chancre promptly disappeared *in four or five days*, under some remedy. Another would describe a *succession* of active ulcers, painful and suppurating, that are healed with difficulty, and were not followed by secondary symptoms. One spoke of “malignant bubo,” suppurating profusely, resulting in an ulcer, deep, and slow to heal, in fact extending so rapidly that he gave it the name of “phagadenic.” What earthly value is such clinical testimony? The first case was probably syphilis, *because* the ulcer healed so promptly, for many chancres heal in a few days spontaneously. The “remedy” in all probability had nothing to do with it. The other cases were just as probably chancroidal, and their evidence is of no value in determining the curability of syphilis.

After giving the question much consideration for many years, studying special monographs and clinical records, the writer has reached a conclusion that seems to be sus-

tained by the admitted facts. The initial lesion is absolutely incurable, for almost all agree that with or without treatment secondary symptoms will come on later. Those who base their belief in the curability of the disease by the rapidity with which the chancre disappears, are certainly not familiar with the natural history of the affection. There are some who have had their patients under observation for years after the disappearance of the primary sore, and not observed secondary symptoms. They must not jump to the conclusion that cure has been produced, because testimony is abundant that secondary outbreaks may be delayed twenty or thirty years.

Furthermore, syphilis in the secondary stage *may* be cured, but we must bear in mind that even a prompt disappearance of the symptoms is not sufficient evidence of cure. We must wait for tertiary lesions, which are often (?) delayed until the next generation. If syphilis is curable it is in the secondary stage of the disease. The condition is not one of destruction, but of laying down of nerve tissue. The germinal elements are not destroyed, there is no arrest of cell-proliferation or genesis, but an abnormal organization; perhaps an imperfectness might be considered characteristic. So while my experience teaches that in the primary stage the disease is incurable, in the secondary exceptionally curable, and in the tertiary again incurable, it also compels me to withhold an announcement of cure until the offspring of the syphilitic parent can be seen. We have all seen cases of congenital syphilis, and none of us ever saw a case where the syphilitic parent had been "cured." Should two or three years elapse, after the disappearance of secondary symptoms, and no tertiary lesions appear, a cure would be a fair presumption, but only that.

[Dunham says, *Materia Medica*, page 225:

"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 a more 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 pervades 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 meanwhile 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 as chancroid, and which, being a shallow and flat-bottomed ulceration, shows a disposition 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 Mercury is indicated is

the regular indurated Hunterian chancre, with the lardaceous base."

John Hunter asserts (Treatise on the Venereal Diseases, Leipsic, 1787, p. 531): "Not one patient in fifteen will escape *syphilis*, when the chancre is removed merely by local treatment;" and in another part of his work he assures us: "that the local removal of the chancre, should it have been accomplished ever so speedily, was *always* followed by an outbreak of the internal syphilitic disease."

Hahnemann says (Chr. Dis., Vol. I., pp. 117-118): "In my practice of fifty years' duration, I have never seen syphilis breaking out in the system, whenever the chancre was cured by internal 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."

"Hence it is that the internal disease is most efficiently and most permanently cured while the chancre or the bubo is yet existing 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.*"—ED.]

INFRA-ORBITAL NEURITIS.

CASE.—Mrs. L. E. R.—, age 40. March 11th, 1886, visited Mrs. R., at Council Bluffs, Iowa, by request of her physician, Dr. A. P. Hanchett. The history was one of the most intense suffering, almost beyond belief. Some six years ago was struck on the right cheek, over the malar bone, by a horse (I think), but such symptoms as were then produced soon passed away. A year or two later attacks of pain came on, in paroxysms, at irregular intervals, until for two years or more they have been constant, or nearly so. She has been treated by many physicians, most of them suspecting some disease of the bone; had submitted to extraction of all the upper teeth, to perforation of the an-

trum, to exploratory incisions. All this without the slightest relief. On examining the case the conditions were found as follows: Constant pain, of a most intense character, in the right cheek, especially the upper lip, alæ of the nose, and malar region. The pain was constant, but greatly aggravated by the slightest touch or motion. So great was the hyperesthæsia that her face had not been washed nor her hair combed for weeks; she could not speak from the pain occasioned by the motion of the muscles, communicating with her family by means of a slate and pencil. Occasionally the paroxysms would be so violent that she would go into convulsions, tears pour from her eyes which were red and injected, and the aspect one of terrible suffering. After a careful examination, it was decided that the trouble was neuritis of the infra-orbital nerve. This corresponded with the diagnosis of Dr. Beebe, of Chicago, who had also seen the case. Remedies seemed to have been faithfully exhibited, and all concerned would not be satisfied without some kind of an operation. I decided to divide the infra-orbital nerve, which was done, well inside the foramen, using a narrow tenatome, thus making the incision entirely subcutaneous. I stated that the operation was tentative, and if relief followed it would settle the diagnosis; but should pain recur on repair of the wound, I would excise a considerable portion. Upon recovering from the anæsthetic there was no complaint of pain, the first period of quiet for many weary weeks. *Hypericum* was first given, but as hyperesthesia returned, although less than formerly—on the third day—*Spigelia*, 12x, was given. The effect was prompt and decided. On April 4th Dr. Hanchett wrote that the pain had not returned. May 15th I saw the Doctor and learned that some time before she had been awakened at four o'clock in the morning, for one or two days, by a severe pain of the old character, for which he had given *Nux vom.*, 30, with complete relief. There has been no return of the trouble now for a month, and a cure seems assured.

OBSTETRICS.

A RETAINED PLACENTA AND ITS EFFECTS.

WM. HOYT, M. D., Hillsboro, Ohio.

Mrs. Y—, after having missed two menstrual periods had in November what she supposed to be a profuse menstruation, but did not look upon it of sufficient importance to require treatment, therefore no physician was called, and in a few days the flow ceased.

Her general health was but little impaired, but from that time she was troubled more or less with a leucorrhœal discharge that at times was quite acrid and offensive, but not of a character to cause her alarm, therefore she did not decide to consult a physician until about the middle of January. At that time I commenced treating her, and although I had been her medical attendant for a long time and had attended her during several confinements she could not be persuaded to submit to an examination.

I prescribed for her as well as I could but made very poor headway, although I selected the different remedies used with care, according to the peculiar symptoms presented in her case.

I used both low and high potencies, but none of them produced any decided change in her symptoms although there was a little improvement so that by the first of April she discontinued treatment, but was by no means well, the leucorrhœa being quite annoying.

About the time I commenced treating her the husband came to me for treatment and informed me that he had something similar to gonorrhœa, but protested that it could not be that, for he had had no possible chance to contract such a disease; but said that for some time past after each sexual congress he had suffered several days pretty severely from an irritation of the urethra, and of late the irritation had been continuous. His case to all appearances did not differ materially from an ordinary case of gonorrhœa except in being more difficult to cure. His

case proved very intractable and with the most careful diet and treatment he was not well until late in March.

I did not keep a record of the case, therefore cannot give all of the treatment, but Thuja 30th, acted best and completed the cure.

Late in June he had another attack similar to the first except in being much more severe, and was of the most violent character I ever saw, the inflammation extending to the prostate gland, bladder and kidneys. He suffered intensely for days and weeks, the hot compress being necessary much of the time to save him from terrible suffering. I gave him several remedies, but Pulsatilla 30th was the only one that appeared to do good, and with that a cure was finally accomplished.

Early in June she showed signs of failing health, became weak and nervous, complexion pale and sallow, rapid pulse, dry tongue, very bad taste in the mouth, loss of appetite and flesh, and had an extremely offensive leucorrhœa. She thought there was enlargement of the abdomen but I failed to detect any change.

The offensive discharge from the vagina and her peculiar sallow complexion caused me to fear malignant disease of the uterus, but as she would not consent to an examination I was in doubt as to the pathological condition with which I had to deal. Internal medications and medicated injections failed to give relief, and the case continued to get worse until the evening of July 3rd, when I was hastily summoned and upon my arrival at the bed side found her very weak and almost pulseless from a profuse hæmorrhage.

Upon examination the os was found soft and patulous, and in a short time I had the extreme satisfaction of removing the remains of a placenta about as large but not as thick as my hand. Hæmorrhage ceased at once and the patient soon rallied and made a rapid recovery.

The placenta showed very little signs of decomposition although it must have remained in the uterus after the escape of the fœtus from the time of the hæmorrhage in November until July 3d, about eight months.

The foetus could not have escaped later than November, as there was at no time either hæmorrhage or any other symptoms to indicate it.

DISCUSSION.

Dr. Claypool:—"I am sorry that some of the older men do not have something to say upon this subject, because it is very important. It is something that is more common than it should be. I feel that the subject is one that should be so thoroughly understood that no physician called in after a miscarriage should allow the patient to go without a thorough examination and a positive knowledge upon the part of the physician that the placenta has escaped; or, if it has not, it should be removed at once. I have had several experiences of the kind, though none lasting so long as that, where the patient had apparently recovered, gone on about her household duties, and then suffered from a severe hæmorrhage. One of them was walking upon the streets and had to be taken home in a carriage. When I arrived she was almost pulseless. She had been up and considered well for two mouths."

Dr. Owens:—"After a miscarriage has taken place, the average physician is not as thorough as he should be in making an examination. I have known several cases where valuable lives were lost by this neglect upon the part of the physician. A prominent church member of my acquaintance had had a miscarriage, and the case had been neglected, possibly because she brought it on by her own act. She partly recovered, got up and went about her duties. At the next monthly period the flow was a little excessive, but the next time it was very excessive. The lady was much disturbed, and so was her husband. The hæmorrhage went on for some time before summoning a physician, and the lady finally died. Another case that I know of was that of a young married woman with one child, and having become pregnant a second time, had a miscarriage. As to the history of the case I know nothing, except as it was presented to me later. She had come home for a visit, got off the train and went to her father's

house. She remained there three months, and at each monthly period she suffered from excessive hæmorrhages, and the last month they despaired of her life. She was again taken when starting home and died in an hour. They made an examination after her death and found the placenta partly extruded. I have known of several other cases which did not terminate fatally. After a miscarriage an examination should be made by the physician as soon as possible, and every thing removed. Dilate with one finger if it is necessary, and if that is not enough use two, and if that is not sufficient take something else. I have in several cases used a placental forceps made by taking a sound and turning it a little, and with it seize the after-birth and extract it. In the absence of anything better I have used this. The examination should be made immediately after the person has the miscarriage. If I am called in some time after the miscarriage, and I have reason to believe that the placenta may not have been removed, I dilate and make an examination then. I dilate at any time. I have sometimes made an examination at the monthly period. It is the only safe course one can pursue, because we are liable to have these hæmorrhages at any time, and the death of the patient be the result. If there is any better course I should be glad to hear of it."

Dr. Wood:—"Although there was so much confusion during the reading of the paper that I could not catch all the points, I would like to say a word as to the treatment of these cases. I think in most cases you will rarely find it necessary to dilate, as the parts are already greatly dilated. It is very easy to see how mistakes are made in such cases. We have cases where only a portion of the placenta is retained, but in some cases the dead foetus is retained. The more modern writers tell us that in case of miscarriage if we can empty the uterus with our fingers to do so, but I do not think that the more modern writers will tell us to go in immediately. Dr. Owens has practiced for many years but I do not think his method is one that can be depended upon. I think it is better to wait twenty-four or forty-eight hours, give time for the membranes to be expelled natur-

ally if possible. I would like to refer to the matter of cleaning the uterus. I think that if we resort to Crede's method it will be the best. I was called to a place in Michigan where a six month's child had been born, and it was thought that all the membranes had been removed. The patient was thought to be at the point of death, and might die at any time. I cleaned out the uterus and applied Iodine, and within an hour, by means of internal remedies, I had the hæmorrhage controlled. I think we are justified in resorting to the curette though the patient is very low. When I cleaned out the uterus I got at least half a saucer full of debris. While in some cases one may be justified in removing the placenta immediately, I do not believe in going into the cavity at once, but think it best to wait twenty-four or forty-eight hours. If we cannot remove it with our fingers I much prefer a curette as being much safer than any other instrument."

Dr. Owens:—"I am of opinion that if one follows Dr. Wood's directions death will result in many cases in a few hours. I think you should dilate at once. I do not think the doctor has had very much experience in the matter. I have found in my experience that the uterus will be contracted in an hour so that the placenta cannot be removed at all. As to the instrument the one I suggested was more convenient than the other."

Dr. Wood:—"In regard to that point it is unfortunate that our younger men have not forty years experience to fall back upon, and we must pay our respect to men who have had forty years experience. In such cases the uterus is not large enough in the second or third month so that the contracted cervix will interfere with the removal of the placenta, or render it more difficult. Where you have difficulty in removing it from the uterus there will be no danger in using a tampon. I believe that in a great majority of cases you will have dilatation as the result of the tampon. If not you will be justified in using physical means in dilating."

Dr. Harding:—"It has been my experience with these cases that sometimes good sound sense and judgment has considerable to do with the practice of medicine. In my

experience of seventeen years I have found cases where I felt justified in allowing it to remain a few days, and if there is a severe hæmorrhage to use other means to control that. My remedy is extract of Hamamelis. In some cases I have waited twenty-four hours and sometimes longer, but I usually take it away as soon as I possibly can. I hardly ever introduce the hand or employ any other mechanical means. If I find that I cannot get up contraction immediately I use cold water, and then apply warm water across the bowels. I use a teaspoonful of Hamamelis in three ounces of water."

Dr. Claypool:—"I look upon a case of abortion as leaving the uterus in a traumatic state, and I think it is good surgery to remove any cause of hæmorrhage in any traumatic condition. Therefore I believe it to be good practice to remove the retained placenta or the membranes as soon after a miscarriage as it is possible to do so. Of course we will grant that physicians are men of good judgment, and they should use good judgment in these cases as well as in any other case. It is occasionally true that it is best to leave a case of this kind for a time, but I claim that it is the exception to the rule. The rule I say is to remove it as soon as possible. In the means adopted for removing the placenta I like my fingers. Next to that I prefer a curette. I have adopted a little plan of my own. I use a curette that I make myself by doubling a wire and twisting it into a spiral, by introducing this and turning it around the placenta is entangled in the spiral and removed."

Dr. Laning:—"I had a case some time ago of this retained placenta. As far as my experience is concerned I never had such a case before. I attended a woman during confinement, everything seemed normal except a hæmorrhage. After confinement the uterus contracted, and everything was going on nicely when I left the woman. That night about 10 o'clock her husband came after me saying that there was something the matter with his wife, and that something was coming out of her vagina, that the nurse thought to be her intestines. I was puzzled myself, for I knew that I had removed the afterbirth. I followed up

this clew however, and introduced my fingers, and it felt simply like an afterbirth. If I had not already removed it I would not have stopped for a moment but would have proceeded to remove it. It was certainly a small supplementary afterbirth. I made a careful examination, but there was no evidence of a second foetus, the first child weighing ten or twelve pounds. After removing this afterbirth the mother recovered. I thought it was very fortunate that this came down in that way, for I had no reason to believe that there was anything like it in the uterus. As I say I never saw such a case before."

Dr. Barnes:—"I have practiced in this line for forty years and had about as much of that kind of practice as physicians usually have. In the many cases that I have had my practice is to remove the placenta as soon as possible. I never let it stay as long as half an hour. I remove it by drawing gradually upon the cord. A little steady drawing for sometime is better than a pull and a jerk. It is upon the principle, that if you want a horse's muscle to come up you must work it little by little, and not put all the work on at once. Keep up this steady drawing, and it will all come away pretty soon. If it does not come readily introduce the fingers and if you can hook one around the afterbirth it will soon come away. I have never attended but two cases where I had to introduce my hand. In all of my cases I have never had a woman die of child bed fever or retained afterbirth. It is my rule to take it away immediately, and not let the woman wait for any length of time."

Dr. Morrell:—"I have not been in practice for forty years nor one-half of it, but in my practice I have seen several cases of this retained placenta. In one of my cases of abortion a child was born, but with one leg missing. In about a month the placenta and other leg came. I never use any forcible means to remove the placenta, especially in early months of gestation or abortion. I do not think it is necessary. Cantharis or some other remedy has always helped me out."

Dr. Wood:—"I do not wish to be understood as not ad-

vocating the removal of the placenta at once, if you can take hold of it then. But the danger is not so much in hæmorrhage in the first stage as from septicæmia afterwards. There is greater or less danger of injuring the delicate membrane that lines the uterus. There is much danger of this until three or four days after the abortion. During the early stages if it cannot be removed with the fingers it can be removed by resorting to the tampon, or later to the curette. In all cases where there is any possibility of a retained placenta I think it is positively imperative to use injections of Carbolic Acid."

Dr. Allen:—"In cases of retained placenta from abortion I have never used anything but Cantharis and I have had many cases that pointed to serious results, but it has always helped me out. Dr. A. O. Blair pointed this out to me years ago. You will find the indications in the proving of Cantharis in our *Materia Medica*."

Dr. Obetz:—"I have had occasion to look this subject up in connection with a trial of one of our Homeopathic doctors for abortion; he had tried for five or six days to remove a placenta and foetus retained. In a great many of these cases in obstetrics we must resort to mechanical means, and cannot rely upon remedies entirely. The doctor had been indicted upon the charge that he had given remedies to kill the foetus when he had only been attempting to remove the retained placenta to relieve the patient. I think that the placenta should be removed at once."

Dr. Mitchell:—"I think that the physician should have good sound sense and judgment. It seems to me that in these cases we should discriminate in our patients. If she is having hæmorrhage such as to endanger life or to cause decided weakness, then I think the policy would be to enter the uterus. That is not always the case, however. We have a placenta that remained in the uterus four months. Now taking the view that has been presented that the uterus is in a traumatic state, can we run any risk, of which there is not a little, of employing any forcible means for the removal of the placenta that is closely adherent, and causing inflammation in many cases. Is it not better

policy to wait awhile until the patient gets a little relief in such cases? I think it is. I think medical interference in such cases is of frequent occurrence when it is wholly uncalled for, but I do not advocate leaving it. I think common sense is what should be used, and not treat all cases alike."—*Ohio State Society.*

CORRESPONDENCE.

OUR FOREIGN LETTER.

EDITOR ADVANCE.—As no doubt your readers are aware the season on the Italian and French Riviera ends about the middle of May, commencing towards the end of October. Nominally it should last six or seven months, but for many reasons, the chief among which is the yearly increasing facility of traveling, visitors tend to arrive later and depart earlier each year, to the great detriment of the local tradesmen and hotel keepers—not to mention the medical men, who are supposed to be above such considerations. In the good old times of the first Lord Broughan, Cannes and Mentone were the only health resorts on the coasts; all consumptives who could afford it, were sent there as a matter of course (Madeira, their only rival having been beaten out of the field); equally as a matter of course, they remained seven whole months and great was the profit of hotel-keepers and doctors. Now alas! every thing is changed; invalids are transmitted with the utmost ease from London to Cannes in thirty hours, no change is required after leaving the Calais boat and the Pullman sleeping cars obviate all the evils of night traveling. The consequence is that our patients put off their departure to the last moment, and leave us at the earliest opportunity. The type of visitor also has changed—for the worse as regards the doctors. Thirty years ago the majority were consumptives, usually in advanced stages, therefore requiring much attendance. Now three-fourths of the visitors are mere pleasure seekers with no complaint whatever, unless a feverish desire for excitement be considered such. The re-

mainder are cases of gout, rheumatic-gout, rheumatism, catarrh of the bladder, clergyman's sore throat, and uterine complaints, with a fair sprinkling of *malades imaginaires*; a small minority are phthisical, and these again usually of a mild type. But though the *work* to be done has diminished (owing in great measure to the rage for high altitudes) the workers have increased, thus verifying the dictum of Solomon that "where the carcass is there will the eagles be gathered together." Thirty years ago there was but one physician in Cannes; he had been fortunate enough to marry the sister of an English duke, thereby securing among other advantages all the English aristocracy as patients. Indeed he soon became so prosperous that being averse like many of us to the ascent of stairs, he announced himself unable to attend any invalid not located on the ground floor. However, on the arrival of a second physician, he thought proper to attend patients on first floors, and now that he has at least five formidable rivals, he will attend patients on any story, even the highest—is glad enough to get them—thus exemplifying the good effects of healthy competition.

Mentone at one time had but one medical man, the eccentric but able Dr. Henry Bennet. According to himself (*vide* his book on the Riviera) he came to Mentone to die, but the climate cured not only himself but a favorite white poodle also afflicted with consumption. The public delight in pictures painted with vivid colors, otherwise his description of the marvellous effect of the Riviera climate would be thought overdrawn. In my work entitled "Wintering Abroad," I was rash enough to quote an entry I found in the Mentone town annals, "that in the year 1859, (the year of Dr. Bennet's advent) it was found necessary to double the size of the cemetery." My publisher instantly insisted upon my expunging the passage on the ground that it was libellous. I need not say that neither I nor the town chronicles had intended any of the sinister insinuations attributed to us.

I will not here discuss the business question of high altitudes versus the Riviera. Suffice it to say that fashion

tyrannizes over the medical world as it does over the social, and that if you wish to walk in safety you must avoid extremes. At one time *all* phthisical patients were sent to the Riviera, now *most* go to Davost, though there are not wanting signs that this fashion is waning and that the next "rage" will be to keep such patients at home and attempt to destroy their supposititious tubercle-bacilli with antiseptics which, as Dr. Haywood in his address to the Homœopathic congress of two years ago very sensibly remarked, "If sufficiently strong to kill the bacilli will probably also kill the patient." But time tries all things, and no doubt in time high altitudes, southern climates, and germicides will all be assigned their proper place in our armamentarium which needs all the weapons that can be found in order to triumph over so deadly a foe as consumption.

ALFRED E. DRYSDALE, M. B.

CANNES, France.

EDITOR ADVANCE:—In your issue of April, '86, I became much interested in an article headed "Similia and Polypharmacy," by Dr. W. J. Hawkes. It would almost seem that some "spring or indolent fever" was dawning upon some of the members in our ranks. Of course it is a well known fact that work, be it mental or physical, does not agree with some persons, hence Allopathy and Polypharmacy. If some of our members could only get a machine to compound all our remedies and deal out the compound, it might save them much trouble. But, alas! such is not the case. Drones cannot exist in Homœopathy. It is a hive for working bees and for those only, and when we shirk the work of studying the single remedy we are no longer Homœopaths. We simply have our grand old motto "Excelsior" or retrograde with our brothers of the dominant school. He who would gain knowledge must work, and especially is this so in homœopathic medicine. We must and have been working to raise our banner and unfurl it to the world, as well as to get out of the deep ruts of Allopathy and Polypharmacy, and why now drop back into the old tracks? Hahnemann set before us a system of medicine based on a law, it proved successful seventy years

ago and it is equally successful to-day. Then why abandon it to return whence we came? Why abandon the light which we now have to fall into an indolent, empirical way of compounding and prescribing drugs. Better by far be an Allopath and send our victims to the drug store. It is no wonder the Allopaths say we are dishonest in our practice. Instead of taking for our motto the one given on the first page of the cover of the ADVANCE, we retreat and say that "a point which to-day we should start from will be goal tomorrow and invisible the day after," and thus reverse things and retrograde till we get back to the prescription and drug store. Knowledge in the hands of wise men, if rightly wielded, is power, if not rightly wielded it soon shows its weakness. We junior members of the homœopathic medical profession are in part dependent upon you older and wiser heads for guidance. If we are taught polypharmacy and empiricism, the consequence will be that we shall fail and kill forever Homœopathy, therefore let us have more such lights as Hahnemann, Herring, Dunham, Hawkes, Guernsey, Lippe, Bell, and a host of other good men who have done so much to lighten the cares of the younger physicians, and let us wipe out all that tends to lead us from our honored law, "*Similia similibus curantur.*"

ALFRED PULFORD.

ANSONIA, CONN., May, 1886.

EDITOR ADVANCE:—I send herewith evidence that Homœopathy is progressing. The Newton College Hospital, officially opened June 5, 1886, is under the care of a *Medical Board* composed of four homœopathic and four allopathic physicians; E. P. Scales, F. E. Crockett, H. P. Bellows and S. A. Sylvester on our side, and O. E. Hunt, H. M. Field, R. P. Loring and F. L. Thayer, allopaths. Hunt is president and Bellows secretary, and the board is *harmonious*. The hospital has a capacity of twenty-five beds—divided into men's, women's and children's wards and private rooms.

The trustees are about equally divided on the medical question, as are also the executive committee. The consti-

tution and by-laws are *fairly constructed*, and the *eight* homœopathic physicians of the city have an *equal chance* with the *twenty-two* allopathic doctors.

I have looked sharply after the matter since its inception in January, 1880. We homœopathic physicians are determined to make it a successful experiment. We have seven acres of land and a good building to commence with.

Patients may elect, upon their admission to the hospital, the school of medicine by which they shall be treated. When no preference is expressed, the matron will assign them in alternate order to the two schools.

Physicians, residents of Newton, whether members of the medical staff or not, will be permitted, with the approval of two members of the medical board, to attend inmates of the hospital who pay the usual rates for board and lodging, and who have been admitted to the hospital in the usual way.

E. P. SCALES.

NEWTON, MASS., JUNE 9, 1886.

[This is just the experiment which Homœopathy courts, and our homœopathic representatives will have nothing to fear, if they rigidly adhere to the law of the similars and the single remedy as expounded by Hahnemann. Let there be no mixing, alternating, or palliating, (except with the similar remedy) and the results will speak for themselves.—Ed.]

THE GERM THEORY.

The following article is copied from the *Detroit Evening News* of a recent date. It was called out by the previous publication of articles in *Detroit papers*, headed "Human Flesh Eaters" etc., by certain doctors who are making a little "run" on germs and who seem to fear that these little microscopical somethings (or nothings?) are about to overturn the economy of the world. It was written for the lay reader but contains some good points which are not out of place just now for professional perusal:

I hope none of your readers will be startled by any of the modern nonsense about "bacteria" and the "germ theory" of disease. When any person announces the general acceptance of the

germ theory of disease by the medical profession he is simply mistaking his own immature ideas for established medical doctrine. The most common and sensible view of the question is that bacteria and other germs found in or upon diseased surfaces are the *product* of diseases—*results*, not causes. When any surface or tissue is in a healthy condition these “germs” are perfectly inert.

If the vitality of a part is unimpaired these agents are of not the slightest consequence. What then is the manifest duty of physicians? Why, to correct deranged or diseased *vitality*. When this germ theory was first propounded *germicides* were sought for and when found it was heralded far and wide that “disease was mastered,” the “enemy of the race (disease) could now be annihilated.” These germicides or “germ-killers” were mostly carbolic acid and corrosive sublimate, and they would kill every germ they came in contact with, but to do this in the human body effectually, the dose required was about one pound and a half of the former and a tenth of a pound of the latter. So that this wonderful discovery was about as valuable as the joker’s receipt for rendering mosquitoes innocuous—extracting their bills!

It was found that, like the quack’s panacea for worms (germs?), man himself is a worm (of the dust according to scripture), and powerful drugs were as likely to kill the wrong worm (the patient) as the right one. They are all worthless.

Now in fact great and useful discoveries in medicine are very rare—hardly more than one or two in a century. Pasteur’s furor over his hydrophobia antidote, which is the latest comet dazzling the medical world, is of very trifling utility even if what he claims for it is true, and does not in any event prove the germ theory. I say it is of trifling utility, for hydrophobia is by reason of its infrequency a disease of small consequence. There are 3,000 doctors in Michigan; how many of them ever saw a case of hydrophobia? Probably not 30—less than one per cent. As to ill effects, the scratches and bites of *cats* exceed those from dogs ten to one.

We have doctors who continually boast of the wonderful powers of their microscopes. They claim to “see millions upon millions of the *most delicate* muscles and *finest* nerves in a pig’s nose.” They think they have settled the germ theory of disease in the affirmative. Let us see: In small-pox the poison “germ” (if there be one) is in the pustule. Have these men discovered it, or how the pus of small-pox differs from any other pus? *No*. In scarlet fever the small flakes or particles which come off the skin in myraids are contagious. In hydrophobia the poison is in the saliva, and in several other contagious and infectious diseases they know just where to look for these germs (?). Do they find them and are they able to describe them and tell how one differs from another? *Certainly not.*

You can put it down as a rule that those fellows who are trying to paralyze the world with their *enormous discoveries* in medicine are wind-bags and mostly quacks. If the public knew them in their real guise, as most of the profession do, they would invite them to observe a great deal more modesty than they now exhibit.

E. R. ELLIS.

The following from a private letter speaks for itself:

"I am getting to be a better Homœopath than I used to be. I have handled some desperate cases of pneumonia this year with the single remedy and the thirtieth potency. Aconite is a remedy that I never used higher than the tincture until lately. The thirtieth now serves much better than the tincture formerly did. The fact is, in the days when I alternated the low potencies, I was a failure. I cannot look back to them with any satisfaction. I did not study my cases as I should have done. What I need is a more complete work on *Materia Medica*. I have "Hering's Condensed" and the four volumes of "Guiding Symptoms," "Hull's Jahr," "Dunham," "Burt," "Hale," "Raue's Pathology," but often I cannot find what I want. Would you advise me to get Allen's great work? I am anxious and willing to work that I may do what I can for humanity."

S. E. C.

Yes! Get the *Encyclopædia and Index*. Also get all the repertories you can find and *use them*. Now that our *Materia Medica* has grown to such proportions, no man can treat his patients satisfactorily or practice Homœopathy scientifically and successfully without a frequent reference to a good repertory.

STAMMERING.—Dr. Dio Lewis says: "The worst cases of stammering may be cured if the patient be made to mark the time of his speech, as is done in singing. He is at first to beat on every syllable. He begins by reading a piece, striking the finger on the knee at every word. You can also beat time by striking the finger, hitting the thumb against the forefinger, or moving the large toe in the boot. An hour's practice each day will suffice.

The repetition of the remedy is one of the most important questions with which the therapist has to deal. When you are *in doubt* as to whether you should repeat the remedy or not, I can give you a rule which you will always find safe to follow—DON'T.—P. P. WELLS, M. D.

SCIENTIES

STATE SOCIETY

The twenty-second annual session was held at the
22 N. Main Street, Hall among Toledo, Ohio, on
Beede, of Solway, in the chair. The address was
was made by Dr. W. F. Rowsey and was presented in
behalf of the society by Dr. J. D. Buck of Cincinnati. It
included the following in attendance:

- W. C. Fries, Sylvania; Wm. Wolcott, Toledo; B.
- Horn, Hillsboro; L. P. Sturtevant, Cincinnati; J. W.
- Herlich, Cleveland; Gust Zimmerman, Fremont; B.
- Chase, Toledo; Wm. Watts, Toledo; Wm. F. Clark,
- Ind.; Wm. Owens, Sr., Cincinnati; D. H. Harkness,
- Ind.; C. W. Lounsbury, Columbus; Thos. M. [unclear]
- Cincinnati; W. F. Rowsey, Toledo; R. D. Thayer, Ind.
- F. H. Squires, Fostoria; J. W. [unclear], [unclear]
- Beede, Solway; M. P. Hunt, Delaware; F. P. [unclear]
- Toledo; J. E. Siegfried, Sandusky; J. C. [unclear]
- H. Fowroy, Cleveland; B. B. Langston, [unclear]
- Gillead, Sandusky; J. B. Hancock, [unclear], [unclear]
- gox, Toledo; W. H. Palmer, Baird, [unclear]
- Toledo; W. A. Phillips, Cleveland; A. C. [unclear]
- Lewis, Barnes, Delaware; A. C. [unclear]
- Nichols, Perrysburgh; M. H. [unclear]
- Buck, Cincinnati; O. L. [unclear]
- hill, Findlay; F. P. [unclear]
- Toledo; R. S. Warren, Wooder, [unclear]
- C. McDermott, Cincinnati; N. [unclear]
- Keiser, Bryan; O. E. Walton, [unclear]
- J. C. Wood, H. O. Allan, [unclear]
- of Ann Arbor, Mich.; A. I. [unclear]
- House, Tecumseh, Mich.; W. H. [unclear]
- Detroit, Mich.; G. A. [unclear]



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J. W. Means, Troy; J. A. Mitchell, Newark; G. W. Rhonehouse, S. Toledo; F. H. Rorick, Wauseon; U. H. Squires, Fostoria; F. P. Taylor, Toledo; B. B. Viets, Cleveland; J. H. Waddell, Wauseon; Flora A. Waddell, Wauseon; T. E. Wells, Tiffin; J. W. Williams, Weston.

HONORARY MEMBERS ELECTED.

Chas. Cropper, Lebanon, Ohio; Chas. Oesterlin, Findlay, Ohio.

The annual address of the President was an able paper, consisting mainly of a defense of Homœopathy, in which he handled our allopathic brethren "without gloves." The various bureaus were well represented, and the papers as a rule well digested, well received, and well discussed. The work of the Ohio State Society has, for the last few years, been rapidly increasing in value and interest, and is an admirable illustration of what can be done by the individual efforts of a few earnest and enthusiastic officers. Its last volume of proceedings is a credit to any society.

It has been noted as a fact, in both State and National Societies, that where for long and efficient service a worthy officer is elevated to the honorable and responsible position of president, his former ardor and interest appear to suddenly vanish and as an ex-president, he is rarely again seen at its meetings. We trust this calamity will never befall some of the able workers in Ohio. Dr. Claypool, of Toledo, was elected president; Dr. Walton, of Hamilton, secretary; and Dr. Pomeroy, of Cleveland, treasurer.

OREGON STATE SOCIETY.

The tenth annual meeting of this society was held in Portland May 4, 5, and 6. The address of President Wigg bristled with statistics. He also read a proving of *Iris minor*, a plant indigenous to Oregon which we hope to publish at an early day. Drs. Osmand Royal, and C. L. Nichols were admitted to membership. Dr. Henderson, of Salem, was elected president and S. L. King, of Portland, secretary and treasurer. There were several valuable papers read, and the meeting was voted a success.

THE AMERICAN INSTITUTE.

The thirty-ninth annual session and forty-third anniversary of the American Institute of Homœopathy convened in the Grand Union hotel Monday evening, June 28, at 8:30 o'clock. There was a large attendance of members, and the spacious room, with the large painting "Genius of America," across the west end, never looked better.

President O. S. Runnels called the meeting to order, and after prayer by Rev. S. V. Leech, Dr. S. J. Pearsall, of Saratoga, was introduced and made the address of welcome to which President Runnels in appropriate terms returned thanks in behalf of the Institute.

The programme as presented by Secretary Burgher from the executive committee was, with a slight amendment that the first half hour of each morning session be devoted to miscellaneous business, adopted.

Dr. Arunlphy, of Nice, France, was invited to a seat upon the platform, and in a brief manner returned thanks for the honor shown him.

Treasurer E. M. Kellogg made his report:

RECEIPTS.

Balance last year.....	\$ 500 88
Collected during the year.....	3105 00
	\$3605 88

DISBURSEMENTS.

Expense, Bureau of Gynæcology.....	\$ 23 50
" " Organization, '84-5.....	18 06
" " " " '85-6.....	46 38
" Com. on Drug Provings.....	46 94
" " R. R. Fares.....	19 36
" of Stenographer.....	210 00
Salary of Secretary.....	500 00
Testimonial to Treasurer.....	500 00
Postage, Expressage, etc.....	312 71
Postage and Stationary of Treasurer.....	75 60
Engrossing Diplomas.....	21 00
Printing of Treasurer.....	21 63
Printing Transactions of 1885.....	1112 90

Binding same.....	330 00	
Deficit on Encyclopædia subscriptions..	24 59	
		\$3265 67
Balance on hand...		\$ 340 21

On motion the report was referred to the auditing committee appointed by the president, consisting of Dr. Wesselhoeft, Boston; Dr. Baker, Des Moines; Dr. Beebe, Sidney, O.

Secretary Burgher presented the report of the executive and publication committee, which was accepted and referred.

The report of the committee on medical legislation was made by Dr. Sawyer, of Monroe, Mich., which was received and referred.

Dr. J. B. G. Custis, of Washington, D. C., spoke upon the subject of congressional legislation, and said they had a hospital in Washington which had received an appropriation of \$15,000 from the general government. He offered the following resolutions, directing the bureau of medical legislation to see what course is best to pursue to have Homœopathy recognized in the army and navy of the United States.

First. That we view with much concern the fact that this great system of medicine is without representation in the army, navy or marine hospital service of the national government, though it is the adopted system of a very large proportion of the citizens of the country, who have experienced its superior beneficent results.

Second. That having without government aid, or recognition even in the medical departments of the government service, attained to the high position of rivalling the older school of medicine in colleges, hospitals, literature and number of educated and experienced physicians as well as patrons, and having through the manifest beneficent results of its law and practice in the preservation and restoration of health largely revolutionized the practice of all other schools, we claim that the time has fully come for its recognition in every branch of the government service where medical knowledge and skill are provided for.

Dr. Sawyer said he was glad that the profession had such a worker as Dr. Custis at the National Capital.

Dr. H. C. Allen called attention to the bill recently intro-

duced into the Senate by Senator Call of Florida, referring to medical and technical education of the people under the direction of the Smithsonian Institute, and moved that it also be referred to the committee.

Dr. J. P. Dake suggested that in order to test the validity of the objection to homœopathic practitioners in the U. S. Army, some medical man make application for appointment. If he be refused examination, as he likely enough would be, there would be a good and sufficient cause for appearing before congress and asking redress.

Hon. Alonzo Bell, of Washington, D. C., ex-Assistant Secretary of the Interior, and representing the Homœopathic Hospital Association of Washington, was invited to address the Institute. and as he had something to say and came prepared to say it, he was indulged. He said he was not well up in the practice of medicine but he was heartily in favor of Homœopathy. He held that the one profession was Homœopathy. He did not see how an Allopath could be happy. He gave a history of the National Homœopathic Hospital Association which was formed a few years ago at Washington, D. C., and its growth since its formation. By great exertion and considerable hard work an appropriation of \$15,000 was made by Congress with which to purchase a building, and this year an additional \$5,000 has been promised to enable us to make projected improvements. Since the foundation of the hospital it has gradually been growing and is now one of the prominent institutions of its kind at the National Capital. The government is now spending more money to find a cure for hog cholera than to protect human beings who are dying by scores. I do not mean to say that the government thinks more of hogs than of her citizens, but the hog dealers are working hard for their object. It is time Homœopathy assumed the aggressive. It has made many converts and is now in the front rank as the leading remedial agent of the world, and he showed the necessity of preparing reliable statistics on which to base comparisons of the relative merit of the allopathic and homœopathic schools of medicine.

Dr. Kinney, of Patterson, N. J., moved that the report of Dr. Bell be referred to the committee on publication, and that a vote of thanks be extended to him for his valuable paper.

Dr. A. I. Sawyer, of Michigan, was appointed chairman of the committee on medical legislation for 1887.

Dr. T. M. Strong, of Ward's Island, made the report of the committee on foreign correspondence which was referred.

The president appointed Dr. Strong chairman of the committee for 1887.

A letter from Dr. Richard Hughes, of Brighton, England, was read, inviting the attendance of the members of the Institute to the world's convention to be held at Basle, Switzerland, in August next, and that funds to pay expenses of publishing the transactions would be thankfully received.

On motion a subscription was started for the purpose of procuring the publication of the proceedings of the World's Convention, and in a short time the sum of \$170 was raised; each subscriber to receive a copy.

Dr. C. Wesselhœft, of the committee on drug provings stated that his committee was ready to report and would like to have a time set down when it could be made. He requested that it be set down for Wednesday morning.

On motion the report was deferred.

Dr. Mohr, of Philadelphia, reported for the committee on Homœopathy in the *Encyclopædia Britannica*. He said that a layman had kindly reviewed the paper and succeeded in having the proper changes made.

Dr. H. D. Paine, of New York, made the necrologist's report which was accepted and referred.

The following are the deceased members: Seniors—H. N. Guernsey, Philadelphia; H. E. Stone, Fair Haven, Conn.; B. Ehrman, Cincinnati, O.; J. R. Redding, Somerton, Pa.; J. K. Clark, San Francisco, Cal.; F. Woodruff, Detroit, Mich.; A. W. Koch, Philadelphia; F. N. Palmer, Boston; D. F. Bishop, Lockport, N. Y.

Juniors—E. A. Farrington, Philadelphia; W. J. Baner,

New York: E. C. Franklin, St. Louis; Clement Pearson, Washington; H. Crater, Somerville, N. J.; E. F. Hincks, Hyde Park, Mass.; W. B. Davis, Philadelphia.

Dr. H. D. Paine was appointed necrologist for 1887.

Adjourned until 9:30 A. M.

THURSDAY AFTERNOON SESSION.

Dr. R. B. Rush, of Salem, O., chairman of the Board of Censors, reported an additional list of names for membership, which was read.

The report of the Bureau of Sanitary science was called at the opening of the afternoon session.

Dr. L. C. Grosvenor, of Chicago, Ill., chairman of the Bureau, formally submitted the report, the subject for discussion being: "Our Homes, their Hygienic and Sanitary Condition."

He then read a paper by Dr. M. H. Waters of Terre Haute, Ind., his theme being "Our Homes, their purposes and intent, an index of our civilization." It spoke of the cell as now known to be a definite, anatomical and physiological unit, but in fact exhibiting all of the phenomena of organic life. The white corpuscle is subjected to ever changing influences. As the character and condition of the cells determine that of the organ, so do the organs that of the body or individual. So potent and permanent are these results that they may be traced from generation to generation in peculiarities of heredity, especially marked in the transmission of physical and moral disease.

The paper contributed by Dr. D. H. Beckwith of Cleveland, O., was upon the subject of public health and criticised severely all adulterations, especially that of food. Attention was called to the evils arising from sewage, poisoned drinking water, sewer gases, decaying vegetables, cesspools, market-malaria, poisonous germs in sleeping coaches, and vile food and drink. Several forms of adulteration were enumerated, beginning with maple sugar mixed with glucose and brown sugar; milk mixed with water, carbonate of soda, salt, borax, salicylic acid; butter adulterated with an excess of salt, cotton-seed oil, lard oil,

carrots, anise and sulphate of copper; oleo-margarine and its abominations; imported cheese mixed with arsenic and copperas, and limburger cheese soaked in urine; coffee mixed with chicory, peas, beans and hominy. The adulteration of liquor and beer is carried to such an extent that it is about impossible to secure anything pure.

Dr. Anna Warren, of Emporia, Kan., read a paper on "Food, its Selection, Preparation and Adulteration." The importance of selecting food that contains the elements the system needs, and the necessity of having the source from which the food elements are derived pure, were dwelt upon. The importance of having the food properly cooked was emphasized. The food that is the most essential and the cheapest is that which is the least successfully adulterated.

Dr. H. E. Beebe, of Sidney, O., read a paper on "Our Homes, the Choice of a Site." To have a healthy home, first, the local climate should be healthful, for many diseases are from local causes. Low, damp bottom lands, sluggish streams, or where mist is often seen, are not good places for building homes. Avoid locating where the winds bring currents of air from such places. Select an elevated site, not at the exposed top of a hill, but above the level of adjoining land to favor natural drainage. The land should slope from the house. There should be a wholesome, dry soil. It must be free from excessive moisture. Much depends upon the surface, for it is estimated that the ground upon which we walk is one-third air. The purity of ground-air is important, for the air above it depends largely upon it, and the house to be healthy must have a dry porous foundation. The physical condition of the soil exercises a great influence on the character of endemic disease.

The title of the paper read by Dr. E. U. Jones, of Taunton, Mass., was "The water we drink; its purity as an element of health; its impurities; tests for impurities; danger to health from impurities." A thoroughly thirsty man will reject the most tempting food for a glass of cold water. Every particle of food which we take contains its normal proportion of salts, but in a way and manner which has changed it a little in its chemical relations. He spoke of

the necessity of having all wells located at a safe distance from cess-pools, drains, or any other means which would tend to contaminate it. It should be free from all products of decomposition, from metallic constituents, and from all causes of disease.

Dr. Pemberton Dudley, of Philadelphia, Pa., read a paper on "The Sanitary Care of Contagious and Infectious Diseases." In speaking of the necessity of the utmost care and cleanliness, the paper spoke of the physician's clinical thermometer, saying that "it is amazing to observe the seeming indifference of some of these; they place the thermometer under the tongue of a patient suffering with typhoid fever or other infectious disease, and then coolly slide it back into its velvet-lined case, infecting it also irretrievably; then using the same instrument in a similar manner upon other patients. It ought to be a rigid rule of the physician never to place a thermometer in the mouth of a patient until the instrument has first been thoroughly cleansed by a strong acid, a strong alkali, or a strong chlorine or other disinfectant."

Dr. Grosvenor read a paper on the "Sanitation of the Lying-in Room," which contained some valuable suggestions to be employed in cases of confinement. He concluded by giving some instructions to nurses.

DISCUSSION.

Dr. S. Lilienthal, of New York City, said that oleomargarine, rightly made, was cleaner than nine-tenths of the average "country butter." In regard to adulterated beer, he believed that any person who knew the taste of hops could not be deceived. Speaking of our homes, he said that a great mistake is made in not teaching young women to properly understand housekeeping. They are taught music and painting, but are utterly unable to cook a dinner, and a good dinner has much to do with a healthy home.

Dr. Bushrod W. James said that water should be boiled before being placed in a filter. Many of the so-called pure waters are very deleterious. He used boiled milk as a beverage. All food should be thoroughly cooked, and nothing ought to be eaten in a rare condition.

Dr. H. C. Allen called attention to a standard work on "House Sanitation," the Lomb prize essays published by the "American Public Health Association" and furnished the profession at cost.

Dr. French spoke of a special case of typhoid fever on a farm. It was found that the family well was located within a short distance of the barnyard. Examination proved that the matter from the barnyard percolated the soil and poisoned the water. This explained the cause of the fever.

President Runnels said that most of the filters in the market are death-traps and should not be used.

The Bureau was then closed.

INSTITUTE NOTES.

The report of the committee on organization showed the membership at the present session to have been from the following states: Arkansas 1, Connecticut 12, California 2, District of Columbia 1, Delaware 2, Florida 1, Illinois 15, Indiana 2, Iowa 4, Kansas 1, Maine 2, Maryland 2, Massachusetts 43, Michigan 3, Missouri 2, New Hampshire 1, New Jersey 6, New York 64, Nebraska 1, Ohio 13, Pennsylvania 26, Rhode Island 5, Tennessee 1, Texas 2, Virginia 1, Vermont 3, Wisconsin 2; total 218.

UNACCOUNTABLE.

It was a noticeable fact that of such a fine looking and intelligent body of men as those who composed the membership of the Institute, a large number enjoyed their cigars. Even the Hahnemannians indulged quite as freely in their favorite narcotic. We could not account for it, as they evidently were men of *good taste*.

A MEETING OF MEDICAL EDITORS.

A meeting of the editors of medical magazines and periodicals who are attending the meetings of the American Institute of Homœopathy was held at the Grand Union yesterday. The current literature of the homœopathic school was represented as follows: *Hahnemannian Monthly*, Philadelphia, Pemberton Dudley, M. D., and Bushrod W. James, M. D.; *St. Louis Periscope*, Frank Kraft, M. D.; *Medical Advance*, Ann Arbor, Mich., H. C.

Allen, M. D.; *North American Journal*, New York, G. M. Dillow, M. D.; *American Journal of Obstetrics*, Detroit, Mich., Phil Porter, M. D.; *Medical Era*, Chicago, J. E. Gross, M. D.; *Physicians' and Surgeons' Investigator*, Buffalo, F. P. Lewis, M. D.; *Clinique*, Chicago, R. Ludlam, M. D.; *Clinical Review*, Cleveland, Ohio, C. L. Cleveland, M. D.; *American Homœopathist*, New York, G. W. Winterburn, M. D.; *The Investigator*, Chicago, T. L. Duncan, M. D.

The meeting was a very pleasant one and matters tending to improve the literature of the profession were discussed. R. Ludlam, M. D., of Chicago, was made president of the association and Mr. A. L. Chatterton, secretary.

Dr. Bushrod W. James, of Philadelphia, was requested to give the association a paper to be read and discussed at the next annual meeting, which will be identical with that of the American Institute of Homœopathy, in Saratoga, next year.

FEES AND DUES.

The initiation fee was reduced from \$5.00 to \$2.00, and the annual dues retained at \$5.00. This was one of the recommendations in the President's address.

SECTIONAL WORK.

The sectional plan of bureau work was adopted for the future, thus giving each bureau ample time for discussion—a whole day if necessary. The bureaus of Surgery and Materia Medica, for instance, may both be at work, in different rooms at the same time. The change will necessitate another stenographer, and we hope it will prove satisfactory to the members.

The last session and last bureau report was well attended—fully 100 members present—and was one of the most interesting of the meeting.

The next session will be held at Saratoga. F. H. Orme, M. D., of Atlanta, Ga., although confined to his bed by illness and unable to be present, was elected President. A. R. Wright, M. D., of Buffalo, Vice-President. The rest of the officers were re-elected. [Continued.]

The Medical Advance

AN ADVOCATE OF
HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M. D., Editor and Publisher.

VOL. XVII. ANN ARBOR, MICH., JULY, 1886. No. 1.

The Editor is not responsible for the opinions of contributors. Personalities, being foreign to scientific discussion, must be excluded.

To accommodate both reader and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

The date to which subscriptions are paid will be found on the address.

EDITORIAL.

A MEDICAL MARE'S-NEST.

“The right to be a cussed fool
Is safe from all devices human,
It's common (ez a gin'ral rule)
To every critter born o' woman.”

—*The Biglow Papers.*

“Ass-terisk,” in the *New York Medical Times*, has a plea for one and a plan of one. The egg is addle. He may “set” until his rump is bare; hatch it he cannot. And when at last it is broken—fie on it—it will smell to heaven! A Sebastapol “stink-pot” is attar of roses beside it.

Poor Ass. (so let us write it, as “brevity is the soul of wit,” and also a saving of ink) desires to hatch “A SCHOOL OF MEDICINE AND SURGERY, independent and liberal, where—in the student of medicine shall be taught the truth, the whole truth, without fear or favor of medical sects.” Egregious Ass. even adds: “The time is ripe for such a school, the occasion auspicious. It is a pity it should not be improved.”

O fair Titania, where art thou? Thine own Nick Bottom waits thee in the wood. Don't let him “aggravate his voice” in vain!

It is only a righteous dread of the “Society for the Pre-

vention of Cruelty to Animals" that deters us from reprinting the whole of Ass.'s communication to the *Times*, and yet as "it must be seen to be appreciated," we are remiss in our duty if we fail to present it to the reader of this who, at the same time, may not take the independent and scholarly *Times*. We cannot give a digest of it because it is absolutely indigestible. Can it be so described as to give the reader the fitting conception? It is hard to say and at the same time it challenges an attempt. Well, old Sam Johnson once said of Mr. Thomas Sheridan: "Why, sir, Sherry is dull, naturally dull, but it must have taken a great deal of pains to become what we now see him. Such an excess of stupidity, sir, is not in nature." The *Times'* Ass. must be a blood relation of Johnson's man; and his postulate is established by Francis Galton's great work on *Hereditary Genius*.

This, dear reader, is about the size, complexion and spirit of Ass.'s communication—"an excess of stupidity." A thousand thanks, Dr. Johnson!

According to this Ass., "The faculty of the New York Homoeopathic Medical College has projected a plan for the endowment of that institution." The said faculty asks one quarter of a million dollars to this end, and we do not believe that it will ask in vain. Its patrons are the merchant princes whose hearts are not hardened by trade and traffic. They have known dark hours of anxious suspense, loved ones hovering on the brink of eternity, a true doctor with them, and at the end, the triumphant end, *their Te Deum* was "Die Milde Macht ist Gross." Forget it? A merchant prince doesn't forget such experiences and simply because he is a prince. They know in what and whom they have trusted, and you can leave the rest to them because their hearts hold even more than their warehouses.

Whereupon poor Ass. "roars you an 'twere any nightingale," declaring: "Is it not rather late in the nineteenth century to appeal to liberal and intelligent men for aid to endow and dedicate to science an institution of learning devoted to the promulgation of one idea, and that idea embodying a fragment of the truths of therapeutics?"

Bear in mind the "fragment;" we will return to it by and by.

But the "roar" isn't over: there follows bray No. 2:—"It may be well enough for religious sects to establish institutions for teaching and disseminating their own peculiar ideas, or want of ideas, although it is rather late in the century for them even; but it is a gross scandal, in science, for medical men to indulge in such antiquated anomalies."

Dear reader, doesn't old Sam Johnson's "excess of stupidity" become luminous, even refulgent?

Observe this long-eared *Ass.*'s cheap sneer at the "religious sects." Had he not a mother? Did he never hear her pray? If not, God help him: man cannot! When a man sneers at "religious sects" and prates of "science," you can determine the value of *his* "science" without the "Differential Calculus." *His* "science" is spurious, because the basis of all science is sincerity; and sincerity recognizes sincerity, always and everywhere.

In his "excess of stupidity" this low-bred *Ass.* (we accept the best "working hypothesis" and assume that he knew no mother) doth not know that a "religious sect" need *have but one* "idea," and lacking that it cannot be a "sect."

Worse than all, he doth not know that every "sect" is a soul's sigh denoting an hunger at which all men having praying mothers will bow the knee in reverential silence. "A single sigh," said Hemsterhuys, "toward the future and the better is a more than geometrical demonstration of the Deity." When poor *Ass.* gets the grace to "sigh," he will even be a "sect" by himself. God speed the day!

It is, indeed, a pitiful *Ass.*, but we grapple with him, despite his formidable heels (the other end isn't at all dangerous!) in behalf of the "fragment of the truths of therapeutics."

O *Ass.* superlative, what is a "fragment" in thy sight? Therapeutic truth is alloeo-pathic, enantio-pathic, or homceo-pathic. Hast thou the supreme asshood, in the face of men who are read in the history of medicine, to call the

homœo-pathic truth a "fragment?" If thou verily hast the brains of an ordinary ass, dost thou not know that the alloœo- and the enantio-pathic "truths" are in all sane "practice" the exceptions and not the rule? If thou art, in simple truth, an healer, doth not the law of similars, in even thy hands, amply suffice in 75 per cent. of the ills that flesh is heir to? If so, is three-quarters of the whole a "fragment?" "Thou dost not, canst not, realize three-quarters by the law of similars?" Then, for humanity's sake, do not spoil a third-rate "cobbler" in trying to make of *him* a fourth-rate physician. Don't disturb the harmony of the universe: incontinently get into *your* place!

* * * * *

The editors of the *New York Medical Times* are men whom I do know. Egbert Guernsey has written English that any man might envy, and has fairly won the loving trust of friends of mine. Alfred K. Hills—the friend of my better days—has a practical ability that many may covet. That these estimable gentlemen are conscientious in the convictions that mould the policy of the *Times* is beyond all shadow of question. Yet am I not at one with them.

Over the coffins of my dead children I learned in fruitless grief that a physician is even grander than a "homœopath," and, God knows, with all that in me is, I have tried to become one for my living children's sake, for other children's sake. Dr. Kidd's catholic book found an honored place on my shelves and in my heart. I look for truth everywhere and live in an atmosphere unknown to "schools." My old school friends here are pleased to sit in judgment on my *results* and say that I am not a "Homeopath." I should more highly esteem the compliment if I had a higher esteem for them. But often one has to be content with small favors! I exercise, under a deep sense of accountability, that Eclecticism which Old School teachers preach about but are incompetent to practice. I say this not to exalt myself but to shame them.

But shame cannot reach them. In vain conceit, arro-

gance, impudence and ignorance they are even pachydermatous.

I left you Eastern men, friends and companions, in the noonday of my manhood to plant our flag on our most northern borders. What have I found? A receptivity for truth in the Philistines? Truth given them at the hands of Hahnemann's avowed followers the teachers have only curses for, while the same truth *stolen* by reading Ringers, apostate Phillipses, and Jacques Strop "Yankee" *Materia Medica* makers is welcomed with psalms of thanksgiving! Recall the pœans that greeted Ringer's petty larceny of our old Hepar sulphur. To be sure, it *was* called "Calcic Sulphide," but the *work* it did, and the way it *did it*, betrayed the thief. Look at Aconite—has it not exterminated those professional vermin that for two thousand years "bled" mankind in both body and estate?" Consider Ipecacuanha that patiently waited two centuries for the feeble mind of "Regular" medicine to discover its homœopathicity! Bear in mind the virulent Mercuric bi-chloride finding a way (through the thickest of crania) for the simple truth that it can "cure" dysentery!

What need is there to go through a list that each day of their "discoveries" is lengthening? It is needless; in their craven hearts they now know that the *Law of Similars* is the therapeutic talisman. Have they a shred of gratitude for him who rescued this law from the rubbish-heap of the ages? Have they a shadow of that sense of justice which distinguishes man from the brute?

"*We never forgive a man whom we have injured,*" said that Devil's disciple, Rochefoucault; and "Regular Medicine" makes good that damning acknowledgement of Satanic consanguinity.

As the custodians of the truth that is in Homœopathy we have been fought for nearly a century with weaponry that is only diabolical; they have violated the decencies of civilization and outraged the amenities of letters; they have done what a gentleman dare not, and a christian would not; they have defied the sense of justice that is indigenous to the heart of all men. But injured Truth is

ever its own Nemesis—it doth, at last, *prevail*. They know that they have been wrong, know that because wrong they are vanquished; and, wanting the magnanimity to acknowledge their human error, their purpose is to appropriate the truth for which we have stood, and to slaughter us, its witnesses. To prate about “A SCHOOL OF MEDICINE AND SURGERY, independent and liberal, wherein the student of medicine shall be taught the truth, *the whole truth*,” is indeed “an excess of stupidity.”

I have seen this teaching of “the whole truth” tried under the patronage of the state, and not under the continuous roof of “A School of Medicine and Surgery,” but in one and the same forty acre lot, and I have seen the *larger* “truth” despised, rejected, misrepresented, caluminated and throttled by the unscrupulous older school, aided and abetted by the pusilanimous moral cowardice of those in authority.

Although I have in me a good stomach for any fight having in it a shadow of righteousness, yet as my own shadow grows longer, reaches nearer to my children’s graves, I find in me a growing desire to be at peace with all men; the turmoil wearies, the travail is greivous,—but the Devil is not dead (as many imagine), and this is impossible.

I know the law of similars is the larger truth, and I also know that it must yet be fought for. This arrogant older school has got the truth by conviction: it must enjoy it by confession—*not* by FELONY; that a law older than the universe forbids!

I and all of us who get this larger truth by the heritage of kinship, are in duty bounden to fight for him who is dead and whose clear sight first discerned it and made it discernible. I know by soul-sickening experience that the Homœopathic school, in simple fealty to its dead *Teacher*, **MUST BE A SCHOOL MILITANT**. We have no choice; this issue is forced upon us by even the Devil’s elect.

The *Laissez faire* policy advocated by many *humanitarian* Homœopaths is a delusion and a snare; it is “played out;” we *have* turned the other cheek for the buffet of the

brute again and again. Must we, at this late day, implore him to assail us under the coat-tails, "the place where Honor's lodged!" This pitiful milk-and-water policy has paralyzed Homœopathy in England, and it must not be allowed to repeat *that* feat in America.

May every homœopathic physician in the Empire State approach his thankful patrons and plead boldly for this endowment. Think of the New York Homœopathic College with its twenty-six years of earnest work and its alumni list embracing physicians that are a blessing to suffering humanity. Think of Hunt's all-embracing scholarship; of Dunham's beneficent skill; of the aged Wells's puissance; of the gray-haired Lilienthal's untiring and blessing-bringing industry; of Helmuth's versatile genius; of Allen's prodigal generosity in furnishing the Cyclopædia—oh, how can I go through the list!—all spending and being spent for this NEW YORK HOMŒOPATHIC COLLEGE; and see that this endowment is gotten. See, too, that the college keeps ITS DISTINCTIVE NAME—"HOMŒOPATHIC."

* * * * *

Our "Ass." whom we have long forgotten, would have no "sects;" a *sect* is dreadful. Philosophy reaches from *Thales*, 640 B. C., to *Hegel*, 1800 A. C., and *Truth acknowledges all her witnesses*.

Don't heed the *ass* I write of: it isn't Balaam's—it is the D—'s!
S. A. J.

A SPECIMEN BRICK.—Before us lies a copy of the questions given the senior class of a certain medical college, for their final examination. We call the attention of the reader to the first question on the list: "*Give the composition of 25 grs. of Dover's powder; dose for an adult. Give dose of pulverized Opium. Give the amount of Opium in one and one-half grs. Morphine.*"

There were nineteen other questions, but we need not give them here in order to ascertain with what sort of instructions these seniors have been armed by their *alma mater*. Neither need we quote them in order to find out what sort of an instructor is the man who occupies the

chair which the above questions represent. But if the unsophisticated reader attempts, from the perusal of this question, to even guess at the professed character of the the medical school in which such a question could originate, our word for it, he will probably miss his mark. If, however, he is not so unsophisticated as we suppose—if he knows what “liberal and progressive medicine” means, he may possibly hit the target the first time.

No, no, good reader, this question was not put for a final examination to a class about to graduate from an allopathic college. The eternal fitness between such a question and an allopathic college, would have removed the fact of its being asked to the senior class, from the domain of criticism. Did we say criticism? As well might we criticise the coiner of false money. When we criticise the acts of a suicide, we may apply some such test to the asking of such a question to a class of students, who are supposed to be instructed in “the divine art of healing,” as taught by the immortal Hahneman. This college, whose faculty asks such questions, needs students—needs them badly, so we are informed. And it expects to get those students from homœopathic physicians. Dare it nail that question over its front door? Dare it put that question in its annual announcement?

ARSENIC IN SKIN DISEASES.—By request we publish the following questions:

The Editor of the Journal of Cutaneous and Venereal Diseases is desirous, of ascertaining to what extent Arsenic is used by American physicians in the treatment of skin diseases, and also the result of their experience as to its therapeutical value.

Information upon the following points is requested of every physician who reads this:

Q. Are you in the habit of employing Arsenic, *generally*, in the treatment of skin diseases?

A. No! it is not “generally” indicated.

Q. In what diseases of the skin have you found Arsenic of superior value to other remedies?

A. In those in which it is indicated by the similarity of symptoms.

Q. What ill effects, if any, have you observed from its use?

A. No ill effects, and never expect to observe any from the use of Arsenic or any other remedy.

Q. What preparation of the drug do you prefer, and in what doses do you employ it?

A. Arsenious acid, White Arsenic. The dose is a question of experience.

Address, Editor of *Journal of Cutaneous and Venereal Diseases*,
66 West 40th Street, New York.

[We are individually responsible for these answers.—Ed.]

There can be no doubt of the entire honesty of purpose of the writer of the above questions, and yet to one who has studied the physiological action of Arsenic—the sick-making, disease-producing power as manifested in our symptomatology, they appear extremely unscientific if not absolutely absurd. Arsenic is “of superior value” only when demanded by the similarity of the diseased condition of the patient. In scientific therapeutics there can be no question of degree—“of superior value”—it is entirely a question of adaptability. Nature’s appeal for relief, manifested by the symptoms presented by the patient, is the only true guide in therapeutics, and the study of the sick-making power of the remedy when taken by the healthy furnishes the only true key with which to unlock the secret of the action of “Arsenic in skin diseases” and all other affections. This the editor has yet to learn, but like all the rest of us he can learn it if he will.

THE ABORTION OF TYPHOID.—We have heard many earnest discussions on the possibility of aborting genuine typhoid; one man claiming to have cut short a genuine case with *Baptisia*, another succeeded with *Gelsemium*, while a third used *Bryonia* or *Rhus tox.* with equally good results. In each case they prescribed for typhoid, and if they failed attributed the failure to the malignant character of the disease, not to the selection of the remedy. Each man has no doubt asked himself the question: Why, after he had positively established the diagnosis his favorite remedy did not always cure? This is the question with which our allopathic brethren have been wrestling for cen-

turies and which Dr. Wells has answered in the leading article in this issue. *Read it.* STUDY IT.

We think genuine typhoid can in his way be successfully aborted. In fact we know it can and so can pertussis and any other zymotic disease, if we only accurately and implicitly follow Hahnemann's plan. The fault lies in the application of the law, not in the law itself. We study allopathic works which treat of the ætiology, pathology, diagnosis and prognosis of typhoid, and because these authors base *their* prognosis on the result of their treatment and say, "genuine typhoid must run its regular course, it cannot be aborted," we do the same thing in the name of Homœopathy. Hahnemann teaches that we are to treat *our patient*; Allopathy that we are to treat typhoid. We cannot serve two masters. If we follow Hahnemann's method, adhere to our law of cure and scrupulously apply the indicated remedy whether it be Baptisia or Sulphur, we will have no need for a prognosis based on allopathic practice. Try it, and publish the failures so that it can be seen whether the law or the practitioner be to blame.

THE HAHNEMANNIAN ASSOCIATION.—The meeting at Saratoga, June 24, 25 and 26, was in every way a success. The reports of the bureaus were very full and complete, and the practical experience elicited by the discussions exceedingly instructive. The Bureau of Materia Medica included very good provings of three new remedies, and the reading of the papers of this bureau occupied an entire day and then several were read by title and referred. The veteran therapist, Dr. P. P. Wells, one of the founders of the American Institute, said in a recent letter: "That was the best session of any convention of doctors I ever attended." We hope to give a full report in our August issue.

SARATOGA FOR 1887.—The world moves. The power which made the unwritten laws of the American Institute has unmade them. Hitherto the east and west have had the honor of entertaining the Institute on alternate years,

and this plan has seemed to accommodate the majority of the members. The "member from Chicago" however (for the purpose we presume of studying the physiological effect of "the waters" on gynæcological practice) facetiously advocated the claims of Saratoga for 1887, and many eastern members, thinking him in earnest, voted to return to Saratoga. They did not know he was joking or perhaps would not have done it. We had a pleasant and profitable session, however, in Saratoga; hence we forgive them.

NEW PUBLICATIONS.

WOOD'S LIBRARY FOR 1886. A few years ago when this enterprising publishing house announced its intention of issuing a series of valuable practical works on medical topics of especial interest to the general practitioner, it was by many looked upon as a doubtful business venture. It was thought impossible to furnish a new and original work every month, worth \$4.00 or \$5.00, for the unprecedentedly low price of \$1.50 or \$18.00 for the series. It was doubtful if the publishers would be supported by the profession even if they fulfilled their part of the contract; and at best the effort would exhaust itself in one or two seasons. But they correctly estimated the character of the book-buying and book-reading American physician, and thanks to their business foresight and tireless energy, not only has the first but the seventh series been completed and a very promising beginning made on the eighth. During their annual publication of the last seven years eighty-four volumes have been issued, at a cost to their subscribers of only \$105, which at the usual price would have cost four or five times the amount. And the *quality* of the latest publications would seem if possible to be on the increase; at least there has been no deterioration. No "reprints" have thus far been made, and none are likely to be made. As a business venture it has been an unprecedented success. The medical profession has not only welcomed but generously sustained them in their efforts, and so long as they continue to issue works like the present series we venture to predict as generous a support.

DISEASES OF THE SPINAL CORD. By Byron Bramwell, M. D., F. R. C. P. (Edin.) Lecturer on the Principles and Practice of Medicine, and on Medical Diagnosis in the Extra Academical School of Medicine, Edinburgh; Pathologist to the Edinburgh Royal Infirmary, etc., etc., etc. Illustrated by fifty-two full-page Lithographic Plates, in colors, and many fine Wood Engravings. Pp. 298, Vol. I, Wood's Library for 1886. New York; Wm Wood and Co.

In this volume this talented teacher has given us an exhaustive treatise on the Anatomy, Physiology and Pathology of the "Spinal

Segment." The blood supply of the cord, and the segment both as a spinal centre and as a conducting medium are minutely described and well illustrated. The motor, sensory, reflex, trophic and vasomotor functions of the spinal segment are so clearly and accurately rendered that many of the neuroses can be more readily and easily comprehended. It must be carefully studied. The chapter on spinal hæmorrhage is alone worth the price of the volume.

INSANITY AND ITS TREATMENT. Lectures on the Treatment, Medical and Legal, of Insane Patients. By G. F. Blandford, M. D., (Oxon). F. R. C. P. L.; Late Lecturer on Psychological Medicine at the School of St. George's Hospital, London. Third Edition. To which is added Types of Insanity; an Illustrated Guide in the Physical Diagnosis of Mental Disease. By Allan McLane Hamilton, M. D., one of the Consulting Physicians to the Insane Asylums of New York City, and the Hudson River State Hospital for the Insane. Illustrated by ten plates from photographs of cases selected as types, with descriptive text. Vol. II, Wood's Library for 1886. New York; William Wood and Co.

In the 326 pages to which the twenty lectures composing this book are condensed, the various causes and phases of insanity—the etiology, pathology, hygiene and treatment—with many illustrative cases are given, and given in an easy graceful style which makes them not only fascinating but instructive reading. But when the author discourses of the use of Chloral, Bromide of Potash, Opium, Cannabis indica, Calabar bean, Ergot and Hyoscyamus in the medical treatment, his lack of a guide in therapeutics is sadly noted and we could wish this part of his work was up to the general standard of excellence which marks the rest of the lectures. His therapeutics are confused and confusing.

DISEASES OF THE CIRCULATORY AND RESPIRATORY APPARATUS. Illustrated by One Hundred and Three Fine Wood Engravings. Being Vol. I, of the Handbook of Practical Medicine. By Dr. Hermann Eichhorst, Professor of Special Pathology and Therapeutics and Director of the University Medical Clinic in Zurich. In four volumes. Being Vol. III, of Wood's Library for 1886. New York; William Wood and Co.

Section one—diseases of the circulatory apparatus—treats of the diseases of the pericardium, heart muscle, endocardium, neuroses of the heart and diseases of the aorta, and the diseases of the respiratory apparatus include those of the nasal cavities, larynx, trachea, bronchi, lungs, pleura, pulmonary artery and mediastinum. The diseases of the heart are particularly practical and valuable for the general practitioner and may be studied with benefit by all. Many valuable diagnostic hints will be found in this volume.

THE GENUINE WORKS OF HIPPOCRATES. Translated from the Greek, with a Preliminary Discourse and Annotations. By Francis Adams, LL. D., Surgeon. In two volumes. Volume I. Being Vol. IV, of Wood's Library for 1886. New York; William Wood and Co.

Here is a work for the antiquarian, and every true lover of historic medicine will thank the author for his admirable rendition. The author says in the preface: "The design of the present work

is to give a translation of all the genuine remains of the Great Hippocrates, along with such an amount of illustration as may be sufficient to render them intelligible to any well educated member of the profession at the present day." In this we think he has succeeded.

A REPERTORY OF THE MOST CHARACTERISTIC SYMPTOMS OF THE MATERIA MEDICA. By Geo. W. Winterburn, Ph. D., M. D., Editor of the American Homœopathist. New York: A. L. Chatterton & Co. 12mo., pp. 182.

Dr. Winterburn has demonstrated that he can make a practical pocket repertory as well as a live journal. He has arranged his matter alphabetically, in a double column, under special anatomical or regional heads to correspond with the Materia Medica, e. g: "General Conditions; Effects of External Influences; Chill, Fever, Sweat; Mind and Disposition; Sensorium; Sleep and Dreams; Headache; Scalp; Eyes; Ears; Nose," etc., etc. By an admirable system of condensation the author has been able to give the profession a veritable *vade mecum*, as every pocket repertory should be, because it cannot be both a pocket companion and a Materia Medica.

In the preface the author says: "One must use both knowledge and common sense in consulting a repertory in order to get from it what it is intended to give. For instance, on page 102, in the rubric, *Fulness, sense of, in hypo*: Sulph. Ign. Cham. This does not mean that Sulphur is to be tried first and if that fails, then Ignatia, to be followed perhaps by Chamomilla; but simply this, that these three remedies have that symptom very prominently in their pathogenesis; that in the ordinary run of cases, Sulphur will be indicated more frequently than Ignatia, and this more frequently than Chamomilla; and it also means that when Sulphur is indicated Chamomilla is not. * * * But when indicated each becomes in its own place, the only homœopathic prescription, and the only one capable of effecting a cure."

This is only a repertory of the characteristics, but the physician will find it immensely helpful as a pocket companion, in the carriage, in the office and at the bedside. The author has shown his love for the cause in the hard work and sacrifice of personal comfort which this compilation has demanded and the profession will show its appreciation of his labors, we are fully assured, by frequently consulting it, as every work of this kind will aid the conscientious physician in becoming a master of the healing art. Personally we have to thank Dr. Winterburn for giving us so good a book. It deserves and we are certain it will receive an extensive sale.

PUBLICATION OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY, VOL. VIII, 1885.—Over three hundred pages of well printed matter bearing such a title, should be worth looking at.

No small responsibility attaches to such a volume. Whatever individual character it may have in the authorship of the various articles, it stands in its proper character, as the representative of the homœopathic medical profession of the state of Massachusetts. Now we all know, that the old bay state always prides itself on its blood and brains. So it is, that a book that indexes the intellect of the Massachusetts doctors, challenges our attention. But we ask: Is this book worthy its name? Is it a credit to the men whose names appear on its pages? As the product of twelve months labor, is it a substantial gain to medical science? Will it pay to read it carefully through? and, shall we recommend it to our readers? We are in honor bound to answer the questions we have raised, and, fearless of the wrath that may come, we declare that not one of these questions can receive an affirmative answer. The book as a whole we would relegate to the waste basket, were we not sure of finding some pearls of considerable price in the rubbish which it contains. Necessitated as we are, to occupy but limited space in our notice, we can best indicate the character of the contents by brief selections under two heads:

PEARLS OF MORE OR LESS VALUE.

"We neglect no single branch of our science, while keeping principally in view the ideal of the fathers of Homœopathy, the rational and critical study of the action of remedial substances upon the well, with a view to their exact employment with the sick. To this work, the great body of homœopathic physicians are as enthusiastically attached, as are the devotees of astronomy to the stars or the mariner to his compass."—*J. Heber Smith's President's Address.*

"If these therapeutic pipers (Ringer, Phillips, Bartholow, Piffard, etc.) would but play all our music, their followers might dance without tears."—*Ibid.*

"As for final union with Allopathy, and a great and general love feast of medical practitioners,—God forbid! Beware of falling backwards. * * * The attentive ear needs not to hear the voice of a Circe to-day, to inform us of our present perils. The siren voices that lure us toward error and the wasting of precious years and opportunities, sing (I speak with due thought) of physiological therapeutics. The rock that threatens to break our prow, is an unmanly and enervating union with Allopathy—a union which would not be a truce, but a capitulation; which would not be an alliance, but a subjugation."—*Ibid.*

"The ultimate test for germicides is not in the laboratory. The true germicide is to be found only *ex usu in morbis*. The hygiene is not to be looked for in a germicide."—*E. U. Jones.*

"Homœopathy does not stand only for its therapeutic law, the small dose and single remedy. No small share of its abiding

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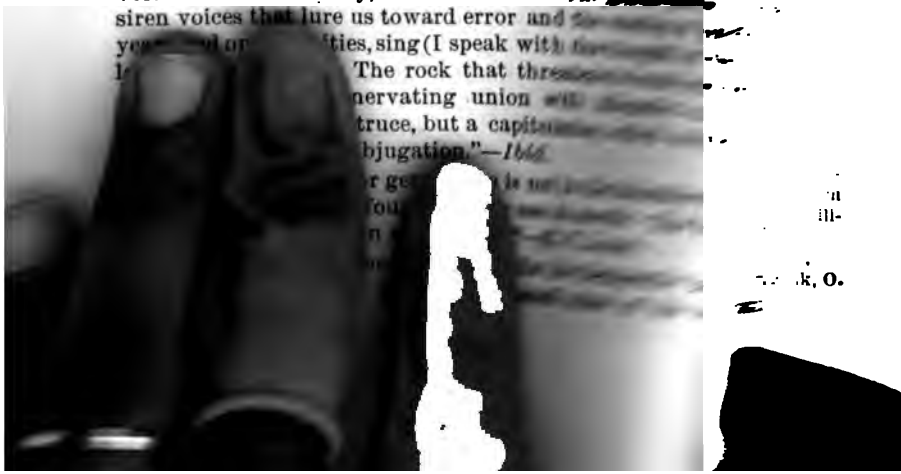
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strength and permanent reformatory influence, is derived from those fundamental principles, by which it is borne upon broader currents of the best modern thought, and from which, alone, it can derive its scientific direction in all its efforts to escape the dangers of crude empiricism and rationalistic dogmatism."—*Walter Wesselhaft*. [We should prefer to strike out "alone" and the following "its" before we gave unqualified assent to this.]

"Is it not true that the diseases, concerning which we have the most detailed information, which can be most accurately observed in their origin, course and termination, are precisely those, which most persistently defy all treatment, even in their initial stages? And is it not equally true, that the most minute knowledge of pathological anatomy and histology, as well as of the ascertainable causes of diseases, throw only a very partial light upon the available means of treatment?"—*Ibid.*

We have room for a few items only, under the head of

RUBBISH.

"When asked to contribute a paper on this occasion upon the treatment of diphtheria, I was requested to give my own experience, and to name the treatment that never failed to cure. Now Mr. President, this is just what I propose to do. * * * The character of diphtheria is probably a mycosis; bacteria are the bearers of the contagion: therefore, any treatment to be successful, must be in its nature antiseptic. * * * I order a gargle of alcohol and make (equal parts), when the patient is old enough to gargle the throat, otherwise, spray the throat with the same. Then I prescribe Corrosive Chloride of Mercury and Chloride of Sodium. * * * I give it [the Corrosive Chloride of Mercury] in the first place to kill the fungi, which constitute the disease, and then to stimulate the secretions sufficient to wash out the dead fungi, if such a thing be possible. * * * I select this remedy, Sodium Chloride, because, in the first place, it is decidedly antiseptic, and in the second place, because of its influence through the nervous system, over cell nutrition. This remedy, like Mercury, attacks the enemy in its first point of invasion; and after that, while Mercury is pursuing it through the lymphatics, the Sodium Chloride can proceed immediately through the nervous system to the protection of cell life."—*W. H. Lougee.*

Gentle reader, be not surprised; this comes from eating too many baked beans. It is purely a pathogenetic result. In conclusion, we desire to say that, as we have not given a tithe of all the good things to be found in this volume so also have we not given all the bad. But, that anything so bad, could first of all pass the society, and after that the committee on publication; this is what surprises and pains us. Even the very many good things to be found in it, cannot redeem it from condemnation, for a fly—so

runs the scriptures—can make the ointment of the apothecary to stink. Much more like the ill-disguised, allopathic teachings, to be found on many pages of this book, mar and corrupt it. Even its fair type and excellent binding, and above all the honored name it bears, cannot save it. If Massachusetts can do no better more's the pity. W.

EDITOR'S TABLE.

The following "episode" occurred at the meeting of the Ohio State Society. Dr. Claypool, vice-president, said:

"There is another duty before us now. In the report of the board of censors a matter came up which was exceedingly unpleasant, and was referred to a committee. Another matter now comes up which requires our immediate attention, and cannot be referred to a committee. Since this meeting of the society charges have been brought against one of our oldest and most respected members—charges which this society, as a society, cannot permit to go unrefuted. If we intend to go before the public as an organization and command respect, we must keep the records of our members as clear as possible. These charges come from a neighboring state. It is a surprise to us and we deem it best to have it before the society at once. The party to whom I allude is one who has been a member of this society for a long time, has received honors at the hands of the society, and been recommended by it; and we cannot recommend to public appointment any member of this society upon whose character there rests any shadow of doubt. I allude to insinuations touching the character of our esteemed friend, Dr. Beckwith. I think that by calling upon a Michigan man we can have this cleared up, and his name stand forth again with all its brilliancy. I call upon Dr. H. B. Wilson, of Michigan."

Dr. Wilson: My father, thinking something of this sort might arise, specially charged me before leaving home with the duty of refuting any such charges should they arise. He also placed in my hands the documents with which to refute the charges, and also sent me the following communication:

To All Whom it May Concern.—"I take great pleasure in stating that the bearer, David H. Beckwith, is a young gentleman of intelligence and natural worth. He has distinguished himself as a laborer and indefatigable student and as a fearless and unrelenting attendant upon the sick. While his uniformly correct moral deportment and manliness of character have won for him the esteem of this entire community, I fear not to predict for him high rank with the intelligent and virtuous wherever Providence may fix his destination."

MILTON ROWLEY,

Pastor M. E. Church, Norwalk, O.

November 5, 1849.

The communication was here read by the Doctor, and in conclusion he said: "As I understand that Dr. Beckwith is soon to leave us to attend a meeting of the state board of health, and thinking it would be improper for him to do so without his character, I take this occasion of presenting to him his long lost character."

The above recommendation, with an electrotype of Dr. Beckwith taken in the "forties," had been framed and was here formally presented amid the cheers of the members.

Dr. Beckwith: "I regret exceedingly that I have to leave upon the early train, but the board of health meets to-night, and I think that by attending I may be able to get two homœopaths upon the board; and I think I can do our profession more good there than here. I am very glad that I have at last regained my long lost character. I was not aware of what was coming, but I thought it was some graver charge than this. I hope in after years you will think of the man standing before you who was recommended by a Methodist minister. Gentlemen, I thank you for the return of my character."

PERSONAL.

MARRIED.—On Thursday, June 17, 1886, at Sidney, Ohio, Dr. A. W. Reddish and Miss Mary L. LeBaron.

MARRIED.—On Wednesday, June 23, 1886, at the residence of the bride, Tallmadge, Ohio, Dr. J. H. Allen (U. of M., '84), of Ishpeming, Mich., and Miss Sarah Ray.

J. G. GILCHRIST, M. D., Professor of Surgery in the University of Iowa, will, in future, have editorial charge of the surgical department of *THE ADVANCE*. Contributors will confer a favor by sending surgical cases, notes from practice, articles for publication, etc., to the Editor at Iowa City, Ia.

HOMEOPATHIC COLLEGE (U. OF M.).—At the June commencement the following received their degrees: Lawrence Baldwin, George C. Caron, Annie E. Clark, Laura A. Edwards, J. J. Fowler, G. W. Hathaway, Mary T. Hathaway, G. B. Kelso, R. D. Mack, J. W. McLachlan, I. S. Morris, E. H. Poud, A. B., A. B. Reynolds, Nana B. Riddell, R. C. Rudy, Elizabeth Uncapher, H. B. Wilson, B. S.

DR. CHARLES MOHR has been appointed to the chair of *Materia Medica* in the Hahnemann Medical College of Philadelphia, left vacant by the death of Dr. Farrington. This is the most important chair in a homœopathic college, and we feel certain Dr. Mohr will give a good account of his stewardship. As an alumnus of the college no one can have a deeper interest in the future of the school, and as a pupil of both Hering and Farrington, few men are better qualified to teach *Materia Medica*.

PUBLISHER'S DEPARTMENT

All improvements made in **THE ADVANCE** are for the benefit of our readers, whom we thank not only for valuable contributions to its pages, but for prompt remittance of subscriptions. If we are promptly paid for Vol. XVII we can promptly pay for our paper, and thus save money with which to further improve the magazine. Look at the date to which your subscription is paid and, if in arrears, *remit at once*. As brevity is the soul of wit, promptness is the soul of business.

SUMMER DIARRHŒA.—In the large class of summer diarrhœas of children and adults, with griping in the bowels and flatulence, the use of Listerine, in doses varying from ten drops to a teaspoonful (with or without water), has a most salutary and pleasing effect. Its action in arresting excessive fermentation is prompt and decided.—*N. Y. Medical Journal*.

For a small bonus I will introduce a good physician to a practice established eighteen years, in a city of 25000 inhabitants. Only two other homœopathic physicians in the place, neither women. Reasons: family changes.

ANNIE C. HOWLAND, M. D.,
Poughkeepsie, N. Y.

MALTINE WITH CASCARA SAGRADA.—We earnestly invite the attention of the profession to this valuable compound. It will be observed that Maltine is not so viscid as formerly made, but of a more fluid consistency, and, while retaining the nutritive and diastatic value that has given it precedence over all other Malt Extracts, it is rendered entirely agreeable to the taste of the most fastidious; besides, as now prepared, it is more easily administered.—*Maltine Mnf'g Co.*

BROMIDIA.—I have given it in two cases, one patient suffering from a slight febrile affection, the other a victim of acute insomnia; in the latter case various preparations of Opium had proven useless and the administration of chloral was followed by lassitude and congestion in the head. Bromidia produced sound sleep in both of these cases, unaccompanied by any unpleasantness on awaking.—*Maurice Hatch, M. D.*

I WILL give my good will to any one who will rent my office—\$12.50 per month. A good Homœopath could do well here. For particulars address

W. O. CHEESEMAN, M. D.,
Joliet, Illinois.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY, will hold its next semi-annual session at Niagara Falls, September 7 and 8, 1886. A large attendance is expected.

GENERAL BASIL DUKE, in an article to appear in the *Southern Bivouac* for August, relates the incidents of the retreat after the fall of Richmond. This war story has never yet been fully told, though it is one of absorbing interest.

IN the *Southern Bivouac* for July will be published an article on "Old-Time Service," by Major J. M. Wright, of General Buell's staff, whose article on West Point, published last year, was so well received.

DOCTOR.—Well, how is our patient?

Nurse.—He is sleeping with his fathers.

Doctor.—He is, is he. Why, I thought you told me he had insomnia.

HORSFORD'S ACID PHOSPHATE, is highly recommended by many physicians as an acidulated drink in many forms of low fevers.

A TOBACCO FREAK.—One of the venerable seniors of the American Institute thus relates his experience with the "weed": "In April, 1884, after a continuous use of tobacco for 50 years, I 'lost my cud,' as they say of sick cows, and the tobacco habit left me. I did not leave it off, it left me, and what had hitherto been almost a passion became a positive aversion. From sheer force of habit I have made several vain attempts to resume, but to date have not succeeded, and I do not expect to. It was a very curious and almost unheard of experience, as the 'change' took place wholly within 24 hours and was complete and effectual. A board of medical, even neurological specialists, would be at a loss to explain it."

H. C. KASSELMAN, M. D., (U. of M.) made *alma mater* a flying visit last month.

IN NORTHWESTERN LANCET, Dr. C. F. Denny says: Not long since I had brought to me a child of six months, suffering from the following symptoms:

Constipation, at times irregular action of bowels, regurgitation of food and an asthmatic cough. Its mouth was full of thrush sores, and its appearance one of poor nourishment. It had been given a number of Infants' Foods in vain, one of which I prescribed myself. By means of mild medication, directed towards the cough and stomach, something was accomplished. Finally I gave "Carnrick's Soluble Food," and had the satisfaction of having it retained, and at last accounts the child was doing nicely. I am inclined to think this food is worthy of attention on the part of the profession. It recommends itself in that it contains caseine, rendered soluble by pancreatine, starch converted into dextrine and maltose. Hence it requires but little preparation, and that is so simple, mistakes cannot occur. It requires no addition of milk. It has the advantages and none of the disadvantages of the many foods now in the market, and forms a nearly physiological substitute for mother's milk.

THE MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

VOL. XVII.

ANN ARBOR, AUGUST, 1886.

No. 2.

ORIGINAL CONTRIBUTIONS.

WHAT IS THE BEST METHOD OF SELECTING THE REMEDY.

P. P. WELLS, M. D., Brooklyn, N. Y.

It is evident without argument that this must be the method of law. If there be a law, and if this is to govern this selection, it must have had its origin in the mind which devised and created the body the selected remedy is intended to cure. It must then have been made one of the laws which were to govern its life, especially its *sick* life. In order then to a clear view of the duty of this selection, let us go back to the scientific elements in this, and examine them, and see if from these we can gain light on this best method.

The objective of this selection is the *cure* of sick humanity. Then the first object of examination is man himself. And in the outset we find him not an accident in the world, but the product of an intelligent creating power, complex in his constitution, the many parts or organs of which were each formed for the performance of its special function, and each in the execution of its own office, when undisturbed, is in that perfect accord with every other which conserves the organism as a whole, and each of its parts. This harmony of function is health. Function is the result of motions in these organs, and in each is the particular motion its function requires. Motion implies motive power. Or-

gans are moved to the execution of function only as they are impelled by this power. So, in man, as before the problem of this selection we have organs, the power which moves them, and the resulting functions.

Now this power which is the characteristic of the *living* man, was, when placed within him for the purposes of life, made susceptible to impressions from agents, without itself, which are capable of modifying its action on organs and functions, so that the harmony of these which we call health is destroyed. This discord in organs and their functions we call sickness, and this is always tending to the destruction of both. The first impress then of the cause which has disturbed this harmony is on the power which executes functions. We have then, first, the impact of the morbid cause on the power which executes functions, then the resulting disturbance, and then, perhaps, changes of organic tissues, if this lost harmony is not restored before there has been time for these changes of function to produce them. This is the order in which the processes of sickness succeed each other. The processes being once set up, the problem before the healer is to find the agent which has the power to restore the lost harmony.

How shall we proceed in our search for this? There are but two obvious courses open to us,—one under the guidance of law, the other with no law or guide other than guessing. We can see no other course nor reason, for proceeding to demonstrate the superiority of that under law. Nor is it needful to declare, as before this problem, that there is but one known law, and that one is the law of similars. The clinical experience of more than three quarters of a century has abundantly demonstrated this to be a law, and neither opposition to this, nor the needs, sufferings, and dangers of human sicknesses have, in all this time, brought to our knowledge any other.

Then what does this law require of us if we are to proceed under its guidance, as we attempt the selection of a needed curative? First, that all the elements in the problem of the selection shall be *known*, while it assumes that all necessary to a right selection are knowable. It will at once

be seen, if we are to proceed under the law which underlies the science of therapeutics—the law of the similars, that these elements are presented to us in two categories, one embracing those pertaining to the phenomena of the sickness, the other to those of the recorded actions on the organism of the agents from which the selection is to be made. The law declares that the record of that agent which is found to be most like the phenomena of the sickness is its curative, and it requires a complete knowledge of both categories before it will accept responsibility for the cure by any selected remedy. Thus, it will be seen, it sharply rejects all elements which may be intruded into the problem by whatever of guessing, which may be called by whatever specious or well sounding names.

Then of the sickness. It will be borne in mind, this has resulted from the impress of some agent, on the force which executes and governs functions, with power to change these from a living harmony to a destructive discord. This discord is sickness. Then the law will know the history of this discord, the order in which its different elements have appeared, and of those elements which constitute this discord, *what* functions are so affected by this agent, and *how* are these affected. Each function is to be questioned as to the kind of modification it has had impressed on it, especially as this is declared in the modalities accompanying the change, as to what is the character of the pains, or abnormal sensations, if any, what the time of day, or in whatever other circumstances is this change found, aggravated or relieved. How is this change affected by other functions of bodily organs, as by motion, rest, position, eating, drinking, breathing, by evacuations of whatever kind, and this as to each and every function, and in utmost detail, and as to every circumstance or condition, by which any one or more of these find aggravation or relief of sufferings? A record of these, clear and plain, is to be made, and then the prescriber is ready to pass to the other category of his problem, the record of the action of the agents on the living organism, from which he is to make his selection. But before proceeding to this, it will be well to

note, that up to this point his problem is wholly made up of dynamic elements, and not at all of any material entity. This assumes that the sickness with which we have to deal, has neither a mechanical nor chemical origin.

But the professional mind being what it is, it is quite likely before passing to the medicinal category, to enquire: *What about the name* of this sickness I am about to attempt to cure? Is it not needful before proceeding to the search for the remedy that I shall give a name to that to be cured? You have given no hint as to the duty of diagnosis—name. Is it not needful before going further to answer the question, "*What* is it I am about to cure?" We answer, the law has nothing to do with names of sicknessess, but with the phenomena which characterize them, and the name is not one of these. It demands that you find in the record a simillimum to these phenomena, with which the name has nothing to do, you need have no concern as to a name, till you have found your simillimum. The name will not help the search for this in the least. It may, if lugged in, prove a hindrance to the "*scientific*" search for the true simillimum.

But then the pathology of the case—is one to pass to the search for its remedy before this is settled? Is one to search for a curative for a given case before he has decided *what* it is that needs curing? If, by pathology you mean something different from the totality of the symptoms, you are talking of that which the law has not made necessary to your successful search for your remedy, and of which, most likely, you will in the end find yourself guessing more than you know, and guessing, law will not accept as any part of a service under its direction. The totality of the symptoms is all that can be *known* of the pathology of any case, and these are the only *what* the case presents for curing. If there be reasons for believing that there are in the case certain conditions of internal parts or organs, these reasons can only have their foundations in the perceptible phenomena of the case, which can be known, and not in any imperceptible imaginings which no man can know. These phenomena are just the matters with which the law

requires the healer to deal, while it rejects all unknown imaginings as only calculated to damage success.

Having thrust out diagnosis and pathology, not from clinical duties, but from this one of them, the selection of the remedy, where they have no place, though they have important uses in other clinical duties, we proceed to the next step in the progress of our selection under the guidance of law, and this is to compare our record of the sick phenomena of our case, with that of the actions of drug agents, as these have been ascertained by experiments and observations of them, on the healthy organism. These agents have been found to have power to disturb functions, and each in a manner peculiar to itself, each in a way which differs from that produced by all other drugs. The record of the sick phenomena is to be compared with the record of the drug actions, that the greatest similarity may be found in the record of some drug to that of the case to be cured. This found, and the process of the selection is ended, for the law declares this to be the curative of the case.

But the selection of this from the many of its associates is not so simple and easy as it may appear to the inexperienced. We have shown that *all* the phenomena of the sickness are to be gathered, with all of modalities, circumstances and conditions, pertaining to each.* The same knowledge is required as to the actions of the drug agents, *i. e.*, as to the modalities, circumstances and conditions, which have marked the disturbance in the organism, observed in the experiments which have given us our *Materia Medica*. The record of these is a part of the proving of every drug which has given to this its clinical value. We require these in both the record of the sickness and the drug, in fulness of detail, before we proceed to the comparison which is to end in the selection of our curative, because it is in the likeness of these modalities, etc., that the

* This is by far the most difficult part of clinical duties. "This record fairly and rightly made of any case, and that case is more than half cured." This was said to the writer by one of the greatest masters of the healing art he has ever known. In comparison with this difficulty, that of finding the specific remedy is quite an easy matter.

curative relation between sickness and drug agents, exists. Hence it is, that in the record, on the one side and the other, there are found facts of more and less importance, as indices of the true specific to be selected. We must have *all*, that we may be sure we have those which are most important. This is found, oftener than otherwise, not to be the facts which have had most the attention of patient and friends, and perhaps of the doctor.

To illustrate this, take a case of dysentery. The pains, tenesmus, and frequent evacuations, are most likely to be the facts of greatest consideration to the patient. They are comparatively of but little importance to the prescriber. They say the case is dysentery, perhaps, but they have no voice as to what will cure the case. That the patient faints at each stool, does not seem a fact of much consequence when it is accompanied by so much of misery in the other and more obtrusive facts. And yet this slightly regarded fact, proclaims in loudest and plainest speech the specific curative for the case. It is the mark of the master-healer that he recognizes those symptoms, of the many which dominate the selection of the specific curative of his case. That he knows characteristic symptoms when he sees them, and gives to them their authoritative consideration in his selection of his curative.

We have seen that sicknesses are in their nature dynamic. That they are only disturbed forces, and consequent changed function. It is equally true that that in drugs which causes and cures sicknesses is a dynamis. This, if remembered, may save important mistakes. It should be remembered, because the likeness which the law requires, reaches to this fact of dynamic nature of both factors in the problem of finding the specific for a cure. It is true men may get sick, and other men may find means to cure them, and neither of them have any thought of the dynamic nature of the factors law presents for the healer to deal with. But it is true the best success in healing attends a proper recognition and use of this fact, and we all are, or should be, as healers, emulous of that which is best.

The fact that the dynamis in the drug, which alone

acts curatively, is bound up, and therefore is comparatively inert in the crude drug, is capable of liberation, and indefinite development by proper manipulation, should be borne in mind, as the degree to which this shall be carried in the case of a selected specific, is often a matter of the first importance, and never one of indifference. It is not *always*, as some have supposed, that the higher this process of dynamization has been carried with the selected drug, for a given case, the greater is its power to cure that case. But until this power has been liberated and developed, it is, comparatively, but little available for the purposes of the healer. It is that degree (and this I regard as an important point) of development of this power in our specific which brings it into harmonious relationship with the dynamis of the sickness, which best prepares it for the best success. I think this is a fundamental principle in Homœopathy.

And finally—let us remember to regret, that, when first experiments were made to reduce drug power in the dose, that aggravations of the patient's sufferings might be avoided, there came into use in our nomenclature such misleading terms as *attenuation* and *dilution*. The idea was the reduction of drug *matter*, and the terms may fitly express this, as to the *matter* of the drug. But it was found that though the *matter* had been reduced, the *curing power* had been rather increased, showing demonstratively, that *the two elements are not identical*. I think it is a proof positive that the *matter* of the drug and curing agent are not identical, that the same manipulations which reduce the one enhance the other. The *matter* was diminished, while by the same process which effected this, its dynamis was developed, and its curing power enhanced. These terms are wholly misleading when applied to that which has happened to the medicinal agent when passing through the process which has been more fittingly termed a dynamization. In dealing out our medicines we are really handling *forces*, and not materialisms, and to talk of *diluting* or *attenuating a force* is to talk of what is wholly inconceivable. A right understanding of these facts will save much

confusion of ideas, and render quite plain many facts, which, though facts, are seemingly impossible, and are wholly incomprehensible. All we know of them is that they are facts, and this we do know.

In the beginning we called the method of selecting the remedy we have presented, the *best* method. If any inquire why we have done so, we reply—first, because it has given us a record of successes in healing, greatly surpassing that of any other. It is this record and no other which has given to Homœopathy its world-wide repute and acceptance. Second, because it is a practical embodiment of the principles of its law, and a partial departure from this method is by just so far as this extends, only a *partial* exhibition of Homœopathy at the best, and may be, and not seldom is, so great that the *law* of therapeutics is left wholly out of sight. This is true of all practical proceedings, based on the principle, advocated by some and called liberality, that of “going as you please,” *i. e.*, following individual inclinations and judgments, rather than the demands of law, and yet, those who so teach and do, claim the right to be called by the name which rightfully characterizes only those who obey law. They claim to be accepted as Homœopaths, though Homœopathy is wholly a *law*, and these are “*bound by no law.*” Third, we accept this method as best, because it was the method of those who have given us our brightest examples of practical successes in the administration of our healing art. It was the method of Hahnemann, Gross, Stapf, Bœnninghausen, Haynel, Hering, Rummel, Schreter, Hartmann, Hartlaub, Rükert, Franz, Becker, Herman, Homburg, Langhammer, Wahle, Jahr, Friedrich Hahnemann, and the other worthies who joined our great master, in his labors which gave the world the priceless treasures of our *Materia Medica*. Fourth, we have called it the best because a trial of it of near half a century has fully justified the confidence which the example and testimony of these worthies inspired.

And now if any man has a better method, with a better record of successful healing attached to it, than has this of law, let him bring it forward with evidence of the verity of

this record, and if he can make this satisfactory, I am his friend, and will accept his better method with all thankfulness.

MEDICINE, AS PRACTISED BY ANCIENT EGYPTIANS,
OVER-ESTIMATED.

W. M. DECKER, M. D., Kingston, New York.

Let us turn our attention to the land of wonders, to the land of pyramids, obelisks and sphinx, to Egypt, the cradle of the sciences. Here medicine had its birth. Chronologically speaking, we may say, that, before the Deluge (2348 B. C., Usher), before the pyramids (4th dynasty—began, according to Lepsius, 3427 B. C.), before the Creation (4004 B. C., Usher), Anatomy was; for Athothis, the 2d King of the 1st dynasty, it is said,* wrote a work on Anatomy. Now the 1st dynasty began about 4177 B. C.; but the chronology of these early times is untrustworthy, and dates are found contradictory, hence, no dependance must be placed in dates which makes the Creation come *after* an author or Anatomy.

The Egyptians were highly and surpassingly skilled in bandaging and embalming. In testimony of their excellence in this art are their mummies, which have come down to us. The oldest of these mummies date back 3000 years B. C. Those most skilfully embalmed are younger, and were prepared at Thebes during, or subsequent to, the 18th dynasty. The 18th dynasty began about 1525 years B. C.; and it is regarded as the most brilliant period of Egyptian history. By these mummies we know that the ancient Egyptians thoroughly understood dentistry; for mummies have been found with gold fillings in their teeth. And Belzoni, in the exploration of Egyptian antiquities, found,

* Egypt—Chamber's Cyclopædia.

† The 1st dynasty reigned about.....	250	years.
" 2d " " "	300	"
" 3d " " "	200	" B. C.
" 4th " began, according to Lepsius, 3427	"	"

Therefore, the 1st dynasty began about..... 4071 " "

For the above figures see Chamber's Cyclopædia.

in some of the ancient tombs, artificial ivory teeth attached to a gold plate. These facts constitute the strongest argument, though indirect, in favor of ancient skill in medicine; for it is natural to conclude, that medicine should be on a par with dentistry.

Again, Herodotus (484—408 B. C.), in the 84th paragraph of his second book (*Euterpe*), in speaking of the Egyptians, says: "The art of medicine is thus divided among them; each physician applies himself to one disease only, and not more. All places abound in physicians; some physicians are for the eye, others for the head, others for the teeth, others for the parts about the abdomen, and others for internal disorders." This quotation from Herodotus is misleading. "Herodotus wrote in an age whose consciousness, still half mythological, perceived the wonderful as the natural, and would have considered many of the ideas of modern history as impiety, or even insanity."* The history by Herodotus is partly traditional; and, in its sweep, it covers a period of between two and three hundred years. J. E. Worcester, LL. D., in his *Elements of History*, fixes the period between 713 and 479 years B. C.; and states, that the time of its writing was about 445 years B. C. When Herodotus died (408 B. C.) Hippocrates (born 460 B. C.) was 52 years old. Now, if the Father of History, in the above quotation, refers to his own time, then, it were better to accept the authority of the Father of Medicine, because it is more reliable; or, if the quotation refers to ages prior to the time of its author, still the Father of Medicine is a better medical authority than the Father of History. And, if we would know of the condition of medicine in Egypt many centuries before Herodotus and Hippocrates were born, our only authority is Moses. The scriptures are the only historical writings between Herodotus and the Creation. Here is a flight of years, like an unexplored sea of darkness, on whose further shore lies lost Eden, of which we dream, and dream, and still we dream; and, except the little medical light which Moses

* Clemens Petersen, on Herodotus, in Johnson's *Cyclopædia*.

shed on this broad expanse of time, and a few scattered facts which modern research has brought to light, we know absolutely nothing.

From the foregoing, it is clear, that no medical records of the ancient Egyptians are extant; and, judging from the records of those nations who learned of Egypt, it is fair to conclude that her medical erudition has been over-estimated, and is largely imagined. The oldest nation with extant authority, that learned of Egypt, is the Hebrew. The Jews sojourned in Egypt 430 years; and Moses (born 1571 B. C., Usher), their deliverer and law-giver, received an Egyptian rearing and education, and was, we are told, "learned in *all* the ways of the Egyptians." To Moses, therefore, we refer for the Egyptian practice of medicine. Now, the Jews made their exodus from Egypt in the 18th dynasty, the most brilliant period of Egyptian history, and in about the year 1491 B. C.*; so that the writings of Moses give us the state of Egyptian practice at that time.† And what practice did Moses advocate? Simply hygiene complicated with sacrifices, and other superstitious rights and ceremonies, which were regarded as atonements unto the Lord.

The therapeutics of Moses, as has been said, were Egyptian, but his idea of the etiology of disease was partly original, and harmonized with his religion. He held, that disease was sent because of sin, and was the wrath of the Lord (Numbers 16-46), hence, his other idea of atonement.

The Hebrews, under Moses, knew something of Surgery, and instituted circumcision (Genesis, 17-10), which is still practised by the Rabbis of the Jewish Church. They also had mid-wives, as is told us in Exodus, 1-15. Moses was

* Moses was born, according to Usher, 1571 years B. C.; and, in Exodus, 7-7, we are told, that he was 80 years of age when he led the Israelites out of Egypt; therefore, the time of the exodus was in the year 1491 B. C.

† Prof. Geo T Ladd, D. D., of Yale College, in his *Doctrine of Sacred Scripture*, p. 392, says: "As to the time, route, and manner of the exodus, we have as yet only unending debate. Its time is, perhaps, best located under Menephtah, the successor of Rameses the Great, and about 1322, B. C." This year fell in the 19th dynasty.—Author.

Eclectic*. In the wilderness he lifted up the serpent of brass to heal the bite of the "fiery serpent" (Numbers, 21 chapter)—so old is the idea of treatment by Similars. This comprises the ancient Egyptian practice of medicine as recorded by Moses.

"THE RELATION BETWEEN THE PHYSIOLOGICAL AND THERAPEUTIC EFFECTS OF REMEDIES."

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In the *Scientific American*, March, 1886, under the above caption, F. R. Hays, M. D., of Bath on the Hudson, appears to have made a discovery; but following the pilfering example of Ringer, Phillips, Bartholow and Brunton, he palms it off as an original idea. He says:

"This relation is generally very imperfectly understood. It is well known that many of our therapeutic agents in common use produce entirely different and even opposite results according as they are given in large or small doses. It is usually supposed that this is due to their having different properties corresponding to the quantity used. It requires but little reflection, however, to see that this view is absurd. Quality does not depend on the quantity. No substance has ever yet been discovered which is not capable of exhibiting all the properties it possesses, in the most minute as well as in the largest quantity. Yet the fact remains that drugs capable, when used in sufficient amount, of producing injurious and even fatal consequences will, in medicinal doses, have an entirely opposite effect. The explanation of the various phenomena thus shown lies in the fact that medicines possess no curative powers whatever, excepting that they are able to arouse the vitality of the tissues with which they come in contact, this vitality being itself the source of all the remedial qualities drugs are supposed to possess. How otherwise can we account for the healing properties of substances the mere contact of which is sufficient to cause the death of the tissues with which they come in contact? Strong solutions of the sulphate of zinc, chloride of zinc, nitrate of silver, and many other similar remedies, are capable of causing inflammation of the urethra and other membranes; they are capable of pro-

*The following will probably explain why he seems to have been eclectic: "that the Pentateuch in its present form was not the work of Moses, but was rather a growth from the work of a number of authors and redactors extending over several hundred years, is the quite unanimous verdict of criticism."—Prof. Geo. T. Ladd, *The Doctrine of Sacred Scripture*, p. 503.

ducing the death even of the tissues with which they are brought in contact, yet when applied in lotions of suitable strength will cure urethritis, as well as inflammations of other mucous membranes, such as those of the eye, vagina, etc. It is nonsensical to suppose that the remedial effects herein exhibited depend on a difference in the qualities of the drugs, according to the amount used. Tested in large or small quantity, their properties will be found to be the same; but in a solution of proper strength the injurious effect of the drug simply excites the vitality of the part, which overcomes the poisonous properties, that in sufficient strength would produce injury or death. There is not a drug used by the medical profession which will not, when used in excessive quantity, cause poisonous symptoms; and the immediate effect is injurious, whether the dose is large or small, the difference being that in one case the vitality of the tissues is excited or stimulated, while in the other it is overcome. The bitter vegetable tonics afford us an example of the fact that therapeutic agents, which are able in poisonous doses to cause morbid symptoms, will, when properly used, cure the disease thus set up. Gentian, Calumba, Cinchona, and the other remedies belonging to the same class as these, will relieve dyspepsia, yet, in excessive quantity, or when too long continued, they will produce the same disease. Arsenic, corrosive sublimate, nitrate of silver, together with many other metallic salts of like nature, such as the salts of zinc and copper, will, in poisonous quantities, cause severe pain in the stomach. They are also curative of gastralgia in small doses."

* * * * *

"Digitalis is a cardiac poison, yet, in medicinal doses, it gives relief in diseases characterized by weak action of the heart. Strychnia causes symptoms very similar to those of tetanus when given in lethal doses, but when properly used is remedial in that affection."

* * * * *

"Remedies which are irritant to the bronchial mucous membrane, such as ammonia and turpentine, and which are able, in sufficient amount to set up inflammation of the respiratory mucous membrane, are successfully used in the treatment of bronchitis and pneumonia."

"Many more examples might be quoted of the fact that medicines possess no healing qualities in themselves, other than their capacity to inflict injury, and in sufficient quantity death of the tissues with which they come in contact, in virtue of which they are able to excite the vital powers to action, when given in doses too small to produce permanent damage."

* * * * *

"Our knowledge of the physiological effects of drugs is very

imperfect; it is therefore impossible to see the relation between the poisonous and medicinal properties of remedies in all cases, but I believe that wherever this relation can be clearly traced, it can be shown to be governed by the same principle which underlies the remedial powers of the therapeutic agents I have mentioned."

"It may be said that drugs are not to be judged by their poisonous properties. But in ascertaining the nature of a remedy, it is best shown when given in such a manner and under such conditions as shall reveal the whole range of its influence on every condition, symptom, or disease of the body. It may be argued that if the idea I have advocated be true, *if whatever causes a disease is capable of curing it*, the causes of disease should in themselves be sufficient to effect a cure. To this I would say that this is actually the case. Without going over the many instances I have already mentioned, in which poisonous remedies simply call forth the vitality of the tissues, and are themselves the agents through which the powers of nature are excited to overcome the injury inflicted by them, it will be sufficient to mention the following facts, which show that all injurious agents carry within themselves their own remedy. When there is bleeding from a small artery, the loss of blood stops the hæmorrhage."

"An ordinary wound heals without treatment, and the energy thus put forth is obviously greater than that required to maintain the normal process of nutrition in the injured part. The soreness of the hands caused by hard muscular work is relieved by a continuance of the cause of the trouble. I have not spoken of drugs possessing any healing power in poisonous doses, so I am under no necessity of showing that the injurious effects of medicines may be cured by a continuation of their use. It is a fact, however, that the lethal effect of poisons are often relieved by a poison possessing similar properties to the one which has been taken. The corrosive poisons may, when swallowed, be rendered harmless by promptly administering an emetic of the sulphate of zinc or copper, and even narcotics may be neutralized by other narcotic drugs, given in stimulant doses. I am aware that the theory I have put forth here is something like the principle on which Homœopathy is founded. While there is considerable truth in homœopathic ideas of therapeutics, however, it is obscured by so much that is erroneous that the really valuable points in theory do not receive the attention they deserve. It is plain that the thousandth or millionth of a grain of calomel can have no appreciable effect on the intestine, though it is undoubtedly the case that, when used in small doses, it is capable of relieving the diarrhœa of children. The same holds good of many other homœopathic remedies, and the tendency of Homœopathy is now toward the substantial doses of the regular school of medicine. The truths which have brought legitimate medicine to so high a state of perfection as it now en-

joys have been arrived at through long ages of patient research and careful observation; and formed, as they are, on actual experience, no theory can alter them. There can be no doubt that drugs capable of producing certain symptoms in poisonous doses are able, when rightly used, to relieve them, but it is a rather vague and uncertain method to depend on such phenomena as a guide to the treatment of disease. A better way is to observe the special action medicinal substances have on certain tissues, and to employ the remedy in diseases affecting such tissues."

* * * * * * *

"The principles governing the therapeutic action of remedies and their relation to the diseases which they relieve may be summed up as follows":

"All medicines are poisonous."

"All are capable of causing two distinct effects: the one, in which the injurious nature of the remedy arouses the vitality of the affected part, and the other in which the vitality is overcome by the poisonous properties of the drug."

"Whatever causes a morbid condition of a tissue is capable in proper doses of relieving similar conditions of such tissues."

The proposition, that "quality does not depend on quantity" is not true; the fact, that the most inert substances in the hands of the Homœopathician prove efficacious and curative by being subjected to the process of potentiation, disproves it. The writer assumes, that "no substance has ever been discovered which is not capable of exhibiting all the properties it possesses in the most minute as well as in the largest quantity." But Hahnemann has produced powerful remedies from perfectly inert substances in a therapeutic aspect, such as gold, silver, platinum, tin, silix, alumina, graphites—not to speak of the comparatively inert charcoal, and carbonate of lime—all of which even when applied in the largest quantity will not exhibit therapeutic properties according to the tenets of "the regular school of medicine," but they will do so to an eminent degree in their highly potentiated condition, and all the poisons will, when potentiated or in small doses, show medicinal properties entirely different from their application in the largest quantity. If the writer should demur, and even bring in his simple denial, it will avail little in deciding the question in his favor, for the proofs are evident to all experts in the matter. The writer indicates his position in depre-

ciating the most important methods of Homœopathy by approving of the retrogression of many, yea, of the great majority of its adherents toward the flesh-pots of Egypt—the substantial doses of “the regular school of medicine.” Now questions of science are never settled by the many, but by the few. And these few at the hand of induction have learned to recede more and more from “the substantial doses of the regular school of medicine.”

Fact is, that substances which in their crude state have no therapeutic action whatever on the organism of either man or beast according to the regular school, gain a power or force potentiation—a remedial property of making healthy people sick, and sick people well. This fact can be established again at any time that a medical philosopher will try it, but it can not be disposed of by a simple denial resting upon the fallacious “argumentum ab impossibili” or, worse still, by ridicule. This fact is a legitimate step in the process of induction of Medical Science, and must be well digested before the relation of remedies to the organism can be taken in hand successfully. Certainly, the writer will not deny that a grain of silex is a quantity which can be clearly identified by physical and chemical means, and that it is an inert substance in a therapeutical relation. This quantity of silex according to the accepted theory of Natural Science and of the regular school of medicine is supposed to consist of molecules and finally of atoms which do not admit of further division, or else the substance would cease to be what it is, it would lose even quality and its very identity, and be a *non-est*, having no status whatever in the scientific world. Now, the process of homœopathic potentiation, in accordance with the materialistic views of the regular school, is a process of attenuation of the originally employed substance in the ratio of one to one hundred. How soon would the atoms of the silex be exhausted, and how could the writer account for the therapeutic effect in its highest potencies upon physical grounds? It can not be done. Surely, there must be some way to account for the action of such high potencies, if the potentiation is a matter of fact, as it is, and if we can not suc-

ceed in one way, we must try another. But this much must be conceded, even by the writer sceptical as he may be, that the quality of the originally employed silex, in our case, has been essentially changed by its dequantitation. He need not go into the millions, the sixth centesimal potency in which the substance can still be discerned by physical methods, will be sufficient to prove that the silex in that sixth potency is of a quality, in a therapeutic view, different from that in the crude substance. Nay, if the deadly poison of hydrocyanic acid is subjected to a similar process of attenuation, the sixth centesimal potency, and even a lower one will in proper cases prove its therapeutic effects upon the organism. The proposition, then, that quality does not depend on quantity, can not be maintained by the writer, even when reasoning from his own standpoint, the standpoint of the regular school.

But the idea of quantity vanishes altogether, if we continue the potentiating process to a degree which its own inventor possibly never dreamed of, though he already laid it down as an incontrovertible principle, that the medicine no matter how fine it may be prepared will still be able to affect the organism. And it is now an incontrovertible fact, that as high a potency as Lachesis-poison in the six millionth centesimal potency has produced medicinal effects characteristic of the remedy. This beats all ideas of quantity thus far entertained, and leads back to the original meaning of quantum: how much or how little? how large or how small? how coarse or how fine? how thick or how thin, etc?—being of a negative character, and a relative conception, the quantity can not help us out in this intricate matter. This much, however, must be conceded by anybody looking upon it with a scientific eye, that all the potencies obtained from that single drop of snake-poison has been eliminated from it while presenting to it in the ratio of one to one hundred new masses of inert vehicle at every step of potentiation. Throughout all these many stages of development it must contain a certain quality which was inherent in the original substance, and now has been transferred upon the vehicle. For, the effects of the

various potencies when applied to the healthy or sick organism show a distinct range of action which in their whole compass prove the individuality of that remedy, and make it sure, that these were the effects of the Lachesis-poison, and of no other medicine.

The writer refers repeatedly and with perfect justice to the vitality which is mediating the effects of the remedies, but he is inconsistent in applying it only to the tissues with which the remedies come in contact. But the trite experience, that there is no point in the healthy organism which will not send an almost instantaneous sensation of pain to its consciousness, upon a slight prick with a needle, should caution against a one-sided view. It teaches by a simple fact which can be verified by everyone, that the nerves (not only tissues) are distributed all over the organism and most abundantly on the skin and mucous membranes in minute terminations, the last endings of which have not been discovered. Now, it has been found by investigation that the high potencies spoken of may be taken up by coming in contact with the nerve terminations in any organ accessible to application. Formerly they were administered by placing them on the tongue or applying them to the nostrils by smelling, but now they are found to act also through the skin of the hands and fingers and even by laying them against the face in closed vials. Nay, the experiments of Drs. Bourru and Burot who astonished the regular school at the Medical Congress in Grenoble by showing therapeutic action at a short distance have long ago been forestalled by the experiments which Prof. Daumer made with high potencies upon the ill-fated Caspar Hauser in Nurnberg at a distance of many feet, (see *Mittheilungen über Caspar Hauser v. Georg F. Daumer, Nurnberg, Haubenstricker, 1832*) and in our time Dr. Burg has based a system of medicine upon application of metallic plates upon the skin.

These experiments show that the nature of our high potencies cannot partake of quantity in the sense of common matter, amenable to experimentation of physicists, chemists, micro- and spectroscopists, but it must be similar to

the manner in which the nerve-system acts throughout the organism. Physiology fails to explain how pain is felt and perceived, how the will operates through the nerves to accomplish the movements of the locomotor organs, how the brain is enabled to serve as the vehicle for the spirit of man. Nor do we need such explanation for the sake of finding out "the physiological and therapeutic effects of remedies by observing the special action medicinal substances have on certain tissues." For Hahnemann taught a better way of testing them, and though preceded and followed by members of the regular school of medicine up to the present time, yet the majority of them do not accept his true mode of questioning nature, as the philosophical instrument of induction requires, because of that proverbial senseless animosity between misguided votaries of medical science. If the medicines in their various potencies are tested upon the healthy human organism, a certain knowledge of their action is obtained in the changed state presented by the subjective and objective morbid symptoms of the individual. There can be nothing more positive than that pathopoetic picture, the "*medicamentorum vires positivæ*" of Hahnemann. This is the *Materia Medica Pura*, necessary to heal. Medicine comprises many auxiliary sciences, every one of which is needed in forming a correct judgment in the given case; but a *positive* knowledge of the therapeutic relation of remedies can only be obtained by proving the remedies physiologically upon the healthy.

The writer has collected many facts proving the similar action of remedies which in small doses relieve what in large doses they produce in others, and they point to the natural law first distinctly pronounced and promulgated by Hahnemann. But if the writer seeks in the realm of pathology the goal of attaining a perfect knowledge of the healing qualities of remedies, he will be disappointed, because he ventures upon the uncertain and ever-shifting ground of human opinions, which necessarily change with every new discovery; and thus it is, that the so-called regular school of medicine ever tries to get a principle guiding

their therapeutic methods, and ever goes astray, sacrificing by the way many who by gentler measures might have been saved.

Hence, the first conclusion to which the writer is driven by his reasoning cannot be entertained after the exposition given, for all medicines are not poisonous, and homœopathic potencies are medicines, and not poisonous.

The second conclusion, that the medicines are capable of causing two distinct effects, either arousing the vitality to cure, or killing it, is only acceptable for a class of medicines.

The third conclusion, when leaving out the tissues, is correct; viz., *Whatever causes a morbid condition is capable, in proper doses, of curing similar conditions; in other words: Similia similibus curantur.*

Ceterum censeo macrodosiam esse delendum.

“Feed a cold and starve a fever” can only be true in the sense that if you feed a cold you will have a fever you will be obliged to starve to get clear of. I do not believe that such a thing as a purely local disease exists—a mechanical injury is not a disease—neither will disease, when not too serious, follow it if the system be kept right with the proper diet and remedies; hence I have no patience with specialists. The healthy action of every organ of the body is dependent to a great extent on the normal state of every other organ, and yet the specialist goes to work as if his favorite organ was entirely independent, doing business strictly on its own account. So he commences at the top, lops off a branch here, and another there, and woe to the abnormal growth or sensitive tooth that may show itself in the way. Of course, these are only results; but no difference, the doctor is expected to do something for his fee, and so he removes them; the root, however, still remains untouched, the cause is kept up through the stomach, and the patient gets clear of his money and is flattered into believing that he is getting better right along—till he dies.

PEARSON.

OBSTETRICS.

AMERICAN INSTITUTE.

BUREAU OF OBSTETRICS.

Dr. George B. Peck, of Providence, R. I., as chairman, submitted the report of the Bureau of Obstetrics, the subject for discussion being "Post-partum Emergencies." He called attention to the death, since the last annual meeting, of Alice B. McKibben, M. D., of St. Louis, Mo. The chairman then proceeded to read abstracts of papers contributed to the bureau.

The first one was prepared by Dr. C. G. Higbee, of St. Paul, Minn., and related to the "Artificial Feeding of Infants."

The second, the "Normal Third Stage of Labor," was by Professor Sheldon Leavitt, of Chicago, Ill.

The third was by Dr. L. M. Kenyon, of Buffalo, on "Puerperal Fever."

The fourth by the secretary of the Bureau, Julia Holmes Smith, M. D., of Chicago, Ill., discussed the "Irregular Contraction of the Uterus During the Third Stage of Labor."

The fifth paper was by the chairman, George B. Peck, M. D., and entitled "Pabula Neonatorum." The paper was read by title and referred.

Dr. O. B. Gause, of Philadelphia, being in poor health and consequently unable to prepare a paper, Dr. J. M. Mitchell of that city appeared as his substitute and read a lengthy abstract on the "Complete Inversion of the Uterus."

He said: "Fortunately, complete inversion of the uterus is an extremely rare accident. Breus reports a case which occurred at the Vienna Lying-in Hospital in 1882, as the first case that had occurred in 33 years in a total of 280,000 labors. Madden reported but one case in 190,000 labors at the Dublin Lying-in Hospital. Later authorities give the proportion as 1 in 140,000."

ABSTRACT OF DISCUSSION.

L. C. Grosvenor, M. D.—I am exceedingly interested in

the last paper and the more so, as in a practice of some years I have seen only one case of inversion of the uterus. This case was attended by a midwife. The woman died just as I came into the room; dying from hæmorrhage. I was also interested in the means recommended for restoring the uterus to its normal condition. The case I speak of was a primipara. Glad to see the point made that the physician is not always to be blamed for the accident. Irregular contractions and nervous conditions may be the cause of it. I had no opportunity to do anything in this case.

J. C. Morgan, M. D.—The subject of inversion of the uterus was, not very long ago, made interesting to me by a case in which I was called in consultation by a young physician. It was a complicated case, and after delivering the child with the forceps, I proceeded to extract the placenta. After the placenta was removed I directed the doctor to make friction over the uterus. I may say that in all my twenty-six years practice I had but one case of hæmorrhage in parturition that I cared anything about, and that I stopped with cold water. This experience has been largely due to the fact that I never allow the uterus to remain uncontracted, but at once make systematic pressure at the fundus. In this case I asked the doctor, as I said, to make this pressure, while I gave some attention to the child. When my attention was again given to the mother, I found that he had been rubbing and pressing across the epigastric region, and that masses of blood were coming away, and these were almost immediately followed by the inversion of the uterus. The friction should be made at the fundus with the flat of the hand following the contour of the uterus, and not pressing downwards in a kneading manner, as had been done in this case. The experience was a new one to me, but I adopted the following plan, which was simply to hold the fundus through the relaxed tissues of the abdomen, while I shoved the cervix down; by this mode I was able to replace it at once. This little movement I would suggest as a simple measure worth trying. Furthermore I wish to call attention again, as I

already have in another bureau, and for which we are indebted to Dr. Hering, to the spiral structure and the asymmetrical spiral direction of the fibres in the descent and displacement of the uterus. If you have a case of posterior version put it in the same direction as you would if treating a crooked descent of the head; in other words follow the spiral direction in these manœuvres.

Wm. Owens, M. D.—I hope I did not understand the writer of one of the papers to say, that in hour-glass contractions it was the internal os which was at fault. I want to say a word in regard to the relation of malarial poisoning to the chill which occurred in one of the cases related. Now as far as our present knowledge goes in regard to this cause, this poisoning, and its influence upon the system, it leaves this question very indefinite. In my judgment the chill was due to retention of clots of blood or pieces of the placenta. Any such condition will cause a rigor or chill, and is often present in retained placenta. The idea of a malarial poisoning, so-called, is an absurdity in this or any other conditions, and I am prepared to show it. I do not believe in following the reputation of men who have started this great theory.

G. Nichols, M. D.—I have had under observation two cases of inversion of the uterus; one in my own practice and one in consultation. I was called in consultation about midnight to see a patient who had complete inversion of the uterus, immediately following confinement. When I came to her, and turned away the clothing, I saw a mass having very much the appearance of a clot of blood. A closer examination showed it to be an inverted uterus and vagina also, the womb lying between the thighs, four inches below the labia, and with the after-birth adherent to about three-fourths of its surface. I cleansed the womb, removed the after-birth, and began pressure with the fingers upon the fundus uteri. Making steady pressure upwards I soon found that the parts were relaxing, and this continued until the womb was replaced, with my fist inside of it. Grasping the fundus with my free hand and making gentle traction I was able to withdraw the hand from within the

uterus, leaving the latter in place. I did not see the case again, but the physician in attendance said she was up and about in three days.

O. S. Runnels, M. D.—This subject pleases me very much because I once had a case of inversion of the uterus. It occurred in a primipara, in the second year after graduation, and the impression left upon my mind is ineffaceable for several reasons. The labor was a tedious one and after twenty hours was completed with instruments. The woman was very much exhausted and on examination I found the placenta adherent. I waited a short time for further uterine efforts and contractions. After fifteen minutes I noticed a blanched appearance of the patient, the lips white and profuse flooding, but with all my efforts I failed to produce contractions of the uterus. I used hot and cold water alternately, with rubbing with the hand over the epigastrium, but without avail; the blood kept pouring away, and I realized that unless relieved at once death must ensue. I took a pitcher of cold water, and turning back the bed-clothes I poured the water over the abdomen, she immediately gave a deep sigh, contractions set in at once and the hæmorrhage was checked. I then found the placenta protruding and attempted to aid nature in its expulsion. The pains or spasms of the uterus continued as severe as in the last pains of labor, and the mass seemed to come down readily, and in a moment it was thrown out into the bed. Examination over the pubes failed to find the uterus. I then saw that the protruded mass was an inverted uterus with attached placenta. I tried to return the entire mass into the pelvic cavity, but could not succeed. I stripped off the placenta and then tried to return the uterus to its proper place, but contractions had come on and I could only replace the uterus through the vagina. The uterine tissues began to swell rapidly and nothing could be done, as every ounce of pressure caused fainting from shock, and imminent risk of death. I used *Arnica* internally and *Cinchona* later, but I thought she would not last until counsel could come to my assistance. After making further effort I desisted, realizing that I would only

do mischief. The swelling continued, involving the vaginal parts as well. Consulting physician said that the only thing to do was to save the patient if possible, and treat the inversion of the uterus later. The patient did well, without any inflammatory symptoms arising, and in about eight weeks was around the house and at work, but with the uterus still inverted. At the expiration of twelve weeks an attempt was made to reduce the uterus under an anæsthetic, and was so far successful that I was satisfied I had driven the fundus upwards. After a further attempt we decided to wait a day or two before doing anything more. But the patient and friends refused to have anything more attempted, alleging their fear of the anæsthetic. They wanted to know how she would get along in that condition, and I had to admit that sometimes spontaneous reposition occurred. They rested on that and refused further treatment. She suffered greatly with menorrhagia at every period. She finally went into the country and during an attack of menorrhagia was treated by another physician and was told by him that she had been maltreated. The result was that I had a nice case of malpractice on my hands; damages \$25,000. I am glad to say I won the case, and was never harmed by it.

J. W. Dowling, M. D.—Obstetrics is somewhat out of my line and I hope in the coming years it will be still more so, but I want to relate a case bearing upon the subject of this bureau. One of my patients engaged me to attend her in her expected confinement. She was not feeling well, suffered from a peculiar train of symptoms, which I called miasmatic, but without accomplishing much for their relief by my prescribing. One day I received a message that I was urgently needed. She had grown very large so that it seemed as if there were two growing within the uterus, instead of one. I made an examination and found the os dilated with a membrane which seemed to contain a large accumulation of fluid. As labor progressed, I would, on making an examination from time to time, feel something strike against the end of my finger and then recede again; this continued for some time. Finally I ruptured the membranes, and in

my entire experience I have never seen so large an accumulation of water. I am not exaggerating when I say that in addition to what was absorbed by the clothing and bedding, I myself filled a twelve quart pail full to the brim, which I dipped with a basin from the bed. The child was not delivered yet, and placing my finger at the uterus it came in contact with something which I had never felt before. It was irregular and rough, and the uterus was firmly fixed around it. I thought I could map out an ear, and was certain of it when my finger travelled to the other side and I could detect another one there. Between these two there was this rough, irregular surface which I had never met before in any obstetrical experience. With another pain *this thing* was born (showing a photograph). It is, as you will see, a fully developed foetus so far as its lower extremities are concerned, with a lack of development of the bones of the head, and with a rudimentary brain no larger than a hickory nut, or as if the head had been sawn off above the eyebrows, then a serous membrane laid over this, and above it, this nodule placed. The child never breathed. The mother said it had been very active up to the time of birth. With the father's permission, for the mother never saw the child, this photograph was taken which I have shown you.

Now a question comes to my mind, for only a few days previous to the birth of this monster, one of my professional brethren related a case at a medical meeting, which was very similar to this one, in which there was a lack of development of the bones of the face, and there are probably some here to-day who have had such cases. Now my question is this: When there is a lack of development of some portions of the body, is there an increase of the amniotic fluid?

Another question which I wish to ask in connection with the case is whether, in the experience of those present, impressions made upon the mind of the mother, while she has been carrying her child, have appeared in physical deformities of the child. Now in the case related the husband accounts for this condition, as the result of a visit to

Barnum's and there seeing the Aztec children, which were then on exhibition. He insists upon it to this day that it was due to that circumstance, but I am hardly prepared to affirm this. If I thought it was so, I am not certain that I would not be in favor of indicting the exhibitors, or preventing by law the exhibition of these monstrosities. I would like to allude briefly to two cases where I am positive that the maternal impressions were reflected upon the child; one case most marked. A woman brought her little girl to the clinic and on examining the child I found that the index and second finger of one hand were adherent to each other, and she gave me the following history: While pregnant her daughter was engaged to be married to a man whom she did not like, and on a certain occasion, while intoxicated, he followed her through the street, and attempted to stab her in the right breast. Undoing the child's dress, she showed me a cicatrix to the right of the breast, saying that when the child was born the hand was adherent to the thoracic walls at this point. On her own breast was a similar cicatrix made by the knife wounds. Another case in point was this: A lady, married for several years, had an uncontrollable horror of one-armed men, and being at a friend's house she met a distinguished gentleman who had lost his arm in the war. Passing by her he moved the stump of the arm against her shoulder. Her child was born with one arm, while the other was only a rudimentary development at the shoulder.

Now I have another question: Suppose you were placed in a similar situation as in the first case I related, and the child had breathed; what is to be done? It is a delicate question, and I do not know whether it has been asked before or not. The question of craniotomy has been discussed, but not this one. The Catholic clergy have recently given a decision that no physician has a moral right to resort to the destruction of a child to save the mother. In a case of this kind I ask again, what is to be done?

L. C. Grosvenor, M. D.—I have had three of these cases in the last few years. These cases used to be called acephalous, but more properly acranial. About three years ago

I delivered a primipara and the child had just such a head as in the case related by Dr. Dowling. In this case there were about five quarts of amniotic fluid. In every case seen by me the quantity of water has been large.

R. C. Moffat, M. D.—I can supplement, by my own recent experience, the case of Dr. Dowling's, except as to the quantity of amniotic fluid, which was less than normal. Otherwise the case was as nearly similar as two cases are likely to be. I have, however, a more distinct history as to cause. When she was about two months advanced in pregnancy, and her surroundings perfect, she was frightened by a kitten jumping at her and biting her finger. In a few hours afterwards she had forgotten it. The birth of the child was delayed four weeks beyond her records, and when born was acranial. The marvel to me was that the shock took place at a time before the bone development had progressed, and I have not been able to determine why it should have resulted in this way. The child's development was perfect until we came to the lesion so aptly described, a projection above the membranes like a walnut. The shape of lower head was very much like the Aztec children, sloping downwards and backwards. How is it that when the mental shock took place before there was any bone development, the bones of the body went on up to this line where they stopped abruptly. At the time of the shock there was no bone, and yet the growth of the bones went on to this point.

J. C. Morgan, M. D.—These cases do not live, fortunately for us, who might have the question presented, as to how far to encourage life. They do not live for this reason; Brown-Sequard has made post mortem examinations in these cases, and remarkable to say, has found that there is non-connection of spinal cord and peripheral nerves. Let us remember the mode of development of the body and that the peripheral nerves are developed with the outer portion of the body, and that the spinal cord has an independent development, their union taking place later. For the same reason we may have a cleft palate from want of development of the maxillary gastric nerve and its connection

with the spinal cord. So in these cases it is not to be borne because the connection between the two has never made.

R. L. Linn, M. D. It is probably well known that any considerable excess of ammonia in the blood now-a-days is a temporary phenomenon, but it is never yet found an excess of ammonia in any case of diabetes. Shock is quite often the result of diabetic conditions, which may be explained if the shock may therefore induce it, or that it is a direct emission, and thus may act as a factor in the development of diabetes. It is a fact, however, that many therefore had these mental conditions, and it is therefore not surprising that many of these cases are therefore had these mental conditions.

J. Mitchell, M. D. The author has observed that in children, not only with diabetes, but also with other forms of mental disease, the condition of the blood is not so much as in the case of the adult, and it is therefore not surprising that many of these cases are therefore had these mental conditions.

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with the spinal cord. So in these cases the child does not breathe because the connection of the respiratory nerve is never made.

R. Ludlam, M. D.—It is pretty well understood, I think, that any considerable excess of amniotic fluid, is credited now-a-days to a temporary or permanent diabetes. Wherever you find an excess of amniotic liquid, you will find diabetes. Shock is quite often the cause of these different diabetic conditions, which may be temporary. Sudden shock may therefore induce it in these cases under discussion, and this may have something to do with the arrest of development. It is a fact well worth bearing in mind, therefore, that these morbid conditions are connected.

J. M. Mitchell, M. D.—I have seen two cases of acranial children, and they both contradict the question of excess of amniotic fluid, since the quantity was rather small in each case. In one case I ascribed the cause to syphilis, in the other no cause could be discovered. One was born without any evidence of life, while the other, notwithstanding what Dr. Morgan has said, did breathe. There must have been some connection between the spinal cord and brain. It breathed three or four respirations far apart. We saw it breathe, with horror, and the same question occurred to us, which Dr. Dowling has asked. The intervals lengthened between the respirations, and finally ceased. The explanation seemed to be that the pressure of the air upon the brain acted in an anæsthetic manner, to prevent breathing. I found a slight connection of brain and medulla on dissection. I gave syphilis as the possible cause in one case; there was no shock. Both patients were in attendance at the dispensary.

T. Y. Kinne, M. D.—Dr. Dowling asks for cases, and I can report two in my practice. In one of the cases I could not learn of any cause. There was an abnormal development of the foetus, and a very small quantity of amniotic fluid. The foetus measured twenty inches in length, and eight inches across the shoulders; and weighed sixteen pounds. In the other case there was about six quarts of liquor amnii. The appearance of the child was as if you

were to take a crab and cut off everything but the hind legs. It breathed once or twice after birth. I asked the father if the mother had ever been frightened in any way. After awhile he stated that he had been out crabbing, and as she was afraid of them, he had amused himself by walking around her with the crabs dangling before her. She afterwards mentioned the same thing. This foetus was acephalous and of the crab-like appearance described.

Wm. Owens, M. D.—About six years ago I saw a case where there was partial loss of the brain tissue. The upper part of the brain was entirely missing, there was a very small cerebellum, and medulla oblongata; the quadrigeminal bodies were there, but of small size. The child lived five days and breathed. I advised to let it live as long as possible. Post-mortem examination showed a connection between the respiratory nerves and the lungs; pneumogastric nerves full sized; connection complete between spine and the brain development. The amniotic fluid was large.

In another case, a primipara, a lady who had been in ill-health, in consequence of her condition, went to a watering place. The gentleman in charge was a cripple, and when he entered the room she became very much excited. She left for home in a few days. In due time the child was delivered, and its feet were in the same condition as those of the cripple.

Dr. J. S. Buck had had several cases, but could arrive at no satisfactory conclusions as to quantity of liquor amnii; in one of his cases it being much in excess, in others again much diminished.

Dr. R. C. Moffitt did not believe that a shock to the pregnant woman would be inimical to her offspring after the second month.

Dr. Beckett, of England, narrated a case of malformation in a child, superinduced by a fright received by the mother after the third month.

GYNECOLOGY.

LEUCORRHŒA.

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If there is one thing which fills my soul with grief and indignation, it is to observe the hankering which the professors and teachers of the new school of medicine have to the present absurd nomenclature and pathological theories of the old school. *Leucorrhœa* has recently, or comparatively recently, been rechristened vaginitis and endometritis, acute and chronic—all to suit the new fashioned ideas of modern Gynæcologists, who imagine that such terms are more classic, and explain more clearly to the student what is meant; such learned terms go to the root of the matter and inform the tyro the seat of the evil, the morbid action which they imagine, think, or believe, is going on there; the amount of "tissue change" and the character of the tissue change—as if no diseased action could proceed without tissue change, as if no discharge could take place from a mucous surface without inflammatory action, acute, subacute, chronic or specific,—which is simply nonsense and not fact. One man writes a book on "Inflammation of the Uterus" which was a text-book in Gynæcology in my student days. One would think on perusing it that everything wrong with womankind was traceable to the womb, and the first and last of it was inflammation of that organ—and the descendants or followers of this fanatical, one idead Gynæcologist keep up the farce by adding "*itis*" as if it were "the be-all and the end-all" of every pain, and ache, and misery of the Master-work of God. Another treats of Gynæcology as if it were made up of "discharges, uterine and vaginal." This is equally wrong, as these discharges are but a very small fraction of the complaints of women who consult Gynæcologists. On these and other accounts I prefer the old fashioned term of *Leucorrhœa* or "whites, a female weakness," and if it is to be improved classically, by all means do so without mix-

ing it up with the family of "itises" with which it has really no connection, and let the name express no more than what it is, namely, a flow of mucus of some sort from the sexual organs, which is fully expressed by *Médorrhœa*, from *Médea*, the sexual organs, and *βέω* to flow. Or let it be mucorrhœa or vaginorrhœa,—so long as it implicates no pathological theory or indicates any false treatment. The term Leucorrhœa I confess is faulty, as the discharge, though frequently white like milk and starchy, it may be any color or no color. There is one point in the term Leucorrhœa which no one can find fault with, and that is that there is no pathological theory involved,—as in vaginitis, endo-cervicitis, endo-metritis, or endo-cervo-metritis, and all such classic pathological twaddle.

I was looking up "Norton's Ophthalmic Therapeutics" the other day in regard to a difficult eye case, and at page 293 (2nd Ed.) I read of the disease "*Glaucoma*," that it signifies "increased eye tension." No one knows better than Dr. Norton that glaucoma means nothing of the sort, because if we turn to his glossary page 329, we learn that the term is derived from the Greek word signifying *green*. Why render it to signify increased tension of the eyeball? The answer is, *because it points to and justifies surgical interference*, which is never necessary or justifiable, if one knows how to look for and how to administer the remedy, the homœopathic *simillimum*. What then is Leucorrhœa? According to my view, it is a discharge of peccant matter from the vagina or *constitutional waste pipe* peculiar to the female bodily and mental constitution. The discharge may or may not be associated with inflammatory action, and that almost invariably of a catarrhal character, which may be either acute or chronic, but according to my experience chiefly chronic, which may be accounted for by the fact that, like Dr. Bruns, of Boston, I limit my practice to *Chronic disease*, but which was not always so. When I practiced as a General Obstetrician and family physician I saw hundreds of cases of leucorrhœa; I then examined all such cases, if virgins frequently ocularly, if married women, then always ocularly, digitally, and specularly, and

the mass of them showed no signs to me of acute or chronic inflammatory action. No change of temperature, heat, swelling, redness, tenderness to touch, or pain, or any symptom worth associating with the idea of inflammation. Further, this discharge is rarely induced by the ordinary causes of inflammation—it seems to have laws of its own, and is in general, independent of phlogistic etiology. In some women it is to them a second nature, and these may thank their stars, as the saying is, if all the astringents of the old school,—not excepting alluminated iron, said by the late Sir J. Y. Simpson to be equal to drying up the Atlantic,—failed to dam up this unpleasant but healthful discharge. How can it be healthful if it is a disease? Therein lies the rub! Were it inflammatory, like dysentery, it would be a disease, but it is no more inflammatory than defecation, which it is to be presumed is a healthful, healthy, and a health-giving process. When vaginitis, or cervicitis, or metritis is *grafted upon* it by adverse circumstances, or by “vaginal fumbling” or, by the use of astringent injections, escharotics and such-like mal-practice, that is quite another thing. It is then no longer a healthful functional discharge in a psoric, strumous, scrofulous or cachectic individual, relieving her system of poisons the same as all other mucous passages and cavities, such as those of the bowel, bladder, and even the stomach through the œsophagus and mouth, the nose by sneezing and discharges, and the lungs by coughing, as in phthisis, etc. Why should the vagina and uterus be the only exceptions to the rule?

Let me see if the old school treatment throws any light upon this subject, which treatment is founded upon the inflammatory doctrine or theory of Leucorrhœa in all its forms, acute, subacute and chronic; vaginal or uterine. As their inflammatory doctrine leans towards the asthenic form or variety, tonics, such as quinine, iron, arsenic, mineral acids, salines, and astringents, are invariably prescribed, or specifics, such as oil of Cubebs, Copaiba, Turpentine, and Cantharides. As for local measures they are legion—Sulphates of Alum, Zinc, and Copper, Tannic and

Gallic acids, Per-nitrate and Chloride of Iron, Decoction of Oak-bark, Lead and Opium, and combinations of those and many others—and though last not least, Nitrate of Silver galore. All administered as injections *per vaginam*, some as tampons, some applied as strong solutions with a brush or large hair-pencil, and some in the crude or dry form of the drug, as crude caustics, to say nothing of “the good old fashioned” potential and actual cauteries, and leeches, blisters, etc., to subdue the inflammatory action set up by the *Nimia diligenta medici*.

It would certainly be strange with such an *armamentarium* to subdue a weakly-asthenic inflammation of a mucous surface, were there no traces of the Gynæcologist's handy work. I have seen abundance of it; I have seen every abdominal and pelvic “*itis*” set up by such treatment. I have seen vaginitis, metritis, ovaritis, cystitis, peritonitis, perimetritis, and hepatitis, induced by nothing else but this cursed local treatment by vaginal-fumblers. I have seen patients nearly out of their senses with pain in the back, stomach and abdomen, not necessarily inflammatory, but strictly traceable to the treatment. Lastly, I have seen some women permanently injured by local manipulation and medication, and I have seen and known a few die—but never of the treatment. Oh, no! The *os and cervix* were simply melted away by means of *potassa fusa*. The patient died within a week of acute *perimetritis*—and, though jokes are not admissible in so serious a matter—yet I have heard one Surgeon who assisted me at a *post mortem* of the kind remark. “I say Dr., I see what you do at — —, you incise the cervix or melt it away with *potassa fusa*,—the patient dies of hæmorrhage or of inflammation, and you put it down ‘Died of the measles!’” At one time it was a common practice in uterine leucorrhœa to introduce about one or two grains of powdered Nitrate of Silver into the cavity of the uterus by means of a *porte caustique*, the salt being allowed to melt there. Enough of this; what of its effects? I have already given them! The query is a fair one, how is it that suppressing or meddling with this discharge is so frequently attended by such sinister conse-

quences? Does it not point to the fact that the idea or belief in the inflammatory doctrine of leucorrhœa is a gross, a vulgar professional error, and that the inflammatory character of the discharge in the mass of cases is a myth. I shall recount one of dozens of similar cases which have occurred in my experience, and be it understood that long before I became a Hahnemannian I saw the utter folly, the inutility, yes the brutality to say nothing of the indelicacy of local treatment. Mrs. A. B. A.—, an extremely delicate individual, and a splendid “dropping goose,” for her physicians, although she was one of those who considered herself of strong constitution. I have seen both of her armpits after a confinement occupied by enlarged glands the size of a large goose or turkey egg.* Only tackle her with being *delicate*, though scarcely ever a week in her life out of a doctor’s hands, and she will retort, “I know that I am not robust, but I will not allow that I am *delicate*.” Well then, after one such confinement, and hard work suppressing her milk which was injuring her child, I sent her for change of air to the sea-coast.† When at the sea-coast, constipation and a copious flow of milky leucorrhœa set in. At this time she believed that one doctor or system of medicine was as good as another, so off she went to a local Allopath. (She was 20 miles from me). The local Allopath prescribed an aperient and a vaginal injection of alum, dilute sulphuric acid, laudanum and water, to be used as a vaginal injection two or three times a day. This *mild milky whites* being stopped, in obedience to my patient’s wish, it was followed by obstinate vomiting, with pain at the epigastrium accompanied with terrible back-ache. The Dr. was afraid that the air of — did not agree with his patient, that is, after he had tried in vain to undo *his* handy-work,—so off my “not robust” patient trotted to me to see what I could do for her. I call this disgusting!

* Her father died of cancer of the liver and stomach, and she suffered from every form of glandular enlargement.

† I may as well state that Rhus 200 (F. C.) put an end to the enlarged glands within twenty-four hours. Allopathically treated they never got better before the month was out, and she had to lie with her arms stretched out day and night. This was her first confinement under *Similia*, and so far she was delighted with it.

I have not intended this paper as a practical treatise on Leucorrhœa according to THE SCHOOLS. On the contrary, I mean to differ entirely from the modern school of Gynæcology in regard to its pathology and treatment of Leucorrhœa. It is rarely a merely local affection, but is as a rule a constitutional symptom of the patient, which can only be satisfactorily and safely treated, modified or cured, by treating the entire woman, and that is, the past and present symptoms of the patient, including any immediate or remote cause or causes, and all conditions of aggravation and amelioration as regards time and circumstance. The guiding symptoms or key-notes may be as far removed from the vaginal and uterine tissues as the poles are from one another. By all means if a shorter method is obtainable, say by means of key-notes, in all cases adopt them; as for instance:—The patient has *cutting pains in the abdomen from right to left*. One dose of *Lycopodium* high, and the higher the better, will give a good account of the leucorrhœa and its homœopathic relation to every case of leucorrhœa *where that concomitant is present*. It is a matter of moonshine what the pathology may be; all I know is that the name, pathology, or nature of the tissue change, has nothing to do with the selection or the cure in the above case;—and as to whether it is the vaginal or the uterine mucous membrane which is *inflamed* or morbidly excited, it is a matter of perfect indifference. Where a thoroughly reliable key-note is not obtainable, *the case must be worked out as Hahnemann directs every case*, or as I have above stated.

I repeat, that the main object of this paper is not the treatment or pathology of Leucorrhœa, but an endeavor on my part to wean my Gynæcological brethren from treating disease by name, and Leucorrhœa as if it were a local inflammation of the vagina or uterus or both—when it is in the great run of cases psoric or scrofulous in its origin, *and is curable in every instance by constitutional treatment*, that is, by the true homœopathic *simillimum* placed upon the tongue, *without the slightest local interference of any kind, except common cleanliness*. The mischief, whatever

it is, is not in the vagina, which is only the estuary or mouth of an endless ramification of tubes, of glands, of vessels—the poisonous miasm *is within, and is everywhere in the system*—it has to be quieted, neutralised, or removed, and the antipsoric *simillimum* will be found to be better and more effectual, as a rule, than any apsorric remedy. Besides, the vagina, like all mucous canals and cavities, *is self-cleansing*, and any homœopathic physician or Gynæcologist who has to have recourse to any form of local medicinal treatment in order to cure Leucorrhœa in any of its forms has not yet crossed the threshold of our art, and has the rudiments of it still to learn. The sooner our textbooks cease to associate Leucorrhœa with vaginitis, cervicitis, metritis, and all the endless family of “itises” the better. It sounds large and very scientific, but without losing sight of charity, it is but “as sounding brass or a tinkling cymbal,”—and leads to local suppression or something worse in the form of treatment. Were I to decide between the modern and the old school of Pathologists, Nosologists, and Gynæcologists, so far as Leucorrhœa is concerned,—recommend me to the old school, as no theory is at stake in their term, and no idiotic line of treatment is indicated.

In a future paper I may enter upon the practical treatment of Leucorrhœa, or “whites,” or “female weakness.”

PROLAPSUS UTERI—SULPHUR.

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A young married woman 19 years of age, had suffered for two years; had been attended by four allopathic and one homœopathic physicians who successively failed to relieve. Her report was the following: She attributed her illness to miscarriages. The symptoms now were almost complete prolapsus uteri, which her former medical attendants had attempted to relieve by the usual mechanical means—replacing the uterus and retaining it in position by pessaries. The last one prescribed rest, in bed, and kept her there

until she would stay on her back no longer, without any benefit whatever. She complained of constant pain and at times severe cramps and terrible bearing down, so severe as to cause spasms, which would come on from any slight cause; but always come on from 10 to 12 A. M., when she felt weak, faint and hungry, and was relieved by eating. Pains worse on right side. Always very costive. Leucorrhœa very yellow and thick, causing soreness, itching and burning. Memory very poor, has difficulty in recalling anything. Wakes up numb all over, and has a great deal of headache. Sleep full of dreams. Weak and tired all the time; cannot stand up any length of time, must lie down. Pimply rash on forehead and face. Constant back-ache in lumbar region. Very thirsty for cold water. These symptoms pointed so clearly to the remedy that I gave one dose of Sulphur, 20 quintil. (Swan) in two teaspoonfuls of water. She declared she felt the effect in her mouth and on her tongue within fifteen minutes. The improvement was immediate and permanent. She is now well in every respect and attending to her usual household duties. No second dose was required and no other medicine given.

AFTER-TREATMENT OF CATARACT.—At the late meeting of the American Medical Association at St. Louis, Dr. Michel, in an original and able paper, advocated a light bandage after operations for cataract and iridectomy, and instead of the usual dark room allows his patient the privilege of a light room, and recommends that he be read to. He was corroborated by Dr. Chisholm, of Baltimore, who reported fourteen cases of cataract and four iridectomies successfully treated in this way. The lids are simply closed in a normal position, and a piece of isinglass plaster $2\frac{1}{2}$ inches long by 1 inch wide, thoroughly wet and fitted to the surface, which on drying forms a firm, close-fitting band. The patient is then allowed the liberty of his room. Darkness is no longer an essential of treatment; yet strange to say, the author was unceremoniously "sat upon" by his conservative colleagues, for suggesting an improvement in treatment.

SURGERY.

SURGICAL NOTES.

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SUB-PLEURAL LACERATION OF THE LUNG.—Mr. Holmes at a meeting of the Clinical Society, London, Eng., gave the history of a case of laceration of the lung from concussion, occurring in a girl of about fourteen years of age. The accident is exceedingly rare, and the books rarely make any reference to it. Nelaton, many years since, spoke of it, and gave the symptoms as hæmoptysis, dyspnœa, absence of respiration in affected lung, yet natural results on percussion. Added to these, and of the first importance, is an emphysema at the root of the neck. The case recovered, and was made the subject for a discussion, in which Messrs. Norton, Godlee, Bristowe, and others took part, other cases being cited, in all of which the symptoms as given by Nelaton were present. (*West. Med. Rep.*, VIII, 201).

GONORRHOEA IN THE FEMALE.—The difficulty attending a diagnosis of gonorrhœa in the female is always considerable, in some cases frequently impossible, in the experience of many. In cases of alleged rape on young children it is very important to form a correct opinion. The fact has been pointed out that in non-specific vaginitis, (as also urethritis), the morbid action is quite superficial, while in the specific forms it is deep, involving sub-mucoid tissues. The establishment of a diagnosis in this way, however, by comparison, is impossible to one not constantly brought in contact with venereal cases, and something more exact is desired. According to the *Philadelphia Medical News* Dr. Martineau, of Paris, finds that in "the specific form the discharge is always acid, while in the simple form it is always alkaline." Such a test is readily applied, and if the facts are found as stated, of which it would seem there could be little doubt, a mistake need never occur in diagnosis.

LAPAROTOMY IN THE TREATMENT OF STRANGULATED

HERNIA.—Mr. Keetley, of London, has an article with the above caption in the June number of the *Annals of Surgery*, that is not only of value as pointing out a promising method of treating hernia, but is valuable to the medical historian, as showing a remarkable change in the feeling with which peritoneal injuries are contemplated. Some years ago any lesion of this membrane was supposed to be an almost certain forerunner of death, at least the surgeon's functions were reduced to a do-nothing expectancy. Now the peritoneum is incised, ligatured, handled, exposed to the air, punctured for drainage, and treated in all respects very like other tissues in the body. To be sure there is a high rate of mortality, yet considering the primitive therapeutic resources of men otherwise well equipped, the percentage of recoveries is somewhat remarkable.

Aconite, Arsenic, Lachesis, Belladonna, and many other remedies in daily use by Homœopaths, used of course on proper indications, give results that put to shame all the "germicides" in old-school surgery. When a body of men who have for so many years turned all their resources of ridicule, argument, and invective on the "dilutions" of our therapia, gravely speak of the germicide property of such a *powerful* preparation as 100000 "sublimate solution," we may justly look for an adoption of some of the drugs referred to above, in orthodox homœopathic form, just as soon as some "germicide" property can be discovered in them. Of course this may never reach these gentlemen, but with the faint hope that the *fact* may, I beg to ask if it is not barely possible that the best "germicide" is the best vulnerary? The operation referred to by Mr. Keetley does not seem to have been generally known, and seldom practiced. It is, briefly, in certain selected cases, where it may be impossible to reduce a hernia in the ordinary manner, the making of an incision in the *linea alba*, just large enough to admit two fingers, immediately above the pubis, through which the intestine is hooked back. It is stated that the ease with which this is "accomplished is remarkable." Should the strangulation have been prolonged, it may be well to enlarge the incision sufficiently to permit inspec-

tion of the parts. Some four or five cases seem to include all the valuable clinical record of the operation—cases of Crumpton, Annandale, McLeod, Fenwick, and Pye-Smith. The writer's list of fifty-two herniotomies shows but two deaths, and no case is recalled that could have given any better result had a laparotomy been substituted for the old operation. There are cases quite infrequent, in which after division of a stricture reduction cannot be effected, either from some unusual relation of the parts, an abdominal tumor, or something altogether out of the ordinary run. Such cases are noted, although I have never seen one. For one, I will accept the proposed operation in such cases, as an *aid* to herniotomy, remembering, as all surgeons must, the frequency with which the stricture is altogether peritoneal, and the danger that would attend a reduction of the protrusion *en-masse*.

RESECTION OF THE LARGE INTESTINE.—Dr. Robert F. Weir, in the June issue of the *Annals of Surgery*, has an exceedingly valuable paper on the above topic, the case being one in which a malignant tumor had formed at such a distance from the anus, that the ordinary operation of excision of the rectum was impracticable. The morbid growth was at and below the sigmoid flexure, and reached by a median abdominal section, four inches in length. The portion removed was five and a half inches in length, the upper portion of the intestine being secured in the wound, making an artificial anus, the lower being closed, and dropped into the pelvis. There was no recurrence after three months, and the patient's health was good. The paper closes with a *résumé* of thirty-five cases, by different operators, of which seventeen recovered, and the result in one case not given. Considering the nature of the malady for which the operation was performed, the serious character of a laparotomy, the age and reduced vitality of the subjects, and the frequency with which mesenteric glands were removed for secondary deposits, the results are truly remarkable. The fact seems to be gaining recognition rapidly, that the only treatment worthy of consideration in cases of malignant disease, is excision of the growth, and

all the annexa. If undertaken prior to dispersion of the germinal elements, and made with thoroughness, the promise of cure is excellent. Inasmuch as a conviction of the failure of any other method of treatment is only admitted when constitutional symptoms come on, and the whole aspect of the case is hopeless of cure by any means, I have lately refused to treat malignant growths with remedies, or any kind of tentative or experimental measures. *Early and thorough* removal of all affected tissues is the only rational treatment. When later stages are reached, the stage of dispersion of the elements, implication of contiguous parts, and the establishment of cachexia, as far as my information and experience go treatment of any kind is futile. Palliation is here the only course to pursue, and is additionally to be preferred on the score of humanity.

AMPUTATION OF LEG FOR SENILE GANGRENE.--In the same journal Dr. Robt. T. Morris, of New York, gives an account of a case, a man of 83, whose leg was amputated for senile gangrene, at the junction of the lower and middle thirds—the arteries being found calcified to an extent that a ligature would not constrict them until they had been crushed by forceps. Under what is called strict “antiseptic details,” perfect recovery ensued, without a single untoward symptom. It so happens that the writer had a similar case some years ago, even more remarkable, that may bear recital, although published somewhere at the time. May 31, 1879, called by Dr. J. D. Craig, to see a case of senile gangrene of the right leg, in a stout German man, eighty years of age. The line of demarkation had not formed, but there were indications that it would shortly do so, just below the knee. The limb was amputated, at the lower third of the thigh, no “antiseptic details” being observed, by the ordinary double flap method. On loosening the tourniquet, *not a drop of blood flowed*, and there was nothing that *looked* like an artery to be seen. A mass, fully as large as the little finger, of a dirty white color, was observed, and on close inspection was found to be the femoral artery, coated and infiltrated with calcareous matter, the lumen being filled with a loose clot, that was found

to extend upwards for an indefinite extent. A ligature was applied, as well as to the other vessels, and the parts somewhat negligently dressed, as no hope was entertained of recovery. On the next visit, however, there were some signs of repair, the patient's general condition was good, and there had been no hæmorrhage, not a single drop. To the surprise of all, recovery was perfect, union was prompt and firm, and there was not an unfavorable symptom from first to last. At the time I had never heard of a case like it, and could not account for the repair under the peculiar circumstances. It was attributed to the remedies used, *Hypericum*, *Calendula*, and, for some symptoms now forgotten, other remedies. I have no doubt that the repair was due to the good homœopathic treatment given by Dr. Craig. With the exception of the treatment pursued, the case of Dr. Morris and my own were precisely alike, with the difference in his favor. His patient had "always lived well, but temperately;" mine had the habits of many Germans, unlimited beer and tobacco.

EXPLORATORY OPERATION IN THE CERVICAL VERTEBRÆ.
—The same writer (Morris), gives an account of an operation on the vertebræ that resulted better than he had any right to expect, inasmuch as the procedure is one that is only mentioned to be condemned by mine out of ten of our modern authors and teachers. Two years before the operation referred to was made, the patient, a man of 25, had fallen upon his head, sustaining an injury to the cervical spine producing complete paraplegia. His condition was described as pitiable, "a living head, a dead body." The diagnosis was made as "fracture of the body of the sixth cervical vertebræ, with crushing of a corresponding section of the spinal cord." The writer says: "I believed that with the exception of ascending and descending degeneration of the lateral columns, the cord remained in good condition, and that it served in its function as a centre of reflection. Whether or not any re-communication could be established between the cord and the brain—if a narrow crushed portion of cord were exsected, and the good ends sutured together—was a question which had never been

answered." An attempt was made to answer the question on June 12, 1885, when the spinous processes of the 6th and 7th cervical vertebræ, together with the laminae were removed, and the membranes (greatly thickened) being divided, the cord was exposed. The appearances are thus given: "The spinal cord was flattened, and hardly thicker than a sheet of ordinary blotting paper. It was a dull, reddish gray in color, and fibrous in texture. A very few glistening, healthy fibres were to be seen, and these fibres stood out in pretty contrast, like a new spiders-web along a decaying twig. * * * * As far as examination with a probe could be made, the spinal cord was found to be degenerated, and it is a question whether the cord below the point of injury has not degenerated in its entirety, and given its business over to the care of the sympathetic system." Death took place April 14, 1886, *nearly a year afterwards*, being preceded by symptoms that, it would seem, gives a reasonable hope that such a procedure might have been curative if undertaken earlier in the case. These symptoms were attacks of pain in parts that had long been anæsthetic, neuralgic in character. The condition of the cord, as shown at the autopsy, was as follows: "The cord itself was, however, for an inch or two of its length, broken down into a creamy fluid. Above and below, the cord was firm, the lower part of the cord seeming to be harder than normal. Above the softened part, the columns of Goll were distinctly gray, and below a portion of each lateral column was gray." In a search for a similar record I have found nothing. The operation does not seem to have been attempted, except at the time of the accident, when loose fragments could be felt. The results have been uniformly fatal, and the unanimous verdict is against resections of the vertebræ in cases of compression of the cord. Some of the features in this unique report, however, as already said, would go to show that an operation is not after all to be forbidden, if a suitable time is selected. Primary operations being uniformly fatal, and the present instance being of the late secondary character, it remains to attempt an intermediary operation, or one in the early secondary stage.

RESECTION VS. AMPUTATION.—Mr. Martel (St. Malo, France) proposes a novel procedure in cases where there is such a destruction of soft parts that repair cannot be expected. It is to shorten the bones so that apposition can be secured. His single case, one of severe compound fracture of the leg, with much loss of tissue, was one of those cases in which amputation would be quite unanimously voted for. About 75 mm. of the tibia were removed; on the 55th day of treatment the parts came together well, and the results were in every way satisfactory. The writer states that the only analogous case is one reported by Carl Lœbker, (*Centr. fur Chi*: No. 50, 1884), in which the resection was made to facilitate suturing the ends of nerves and tendons in a large wound (*Garz. Med.* 1886, Feb. 27.)

AMERICAN INSTITUTE.

WEDNESDAY: EVENING SESSION.

The Report of the Bureau of Surgery was taken up. The subject for the Bureau was "Inguinal and Femoral Hernia."

Dr. W. Tod Helmuth, of New York City, being absent, his paper entitled

INGUINAL AND FEMORAL HERNIA

was read in abstract by Dr. I. T. Talbot, of Boston, the Chairman of the Bureau. The author reviewed the frequency of hernia, showing that according to Malgaigne, the number of males suffering from it is one in thirteen, and of females, one in fifty-two. The figures showing the relative frequency of the different varieties of rupture also indicate the far greater frequency of oblique inguinal than of any of the other forms of the protrusion. The reports from the Surgeon-General's office, in this respect, are instructive. Out of 334,321 recruits examined for army admission, no less than 17,296 were rejected for hernia, in one form or another, showing a ratio of about fifty per thousand; and this percentage may be considered a tolerably fair estimate of the relative frequency of hernia among the laboring classes. Of these, the right inguinal are by

far the most numerous, being 8598; the next in order is the left inguinal, which numbered 5420; the double inguinal, 1166; thus making the number of cases of inguinal hernia, single and double, 16,178, out of 17,296. If we also take into consideration that from the total must be deducted 651 cases of unspecified hernia, the immense proportion of inguinal over every other variety of rupture can at once be perceived.

"However incredible or strange it may seem, yet I am convinced that operations have been performed, by the information obtained from books only, without any previous anatomical knowledge, any practice on dead bodies, and hardly any, if any, opportunities of seeing any operations performed by others on the living; how grossly must such an operator be deceived, on account of the rings, as they are usually but absurdly called, of the abdominal muscles," etc.

One point is deserving of consideration in this connection, and that is the relation of the epigastric artery to both the external and internal ring, a second being also the relative position of the same artery to the crural canal.

Treating of the diagnosis of hernia, Dr. Helmuth said that he knew of no easier problem than the recognition of uncomplicated cases of oblique inguinal hernia; and yet he considered that there is nothing more difficult than the diagnosis of a complicated rupture. In making his diagnosis of inguinal hernia the surgeon is required to distinguish between the direct and oblique varieties, and also to make the distinctions between these and certain other reducible swellings, of which he mentioned congenital hydrocele, hydrocele of the upper portion of the cord, and varicocele. Certain irreducible swellings can be confounded with inguinal hernia. These are abscess, hamatocele, sarcocele, enlarged inguinal glands, ordinary hydrocele, and undescended testicle. The conditions simulating femoral hernia were stated to be lipomata below the groin, the pointing of a psoas abscess, varix of the saphena vein, and enlarged glands. Besides these points, there are extraordinary cases occurring from time to time which require

diagnosis, and which may occur in the experience of every practitioner. The author then related a very unique case of hernia. The patient was a clerk. In endeavoring to lift a trunk, he felt something give way. This was followed by severe pain, sense of faintness, vomiting, and collapse. Upon examining the parts, the left side was enormously distended and had turned grayish-blue. The general condition of the patient pointed to strangulated hernia. The gut was readily restored, but protruded again at once. On invaginating the scrotum, it was found to pass up into the abdomen. After returning the gut, the patient did not vomit, but the scrotum got no smaller. The canal was more open than usual. The next night every symptom of the patient was worse, and an operation became necessary. At the first cut, there followed a flow of bloody serum; and upon continuing the dissection, Dr. Helmuth came upon the intestine in the canal. It was readily replaced, but was retained with difficulty; but he could not find the testicle. The next day the patient died, with all the symptoms of intestinal obstruction. An autopsy was made. The intestines appeared healthy on superficial examination. The secret lay in the following: The right testicle had taken the opposite course to the normal, and had taken with it a pouch of peritoneum, and had gone behind the iliacus internus, and there it was found with a rudimentary cord extending over the roof of the bladder, and cramped between the cord and the bladder was a small knuckle of intestine which was gangrenous.

Besides the retained testicle, it must be remembered that other organs may lodge in the inguinal canal and give rise to a protrusion that may be difficult to diagnose. Dr. E. C. Wendt mentions the case of an old woman, aged eighty-five, who had died of various senile disorders, who had worn a truss for years for a supposed inguinal hernia; the post-mortem examination revealed the right kidney in the canal, a portion protruding externally, with a short ureter, no pelvis, and connected by a firm fibrous band to the uterus.

It is not well, either, to neglect the examination of ap-

parently trivial cases, for hernia in some instances may be mistaken for simple orchitis; and a no less distinguished surgeon than Dr. Valentine Mott plainly stated that he was willing to stake his surgical reputation in a case presented to him by Dr. Post, of New York, that the patient was suffering from a traumatic orchitis, when, as the result proved, he had a large knuckle of intestine within the scrotum. And a still more remarkable case is reported by Vogt, in which there was a hernia of the stomach into the scrotum.

It was the opinion of the author that taxis, in the majority of cases, is overdone, and performed often too roughly; that instead of restoring the intestine to its place, it frequently excites so much additional inflammation that further strangulation takes place, and the life of the patient is additionally imperiled. The proper pressure to be made should be *inversely to the course of the gut in its descent*, and in the majority of cases the limb should be so flexed that those points at which stricture is most likely to be discovered will be relaxed. This appears to be the proper theoretical course to pursue; and yet sometimes, after this method has been perseveringly tried without any effect, by standing the patient straight up against the wall, and making the rings tense, the gut has been known to slip beneath the margins of the openings more readily than when they were relaxed. The complete inversion of the patient has been found very effectual, and in some cases, by the surgeon kneeling upon the bed, taking the patient beneath the knees, spreading the legs wide, and drawing the body of the patient upward upon the person of the surgeon, the gut will slip into its place. Many are the expedients that have to be adopted by the surgeon in endeavoring to replace the intestine, but in all of them, too much handling of the gut cannot be too strongly deprecated.

Sometimes, after manipulation, it is well to desist for a few hours, make hot applications to the parts, raise the foot of the bed, and administer *Nux vomica*, *Veratrum*, or *Arsenicum*, before a renewal of the attempts be made.

“There is a very important axiom that from my experi-

ence I can adduce, and it is this: After the strangulation of a hernia has been entirely relieved by operation, and the gut returned into the abdominal cavity, stercoraceous vomiting may continue and occur several times, thus giving great anxiety to the practitioner regarding the thoroughness of his operation. In such cases the stercoraceous matter must have been in the stomach and duodenum prior to or during the operation."

The paper treated of the various methods for the radical cure of hernia, in most of which the patient is required to wear the truss, if not for the remainder of his life, for a very considerable time, so that these plans are not by any means as satisfactory as we are often led to believe. The author thought the truss, properly applied, would in many instances radically cure a hernia.

Dr. G. A. Hall, of Chicago, followed Dr. Helmuth with a paper on the same subject. He mentioned his personal experience, a somewhat remarkable one. In his practice he had met with a larger number of cases affecting the left side, which is contrary to general experience. Every practitioner, he said, should post himself on the anatomy of hernia, and be able to differentiate the various forms of hernia. As a rule, it will be found that not more than one case in a hundred coming to the specialist, has previously been correctly diagnosed. He justly condemned the slipshod method of sending patients to drug-stores for trusses, as such a procedure was a risk both on the part of physician, druggist, and patient. Of all the operations for the radical cure of hernia, he favored that by cutting. The injecting process, he said, would fail in sixty per cent. of the cases. He thought it better to operate than to use persistent taxis, as inflammation from that cause is one of the greatest stumbling-blocks after the operation. He would operate on any patient in perfect health who was under the age of eighty-five. He then gave the following statistics of his experience with hernia:

Total number of cases,	. . . . .	384
Inguinal hernia,	. . . . .	357
Femoral "	. . . . .	27

Inguinal	"	right side,	. . . . .	169
"	"	left "	. . . . .	188
Femoral	"	right "	. . . . .	12
"	"	left "	. . . . .	15
Inguinal	"	in men,	. . . . .	353
"	"	in women,	. . . . .	4
Femoral	"	in men,	. . . . .	6
"	"	in women,	. . . . .	21
Operations for non-strangulated inguinal hernia by				
		cutting,	. . . . .	213
		Reported cured,	. . . . .	186
		Not reported,	. . . . .	11
		Not cured,	. . . . .	13
		Died,	. . . . .	3

One of the three who died, was a physician who came to him a stranger, and who was an habitual drunkard. Gangrene set in, and caused his death. In another case there was an undescended testicle. This patient died from improper nursing.

Operations for strangulated inguinal hernia,	. . . . .	29
Cured,	. . . . .	18
Died,	. . . . .	11
Operations for non-strangulated femoral hernia,	. . . . .	22
Cured,	. . . . .	22
Operations for strangulated femoral hernia,	. . . . .	5
Cured,	. . . . .	3
Died,	. . . . .	2

Dr. Charles E. Walton, of Hamilton, Ohio, next read a paper on "The Diagnosis and Statistics of Hernia."

A paper by Dr. M. O. Terry, of Utica, N. Y., on "Tumors Likely to be Confounded with Hernia," was read by title and referred for publication.

DISCUSSION.

Dr. Jno. E. James, of Philadelphia, reported one case on the subject of hernia that was very obscure. The patient was a lady about sixty-two years of age. She was taken with severe pain in the region of the liver. A physician was summoned. She had an old hernia on the right side. About three weeks afterwards she sent for her physician again; he found a tumor in the right inguinal region, that he diagnosed as the old hernia with strangulation. He gently applied taxis. The following day Dr.

James was summoned in consultation; found the tumor greatly inflamed, the redness extending to the liver. There was a doughy-like feel to the outer tissues, but a hardness underneath. She had been vomiting for forty-eight hours. He was unwilling to risk a diagnosis without an incision. He operated, and found a fluctuating tumor, which he incised, and there issued blood, serum, and thick, grumous pus in quantity. On inserting his finger into the sac, he found it extended towards the liver, but there was no hernia. He could not probe to the bottom of the sac. He treated it as he would an open wound. All symptoms of strangulation passed away. On the fourth day the character of the discharge changed. There appeared in it small seeds, and it was discolored by some fruit she had eaten. She continued to pass semi-fluid fecal matter for some weeks, until he lost sight of her, her bowels moving naturally. His diagnosis was abscess of the liver occupying the old hernial sac.

Dr. J. H. McClelland, of Pittsburgh, did not think it the experience of surgeons generally that the truss alone will cure hernia. He also expressed as his opinion that it is the province of the physician to look after the matter of adapting trusses, as a point of paramount importance. Hence all practitioners should have well defined principles to guide them in the selection of trusses. In his experience, no truss is of value in any number of cases that does not possess this feature, a malleable neck that connects the pad with the belt, but prefers one with a malleable bar. Recently he had some success in a truss, a very unimportant affair, which went still farther, made by Ego of Cincinnati. The entire object was malleable, with a double attachment to the pad, one of which was a spring attached to the pad as above, and a second piece of metal which would be made up the fingers of holding on to the truss. The instrument is seen in the accompanying drawing.

Dr. N. Buchanan, of Cincinnati, said that it is reported by some surgeons that a truss may cure a hernia, but he thought it would be made up the fingers of holding on to the truss. His method of operating was to cut the sac, and to remove the

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Dr. N. Schneider, of Cleveland, said that in operating for strangulated hernia, the ring should be closed thoroughly, so that a return of the trouble can be prevented. His method of operating is an old one; he cuts down upon

the hernia, opens the canal, and returns the gut. It is not necessary to open the sac. He ligates the sack at its neck with antiseptic ligature, either catgut or silk thread, cuts off the sac, and drops it into the peritoneal cavity; he leaves nothing in the ring at all. He then freshens the borders of the ring, and unites by sutures. After this operation the patient is not likely to have a return of the hernia.

Dr. W. L. Jackson, of Boston, Mass., said that in some cases of recent hernia in which taxis had failed, the application of heat to the parts and elevation of the hips might be successful. He had succeeded in relieving a few cases in this way.

Dr. Haywood, of Taunton, Mass., related a case of strangulated hernia in a man aged 80. The patient had pericarditis, and could not be placed on his back, and could not take an anæsthetic; he already had stercoraceous vomiting. His face and extremities were cold, his countenance was pinched; it was apparently evident that he could live but a few hours. Dr. Haywood therefore gave him the choice of the risk from operation, risk of an anæsthetic, or of death. He chose the latter. His symptoms indicated Nux. He was unable to retain anything, either liquid or solid; he had a constant feeling of distress in his stomach, and a feeling as of a stone in his stomach, not in the bowels. In the course of a few hours after taking the Nux, the nausea ceased, and in the next twenty-four hours the hernia reduced itself. The patient during this time was unable to assume any position except the erect.

Dr. M. D. Youngman, of Atlantic City, said that he had had a very successful experience with Ether in the treatment of strangulated hernia. He applied absorbent cotton, saturated with the drug, over the hernia, and re-applied the Ether at sufficiently close intervals to maintain constant saturation of and evaporation from the cotton. This must be kept up for a long time. His friend, Dr. Fiske, of Brooklyn, had also been successful with the local use of Ether in hernia.

Dr. Jno. C. Morgan said that the same remarks that he made the day before concerning the spiral direction in re-

placement of other viscera, applied also to hernia. He remarked that the pain in strangulated hernia is not in the tumor itself, but generally in the region of the umbilicus. He also related a case of intestinal obstruction from pelvic thrombus, which was reported in the *Hahnemannian Monthly* for March, 1886.

A paper by Dr. Horace Packard, of Boston, entitled "A Synopsis of Fifty Operations for Hernia," was read by title and referred.

Dr. E. H. Pratt, of Chicago, read a paper on "Official Surgery in its Relations to Chronic Diseases."

PARVINU.—Dr. Theophilus Parvin, of Philadelphia, in a recent clinical lecture, is reported as saying: "It would hardly do to advise a woman whose disease was due to excessive indulgence to try matrimony as a remedy; this would be homeopathic, but it would hardly be calculated to cure the disease." This style of comparison is so common in their journals that it would seem that at least ninety per cent. of Allopathists are utterly ignorant of the homeopathic theory. "What ignorance, and so many public schools."

A. F. RANDALL, M. D.

CEREBRAL APOPLEXY.—One day last week I sent your secretary a short communication regarding two sudden deaths and their *post-mortem* revelations.

Yesterday, January 25, it was my fortune to meet with another, as follows: Mrs. T., widow; age forty-nine; music teacher; in fair health, so far as they knew; spare, not fleshy or full-blooded person.

She was standing in ordinary conversation with a neighbor. All at once she exclaimed, "Oh! my head" (partially indicating with the left hand that side of the head), and sank to the floor as in syncope, the lady supporting her as she fell. I saw her in two or three minutes, her residence being opposite my office. I placed her upon a bed, and with my ear to her chest could hear for a moment the last fluttering sounds of the heart, and all was still. The autopsy, three hours later, revealed a rupture of the left middle cerebral artery, with a large amount of extravasated fluid blood. The organs and viscera of thorax and abdomen were all healthy. Dr. Wipple in *Clinique*.

MATERIA MEDICA.

NOTES ON SEPIA.

H. C. ALLEN, M. D.

This wonderful anti-psoric has a profound action on nearly every tissue and organ of the body, and like most remedies of its class its medicinal effect is long lasting—a single dose being often sufficient for many weeks. It appears to first expend its energy upon the brain and nervous system, thus deranging the life forces, or as Hahnemann termed it, the “vital force,” and thus producing organic change. The tendency is to produce organic change of tissue as first seen in its effects on the skin, in the well-known discolorations, “yellow-saddle,” “moth-patches” as well as the characteristic herpetic eruptions; hence the ability to cure the deeper and more malignant diseases. Epithelial cancer has been reported by Dunham and others as coming within its healing influence.

As “there is nothing new under the sun” Sepia is not by any means a new remedy. For dysmenorrhœa and other derangements of women Hippocrates placed a high value upon it, and Galen likewise used it extensively, but in what form we are not told, for atonic conditions of the gastro-intestinal canal. Notwithstanding all this it has not yet found an abiding place in the Pharmacopœia of our allopathic brethren, as neither “Murrill’s Digest of Materia Medica and Pharmacy” (1883), nor the “Sixth Decennial Revision of the U. S. Pharmacopœia” makes any mention of it whatever. The chief explanation of this rejection is probably due to the fact, that in its crude form as drugs are usually compounded it has been found to be practically worthless. Like Alumina, Calcarea, Carbo veg., Lycopodium, Natrum mur. and Silicea, the dominant school has not been able to obtain results from Sepia that would warrant its introduction into the Materia Medica. In our school, for this very reason, many practitioners place little reliance upon it, its action being deemed vague and uncer-

tain. In this they are no doubt correct. Those of us who accept Hahnemann's law and reject his dynamic theory and its practical results in our treatment of the sick, are not very much in advance of our benighted half-brother of the other school. As Sepia is so frequently used in alternation with Lachesis I want to point out some objections to such practice based upon its pathogenesis.

CHARACTERISTICS.

SEPIA.

Adapted to women of dark hair and eyes, rigid muscular fibre, mild disposition, but are easily offended and then are irritable and often vehement.

Inclined to abdominal adipose, especially after child bearing.

Climacteric troubles especially when based on portal congestion.

Hot flushes, sudden accessions of heat, but followed by momentary sweat and disposition to syncope.

Paralytic affections of pelvic and abdominal viscera.

Menses: never regular, too early, too profuse; too late and too scanty.

Coldness on vertex.

Feet and ankles cold.

LACHESIS.

Suitable for women with dark eyes and complexion, or red hair and freckled, inclined to low spirits, with indolent, choleric, melancholic temperant.

Thin, emaciated, changed mentally and physically by effects of disease.

Climacteric troubles when mental or nervous symptoms predominate.

Hot flushes, burning vertex headaches, hæmorrhoids, hæmorrhages, especially after cessation of menstrual flow.

Paretic symptoms of left side. Left-sided apoplexy.

Menses: regular as clock work, punctual almost to the hour; too short, too feeble. Pains relieved by flow.

Heat on vertex.

Feet, especially soles, burning.

SKIN.

Yellow; face, conjunctiva, chest; yellow saddle on cheeks or across nose. Herpes on upper Bullæ, yellow, purplish or dark, from bloody serum. Carbuncle, malignant pustule, bed sores

parts of body, worse at menstrual period.

with dark or black edges. Malignancy.

Prolapsus; intolerable bearing down as if contents of pelvis would extrude from body; relieved by sitting down or crossing limbs. Usually feet and ankles cold.

Prolapsus; bearing down, labor-like pains, as if every thing would issue from vulva. Uterine region extremely sensitive to touch, cannot bear clothes to touch her. Constitutional symptoms are guiding.

Pains extend from other parts to back; are attended with shuddering not chilliness and are relieved by motion or pressure.

Pains; neuralgic, tearing, stitching, pulsating, burning, worse after sleeping, and from noon till midnight.

Sensation of ball in inner parts: during menses, pregnancy, lactation; with constipation, diarrhœa, hæmorrhoids, leucorrhœa and uterine affection.

Sensation as of worms crawling: in heels, bladder, rectum;— of beating as with little hammers in rectum, temples, vertex.

Worse at new moon, in snowy weather, during or before a thunder storm.

Worse in spring, during extremes of heat or cold; suns rays.

Worse on awakening when aroused from a deep sleep, but relieved after sufficient sleep.

Worse after sleep; or the aggravation wakens him from sleep, or he sleeps into the aggravation. A mental condition.

Hæmorrhage; during climacteric, pregnancy especially fifth and seventh months, flow dark and sluggish.

Hæmorrhage; during climacteric; blood lumpy, black or acrid. Hæmorrhagic diathesis; small wounds bleed much.

Sepia and Lachesis are incompatible, and like most animal poisons should rarely follow each other and *never be given together*. A careful individualization would certainly prevent such a catastrophe for the patient, as they are rarely if ever indicated at such a time.

Each of these polychrest remedies has only obtained a foothold in the homœopathic *Materia Medica* after a severe, prolonged and bitter contest against the doubts and unbe-

liefs of members of our school. But they have nevertheless come to stay.

HEADACHE.

In Vol. VI, MEDICAL ADVANCE, Dr. Ockford reports the following case:

Mrs. L—, of nervo-sanguine temperament, had for several years a headache recurring every Saturday. Thought it sometimes came from the noise of her children who were home from school that day; but so sure as Saturday came the headache returned; the pain was of a boring character from within outwards, and was attended with nausea and vomiting. Binding the head up tightly gave some relief and if she could get a good sleep would awaken much relieved. Sepia 200, cured.

In MEDICAL ADVANCE, Vol. XV, pp. 335: I was called December 20, 1884, at 3 A. M., to visit a lady suffering with a severe congestive headache, and requested to bring my "hypodermic syringe or chloroform." As I have no use for palliatives and do not use either, I did not take them. She is forty-six years of age, of medium size, dark complexion, black hair and eyes, and except an occasional headache, usually enjoys good health. Menstruation regular, normal; occurred two weeks ago. The present attack was attributed to some mental excitement to which she had been subjected in the afternoon. The pain began in the evening, and thinking to obtain relief she retired early, but from the violence of attack was soon compelled to leave the bed and walk the floor to obtain relief. The pain was pressing, throbbing, bursting; as if the head was too full; as if it would burst or force the globes from the orbits. The head, face and neck were red and hot, and the carotids throbbed violently. The pain was terrible, and she declared she "would become insane if it continued another hour." The only relief she could obtain was by pressing the sides of her head with both hands and *walking as rapidly as possible* from end to end of a suite of three rooms. The character of the pain, the intense congestion of head, face, eyes, and the throbbing carotids, certainly pointed to Belladonna. But the manner of ob-

taining relief *from rapid motion*, which was here the most *uncommon* symptom, promptly excluded that remedy. Any remedy that would cure this case must contain among its totality, this peculiar symptom, which is a *characteristic* of *Sepia*. A few pellets of *Sepia* 200 were prepared in water, and a teaspoonful ordered every ten minutes until relieved. Before the time for the third dose had arrived, she had lain down on the lounge and was asleep, and the next day was as well as usual. Would the "hypodermic" have done the work quicker or better? Should we not be thankful for a law of cure, and does it not pay to follow its guiding star?

EPITHELIAL CANCER.

Sepia produces swelling on lower lip with soreness, burning and a pricking, slivery sensation. Guided by these and the constitutional symptoms, Dunham and others were led to the employment of *Sepia* in the treatment of epithelial cancer of lower lip. Two cases cured by *Sepia* 800 are reported by Dunham as having come within his personal knowledge.

CASE.—Dunham says, *Materia Medica*, Vol. II, pp. 147: An epithelial cancer far developed had been excised. The wound healed kindly. After a few months the patient began to emaciate, and to exhibit every sign of cancer cachexia. Eminent surgeons diagnosed internal cancer. The decline was alarmingly rapid. No hope of recovery was entertained. The complex of symptoms indicated *Sepia*, which was given, 200, and effected a complete and rapid restoration of health. The health remains good to this day (ten years).

NERVOUS SYSTEM.

Dr. Hesse reports the following case in *THE ADVANCE*, Vol. XVI, pp. 872, showing its profound action on the nervous system.

Mrs. H—, a delicate brunette with pale face, consulted the Doctor on account of spasmodic shaking of the head. The attacks begin suddenly, and with fearful rapidity the head is thrown to the right and left around its vertical axis. She is perfectly conscious during the attack, without a par-

icipation of any other part of the body, lasts several minutes and repeats itself several times during the day, especially after emotions, and she may remain free from them for several days. After an attack she feels prostrated. From childhood on she always was nervous, irritable, and suffered from convulsions. The shaking of the head began four years ago after a fright and is worse before or during menses, from emotions and even when she meets persons disagreeable to her. Appetite fair, no thirst, diarrhoea and constipation alternating. Nights restless; cannot lie on her back, throws herself about and *awakens unrefreshed*. Much flatulence in the morning which she relieves by gymnastic exercises, *better towards evening*. *Heavy atmosphere and hot rooms disagreeable; heaviness of head in foggy weather and before a storm*. She always feels restless, and cannot sit for a long while, she must do something; bites her nails, scratches her head or pulls out hair. Menses regular, scanty; during the interval moderate leucorrhœa. Hemisrania and lightning-like dizziness. Cannot wear garters or rings, as her extremities feel swollen. After the failure of Ignatia for a week she received:

July 2. *Sepia* 30, one powder a week.

July 16. After every powder, the next morning a severe paroxysm; on the other days only very slight ones; feels encouraged.

August 4. No more paroxysms, though she menstruated.

August 17. A slight attack. She complains of poor sleep and morning malaise. One powder, *Sepia* 200.

October 12. Sleeps better. During November a severe aggravation followed from anxiety and continued nursing of her sick family; but gradually she improved again under *Sepia* 200, but we doubt if her predisposition to nervous affections can ever be entirely eradicated. We find under *Sepia*:

“The head jerks and twitches forward six or seven times with full consciousness; in the morning, jerking of the head backward when rising.”

This gave a valuable hint for its selection.

INTERMITTENT FEVER.

The paroxysm of the *Sepia* intermittent strongly resembles that of Arsenic in the mixed, irregular character of its different stages. As a rule neither stage is prominent nor well-defined in *Sepia*, but is a very good picture of what is known as an undeveloped, partially suppressed or "spoiled case,"—or as Hahnemann calls them "cases of Cinchonism,"—by the use of Quinine or some other anti-periodic. The symptoms are so mixed with drug effects as not to appear to call for any particular remedy. The complexion in this class of cases strongly resembles that of *Sepia*. It presents a sallow, dirty, doughy, sickly appearance, and in all old cases of so-called "malarial" poisoning we no doubt have portal stasis or congestion as the pathological basis. The abdominal vessels in both these class of cases are engorged, and they often find their simillimum in *Sepia*. In homœopathic practice, however, there is no such thing as "always will." There must be some symptomatic indication in harmony with the condition presented by the patient, or the remedy will not, cannot act. In many of these cases a few doses of *Sepia*, high, will clear them up, effect a return of the symptoms of the original paroxysm so that the curative remedy may be readily selected. This class of cases, in the writer's experience, are more frequently met with in the South than the North, but wherever found and correctly differentiated good results will be obtained. Sulphur should not be over-looked here, if the symptoms correspond.

DISCUSSION.

Dr. Porter. I would like to ask Dr. Allen if he honestly thinks that *Sepia*, or any other remedy in the *Materia Medica*, will cure cancer? If we have any remedy or remedies capable of curing cancer or other malignant affection very few members of the profession have yet found it out. For one I have it yet to learn. I doubt the diagnosis, not the cure.

Dr. Allen. I have found very few writers in our literature, or in any literature, more reliable as accurate diagnosticians than Dr. Dunham. He would certainly be consid-

ered as good authority as Dr. Porter or myself. But Dunham tells us most emphatically that, "the complex of symptoms" presented by the patient called for *Sepia*, and we all know that he prescribed for the patient and not for the cancer. This is just where we so often make our most serious blunders. We prescribe for our diagnosis, or the diagnosis of some one else, and we too often base our prognosis on the treatment of the other school instead of on that of Hahnemann. If we would follow our law of cure in its entirety as laid down by Hahnemann, we would see fewer cases of disease with a malignant termination. The patient would be cured before he reaches the malignant line.

Dr. Obetz. This reminds me of a case which came into my hands from the old school in the early years of my practice, when I was fresh from college and the *Materia Medica* teaching of Dr. Barnes. A married woman, Mrs. F—, æt. 45, was passing the climacteric. Although she had raised a family she had not been well for about 17 years. There was much general emaciation; she was unable to sit up the latter half of the day. Had a firm, hard tumor in each breast for some time, attended with sharp, lancinating pains. She presented a sallow, bleached appearance; yellow patches on the chest and the "yellow saddle" across the nose. The totality of the symptoms were covered by *Sepia*, and much to my surprise the 30 potency cured the case. It presented every appearance of malignancy and had been pronounced malignant by other physicians. And yet, because it was cured by *Sepia* 30, I never could think the tumors were malignant. The authorities all say the true cancer is incurable by any internal medication.

Dr. Porter. I think there is just where we make our mistakes. We think it a case of cancer, but it is not. Our diagnosis is faulty. It is a generally accepted fact that after tissue change has taken place, after the breaking down has begun, there is no remedy that will cure a case of cancer.

Dr. Allen. Every disease, and especially those pro-

foundly affecting the entire system, has its stages of advancement distinctly marked, and it is possible that in every case of cancer there is a line of demarkation between malignancy and non-malignancy; a line within which the tumor is benign, and beyond which it is malignant. This probably is equally true of every fatal case of sickness. In the cases of both Dr. Dunham and Dr. Obetz I have no doubt of the correctness of the diagnosis, but the homœopathic remedy stayed the progress of the affection and prevented what might have been a fatal termination. How it disheartens a physician to prescribe for what he believes a fatal case, according to his prognosis. But if he would only close his eyes to his pathology, diagnosis and prognosis and rely on the "totality of the symptoms" as laid down by Hahnemann, he would often be as agreeably disappointed as was Dr. Obetz.—*Michigan State Society.*

CHELIDONIUM IN NEUROSES.

J. A. BIEGLER, M. D., Rochester, N. Y.

Mrs. H. B. H——. This lady has been a great sufferer from rheumatism, of the neuralgic variety, for more than ten years. She is 44 years old, and is now undergoing the change of life; has not menstruated in the past five months. The neuralgic pains have been for a few years past more constantly in the left side of the body than elsewhere, and more especially in the chest, in the region of the heart and arm. She has suffered from pericarditis, which is to be noticed by a grating sound at the apex of the heart. There is also valvular disease, and a very feeble action of the heart.

This morning, June 15th, 1885, at 7 o'clock she was taken suddenly with a very severe pain, which she located in the *pit of the stomach, going through to the back.* at about the lower edge of the scapulæ. The hands and feet were icy cold. Respiration was so painful that she could expand the chest to but a slight extent, and frequently gasped for breath. Had a natural stool and passed urine before

the attack. Vomited her breakfast, which was only a little oatmeal.

I could not obtain satisfactory answers, for she was in agony, and gasped for breath, so that she could not answer. Warm applications had been made with some relief. Gave Chamomilla mm., of which she received three doses from 9 o'clock to noon, during which time she was comparatively easy, but not for a moment free from pain. At noon the pain returned in its most severe form, but she now located it more toward the right of the pit of the stomach, going right through to *the lower point of the right shoulder blade*. There is a distinct *fan-like motion of the alce nasi*. No thirst or fever. Gave, without looking up the remedies, Veratrum alb. At 8 o'clock found she had constant pain, but for little spells free from the most severe form, so that she could lie down and sleep for a few minutes. Having now a better opportunity to question successfully, I found that the seat of pain *had shifted* from the pit of the stomach to directly *over the region of the liver and passed through to the region of the right kidney*. It is a *stitching* and also *pressing pain*. She now complains of an ache or pain, not severe, *going from nape of neck over the head to forehead*. *The fan-like motion of the wings of the nose is very marked*. *She feels better from eating a crust of bread*. *Acute sensitiveness or tenderness to touch over the seat of the pain*. On looking over the remedies indicated, Allen's Index gives for pain in the right hypochondrium, *going through to the back*, the following, which are all, except two or three:

Agaricus, Calcarea, Euphrasia, Camphor, Drosera, Graphites, Natrum mur., Laurocerasus, Pulsatilla, and Chelidonium, with pain starting from the same point, but *going downward*. Among these remedies Allen gives for Chelidonium, pain in neck, *extending to forehead and occipit*. Hering gives for Chelidonium: Stomach; constriction, tension and *sensitiveness in pit of stomach and right hypochondrium*. *Feeling of anguish in pit of stomach, gnawing, grinding pain, better while eating.* Hypochondria; "*pains from region of liver, shooting toward the back; stitches in*

region of liver; pressive pain in region of liver. Rheumatism; the least touch anywhere is exceedingly painful." Chelidonium is the only remedy among them that has the *fan-like motion of the wings of the nose.* [Berridge, *Organon*, Vol. II, page 338.] Chelidonium mm. (Swan), one dose was given, followed by Sac. lac. The next morning I could hardly get anything but exclamations from patient and family, of wonder at the decided and prompt relief which the *first powder* gave. Before taking it she had to be moved from the chair to the bed, which was done with great difficulty by three persons, attended by the screams of agony from the patient. Within one hour after taking the powder she was so relieved that she could turn herself and rise up in bed without help. The tenderness to touch continued for one day after the pain was relieved, but after that it disappeared also, and without a repetition of the dose. If any verifications (clinical) on Chelidonium are needed for the new repertory, it is hoped that this case may be of service in that direction, and this is the principal object in writing it out. The most of the symptoms in this case are perhaps sufficiently marked as confirmed or verified in the *Guiding Symptoms*, others may yet be impressed with more importance.

SYPHILINUM: COUGH SYMPTOMS.

E. W. BERRIDGE, M. D. London.

To facilitate the *scientific* use of *Syphilinum*, I copy from my MSS. all the cough symptoms which I have been able to collect up to the present time.

Hard, constant cough, with thick yellow, tasteless expectoration.

Dry, racking cough, with slight purulent expectoration now and then, caused by a sensation of rasping or scraping in throat; always much worse at night.

Hard cough, worse at night, when it is continuous, preventing sleep; white phlegm expectorated.

Expectoration; muco-purulent, grayish, greenish, greenish-yellow, tasteless.

Whooping-cough, accompanied by terrible vomiting.

Dry, sharp, hacking cough, without expectoration, but with rawness, scraping and burning from fauces to stomach-pit; with a whoop on inspiration, and a choking sensation from fauces to bifurcation of bronchia, with great mental distress.

Cough and dyspnoea come on after mid-day dinner, has to fight for breath, feels as if she would be suffocated; these symptoms last all night, and at daybreak they get better, and she falls asleep. (Greatly improved, but not cured.)

Expectoration without cough, quite clear, white; feels like a round ball, and rushes into mouth.

Cough worse lying on right side.

Cannot lie on right side, as it causes a dry cough.

The *provings* of *Syphilinum*, which are very fragmentary, as yet contain no cough symptoms.

It will be interesting to compare future provings and clinical experiences with Dr. Skinner's case, so as to ascertain whether *Syphilinum* was really homœopathic to the case from the first. Some of the above symptoms agree with those of this case, while others do not. This comparison would also serve to decide the point whether the cure was really due to *Syphilinum* or to *Sulphur*, or to both. Dr. Skinner gives the symptoms which led him to prescribe *Syphilinum* as "the exact photo *twenty-four hours* after the dose of *Sulphur*." The prescribing of a new remedy so soon after the dose of *Sulphur* necessarily vitiates the result, as the latter is a long-acting remedy. The amelioration at daybreak is a symptom strongly characteristic of *Syphilinum*, and has not, so far, been observed under *Sulphur*; yet it also belongs to *Colchicum*, *Aurum*, *Nuxvomica* and *Mezereum*, and may to other remedies.

With regard to the change of name, which Dr. Skinner "means to have effected," as he desires the opinion of the profession, I venture to give mine for what it is worth. In my opinion, if a patient is told he is taking *Leusinum*, he (or she) will at once ask what it is; and when an explanation is refused, will at once endeavor to find out by the

aid of some one conversant with Latin. This might prove awkward. The plan which I adopt is never (or except for some special reason) to tell patients what they are taking; it is no business of theirs, and a knowledge of the remedy often leads them to its use at an improper time or in an improper way. If perchance I should ever prescribe a nosode (which I only do *if it is proved*, or if some reliable clinical symptoms are known to me) to any one to whom I have previously mentioned the names of the medicines I have prescribed, I simply tell them it is a new medicine, the name of which I do not wish to divulge as yet except to the profession.

A CASE FROM PRACTICE.

G. H. CARR, M. D., Galesburg, Ill.

An old doctor residing here had been troubled for some two or three winters with an *intense cold pain* in both legs; left one worse. It came on every night on lying down and lasted all night, only relief was by getting up and walking, and everything had failed to help. Magnetic leggings had afforded most relief. The trouble ceased in warm weather. He happened to speak of it one day, and I told him I would stop it. As he wanted to try it, I gave him one dose of Syphilinum mm., dry. He lost his pain for six or eight weeks, when it returned in a milder form, and he received one dose of Syphilinum cmm., and he has never had it since. Went all winter without pain. But he said the second powder made his genitals ache so that he couldn't sit still, and this continued for over a month. He is now convinced that you can obtain symptoms from potencies.

Syphilinum.—A lady, 78 years of age, had suffered from attacks of spasmodic bronchial asthma (?) for 25 years. The attack would come on *only at night after lying down*, or *during a thunder-storm*, and produce the most intense nervous insomnia, entirely preventing sleep for days and nights together. Under allopathic treatment, full doses of morphine brought relief for twenty months. Ars. Amb., Bell., Ipecac., Nux. Phos., Sulp., Op. high, and other apparently well selected remedies entirely failed. Syph. cm. cured.

CLINICAL MEDICINE.

CHRONIC CATARRH OF THE FAUCES: NATRUM PHOSPHORICUM.

A Case from Practice: Dr. H. Goullon, Weimar. *Populare Zeitschrift*, June, 1886.
Translated by S. LILIENTHAL, M. D., New York.

This affection is commonly complicated with catarrhal states of other mucous membranes, especially of the stomach. One of his patients, suffering from it, suffered especially at night from vomiting, breathed with open mouth, so that the oral cavity was always dry; tongue always had a thick, heavy, yellow coating. *This golden-yellow creamy exudation is characteristic of Natrum phosphoricum.* A dry cough with expectoration of tough mucus was relieved by Kali bichromicum, but Natrum phosphoricum 5th cleaned the tongue, removed the morbid acidity of the stomach, so that he could again digest ordinary food. In non-complicated chronic catarrh of the fauces only Sulphur, 1st trituration, is needed, but where the catarrhal process extends to the uvula and arch of the fauces, Mercurius corrosivus 2d cent. trituration acts better. With these four remedies many a patient can be cured of this chronic ailment.

The Sodium phosphate is one of Schuessler's biochemical remedies, recommended for sour eructations; vomiting of sour fluid or of curd-like masses; greenish diarrhoea, pain in the bowels, spasms, fever with acid symptoms; conjunctivitis with discharge that is *creamy in consistence and golden-yellow in color*, moist, *golden-yellow coating on the tongue*, palate, tonsils, etc. As our own Farrington had the remedy proved from the crude drug to the highest potencies, the symptoms can be considered reliable (*Hahnemannian Monthly*, 12, 172; Allen's *Encyclopædia*, VI, 600), and we read there: "81, worries about his health; 97, nose as if full of mucus, and discharge is slight; pricking in nares, acute enough to bring tears to the eyes; 109, tongue dirty white, with dark-brown centre; 115, accumulation of mucus in throat; tough, clear, white phlegm from pos-

terior nares; dropping of thick yellow mucus from posterior nares; worse at night, awakens him, he must sit up to clear his throat; 129, eructations and slight regurgitation of food; diarrhœa with colicky pains, and much flatus; 232, irritation in throat; dry, tickling cough; desire to take long breath, as if the room were too close."

The Potassium salts act stronger than the Sodium salts, and our neighbors of the other school often prefer therefore the Sodium bromide to the Potassium bromide; the Chromic acid is an escharotic and its sphere of action vastly different from the toning-up Phosphorus; hence Kali bichromicum is in our school better known and more frequently applied than the Sodium phosphate, which was nearly forgotten till pushed forward by Schuessler, and if all of his tissue remedies have not the stamp of authoritative proving, it is a defect, which ought to be quickly removed and the provings made, for their curative value has already been verified in many a case. The cough of Kali bichromicum is painful with difficult expectoration (Hepar cough loose with easy expectoration), as the tough mucus adheres to the bronchi, causing wheezing, whistling and loud rattling in the chest, so that from a larger deposition the adherent mucus may even taste fetid when expectorated; in color the expectoration is more slate-colored than golden-yellow. In the nasopharyngeal catarrh of Kali bichromicum we meet a tendency to ozœna with fetid discharges; even caries of the nasal bones. In its gastric symptoms we find more agreement, but again the disease seems to be in a more advanced state for Kali bichromicum than for Natrum phosphoricum. Both have a thick yellow coating of the tongue, both have that feeling of emptiness in stomach, not always relieved by eating; but in Kali bichromicum the food rests in the stomach like a heavy weight (*Abies nigra*), whereas the Sodium phosphate patient has pains and flatulency from this emptiness and wants strong things, even Alcohol, to appease it. Acidity is the keynote to Sodium phosphate; a dyscrasic state stamps the Bichromate as an antipsoric.

When the chronic catarrhal process extends to the uvula and fauces, Goullon thinks of corrosive Mercury, and we

need not feel astonished, for there is many an analogy between the Mercurials and the Bichromate. All the Mercurials have constant dropping of muco-pus from the posterior nares into the throat; the discharge may be gluey or watery and smelling like old cheese, but never as tough and stringy as we meet it in the Bichromate.

In con-complicated chronic catarrh of the fauces the first trituration of Sulphur is all that is needed, according to Goullon. [But the patient must have the Sulphur characteristics; the name alone is not sufficient.—ED.]. Blakeley (Hoyne's Therapeutics, I, 147) cured one case of twenty-five years' standing with one dose of the 55,000th. Hoyne says: "Sulphur will be of frequent service in persons with a dirty, greasy skin, and also in those who perspire easily. The nose constantly feels obstructed, and when blowing it there is but *little discharge, although there is more or less constant dropping of mucus from the posterior nares, dry ulcers or scabs in the nose, with loss of smell and taste.*"

What benefit it would be to our patients, if this crux medicorum, chronic naso-pharyngeal catarrh could be eradicated with one of these four remedies, for they are easily differentiated. At any rate it is worth while to ponder over them, and when they fail the whole *Materia Medica* will still be open to our selection.

RHUS TOX. IN DIPHTHERIA.

C. B. GILBERT, M. D., Washington, D. C.

March 7, 1886. Mrs. W——, 30 years old, mother of two boys, dark hair, has a cold with headache which seemed to indicate the epidemic remedy—Bryonia. On the morning of the 8th she had sore throat on the left side and ached all over; her grunting and fussing were extraordinary, and she said that she always does so when sick. Lachesis was given, but in the evening was found to have done no good. *Rhus tox.* was then substituted, and that night she slept well; and the next morning, 9th, the grunting was all gone and she was as peaceful as a summer morning. *But—the left tonsil was covered with a yellow diphtheritic membrane!*

Was that the disease? Were the bacteria to be annihilated with all sorts of abominable local applications, as the disease? The disease had been within, and *was now cast out*. Let the bacteria (if such things be) revel in their chosen field! Who cares? Certainly not the patient, for she was *well*. Certainly not the Doctor, for his Rhus tox. had cured her, and was now followed by the second best remedy in the *Materia Medica*—*Saccharum lactis*.

March 27, 1886. Miss L—, 35, medium height, light brown hair, blue eyes, plump figure, has been showing signs of suppressed chills (malaria) from which she suffered last summer; has felt lazy and achey at times, with hot palms; to-day she feels stiff, and aches, and feels like going to bed; throat a little sore. Rhus tox.

March 28. Quite sick to-day (2 P. M.); awoke with the left tonsil covered with yellow diphtheritic membrane and a large patch on the right which has not increased since morning; has sharp pains first in one joint, then in another, with general aching and tender surface; left tonsil stiff, pulse 84. Lachesis, one dose. 9 A. M.; grew better through the afternoon, and at 6 o'clock took another dose of Lachesis, after which the pains were worse for half an hour; pulse now 84, and temperature 100°; feels better.

March 29. Had a little threatening of pain in head and joints last night, and occasionally awoke with thirst; palms hot; pulse 70. Sac. lac., and as membrane was disintegrating, to gargle with tepid water; 9 P. M., not feeling so well Lachesis, one dose.

These cases have been written out, not to confirm any symptoms of remedies, but because they go to prove, as the writer believes, that the diphtheritic membrane is not the disease called diphtheria, nor even the only evidence of it.

The first patient had diphtheria last summer and was treated with low potencies, which is well enough, but the recurrence would seem to indicate that the membrane had been treated instead of the diseased patient; she was found gargling the throat with water, in which was a little alcohol, to relieve the dryness; as it produced no irritation, it was allowed.

The second patient had scarlet fever when a child under allopathic treatment, and has never been as well since; this was her sixth attack of diphtheria, the last interval being about two years; heretofore gargle or swabbing, *every half hour night and day*, has been the treatment, the last time swabbing with boracic acid; she thinks she prefers to go to bed and sleep in peace, and her mother enjoyed the change quite as much;—and all that gargling and swabbing was done in the name of science by a leading homœopathic physician! This patient was not relieved when the membrane showed itself; and it is a question whether Rhus tox. ought not to have been repeated—she only took three doses—in order that the disease might all have been thrown out, in which case perhaps Lachesis would not have been required. Lachesis did no good to the first patient, while Rhus tox. developed the membrane and removed the totality of the symptoms which alone constitute the disease; in the second case though the membrane was developed the patient was not relieved, but was sicker; she did not grow any worse, however, after the morning; there is a strong probability that no more medicine should have been given.

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VERIFICATIONS.

S. E. CHAPMAN, M. D., Forest Hill, Cal.

CASE I.—*Digitalis*. Was called last January a few miles into the country to see Eddy B—, aged four years. A “regular” of this section had been treating him a week for pneumonia. I found him lying in a deep slumber, from which it required some effort to arouse him. The skin was cold and clammy, and there was considerable puffiness about the eyes. The urine was scanty and passed with great pain. The pulse was wonderful—*forty-eight* per minute, striking the finger with a force and tensiveness that I never met before nor since. Over the right chest had been applied by my “rational” predecessor a fly blister that extended from the sternum to the spine, and about five inches wide. This enormous blister the doctor had ordered to be

left on twenty-four hours; and for twenty-two hours it was actually allowed to remain there. The mother had removed it some twenty-four hours before I was called. I concluded that we had a case of nephritis from absorption of *Cantharis*, and the fast deepening sopor indicated uremia. I gave the mother an unfavorable prognosis, and the patient *Digitalis* 2x, every hour; hot fomentations over the kidneys, and sweet milk *ad libitum*. I based my prescription on that slow, non-compressible pulse.

Next morning I found but little change, except that the quantity of urine passed was somewhat increased. Pulse still 48; treatment continued.

The following day the pulse had risen to 54. Urinary secretion considerably increased, and mental state brighter. The case went on rapidly to complete resolution. Would a high potency have done as well, or better? I really wish I knew. I would like to be able to report the temperature, but my thermometer at the time was broken. I have no doubt it was subnormal. Has any reader of this journal ever met so slow a pulse in so young a patient? [The 30 or 200 would no doubt have cured in half the time, but no better. The prescriber will never know till he tries.—ED.]

CASE II.—*Rhus tox.* This was a case of dysentery; patient two years old. The passages were occurring once or twice every hour, consisting mainly of blood and mucus; tenesmus considerable. Thinking it a plain case for *Mercurius corr.* I dissolved a grain of the 3x trituration of that remedy in a glass of water, and gave a teaspoonful every hour. At next visit the patient appeared better, passages less frequent, but they had changed in character, being now of a jelly-like appearance, and totally devoid of smell. With asinine gravity I continued the remedy.

On my next visit I found that the child was not so well. Passages still like jelly, odorless, more frequent after midnight, preceded and followed by much pain, with great restlessness. *Rhus tox.* 3x immediately relieved and cured the case.

CASE III.—*Belladonna.* Our allopathic brethren (and not a few Homœopaths, I regret to say) scoff at our symp-

tomatology; but I well remember a time when I "took the cake," with nothing to guide me but a symptom that was much too trivial for their consideration. The patient was a three months old babe that had been screaming almost constantly for three or four weeks. Four old school M. D.'s had exhausted their skill upon it. All hands agreed that colic was the "devil" that possessed our infant. Finally the physician made an important discovery; the mother's milk did not agree with baby, yet the mother was a healthy, robust woman, who had raised five sturdy youngsters on said milk. Baby was weaned; but the devil still "held the fort." I was called as a *dernier resort*. I found the little fellow very much emaciated and evidently nearly exhausted, I carefully examined the patient, but could not determine the cause of the trouble.

The stools were natural and the abdomen anything but distended. I sat beside his cradle and watched him for an hour. He would lie quiet a few moments, apparently asleep, when he would awaken with a scream and cry with all his might—which was but little—and after a few moments would cease as suddenly as he began, and again fall asleep. This was repeated a number of times with tolerable regularity. I was told this was the way he had acted from the beginning except when under the influence of opiates. "Pains come and go suddenly." I gave him *Belladonna* 200. A few moments after the first dose he fell asleep, and slept several hours. No further trouble. I never knew what ailed the child, and do not care.

VERIFICATIONS.

E. G. GRAHN, M. D., New Trenton, Ind.

CASE I.—*Pulsatilla*. The experience of the younger practitioners is no doubt often taken by the older ones with a few grains of allowance for correctness, and yet there is no good reason why the former should not once in a while make "center shots" as well as the latter.

Last winter I was called to see an elderly lady. Wanted

her husband to go to Harrison, Ohio, six miles away, to get Dr. Thomas, their family physician. He urged that she have me come, since I was near at hand, and she finally consented, saying, however, that she had no faith in my system.

Complained of pains above and below the left eye, down over the cheek, with very severe stabbing pains through the globe of the eye itself.

I thought of *Spigelia*, which covers these symptoms—though left-sided prosopalgia is also met with in *Aconite*. *Bryonia* has intense pressive pains in eye balls, but not left-sided so far as I know. But I also thought of something else. My patient was a religious woman, yet melancholy, inclined to weep and had the “mild, yielding disposition” of *Pulsatilla*.

I had pellets saturated with the 4x, but was afraid to give her these, so I put a few drops of *Pulsatilla* 1x in a large glass of water and after a good stirring gave her a teaspoonful. She said it had no taste. I told her to never mind the lack of taste, but to take a half teaspoonful in half an hour, then in one hour, and increase the interval between doses. The third dose brought relief, and a few more stopped the pains altogether. She wondered how so little medicine could do any good. Of course the 4x pellets would have done just as well, but I did not want to disgust her with “little white pills.”

A subsequent attack was relieved by *Pulsatilla* 10x, on disks, since which time she has had no more trouble and has become a convert to Homœopathy, wondering, however, how it is that a doctor can cure disease by simply treating a patient's disposition.

CASE II.—*Pulsatilla*. My mother (76 years) wrote to ask if I thought it advisable for her to take some *Sarsaparilla* “for the blood,” stating also that she was troubled with “severe dizziness,” forgetting to give any precise symptoms respecting the vertigo. She stated, however, that her appetite was not just right, and that she had eaten no butter for some time, used very little lard in cooking, and could not bear fat meats at all.

Pulsatilla has, "*stomach disordered from fat food,*" and, what was more likely than that the vertigo bore some relation to the stomach trouble?

I put a drop of Pulsatilla 2x on six powders of sugar of milk and mailed them with instructions to take one each night on going to bed, and if she needed anything more to give me more precise symptoms. After taking three powders she wrote that she needed nothing more, "vertigo gone and able to eat butter and fat meat."

In both of these cases, the guiding symptoms were characteristics of Pulsatilla.

CASE III.—*Chelidonium*. Was called one evening to see Miss C—, aged 20 years. Complained of pain in right side of head—others running down behind the ears, over the shoulders and upper arms—through the chest to the shoulder blades, with a preference for the right side.

While I was hesitating as to the simillimum, it occurred to me that I ask where the pain was most severe and where it stopped; to which I received the answer, "under the lower part of the right shoulder blade."

I thought at once of *Chelidonium majus*, which has "*pain under inferior angle of right scapula,* may extend into chest." Also "*pain in right cervical muscles and in the region of right clavicle, and further pressive pain in right side of head.*"

I put a few drops of 3x in a half glass of water and ordered a teaspoonful every half hour to two or three hours according to severity of symptoms, until relieved. A few doses were enough to stop the whole trouble. That was my second verification of *Chelidonium*.

In a meeting of the Boston Academy of Homœopathic Medicine, April 4, 1859, the subject of discussion was "Puerperal Convulsions;" the remedies used by the physicians present were principally Belladonna, Stramonium, Opium, Hyoscyamus; ether and cold affusion were used as adjuvants. But "*all cases that were treated entirely on homœopathic principles recovered.*" See *American Homœopathic Review*, Vol. I, 377.

GILBERT.

SOCIETIES.

**THE HAHNEMANNIAN ASSOCIATION AT SARATOGA,
JUNE 24, 25, 26, 1886.**

The sixth annual meeting was called to order at eleven o'clock by the President, H. C. Allen, M. D., who called Vice-President Rushmore to the chair and then delivered the annual address. On motion the address was referred to a committee consisting of Drs. Butler, Ballard and Lawton.

The Secretary, Dr. Custis, made his annual report, which consisted of the routine duties of his office, and the resignation of two members, Drs. Ostrom and Pomeroy.

The Treasurer's report was then read by Dr. Hawley, showing the commendable promptness with which members had remitted their dues, and, after defraying all the expenses, leaving a balance in the treasury.

Dr. Hawley also read a communication from Dr. Skinner in reference to an error in his dues which was referred to the Board of Censors. The Treasurer's report was referred to the Auditing Committee: Drs. Rushmore, Sawyer and L. B. Wells.

On call for unfinished business, Dr. Biegler gave notice of an amendment to Article III, Constitution, regarding qualification for membership, by erasing the words, "The applicant shall be a graduate of a recognized medical college," and substituting the words, "a regularly educated physician." The question was discussed by Drs. Butler, Biegler, Carleton, Kent and Gee, and the amendment was lost.

The committee on revision of the By-Laws was, on motion of Dr. Kent, continued, and Dr. Wesselhoeft appointed to fill the vacancy caused by the death of Dr. Pearson.

Letters of regret at unavoidable absence were read from Drs. Baer, Foote and Hall.

Dr. Lee presented "A revision of the platform," and, on motion, it was made the first order of business Friday morning.

Dr. Butler moved that the election of officers be made the special order of business at commencement of afternoon session, Friday. The President congratulated the members on the progress which the Homœopathy of Hahnemann is making in this country.

Dr. Wells: "How?"

Dr. Allen: "How very few clinical reports you now see in our medical journals treated by the alternation of remedies, compared with what was published three or five years ago. The cases are not considered instructive by the editors or the contributors, or both, and consequently are not published. There are more enquiries as to how to study the *Organon* and *Chronic Diseases*, how to practice with the single remedy, and whose thirtieths and two hundredths I would recommend. More men are treating and curing intermittent fever with the single remedy on its symptomatic indications than ever before. On the whole, there is a brighter and a better outlook for the future."

Dr. Kent, Chairman of the Bureau of Materia Medica and Provings, presented the following papers: "Cyclopædia of Drug Pathogenesis," by A. McNeil, M. D.; "A New Materia Medica," "Notes on Materia Medica," and "Gelsemium," by E. B. Nash, M. D.; "What is the best method of selecting the remedy," by P. P. Wells, M. D. This able paper, which forms the leading article in this issue, called out a very interesting and instructive discussion. "Apium Graveolens: A Proving," by Wm. P. Wesselhoeft, M. D.; "Potencies and Imponderables," by Samuel Swan, M. D.; "Proving of Loco," (or Rattle Weed of New Mexico and California) by W. S. Gee, M. D.; "Verifications," by D. C. McLaren, M. D.; "Notes on *Vespa Vulgaris*," by J. E. Winans, M. D.; "Apium Virus," by E. W. Sawyer, M. D.; "Proving of *Culex Musca*" and "Natrum Sulfuricum," by the chairman, J. T. Kent, M. D., who read his proving of *Culex* on which he and his associate provers had been at work for four years.

EVENING SESSION.

Called to order at 8 P. M.

On motion Drs. Thomas Skinner and Adolph Lippe were re-instated to membership.

The Board of Censors reported the following applications for membership:

Geo. W. Carr, Charles Hoyt, William Hoyt, Wm. H. Stover, Wm. D. Cooper, Geo. H. Clark, A. H. Ehrman, Samuel Long, A. B. Knott, R. C. Markham, S. A. Kimball, Frank Powell, W. L. Reed, Alice B. Campbell, A. H. Schott, J. G. Gundlach, G. W. Sherbino, J. H. Sutfin, Harlan Hitchcock, all of whom were duly elected. A number of applications were deferred, not being made in time.

The Bureau of Materia Medica then continued its report, a paper by Harlan Hitchcock, M. D., on "High Potencies and their Action," being read by the author.

MORNING SESSION.

The first business of the morning session was the revision of the platform of the association as follows:

The following resolutions completely and fully represent the therapeutic opinion and practice of the members of the International Hahnemannian Association:

WHEREAS, We believe Hahnemann's *Organon of the Healing Art* to be the only true guide in therapeutics; and

WHEREAS, Both the *Organon* and experience prove Homœopathy to consist of the law of the similars, which includes the totality of the symptoms as the only basis for prescribing, the use of the single remedy in the minimum dose of the dynamized drug, proven upon the healthy, and these not singly but collectively; therefore be it

Resolved, That the alternating or combining of remedies in a prescription is non-homœopathic.

Resolved. That the use of medicated topical applications and mechanical appliances, surgical cases excepted, is non-homœopathic and hence injurious to the best interests of the patient.

Resolved, That as "the best dose of medicine is ever the smallest," any suppression of symptoms by the toxic action of a drug cannot be recognized as homœopathic practice.

Resolved, That this association can have no sympathy with those physicians who would engraft upon Homœopathy the pathological theories, the empirical prescriptions, or the crude dosage of Allopathy and Eclecticism; nor can Homœopathy be held responsible for their fatal errors in theory or failures in practice.

Resolved, That for the purpose of perpetuating the science of Homœopathy, and for our common improvement and advance-

ment, we organize the International Hahnemannian Association, and adopt the following constitution and by-laws.

An effort was made to drop the word International from the title of the Association, but after a spirited discussion, on motion of Dr. Kent, it was laid on the table.

Dr. Guernsey moved to change the seal of the Association, as its present symbol was indicative more of the faith cure than of Homœopathy. Referred to a committee which subsequently reported a new seal, a medallion of Hahnemann, instead of the present device. Ordered.

Dr. Kent closed his bureau by presenting a number of papers by title.

AFTERNOON SESSION.

The first business of the afternoon session was the election of officers, which resulted as follows: Dr. James T. Kent, St. Louis, President; Dr. W. P. Wesselhoeft, Boston, Vice-President; Dr. E. A. Ballard, Chicago, Secretary; Dr. W. A. Hawley, Syracuse, Treasurer; Dr. G. Pompili, Corresponding Secretary; Dr. J. A. Biegler, Rochester, Chairman of Board of Censors; Dr. W. S. Gee, Hyde Park, Ill., Dr. Edward Rushmore, Plainfield, N. J., Dr. C. W. Butler, Montclair, N. J., Dr. J. B. Bell, Boston, Mass., Censors.

The Auditing Committee reported the Treasurer's report correct.

Committee on revision of by-laws asked for and was granted further time.

BUREAU OF CLINICAL MEDICINE.

Dr. J. A. Biegler, acting chairman, was then taken up. Papers were read by Drs. Biegler, Miller and Brown, followed by interesting discussions.

The evening session was devoted to discussion of papers.

MORNING SESSION.

BUREAU ON CLINICAL MEDICINE

Resumed its business, papers being read by Drs. Gee, Robert, Sawyer, (two papers) Lawton; papers from Drs. Baldwin, Bruns, Seward, Lowe, Carr, Berridge, (London)

Haynes, Birdsall, Pease, Cranch, Hoyne, Stokes, Foote, Hawley and Guernsey (two papers).

BUREAU OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

Dr. Schmitt, chairman. The following papers were read: "Clinical Cases," Dr. Rushmore; "Diphtheritic Croup," Dr. Carr; "Chills in the Lying-in Room," Dr. Custis; "Hydrops-amnii, causing Premature Labor," Dr. Schmitt; "Specialties in Medicine," Dr. Nash; "Pregnancy and Parturition," Dr. McLaren; "Homœopathy in the Diseases of Women," Dr. Hussey. This comprehensive bill of fare was well digested and well discussed.

BUREAU OF SURGERY.

Dr. E. Carleton, chairman, then opened, and a number of interesting papers were read; among these being Dr. Rushmore on "Tumors"; Dr. J. B. Bell, on "Homœopathy and Pain"; Dr. L. B. Wells, on "Arnica"; Dr. Dwight Stowe, on "Conservative Surgery"; Dr. Leonard, on "Ovarian Surgery"; Dr. Carleton, on "The Bastinado in Asphyxia," "Cider Vinegar as a Local Antidote to Carbolic Acid," and also "Suppression and Metastasis."

The Association then adjourned *sine die*.

THE KENTUCKY STATE HOMEOPATHIC MEDICAL SOCIETY was organized at Lexington, July 14, by the adoption of a constitution and by-laws and the election of the following officers:

President, J. A. Lucy, M. D.

Vice President, G. M. Ockford, M. D.

Recording Secretary, S. M. Worthington, M. D.

Corresponding Secretary, C. P. Meredith, M. D.

Treasurer, J. A. Van Sant, M. D., and the following Board of Censors: Drs. Monroe, Kasselmann, Buck.

After appointing chairmen of the different bureaus and a committee on legislation, the Society adjourned to meet in Lexington the third Wednesday in May, 1887.

CORRESPONDENCE.

OUR FOREIGN LETTER.

EDITOR ADVANCE.—In my last letter I think I mentioned the large and sudden exodus of visitors which takes place in Cannes towards the middle of May. So striking are its effects that streets and boulevards at once assume a deserted aspect; the coachmen who a few days before were so overdone with work as to refuse to take fares unless compelled to do so by the police, now eagerly solicit the passers-by for the custom. What little life is left in Cannes seems to be focussed in the railway station at 1:30, the time when the *rapide* leaves for Paris. Coupe lits, fanteuil lits, and sleeping cars have to be engaged weeks before, and such is the struggle and confusion that few trains are able to get off without leaving behind a melancholy crowd of would-be travellers.

But though so many leave in May, the heat does not become even unpleasant, much less prejudicial or intolerable till the middle of June. Indeed those who remain see the country in the perfection of its beauty—the heightened brilliancy of the sun which accompanies the advancing summer confers upon the landscape a depth and softness of coloring not seen in the earlier months. Beyond the middle of June I should advise no man to stay; every green thing is burnt, clouds of dust fill the air and mosquitoes begin to make night hideous.

I don't know whether in America you are troubled with an antiseptic compound termed "Sir William Burnet's fluid." It is sold in bottles with grey labels which though marked poison and possessing a deep groove in the glass have nothing of the terrifying aspect of the fluted indigo bottles with flame-colored labels in which poisonous liniments, etc., are usually dispensed by English Chemists. To this fact and also to the impossibility of distinguishing it by the naked eye (for it is a colorless fluid resembling water except that it is about double its weight) must be attributed the frequency with which it is taken accidentally

and the number of casualties arising therefrom. Some weeks ago, before rising I received a scrap of paper from a lady well-known in English society, both for her own talents and for being, like Cornelia, the mother of two distinguished sons. The message ran as follows: "Have taken Burnet's fluid in mistake for fluid Magnesia." As may be imagined, knowing the virulence of the poison, I lost no time in procuring the antidote at the nearest chemist's and hastened to the aid of my patient. I learned that lady X. as we shall call her, had asked her maid to pour out a tablespoonful of her fluid Magnesia and hand it her in a medicine glass. The maid had taken the liquid out of the wrong bottle, but both substances being indistinguishable from water there was nothing to indicate this, and lady X. only became aware of the error when she felt her throat and gullet burnt by the descending liquid. She then at once did the very best thing that could be done under the circumstances—she took a tumblerful of mustard and hot water. Burnet's fluid, as no doubt your readers are aware, consists of pure Chloride of Zinc, dissolved in an equal part of water. Now, as lady X. took a tablespoonful of the fluid she must have swallowed two drachms of pure Chloride of Zinc, a powerful corrosive caustic. I found her with frequent pulse, vomiting and diarrhoea, but no indications of collapse, and as two hours had then elapsed, I judged that she must have ejected most of the poison after the mustard emetic, and that she had thus saved her life. I administered the usual antidote, i. e., Carbonate of Soda, which converts the virulent and soluble Chloride of Zinc into an insoluble and inert carbonate, and after leaving more powders to be given at intervals and after enjoining the adjuncts usual in such cases (milk, whites of eggs, etc.) left the house. When I returned in a few hours I was told that Dr. C., one of those arrogant gentlemen who call themselves rationalists, had taken charge of the case, and that my further attendance was not required. As lady X. had not previously consulted me, I supposed I had just been called in as the nearest doctor in an emergency, and I was about to depart without thinking more of it than that the

mode of procedure was somewhat odd, when I heard a voice calling down the stairs that lady X. wished to see me. I found her in a condition bordering on collapse, the result of the treatment of my rational friend. His first proceeding had been to suspend the administration of the antidote without of course knowing what it had contained; he then gave a morphia injection which had stopped the diarrhoea and vomiting, thereby imprisoning the corrosive fluid and enabling it to increase the ulceration which was no doubt proceeding. Then in order still further to demonstrate the great superiority of "regular (?) and rational" treatment he had made a great parade of applying a linseed poultice to the stomach and had substituted *linseed tea* for the barley water I had ordered. Lady X assured me that Dr. C. had only been there as an old friend of the family and that she preferred my line of treatment and wished me to come again in the afternoon, when Dr. C. had promised to meet me. I thought this strange and asked her again whether there was no mistake, for we could not possibly agree in our treatment, but she declared that the treatment was to be in my hands and that Dr. C. was to be there merely as a family friend. When I returned in the afternoon I found Dr. C. already closeted with the patient; presently he came out and told me that it was impossible for him to meet me on a medical question, adding that on a question of gardening, or of cruelty to animals or of bazaars it would give him the greatest pleasure, etc. He further stated that he would gladly leave the case in my hands, but that lady Xs' sons had insisted upon his treating her, a statement which proved subsequently to be quite untrue. I may add that I ascertained from the chemist that he afterwards administered the very same antidote, viz., Carbonate of Soda, which he had so indignantly declaimed against in the morning and which he was the means of suspending during three invaluable hours. Needless to say, lady X. recovered in spite of the consultations with three of his "rational" colleagues, the daily bulletins to the papers and all the fuss which it was thought necessary to make—indeed, she would never have been in serious

danger, but for the unwarrantable interference of Dr. C. for which he would have been severely censured, as he well knew, had I belonged to his own school. I don't know how far in America you have to encounter difficulties of this kind. I imagine that the British public is peculiarly doctor and parson-ridden, and that it will long continue to endure the insolence of the majority of medical men before it perceives that their line of conduct though meant to spite and injure the section of the medical profession who happen to think differently from themselves, really injures the public themselves far more and indeed places the lives of themselves and families in danger. [Unfortunately, American Homceopaths are not free from similar indignities at the hands of their "regular (?)" brethren.—ED.]

ALFRED E. DRYSDALE, M. D.

Mrs. P—, May 13, 1886. Last menses, February 28th; began to flow on the 6th of May; on the 9th had severe pains in the womb during the afternoon till midnight, when she passed a large "clot", which was not examined, with relief; since then has flowed like menses, saturating a napkin a day; the discharge is offensive and clotted; sharp pains in womb at times and from left ovary downward and inward; diarrhoea at 7 A. M. blackish, fecal, urgent, preceded by much pain. No nausea during pregnancy. As the diarrhoea was the last phase of the case it was considered the most important indication for the simillimum, as taught by Hahnemann, and therefore Podophyllum was selected and acted, according to law, relieving everything. The breasts had been enlarged and sensitive, but they returned promptly to the normal state after passing the "clot." I was not called in until the pains in abdomen came on; patient said she was glad of the pregnancy, being the second in ten years (her only child three years old) and that she did nothing to bring it on, which last indicates in this case, I think, *Natrum mur.* 1x trit. in full doses.

GILBERT.

The Medical Advance

AN ADVOCATE OF

HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M. D., Editor and Publisher.

VOL. XVII. ANN ARBOR, MICH., AUGUST, 1886.

No. 2.

The Editor is not responsible for the opinions of contributors. Personalities, being foreign to scientific discussion, must be excluded.

To accommodate both reader and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

The date to which subscriptions are paid will be found on the address.

EDITORIAL.

OUR COLLEGES.—In the report of Dr. Franklin Smith, Chairman of the Bureau of Statistics of the American Institute, we find the following:

“There are thirteen medical colleges; 1124 students have matriculated, and 384 graduated during the year. There are now 7345 alumni of these colleges.”

With a prospective college in both Baltimore and Minneapolis the question may be fairly asked, “Does the progress and welfare of Homœopathy demand any more colleges? Have we not colleges enough to accommodate all our students?” Well, “that depends.” It is not upon the *number* of either colleges or practitioners that the true welfare of our school depends. “Ten righteous men would have saved Sodom.” It is *quality*, rather than *numbers*, which our school needs to-day. If our practitioners were possessed with the zeal of the pioneers of Homœopathy and the founders of the American Institute, there would be students enough forthcoming to fill all our college halls. But they lack the zeal of the pioneers, because they have drifted from the simplicity and accuracy and consequently from the wonderful success which attended the early practice.

But while our colleges all need students, there is very

little to make the majority of our practitioners either enthusiastic or zealous in securing them. The reply of a preceptor who had two students in an allopathic college to the question, "Why do you send your students there when we have so many good colleges in our own school," may account for a part of this apathy. He said: "I have had many students, and after they graduate in our homœopathic colleges I find I have to teach them the philosophy of Homœopathy at home, and I now send them where they can be well drilled in the primary branches, being careful to tell them to pay as little attention as possible to the *Materia Medica* and therapeutics of Allopathy. I have better success in this way." This antagonism should cease. It is demoralizing in its influence. The profession naturally looks to our college faculties for better work; and the faculties can do it if they will. They can teach all there is in Homœopathy *first*—honestly, fairly, frankly, and fully stating Hahnemann's teachings—and then let the student decide for himself what practice he will follow. In this way they can, not only restore harmony, but the old time enthusiasm as well.

See what California has done. In 1870 there were but 20 Homœopaths on the entire Pacific coast. Now there are over 200, with a college, and (this session) 34 students. Similar zeal would give us a college in Baltimore and in Minneapolis, and the students to fill them would easily be found.

The second section of the report of the committee on the president's address is instructive reading for our college faculties:

"It is the sense of this committee that Hahnemann's writings, and especially the '*Organon*,' should occupy a place in every college curriculum."

The original intention of this resolution was no doubt correct, but John Wesley once said that "the road to Hades was paved with good intentions." Since our student days the "*Organon*" has been a text-book in and has annually occupied "a place on (nearly) every college curriculum" in this country. But when a graduate of one of the fore-

most of our colleges says he never heard a lecture on the "Organon," or the philosophy which it teaches, the advantage of having it "on every college curriculum" is not very apparent. No! this resolution does not go to the root of the evil. It simply instructs the faculties "how not to do it." The placing of the "Organon" on the curriculum is not sufficient. It must not only "occupy a place," but its doctrines and teachings—the philosophy of therapeutics—must be as thoroughly taught as anatomy. Suppose anatomy only occupied "a place on the curriculum," what kind of medical men, either as surgeons or diagnosticians, would our colleges turn out? The teachings of the "Organon" are as essential to the Homœopathist as is anatomy to the surgeon. It has been said, "the student can read the 'Organon' at his leisure, after he graduates." No! he cannot. He will have just as much time to read his anatomy, physiology or pathology. The "Organon" is not a book to *be read*. A simple *reading* is not enough; it must be *studied* as you studied Euclid, during your three years' college course, and then you will have frequent occasion to refer to it during your busy years of practice. After the student masters the "Organon," he is prepared to practice Homœopathy, and not before. The "Organon" teaches what Hahnemann says Homœopathy is. Let our teachers teach that first, then ventilate their own ideas if they have any.

COMMENT AND CRITICISM.

WHY?

Editor Advance: On the 10th of April, 1844, a convention was held in New York City to found the American Institute of Homœopathy, and the following officers were elected: President, Dr. Hering; Vice-Presidents, Drs. Flagg and Channing; General Secretary, Dr. Gray; Treasurer, Dr. Kirby. The following preamble and resolution were adopted:

" WHEREAS, A majority of the allopathic physicians continue to

deride and oppose the contributions to the *Materia Medica* that have been made by the homœopathic school; and,

“WHEREAS, The state of the *Materia Medica* in both schools is such as imperatively to demand a more satisfactory arrangement and greater purity of observation, which can only be obtained by associate action on the part of those who seek diligently for truth alone; and inasmuch as the state of the public information respecting the principles and practice of Homœopathy is so defective as to make it easy for mere pretenders to this very difficult branch of the healing art to acquire credit as proficient in the same; therefore,

“*Resolved*, That it is expedient to establish a society entitled ‘The American Institute of Homœopathy,’ and the following are declared to be the essential purposes of said Institute:

“*First*.—The reformation and augmentation of the *Materia Medica*.

“*Second*.—The restraining of physicians from pretending to be competent to practice Homœopathy who have not studied it in a careful and skillful manner.”

Are not the above resolutions of the founders of the Institute a sufficient answer to the question so often asked, “Why was the I. H. A. organized?” Cannot the answer be found by carefully examining the progress and teaching of Homœopathy in the Institute for the past few years? It is but a few years since those who practiced Homœopathy—or professed to—were willing to acknowledge it and conscientiously tried to follow the law. Is it so to-day? Let us carefully examine the facts as they are found, for example, in the New England States. Read *some* of the papers presented to the Institute at its late session by New England members. Can you find anything homœopathic in them? Listen to the discussions at the last meeting. Could you imagine anything savoring more of empiricism than that on diphtheria? And not a New England member to make an objection. Is it any wonder that one astonished member thought he was in an allopathic society? One of the speakers was formerly a teacher in Boston University. Must we infer that that is the kind of Homœopathy taught there? If so, is it any wonder that the number of graduates has declined from forty-five to eighteen? That school ought to be the leading school in the world, backed, as it is, by the leading religious denomina-

tion in New England, and that again by its gift of a million dollars. Has the evident desire to discredit Hahnemann's teachings anything to do with it? Is that why physicians who believe in Homœopathy send their students elsewhere or to allopathic colleges? Is it not true that nearly all our schools are a little guarded as to what they say about the *Organon*? Is it not true that many of our members who talk longest and loudest advocate the exclusive use of low potencies and the alternation of remedies? Are not these good reasons for starting a society in which Homœopathy might be advocated? Do not some of these reasons answer the query "Why?"

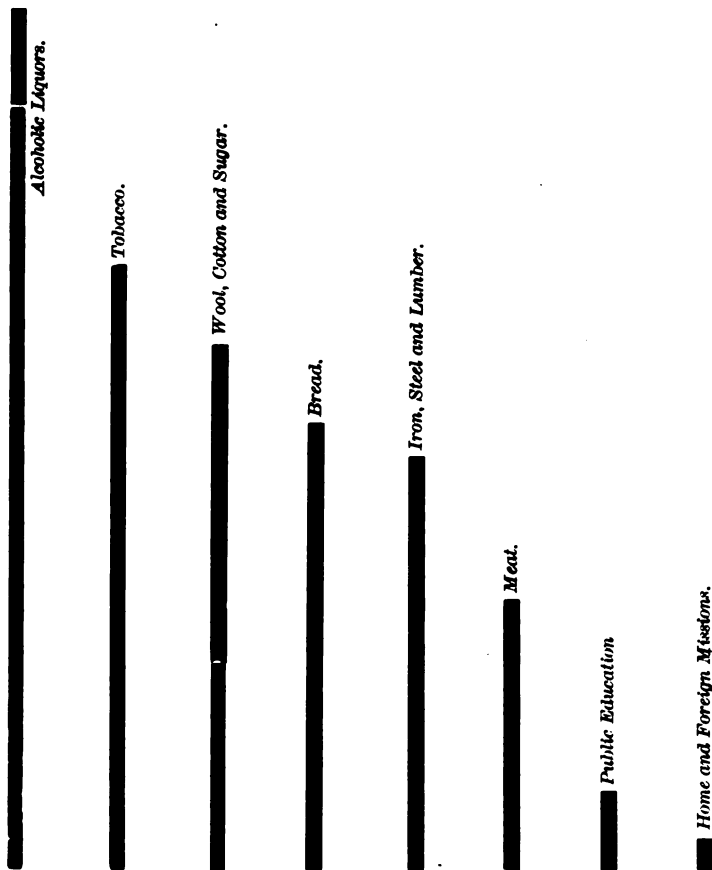
One thing is certain: if the Institute will permit itself to be led into the dark paths of empiricism, every member will not blindly follow without a protest, and some may even connect themselves with other societies in which the teaching is more in accord with that of the founders of the Institute. I am not a member of the I. H. A., neither do I pin my faith on the cm. or mm. potencies, but I do believe the single, well-selected remedy, even as high as the tenth, is preferable to the tinctures of several remedies, *mixed*. I left New England several years ago, thinking in no other place was such pure Homœopathy taught and practiced. Was I mistaken then, or am I mistaken now? In my opinion the organization of the I. H. A. was a vigorous protest in the right direction—in the direction of a return to the teachings and practice of the founders of the Institute—and it will be a benefit, not an injury, to the Institute.—H. M. C.

THINK OF IT.

The following diagram represents sundry yearly expenditures in the United States. How does it look on mature reflection? Is this not a subject for thought?

Liquor.....	\$900,000,000
Tobacco.....	690,000,000
Breads.....	505,000,000
Meats.....	303,000,000
Iron, Steel and Lumber.....	523,000,000

Wool, Cotton and Sugar.....	602,000,000
Public Education.....	92,000,000
Missions.....	5,500,000



Pain is the price of civilization. Do we not here find a sufficient explanation for many of our neuroses? Should the Homœopath not study the etiology of disease as Hahnemann recommended, and be sufficiently well informed of the effects of disease-producing agents as to be able to stop the cause ere he attempt to relieve by medication? Until we do this we will often prescribe in vain.

NEW PUBLICATIONS.

THE DISORDERS OF MENSTRUATION. By J. N. UPSHUR, M. D., Professor of Materia Medica and Therapeutics in the Medical College of Virginia. New York and London: G. P. Putnam's Sons. 12mo., pp. 300.

The contents of the book are given under ten chapters as follows: Regional Anatomy of Uterus; The Physiology of Menstruation; Amenorrhœa; Menorrhagia; Dysmenorrhœa; The Ovaries and their Diseased Conditions; Vesical Irritation; Pelvic Cellulitis; The Neurosis of the Menstruation; and The Menopause. The differential diagnosis of the various abnormal conditions is very clear and explicit, but the treatment consists largely of surgical measures. However there are many very practical hints to be found in this handy volume.

MANUAL OF DIFFERENTIAL MEDICAL DIAGNOSIS. By C. W. CUTLER, M. D. New York and London: G. P. Putnam's Sons. 12mo., pp. 161.

The author says in his introduction: "A careful examination of a patient is the first requisite to ward establishing a diagnosis. To conduct this properly and to the best advantage a systematic examination of the patient will lead to the quickest and surest results. First locate the disease, and then balance the symptoms struck, and the diagnosis is recast."

Here is a sample of comparison between

CANCER OF STOMACH.

History of hereditary cancer.
Occurs in people over forty.
Pain constant and lancinating.
Deep pressure not painful.
Hematemesis small in amount, "coffee grounds" in appearance.
Vomiting appears late in the disease.
Vomiting does not relieve pain.
Cancerous cachexia.
Presence of tumor in epigastric region.

ULCER OF STOMACH.

History of anæmia or chlorosis.
Occurs in young adults.
Pain intermittent after eating.
Deep pressure very painful.
Hematemesis large in amount and bright red.
Vomiting one of the first symptoms.
Vomiting relieves the pain.
Anæmia.
No tumor in region of stomach.

From the first to the last page this is a very practical, concise, every day working book.

A MANUAL OF DIETETICS. By J. Milner Fothergill, M. D., Edin., Physician to the City of London Hospital for Diseases of the Chest (Victoria Park), Hon. M. D. Rush Medical College, Chicago, Ill., Foreign Associate Fellow of the College of Physicians, Philadelphia 8vo, extra muslin. 255 pages. Price, \$2.50. New York, William Wood and Company.

The author of this work should need no introduction to our readers. His writings on medical subjects have justly given him a wide reputation. The present work is markedly characteristic. It is essentially a breezy book. The preface, which is unusually brief, begins with this startling exclamation: "The day of dietetics has arrived." On this somewhat elevated key the whole book is constructed. It is delightful as well as instructive. From the author's views as to the use of stimulants we are obliged to dis-

sent. Certainly not in this country can such opinions be backed by experience. The fling at teetotalers, page 29, is flippant and inexcusable. As therapeutics is quite left out, we can find no fault with the writer's ideas upon most subjects and cordially recommend the work to all our readers.

PURPURA. By G. W. Winterburn, M. D. New York: A. L. Chatterton Publishing Company, 1886.

In this excellent monograph of 240 pages the author gives us a careful yet exhaustive resumé of the literature of this rare affection. His investigations were originally begun in order to prepare a paper on the subject for N. Y. State Society, and the thoroughness with which he has accomplished his task shows clearly that he undertook it *con amore*. The therapeutics are especially valuable. It contains a good repertory and an index, and is a book which should be found in every physician's library, for when he wants to consult it he wants it badly and the time necessary to look up a case of this kind may be very valuable to both physician and patient. Better buy it now.

THE BIVOUAC.—The August number of this magazine is of unusual interest, containing a great variety of articles on current topics. General Basil Duke contributes one of the most interesting articles, "After the Fall of Richmond," which contains much original matter relating to the treasure train, and to the last council of war. It is one of the most valuable of all the war articles recently published.

THE POPULAR SCIENCE MONTHLY for August opens with a richly illustrated article, of great economic value, entitled "Woods and their Destructive Fungi." The author, Mr. P. H. Dudley, a civil engineer of rising reputation, has for several years been studying the structure of those woods most commonly employed in the arts, with reference to the agencies concerned in their deterioration. The results of his investigations put quite a different aspect from the generally accepted one on the process of decay, and promise to be of vast industrial importance in their practical application.

THE MAGAZINE OF AMERICAN HISTORY for July presents a rich table of contents. It opens with the editor's delightful "Historic Homes in Lafayette Place," under the general title of "A Neglected Corner of the Metropolis,"—a chapter as informing as it is entertaining, and of national as well as local interest; accompanied by nearly a score of unique historic illustrations. This magazine is doing a great work for American history.—The August number contains three important contributions to the War Studies: General Lee's "Cedar Mountain," which, in connection with the author's paper in the July number, will be read with profound interest; "Negro Slaves during the Civil War, and their

Relation to the Confederacy," by Col. Jones, the distinguished Georgia historian; and a stirring battle sketch, "At the Death Angle," by Charles A. Patch.

THE AUGUST CENTURY.—In the War series, "The Battle of Fredericksburg" gives scope for stirring illustration. General Longstreet contributes the title paper and the Confederate view. The Union assaults upon the memorable stone wall are described by General Couch, who was virtually in command on the field of "Sumners 'Right Grand Division'." General Smith writes anecdotally of the part taken by "Franklin's 'Left Grand Division,'" and his article contains several foot-notes by General Franklin. General Hawkins brings new facts to explain "Why Burnside did not renew the attack," and Major Lacy, then the owner of the famous mansion known as the "Lacy House," contributes several anecdotes of the Confederate commander, under the title, "Lee at Fredericksburg." There are five full-page pictures among the thirty-four war illustrations of the number.

NEWS.

FOR SALE.—Allen's *Encyclopædia*, cloth, 10 vols., in good order, Hodge Obst. and other books, cheap. J. H. DIX, Emerson, Kan.

HAINEMANN MEDICAL COLLEGE, SAN FRANCISCO, has thirty-four students. No danger of having too many homœopathic colleges, if they only teach Homœopathy.

NEW YORK OPHTHALMIC COLLEGE is preparing for the coming session and proposes to do some good work in homœopathic therapeutics. We are convinced a much better training can be had in this college and a practitioner can be better prepared for his special work in this department in New York, than in any European institution.

NEW YORK STATE SOCIETY, SEPT. 7 AND 8.—President Houghton delivers the annual address Tuesday evening. Headquarters, Cataract House, Niagara Falls; rates, \$3.00 per day. A cordial welcome to all, especially our Canadian brethren, who are so near. The symptoms favor a pleasant and profitable session.

BUREAU OF OBSTETRICS.—Dr. E. Hasbrouck, chairman, will have the following attractive bill of fare to offer the New York State Society which meets at Niagara Falls, September 7 and 8, 1886: "Albuminuria of Pregnancy: Its Causation, Effects and Proper Treatment;" "The Causation," W. W. Blackman, M. D., Brooklyn; "The Effects," Wm. A. Allen, M. D., Flushing; "The Treatment," G. W. Winterburn, M. D., New York.

GOOD NEWS.—In a recent communication Dr. Mohr says: "The publication of Hering's great work—*The Guiding Symptoms*—will go on under the best of business auspices. A well known medical

book publisher, with large facilities for the disposal of the work, will enter into a contract with the Hering heirs for the rapid publication of the remaining volumes." This is an announcement the homœopathic profession will be delighted to hear.

GYNÆCOLOGICAL CRAZE.—Dr. Haggart's article under the above title in a recent issue of THE ADVANCE has been reprinted for general distribution, in three different cities, and in one or two instances without giving either the author or THE ADVANCE credit. The author has just cause to feel aggrieved, as the public may infer that he instigated the publication, when he was not even consulted. So far as THE ADVANCE is concerned, we are only too happy to be of some service to our readers.

HAHNEMANN COLLEGE, PHILADELPHIA.—The week commencing Monday, September 20, will be a memorable one in Philadelphia. The new College and Hospital building will be dedicated with appropriate ceremonies, the State Society will hold its annual session, the Alumni Association, including all the college graduates from 1849 to 1886, will have a "reunion," and a good time generally will be had. Every homœopathic physician from Maine to California is cordially invited, and we assure them, if they go, that the hospitality of our Philadelphia Homœopaths will be equal to the occasion. We speak from experience.

PERSONAL.

DR. H. M. HOBART, of the Chicago Homœopathic College, is spending his vacation in Europe.

THOMAS SKINNER, M. D., may be addressed until October 1, at Bearnock Lodge, Inverness, Scotland, where he is spending the summer.

G. H. PATCHEN, M. D., of Burlington, Iowa, removes to New York City. Gotham is quite a town, and there is room for a few more Homœopaths.

DR. F. H. ORME, of this city, one of the most popular homœopathic physicians in the south, was recently elected president of the American Institute of Homœopathy.—*Atlanta M. S. Journal*.

CARROLL O. BOYCE, M. D., has been appointed resident physician of the Woman's Homœopathic Medical, Surgical and Maternity Hospital, Philadelphia, which is nearly completed and will be opened in the autumn.

S. LILIENTHAL, M. D., the veteran ex-editor of the *N. A. Journal*, is now enjoying his *otium cum dignitate* in the wilds of California. He will give the students of Hahnemann College some lectures on the Organon ere he returns east.

DR. H. Z. LANDIS, formerly of Little Rock, Ark., after taking the New York Polyclinic course, a course at the New York Homœopathic College and spending a year in the medical institutions

of Germany, is now associated in practice with Dr. E. Lippincott, Memphis, Tenn.

ASA S. COUCH, M. D., of Fredonia, N. Y., chief editor of the *Physicians' and Surgeons' Investigator*, has been invited to deliver the annual Hahnemannian address before the London Homœopathic Hospital in October next. We predict that the oration will be worthy a place beside the brilliant efforts which have preceded it. Dr. Couch will give a good account of himself as a representative American Homœopath.

S. H. TALCOTT, M. D., and the New York Asylum for the Insane, receive a very complimentary, yet a well deserved notice in *Frank Leslie's Illustrated* for June 26. It says: "New York was the first of the states to recognize the claims of the homœopathic system of medical treatment in founding an asylum for the insane;" and we may add, that the homœopathic world can point with pride to the brilliant record made by the medical staff at Middletown.

OBITUARY.

ROLLIN R. GREGG, M. D., was born in Palmyra, N. Y., August 19, 1828, and when five years of age removed with his parents to Adrian, Mich., where in 1849, he began the study of Allopathy with Dr. Rufus Kibbe, the family physician. From frequent expressions of dissatisfaction in which his preceptor often indulged at the unsatisfactory results of his practice, his attention was called to the subject of Homœopathy, his uncle Dr. Durfee Chase, of Palmyra, N. Y., having ten years previously become a convert to the new system. In 1850 he returned to Palmyra and entered his uncle's office, subsequently attended lectures at Cleveland and Philadelphia, and took his degree from the latter college in March, 1853. In the following May he removed to Canandaigua, N. Y., where, in partnership with Dr. Lyman West, he practiced until 1861, when he removed to Buffalo. Here his ability as a practitioner and writer soon gave him not only a local but a national reputation. In 1869 he established the *Homœopathic Journal*, which he edited and published for two years. As was to be expected, it was vigorous and outspoken in its advocacy of Homœopathy. He was the author of "The Illustrated Repertory," an invaluable office companion, which first appeared in the columns of his journal, and his "Treatise on Diphtheria" is one of the best monographs on the subject which has ever appeared in our school. He was a senior of the American Institute, and a member of the following medical societies: Erie County, New York State, Western New York, Central New York, and the International Hahneman-

nian Association, of which he was president in 1885. He was a frequent contributor to *THE ADVANCE* and many other journals. His gallant single-handed struggle against the "Bacteria craze" as a disease-producing germ, and in favor of his fibrin theory, has given him a national reputation in both schools. He was an indefatigable student, an extremely conscientious practitioner, a rigid exponent of the Homœopathy of Hahnemann, and one of the ablest and most accurate prescribers in our school.

He was married in Canandaigua, N. Y., September 3, 1858, to Miss Hattie E. Williams, who, with two children, Ida Williams and Edward Rollin Gregg, survive him.

His life has been a constant struggle with disease, and it was only by his accurate and skillful prescribing that he was able to maintain a sufficient degree of strength to meet the demands of a large practice. During the past few years he had several severe attacks of illness, which seriously undermined his strength. In June, 1885, an attack of pulmonary hæmorrhage prevented him from presiding at the meeting of the Hahnemannian Association in Syracuse. From this he partially recovered, but a hard winter's work told upon his enfeebled powers, and last spring the life forces began rapidly to fail, with no apparent local disease, until the end. He died at his home in Buffalo on Thursday, August 1st, at 4:30 P. M. Homœopathy has lost one of its ablest defenders, and New York State one of its best men.

GERSHON N. BRIGHAM, M. D., was born at Fayston, Vt., March 3, 1820. He began the study of medicine in 1842, as a student of Dr. Joslyn, of Waitsfield, Vt., graduated in 1845 from the Vermont Medical College at Woodstock, and began his career as a practitioner at Warren, Vt. the same year. He was one of the founders of the Vermont Homœopathic Medical Society, and its first President. He practiced in Warren for a number of years, then removed successively to Waitsfield and Montpelier, and finally in 1875 to Grand Rapids, Mich., where he soon acquired a lucrative practice and where he resided until his death. He died suddenly of angina pectoris, June 21, 1886. He was the author of a work on "Nasal Catarrh" and one on "Consumption." He was a strict Homœopath, a careful and accurate prescriber and a very successful physician. Although not a member of the Hahnemannian Association, he was a true follower of Hahnemann both in theory and practice.

C. T. CORLISS, M. D., died at his residence in Indianapolis, July 5, 1886, aged 68 years. He was born in St. Lawrence Co., N. Y., and was one of the oldest homœopathic practitioners in Indiana, having practiced Homœopathy in Indianapolis for over thirty years. He was an active member of the Masonic fraternity, a man of high social standing and literary taste. Resolutions of respect to his memory were adopted by the homœopathic physicians of the city.

THE MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

VOL. XVII.

ANN ARBOR, SEPTEMBER, 1886.

No. 3.

ORIGINAL CONTRIBUTIONS.

THE PRESIDENT'S ADDRESS.

O. S. RUNNELS, M. D., Indianapolis, Ind.

Members of the American Institute of Homœopathy: Ladies and Gentlemen:—The two events which made the year 1843 notable in the history of Homœopathy were the death of Samuel Hahnemann and the birth of the American Institute. In the month of July of that year the career of the one was ended and that of the other begun. This coincidence was significant. These were more than fortuitous occurrences.

The personal influence of Hahnemann was now gone. After a long life of phenomenal activity, the better half of which had been spent in the exposition and defense of his great truth, he was forced to go hence without a successor, or one upon whom his mantle could fall. With disciples of marked ability in every civilized land, there was no one qualified to take his place; no one possessed of the requirements of so great a leader. From the very nature of the case, it was not only impossible but entirely undesirable for any one of his followers to attain unto leadership. At this juncture, in a distant and more favored land, and in ignorance of the death of the founder, his legitimate and highly favored successor was born. The organization which henceforth was to be his representative in the world, and which was to do more to voice and defend his cause

than all other agencies combined, was launched upon its great mission. What was thus denied to a single individual was consigned to the safe keeping of the organized many.

How faithfully this trust has been administered is now a matter of record. No longer under the repressing and dwarfing influences of a despotic social order, but thus well planted in the soil of freedom, the growth and perpetuity of Homœopathy was assured. From that time on it was to grow into its full stature; it was to more and more accomplish its beneficent work. Under the fostering and establishing influences of the American Institute, Homœopathy has acquired its fixed habitation and gained honor for its name the world over. It has taken its place among the sciences of man, and has forced its neighbors into a general knowledge of the fact. For forty-three years, except the interval of the civil war, its counselors have met annually to consider its interests and devise measures for its advancement. Imbued with the spirit of truth, they have determined in collective wisdom the questions that have most closely concerned the reform in therapeutics by them demanded. They have thus gained the help and inspirations incident to professional association, and have gone forth the better equipped for the duties before them.

With the banner of therapeutic reform over it, this great force of scientific workers has gone on conquering and to conquer; for the achievements of its past are but an earnest of what it is yet to accomplish, its work being but fairly begun. Loyalty and fidelity to principle on the part of its exponents are alone requisite to the fulfillment of this prophecy. Through experience in these meetings, it has been found servicable to have presented at the beginning of each session a brief synopsis of the situation—a recapitulation or resumé of the professional status. This has crystallized into a rule; and standing as a sentinel on the watch-tower, this your President has been detailed to do.

What during the year has been the progress of medicine, particularly of therapeutics? What has been accomplished? What are the signs of promise? What is lying uppermost

to be done? So far as the eye can reach I see attention paid as never before to that greatest of all departments of our art, Hygiene. All along the line, in every camp and bivouac, there is perceivable a growing distinction between cause and effect, the antecedent and the consequent. The belief is increasing that symptom is only another word for effect, and it invariably implies a cause, some definite impression-producing thing, which has acted or is acting in conflict. The fact that the occasioner of the phenomena is not always definable, is not immediate, may have had its source in some precedent, time or person, and, like a river to the sea, wended its way to the present observation-point by hereditary or other descent, does not confuse the physician abreast of these times. He does not doubt that some malign influence is operative, and that morbid conditions are but the evidences of it.

So, more and more attention to the abatement of the *causa occasionalis* is being demanded; so, more and more are physicians of every name obeying that sweeping injunction of Hahnemann: "Discern the exciting or maintaining cause of the disease, and take measures for its removal." As a consequence, disease agencies, both direct and remote, are to-day being searched for as never before. The ever increasing determination is to nip diseases in the bud and cut down the conditions that bear them. Of quick interest, therefore, to all are the efforts being put forth to ward off and annul the maladies to which man is subject. Individuals, families and societies are receiving training as never before, as to how they may guard and defend every port of entry. The air, the water, the food and the environment are, by the average intelligence, even of laymen, now called to answer the severe questions of scrutiny and analysis. And, going further, individuals are finding that they have more than the present to deal with, more than the here and now to consider. Each one is learning that he is but part of a chain, a link welded to others in both directions, the past and the future being but extensions of the present. Every one is carrying ills handed down to him by ignorant or heedless ancestors. How may

he cast them off and abolish their malign influences? Every one has the power to transmit a multitude of weaknesses or disease tendencies to his progeny. How may he prevent the transmission of such a curse? Can he root them out of his own existence and thus repeal the statute of entail? Can he, by a sober attention to the laws of life, generate a human being who shall be possessed of a better physical endowment than he himself inherited?

Thus it is that everything that pertains to the maintenance of a sound mind in a sound body, is being cross-examined in a way wholly unknown even to our fathers. As fruit of this the exanthemata and communicable diseases are being walled in; the so-called "filth diseases" are becoming unpopular, disgraceful; the propagation and transmission of hereditary diseases are commencing, justly, to be rated as acts akin to crime, while that horrible pit of darkness, in which are committed sexual frauds and intra-uterine murder, is being illuminated and ventilated and as far as possible disinfected with a thoroughness before unknown. Thus, year by year, is the realm of disease-exhibition circumscribed, and the tenure of happy, healthful life lengthened.

But these achievements in prophylaxis are but the promise of that which is attainable. The possibilities in this field are so great as to defy the most fertile imagination. God speed the joyous day when the questions of right living shall not only be satisfactorily answered but the lives of all brought into conformity thereto.

It is refreshing to recall the fact that Hahnemann was a power in this department of healing and that he made everything subservient to it. Filled with the inspiration of the discovery of the law of therapeutics, which it was his to expound to the world, he was careful to say that even that, was secondary "to the removal of the obstacles to the cure," and "the guarding as far as possible against the influences that may induce disease." He was not so short sighted as to teach that *Similia Similibus Curantur* would be operative beyond its province, or that its province embraced the entire range of morbid ramifications, or that it

was the only procedure admissible in the relief of human suffering. On the contrary, like a good naval officer, he ordered the decks cleared before the commencement of action.

Is the alimentary canal choked with inimical or extraneous material; has the system received a poison that must soon work its destruction; are mechanical forces operating at variance with the prescribed harmonies of the natural order, in the guise of broken or dislocated bone, displaced organ, tumor, growth, calculus or cicatricial formation; will the body soon become exsanguinated through the orifice of wounded artery? "It is taken for granted," he says, "that every intelligent physician will commence by removing this *causa occasionalis*." In every disease where there are tangible exciting causes discernible, it is the physician's first duty, he teaches, to remove the obstacles to the cure, by vomiting, antidote, surgical interference, etc., as indicated; and secondly, to choose the appropriate remedy to combat the disease represented by the totality of the symptoms—"the totality" of course, remaining after the removal of the "causa." It is puerile to say that he ever countenanced the rejection of non-observance of that formula, *sublata causa, tollitur effectus*, (the cause being removed the effect ceases), or forbade the mitigation of the intense suffering of pronounced incurables by the most effective palliatives within human reach. For he commanded, on the one hand, the most painstaking study of the disease phenomena, and on the other, a corresponding insight into the abilities and limitations of drug-performance.

"No one," says his Organon, "can merit the title of a genuine physician, or a man skilled in the art of healing, no one can accomplish his purpose in a rational manner, who does not clearly perceive the curative indication in each particular case of disease, who is unacquainted with the therapeutic effects of medicines individually and who is not guided by evident reasons in his application of that which is curative in medicine to that which is indubitably diseased in the patient. Nothing is truer than that close observation of disease causes and the intellect employment

of correct remedial principles, were the warp and woof of Hahnemann's life. That he did not reject "the accumulated knowledge of the profession" and did not "base his practice upon an exclusive dogma," is clear, therefore, to every fair-minded unprejudiced person. This every student of his prodigious life-work must truthfully attest.

Harmonious with the general progress in prophylaxis before cited are the rapid strides recently made along special lines, and which deserve at least a passing mention. In this category I may instance in particular, cholera, hydrophobia and yellow fever. The problem essayed is: Can the human system be fortified in advance against these and other diseases? Summing up the results thus far attained and speaking with cautious reserve, I must say, if not fully and satisfactorily established, it is at least plausibly predicted.

A corresponding member of this Institute, Dr. Tomaso Cigliano, has placed on record data of the most positive character, relative to the prevention and cure of cholera. The report of the experiences of himself and confreres, in the recent great epidemic at Naples, Italy, shows that cholera also, like scarlatina and variola has its prophylactic remedy. In the very midst of this most malignant epidemic, Rubini's Camphor did not fail to prevent the disease in a single instance, though used in many thousand cases. And its use in the treatment of those stricken with the disease, in connection with those well known remedies pointed out by Hahnemann, resulted in a loss of from one to four per cent. only, while the mortality under what are misnamed "regular" methods, was over fifty per cent.

If these data stood alone, the product of experiences in a single epidemic, a suspension of the verdict, till more varied opportunities were had to prove the matter, might well be called for. But, conforming as they do to results obtained in Paris in 1849, in Smyrna in 1865, and, notably in the great epidemics of cholera in this country, we do not hesitate to say that they are indisputable and of the greatest possible import. In the light of these repeated successes, we make bold to declare that statisticians and special

committees appointed by governments to compile all that is known on the treatment of cholera, shall be guilty of the blackest of crimes if they do not incorporate these data into their reports, if they again suppress them, as did the special committee appointed by the American Congress but a few short years ago!

It is of record that over forty years ago Eustapheive and Hering, disciples of Hahnemann, advocated the use of the virus of rabid animals both internally and by vaccination for the prevention of rabies. In his recent experiments Pasteur has emphasized this treatment and attained a degree of success that has riveted the attention of the world to the procedure. While it is yet too early to say that he has conclusively shown that every case of hydrophobia can be warded off, he has by his one thousand efforts in this field, and his undoubted successes in the abatement of epidemic maladies among the lower animals, proven that the prevention of contagious or infectious diseases by the timely use of the appropriate prophylactic remedy, has a wider application than has been hitherto supposed.

Along the same line, too, are the seemingly well authenticated results of Dr. Domingos Friere, of Rio Janeiro, who has vaccinated with attenuated yellow fever virus, over seven thousand unacclimated persons, all of whom had just been exposed to the disease. Every one afflicted with the fever and treated by this method even as late as the second stage, has thus far recovered. Of the whole number experimented upon only eight have since died of disease, notwithstanding the fact that the trial was made during one of the most fatal epidemics ever known in that city.

To be sure these accomplishments of Pasteur, Friere and others have not as yet passed their crucial stage, and indisputably established their claims, but progress enough has been made to show that they are full of promise and that ultimate fulfillment may reasonably be hoped for. The thing worthy of our note in passing, is the close resemblance which all this bears to Homœopathy. That the animal system can be protected against the ravages of disease force by the propagation in the system of a morbid impres-

sion in all respects like unto that manifested by the disease, was the principle which Hahnemann advocated and incontestably proved. He demonstrated indubitably that the more closely the drug impression resembled the disease manifestation, the more speedy and certain would be the immunity or cure, and that this was not only occasionally true but that it was the rule throughout the realm of disease-operations. Hence his deduction, that any substance in nature would prove to be a remedy either prophylactic or restorative that possessed the power to create such an impression; inasmuch as the necessary "similar" was not, *per se*, in the form or physical character of the drug used, but in the condition or morbid impression which it created. Thus was necessitated the use of the single remedy and the death of polypharmacy. Thus was required the lesser quantity and the attenuated dose.

The study of drug-effects, the physiological action of remedies, the proving of the impression-producing power of curative agents was then inaugurated, following which came the tabulation of the positive effects of drugs administered to the healthy, and the construction of a pure *Materia Medica*. From that day forward no substance in nature was too mean or unpromising to command respect or be made the subject of inquiry. It mattered not whether the agent was vegetable or mineral, the venom of a reptile or an insect, a disease product or a contagious virus, it was required to stand or fall upon its ability to stamp its signature upon the animal economy. For its power to originate such a morbid impression foretold its ability to remove a like impression when produced by disease.

Whether, therefore, medicine be administered by inunction, vaccination or hypodermic needle, or be taken by the nose, mouth or rectum is immaterial, so long as the most effective minimum dose of the single remedy is used, so long as that remedy is employed, which has the energy to create a like condition. The principle then, employed by Jenner and copied by all his successors is homœopathic; it is but a corollary of Hahnemann's law.

We have too long been stumbling over the apparent con-

tradition of *similia* and *idem*, and have thus in a measure been debarred from the fruits of our conquest. Words are but clumsy vehicles for thought, and alas, how often only serve to shut out the meaning intended. To comprehend the thing for which they stand, we must look beyond them into the very soul of the question. For, whatever words may do, principles do not clash. God never allowed one truth to go to war with another, or in any way infringe upon or circumscribe its action. Co-relation and inter-dependence is everywhere expressed.

A great law is like the center of a stellar system; for in its mighty sweep around a greater center it carries with it a brood of satellites, which not only revolve about it, but which draw from it their light and heat. Such a sun is *Similia Similibus Curantur*, and such is its place in the domain of therapeutics. Wherever remedies have acted in the prevention and cure of diseases, they have shown their allegiance to this centripetal power. In their various exhibitions of ability, often under the most adverse and embarrassing circumstances, as in polypharmacy, they have in their actions and reactions observed loyalty to this therapeutic principle, and have more and more voiced the demand for a single remedy, the minimum quantity and the similar condition.

Thus, through the ages "has this increasing purpose run," all opposing influences to the contrary notwithstanding. For *Contraria*, alias Allopathy, its chief antagonist, the self-styled "regular" of to-day, (and which is typical of all our opponents), is as ever a wandering comet, has no gravital center or guiding principle. Having started nowhere, it can go nowhere, but into eventual oblivion. The great therapeutic facts that sparkle in and appear to be a part of its immense tail are really not of it, do not move with it. They are the stars that shine through its appendage; they are the planets and satellites, the primaries and secondaries, of a therapeutic system, even *similia*, which seems to dominate the therapeutic universe. Such being the far-reaching majesty of this law, it is not singular that men are attracted to it, both consciously and unconsciously,

as steel is drawn to a magnet, and that all efforts to repel them are unavailing. For here is a principle, that in one short century has turned the medical world upside down, and wrought more changes for good than all previous contributions to the healing art combined.

This is the leaven that has worked and is working its marvelous transformations through that whole incongruous mass of jumbled facts, called "the accumulated experiences of the profession," bringing order out of disorder and system out of chaos. Heroic treatment, omnibus prescriptions, the lancet, leech, cauterly *et al.*, have been driven before it and are now employed only in remote or benighted regions, or by those practitioners who have been stationary since the 18th century.

"The proving of medicines on the healthy, the single remedy and the fractional dose, are being appropriated by the old school as a benefaction; while the law of similars has forced its way both to open recognition and clandestine acceptance in the form of the opposite action of large and small quantities of drugs."—Hughes.

The literature of the whole medical world has felt the effects; and those works are the most popular in the old school that are the most saturated with this teaching—as is attested by the remedy disposal of Bartholow, Brunton, Phillips, and the eleven editions of Ringer.

Commerce also, is paying its tribute. The sails of trade are filled with its breezes. Even its enemies have been forced to manufacture and vend its wares. Our little pills, triturations and innocent dilutions are no longer such objects of hatred and derision as they were in the Leipsic-days. For inventive genius has been called to the rescue, and we are offered, forsooth, the clever counterfeit in the shape of "sugar powders," "sugar and gelatine-coated pills," "parvules," "compressed tablets" and tasteless pharmaceutical preparations.

Drug houses, big and little, are scrambling for the place, and are now willing to incur the displeasure of their old-time gods, and become, even in small measure, homœopathic pharmacies.

In every live country of the globe the same tendencies are manifest—the same scenes witnessed. Wherever freedom dwells the most securely, there Homœopathy grows the most luxuriantly, and its demands are conceded the most generously. Rulers and law-makers are growing sensitive to its requirements, and the public wants are better heeded. Colleges, hospitals and dispensaries are chartered and endowed for it by the state, and public institutions are placed under its care. Within the present summer, the Massachusetts legislature has appropriated the additional sum of \$180,000 to complete and equip the Homœopathic Hospital for the Insane at Westboro—thus swelling the State's aid to this institution alone to the munificent sum of over \$500,000, while that large penal institution, the Ohio penitentiary, has, in the same time, been placed under homœopathic care. In addition to these, our National Congress has recently given Homœopathy governmental recognition by making an appropriation of \$15,000 for the completion of the National Homœopathic Hospital at the Capital.

To further show that the spirit of this medical revival is not dead; and that it is not the crippled three-legged stool so facetiously described by the misguided Holmes over forty years ago, I call you to witness, that since the utterance of that satirical statement, there have been chartered and established in this country fifteen homœopathic colleges, which have standards of requirement equal to any in the land, which graduate annually over four hundred doctors and which have alumni numbering over seven thousand; that during this time, more than a duplicate number of physicians have joined their ranks bringing diplomas from old schools; and that to-day, after one generation has passed away in death, there are more than ten thousand physicians openly practicing Homœopathy in the United States, while the number in the old school who are clandestinely practicing it, and feeling their way into it, is astonishingly large; that the homœopathic literature is respectable, being represented annually in periodicals and books by an aggregate of more than twenty-five thousand

pages; that we have one national, seven sectional and twenty-eight state societies, embracing an aggregate membership of over three thousand; that there are in this country more than fifty general and special hospitals, possessing property valued at over \$5,000,000 and treating annually upwards of 25,000 patients; that we have forty-eight dispensaries where from one to two hundred thousand poor receive annually gratuitous treatment; and that the patrons of Homœopathy comprise millions of the most cultured and wealthy citizens of the Republic, every one of them filled with the missionary spirit and the desire to spread this medical gospel to the remotest bounds. Having once walked in the better way, they have no wish to return to the old labyrinth. Even that barrier to medical progress, that Chinese wall around therapeutic science, that barricade against truth built by the American Medical Association, and known as Sec. 1, Art. 4, Code of Ethics, even that, I say, has felt the battering-ram of this changed public opinion and is tumbling to the ground.

I need not recount to you the steps of the desperate conflict that is now being waged behind its bars. But one thing is remarkable; it is not those from without who are endeavoring to scale this wall, but those from within. Sick of the prison-life to which it subjects them, they have attacked their keepers, and are in deadly struggle for freedom. The cry is: "Liberty, equality, fraternity." It takes no prophetic eye to see that the Bastille must go—aye, is going.

That influence, now, which has wrought all this change; that "Social Contract" which has fermented all this revolution; that heaven-born truth, *Similia*, which like a day-star has led men on to those great achievements; what of that? Is its mission ended? Has the time come to furl its banner and blot out the distinctions for which it has stood? No; to state it is to condemn it. As well ask the followers of the Divine Master to abandon that title bestowed upon them at Antioch, and no longer be known as "Christians," as to enjoin the abrogation of that name, which is above every name in healing, even Homœopathy,

with all that that implies. For a word is but the sign of an idea, a mere device for identifying a person or thing. In and of itself there is nothing odious. It is the thing for which it stands that is good or bad, attractive or repugnant. It is not, therefore, the mere cancellation of the word Homœopathy that is demanded, but the cessation of the life it represents; the abolition of its manifestations; the death of its organization. For more than four score years, this modest exaction has been made, but with what result, obtained in the face of what tremendous odds, the world knows. After the accomplishment of such vast good, and while it is but yet on the threshold of its great mission, it is clear that it is not destined soon to expire. The great Over-ruler will see to it, as He has in the past, that it is not blotted out; that men do not sell it for pieces of silver or betray it by means of a kiss.

Homœopathy is here by Divine command, has a vast realm yet to evangelize and redeem, and it will remain until all Ringer-like plagiarism shall be extinguished; until it shall be dishonorable for men to clandestinely adopt it, in whole or in part, and then openly oppose it and persecute it; until it can go unchallenged into any medical council or medical journal in the world, and until there are no more diseases to heal.

Followers of Hahnemann: To you has been given the nurture and defence of this great truth. To you has been issued the command: Go into all the world and preach this gospel. Fail not to acquit yourselves worthily and to stand firmly in the exposition of all that is true and of good report in medicine.

Gathered, now, in annual conclave, there are some things around this council-board that we should seriously consider, honestly confess and faithfully reform. For in the inventory of our possessions we have both needs and shortcomings. In the spirit of truth, therefore, and for the mutual and general good, let us take a candid survey of the field; let us give and take wholesome criticism.

The most inexcusable and reprehensible thing among us to-day is the intolerance of opinion on various points, so

emphatically manifest. We are too much filled with the *esprit de corps* of the old camp, the spirit of the old day in opinion, when it was damnable to doubt, and heresy to think, otherwise than you were bid to think. There is too much tendency among us to employ the "boycott" and to ostracise those who are not of our conviction. If you do not employ that potency in prescribing which I deem the most desirable, or if you do not accept my estimate and rendition of certain theories promulgated in the Organon, then you are as an alien and heathen, worse even than the common enemy! One holds that medicines exhaust their curative powers before the twelfth potency is reached, and that all above that is "moonshine;" another believes that the cure is best made with the higher and highest potencies, and that any deviation from their employment is "mongrelism" and "Allopathy." This whole epithet-spirit is born of evil, and is the carrier of no good thing. It is all contrary to the mind and heart of science. It is the mediæval over again. It should be at once consigned to oblivion, and heard of no more among us. Strike with all your ability for that which you hold to be true, but generously accord your fellows the same privilege.

Remembering that Hering "never accepted a single theory in the Organon as there promulgated," and that it is the essence of Hahnemann's teaching "to totally disregard all theories, even those of one's own fabrication, when they are in opposition to the results of pure experience." Let us catch and hold the catholic spirit of the great Dunham, and thus fuse ourselves into one harmonious body of scientific workers, each tolerant of the other's views.

The question of dose was an open one when Hahnemann left it. It is an open one still, and cannot be settled as by the voice of a Pope. To reach the final establishment of both the rule and exception as applied to the requisite dose of each individual drug, in each particular case, appeal must still further be made to those great arbiters, *time* and *experience*.

I think, further, we should all be better readers of Hahnemann's writings. There is too much ignorance on

all hands, as to what he actually taught. One should understand his environment and the limitations of the knowledge of his time, in order to judge of his great abilities and make proper estimate of what he said and did.

The Organon should have first place among the text-books of every college; and every curriculum should make provision for its thorough study. A knowledge of the origin and growth, to the present day, of the various tenets of our belief, should be obligatory upon all. Thus, only, shall students be established in correct practices, and be prepared to give well-grounded reasons for their convictions.

Again, every member of our ranks should be found in his place, doing his utmost for the dissemination of this principle. As long as our opponents are so thoroughly organized, it is our bounden duty to associate. Our societies should be strengthened by the membership of every subscriber to the law. Particularly is this so with regard to the American Institute. This is our representative body, and should be the pride of every loyal subject. Every one should be intensely interested in its welfare, the growth of its membership, and the correct expression of its influence. By the fruits of this tree are we known and rated the world over. Every disciple of Hahnemann, therefore, in America, should see to it that his name is on its roll of members, and that he is doing all he can to have it properly express this great truth. He should see to it that he does not lend himself to counteracting influences in the establishment of societies that will cripple the forces of this society, which is superior to all. This year, no less than four so-called "National" societies, besides this Institute, and composed almost entirely of its members, are meeting within this small city within the week, the most of them holding meetings during the same time as that occupied by the Chief. With all my might, I say, *this should not be*. The proper place for every one of these societies is inside the American Institute of Homœopathy. And the proper and paramount business of this session is to see to it that these distracting and emasculating influences are

from this time on neutralized. In these days of combination, such a diversity of effort should no longer be allowed to continue. These five societies should be "pooled," and the best efforts of all the members centered on the up-building of one common society that shall stand for all, and that shall make its name lustrous throughout the world.

To this end, we should as an Institute abandon our primitive methods and adjust ourselves to the demands of mature life. As it is, we are miserably cramped, and nobody is satisfied. Not a single bureau is able to get the time necessary for the proper consideration of its subject. Members are forced to hear their papers, upon which they have expended much time and thought, read by title and referred without discussion. It will not do to longer print volumes of so-called "Transactions" made up almost entirely of "referred" papers; or, what is still more aggravating, papers which have been mangled to death by an "abstract." It will not do longer to have sessions practically void of discussions. For this is why these collateral societies have been formed. This is the reason why many old members will not attend or furnish papers for these meetings, and will not pay their dues. If we would not have every one of our bureaus represented by a collateral society, and our membership lose its animation, we must no longer continue the suicidal order. It must no longer be heard that "the Institute is in a rut," "is run by a ring," and "its active members are smothered to death."

We must enlarge the area of our building to such an extent as to provide every one of our bureaus with ample accommodations; so that the bureaus in their turn may abolish all hindrances to advancement; may cease forcing their members to consider only text-book topics, and allow reports of original investigations along any line. When that is done, *progress* will be watched in this Institute; the enthusiasm of its work will become contagious; and its membership, which has been practically stationary for the last ten years, will be multiplied by two, three, or four.

There is no way to do this except by the adoption of the section plan. If you say, "We have tried that," I shall question it most rigidly. In a large body like this no effort of that kind can be called a trial which does not embrace several sessions. Time must be allowed to get the machinery in order and working smoothly. Opportunity must be granted for amendment. We must have a chance to improve what is defective and supply what is wanting.

In this manner we shall succeed as perfectly as have larger societies before us, notably the American Association for the Advancement of Science, and shall thus quadruple our working ability. Consonant with such a change, all needless barriers to membership should be torn away. We must study the problem as it is. Most young physicians are in straightened circumstances. They have mortgaged the future, many of them, to secure their education and make the outfit for practice. While it is a great inconvenience to be impecunious at such a time, it is not necessarily a misfortune. The fact, however, remains, that ten dollars is a sum that would be seriously missed by very many who would gladly join us, but who are thus debarred. I therefore question the wisdom of our present finance methods, particularly the imposition of an initiation fee, a demand without any obvious equivalent. Better abolish that fee entirely.

I respectfully suggest, therefore, that you at once appoint a special committee who shall consider this whole matter, and report a plan in the early part of the session, embodying all, for our consideration and adoption.

During the session of 1868, at the instance of Dr. Carroll Dunham, this Institute appointed a committee to compile for it a pharmacopœia, which, when published, should be the official guide for the homœopathic pharmacists in this country. Dr. Dunham was made chairman of this committee, and spent years in the prosecution of the work, which was finally interrupted by the Centennial Convention, and the early death of its indefatigable President. Among Dr. Dunham's papers was found a pile of disconnected MSS. awaiting final arrangement for the press.

Unavailing effort was made to find some one who was willing to take up and complete the work; but the committee dragged itself along, and was finally, in 1880, discharged. Thus it ended, and thus it remains to this day. Since then two works have been issued to supply this demand, but inasmuch as they are at variance on vital points, there is still no uniformity in the preparations of our remedies; there is no authoritative command for our pharmacists to follow. Investigations made by the Institute in the past, and the researches of its Bureau of Pharmacy, which will be voiced to you during this session, all show how great is our need in this direction. When dried herbs and roots are substituted for fresh succulent ones in the manufacture of tinctures, and when triturations are proven to be as variable as the names of their makers, it is high time that something definite be done by this body to enforce uniformity. Then let the work of issuing an authoritative pharmacopœia be again taken up, and carried to an early completion.

This will be an appropriate supplement to that other great work, the compilation of the Cyclopœdia of Drug Pathogenesis, over which the American Institute and the British Homœopathic Society for the last two years have conjointly had a fostering care.

The purity and reliability of our *Materia Medica* is a consummation to be desired by all; but we have hardly yet begun to realize the great work that is here being accomplished for our science. To have the pathogenesis of every drug well authenticated; to have it freed from all error; to have it present the real truth of drug-ability in every instance, is to plant the feet of every prescriber on the bed-rock of certainty; is to supply him with knowledge that will sustain him in the hours of extremity.

The three numbers of this publication already received attest the ability and faithfulness of the work thus far accomplished, and furnish a tangible outline of its great usefulness. Nothing should be allowed to interrupt or embarrass the prosecution and completion of this work so well begun. We should continue to extend to its editors, our

appointees, the substantial encouragement they need to carry out this work. For it is safe to say, that this is the nearest approximation to a "Pure Materia Medica" we have ever yet attained, and is a vast step in the right direction. The great work of our future is to perfect our acquaintance with the physiological action of drugs, by all the aids to observation furnished by modern science, and to present that knowledge in its acceptable form.

Finally, we are pained to note the absence here of faces long familiar, which can meet with us no more, having preceded us to the land of the unknown. Like soldiers returning from battle, we miss these comrades who have stood shoulder to shoulder with us on many hard-fought fields, and who were battle-scarred veterans when the most of us here present entered the ranks. They have been the light of our councils, and the source of reliance in times of need. Is there one among us who is not thus bereaved?

" It singeth low in every heart,
We hear it each and all,
A song of those who answer not
However we may call.
They throng the silence of the breast,
We see them as of yore,
The kind, the true, the brave, the sweet,
Who walk with us no more."

It remains for us now to emulate their example in all good works, and if possible, by added zeal, counteract their loss. These memories of our past, its fellowships and achievements, should bind us in closer allegiance to truth, and should inspire us, during the life-remnant, with greater fidelity in our work.

In closing, I desire to extend to you, fellow members, my sincere thanks for the high honor conferred upon me at your last meeting.

In grateful appreciation of this, your most valued gift, it is my earnest desire to subserve only your best interests. In the conduct of these affairs, therefore, I bespeak your kind assistance and patient indulgence.

THE ADDRESS OF THE PRESIDENT OF THE AMERICAN
INSTITUTE OF HOMŒOPATHY, AT ITS SESSION OF
1886.

It has been my duty on several former occasions to comment on addresses of Presidents of our homœopathic associated bodies, and not always with approval. Indeed, oftener than otherwise they have seemed to disgrace Presidents and the bodies that had elected them, and the duty of reviewing their performances has often been anything but pleasant. They have been so replete with ignorance and endeavors to pervert therapeutic science, that they could not otherwise than cause grief or shame, or both, to intelligent minds who have the interests of homœopathic science at heart. It could not but grieve such to learn that these electing bodies were so ignorant of, or indifferent to, all which is characteristic of this science, and cause shame that this ignorance should be thus paraded before the community as an exponent of the present status of Homœopathy in the bodies whose heads these Presidents were for the time being. It is, therefore, a pleasure to note in the last of these addresses a manifest improvement over its predecessors in very many particulars. Indeed, if we had been present at the meeting and no one had got ahead of us in the matter, we are not sure we should not ourselves moved a vote of "thanks to the President for his able and interesting address." We are sure we should have voted a hearty affirmative of such a proposition. This address is certainly admirable in its generous and noble spirit, and in the clearness of expression of the thoughts it presents.

But it is impossible to assent to some of its utterances, and notably to some of those at the beginning, where our President attempts giving history. After giving the coincidence of the death of Hahnemann and the birth of our Institute, he says of the latter:

"The organization which henceforth was to be his representative in the world, and which was to do more to voice and defend his cause than all other agencies combined, was launched upon its great mission. What was thus denied to a single individual [to be

the representative of Hahnemann] was consigned to the safe-keeping of the organized many. How faithfully this trust has been administered is now a matter of record, etc."

Just so, and alas for the record! After the early history of the Institute, when this ceased to be under the guidance and control of its founders, this record has been little else than an increasing abandonment of all which is characteristic of the teachings of Hahnemann, and of time and thought given to almost any and everything else which a wealth of bureaus could bring to the consideration of the body to which they were expected to report. Such reports, on these many subjects, have been so numerous that there has been no time to attend to the matters of this "trust," and these have been so effectually excluded from the recorded actions of the Institute that in that of the last few years it will be difficult to find an excuse for a suspicion that this body which has given us this record is an Institute of Homœopathy at all. And this is how the successors or the founders of this organization have "administered the trust" given to them. They have simply cast it out from them and would have nothing to do with it. And hence the great disgrace on Homœopathy, inflicted by its "*Indianapolis resolution*." Did our President remember that this resolve made a part of that record when he eulogized it? There it stands now, as an attempted justification of whatever practical departure from all of Hahnemann or his Homœopathy any man's ignorance or whim may compel or tempt him to perpetrate. Did he know when he wrote this eulogy of this record that because it was a record of the abandonment of Homœopathy that many of its members, and those of the best, left its meetings and went to them no more? Did he know that one of the earliest to do this was our great leader, *Hering*? The writer of this walked out of the meeting with him, in which he said he had resolved to attend no more meetings of the Institute, and false to this "*trust*" was the reason he gave. *Hering*, I believe, was never after this seen in the Institute. In his thought of this record, is it not too apparent that our President wholly mistook the *quid est*

for the *quid apporet*? What he saw was what the record *should have been*, not what *it is*, or of late has been as to all pertaining to the Homœopathy of him of whom this President declares this body is the successor and representative.

And further:

“With the banner of therapeutic reform over it [the Institute], this great force of scientific workers has gone on conquering and to conquer, for the achievements of its past are but an earnest of what it is yet to accomplish, its work being but fairly begun. Loyalty and fidelity to principle [had he forgotten the Indianapolis resolution] on the part of its exponents are alone requisite to the fulfillment of this prophecy.”

What in the name of truth and common sense has this Institute “conquered”? and what is it to conquer hereafter with promise of good in it, as to any interests of “therapeutic reform,” having so wholly abandoned working in the cause of its science, which Homœopathy is, is wholly in the territory of the unknown and unimaginable. If it were a triumph when our great leader was driven out from their body by their neglect of the science of therapeutics, we do not believe our President is one who will boast loudly of it, and we know of nothing else it has triumphed over, unless it be the patience and forbearance of their most honorable, intelligent, and illustrious members. Truly, if the past is a prophecy of the future, then any triumphs which are in reserve for Homœopathy must come from agents or agencies outside of the American Institute.

“That he [Hahnemann] did not reject ‘the accumulated knowledge of the profession’ and did not ‘base his practice upon an exclusive dogma,’ is clear, therefore, to every fair-minded, unprejudiced person. This every student of his prodigious life-work must truthfully attest.”

Now we suppose the knowledge of our President of what Hahnemann accepted of “the accumulated knowledge of the profession” must have been derived from his writings, just as it is with the rest of us. Well, in which of those does he find evidence that the master borrowed aught from “the accumulated knowledge” of old physic, which he wrought into his system of therapeutics, thereby adding

aught of value to this. We have been somewhat familiar with these writings for near half a century, and were educated into the core of old physic, as this was imparted to students in the days of our pupilage, and as this could be gathered from the current literature of that school in the days of our allopathic experience, and we have now no recollection of any intimation in any of these writings that they or Homœopathy were indebted in the least to "this accumulated knowledge" for aught which had given value to either. It may be we have overlooked this all these years.

And then, Hahnemann "did not base his practice upon an exclusive dogma." Will our President tell us what he did "base it upon"? In our simplicity we have learned only that this was based on an alleged *natural law*, known to us as the "law of similars." We have no recollection of any mention, in any of his writings, that any practice of his had any other foundation or that he mentioned any other with recommendation to the confidence of his followers. He proclaimed a natural law, *universal* in its relation to the needs of all curable sicknesses, not a "dogma" which he or his followers were at liberty to regard or neglect, as whim or convenience might dictate. These expressions, "accumulated knowledge of the profession" and "exclusive dogma," sound as though we had heard them before, but never before in an attempt to drag Hahnemann down to the low level of those of his pretended followers, who had abandoned all pertaining to his system of therapeutics except its honored name. Indeed, we believe we have only met them in attempted defenses of those abandoners, certainly never before in any attempt to degrade Hahnemann from his exalted position as proponent and advocate of law. It has been said, "no exclusive dogma"—by those who found themselves incapable of a successful practice of Hahnemann's law, to palliate their habitual resorts in their practice to expedients outside the demands of law—"no exclusive dogma" for them. The status of these "no dogma" men as to intelligent perception of principles is clearly shown by

their inability to discriminate between a "*dogma*" and a *natural law*. Was it for the like of these that this false pretense was raised, as to Hahnemann, as a tribute to their complacency?

"The question of dose was an open one when Hahnemann left it. It is an open one still, and cannot be settled as by the voice of a Pope. To reach the final establishment of both the rule and exception as applied to the requisite dose of each individual drug in each particular case, appeal must still further be made to those great arbiters—*time* and *experience*."

Before assenting to this paragraph, we would know what the writer means by an "*open question*." If he means a question, the answer to which has not been *universally accepted*, then his statement as to the dose is no doubt true. But if a question ceases to be an "*open*" one, when the clearest intelligence, after an adequate "*experience*," both as to "*time*" and observation, has spoken, then we submit that this question of the dose has long ceased to be an "*open*" one. If such intelligence and opportunity have spoken on this matter of the dose, then the question is closed. Negation may prevent the universal acceptance of the utterances of this intelligence and experience, but negation cannot open a question which has been thus settled. It is submitted that Hahnemann and his immediate followers settled this question, and no superior intelligence has opened it by better observations or better experiences. If the testimony of these greatest and best observers is rejected, then whose is the loss? Is it not that of the rejector and those who trust him? We may add, the testimony of these old witnesses has been many times fully confirmed by the experience, observation, and practical successes of their able successors. We have no hesitation in regarding the question of dose as no longer, logically, an "*open*" one.

"The *Organon* should have first place among the text-books of every college, and every curriculum should make provision for its thorough study."

A sounder or more important utterance never came from a President's lips in any associated body. If there had

been but this one utterance in this address calling for our approval, and there are many others, this alone would deserve thanks from every lover of truth. On no other recommendation in the address hangs so many and so great consequences. Will this so timely and clearly expressed *ought* be heeded by our colleges? If not, then on whom rests the responsibility? Not on our President. He has nobly cleared his skirts.

Again, the address says:

"It is our bounden duty to associate. Our societies should be strengthened by the membership of every subscriber to the law. Particularly is this so in regard to the American Institute. This is our representative body, and should be the pride of every loyal subject. Every one should be intensely interested in its welfare, the growth of its membership, etc."

Then *why are they not*? There are many who have no such sense of "*bounden duty*." Indeed, "*duty*" has compelled them to create other organizations where the truth of the divinely given therapeutics, as contained in the *Organon*, could be freely studied, discussed, elucidated, and advocated, as they were not, could not be, and are not in the American Institute. This is why many are not members of that body and why there are not more who are "*proud*" of it. The Institute has given itself to other matters of thought and action than those for which this body was created. They seem to have had more in thought, what will the Mrs. Grundy of old physic think or say of this or that than of the principles and corollaries of our law. And it has been more engaged with matters which are approved of by this much feared lady than with those inculcated by Samuel Hahnemann. In short, it has ceased to be an Institute of Homœopathy, and has become mainly an Institute for work which will not offend this Mrs. Grundy. In carrying out this work, it has *twelve* bureaus which are devoted to subjects certainly important in themselves, but not necessarily related to Homœopathy, or, at the best, only remotely so, while there are *two* which are expected to engage more particularly with homœopathic subjects. Now who does not see that this body so distrib-

uting its working agencies as an Institute of *Homœopathy* is only a caricature?

And further the address:

"This year no less than four so-called 'national' societies—besides this Institute, and composed almost entirely of its members—are meeting within this small city within the week—the most of them holding meetings during the same time as that occupied by the chief. With all my might I say, *this should not be*. The proper place of every one of these societies is inside the American Institute of Homœopathy."

We know nothing of the societies here alluded to, but if

"The proper and paramount business of this session is to see that those distracting and emasculating influences are from this time on neutralized,"

then we would suggest to those who are thus "*to see to it*" to begin with the inquiry—*why are these things so?* And if they find the cause to be too much of Mrs. Grundy and too little of Samuel Hahnemann, let him mend the methods of the Institute in this manner, and we venture to assure our President this cause of his grief will cease.

PROGRESSIVE HOMŒOPATHY.

AD. LIPPE, M. D., Philadelphia, Pa.

Anxious to learn what is transpiring among the Homœopaths we have just read "The Presidential Address delivered to the Homœopathic Medical Society of Ohio, May 11th, 1886, by H. E. Beebe, M. D., Sidney, Ohio," who is evidently endeavoring to hit two birds with one stone. Dr. Reeve of the "Regulars" is attacked first, and the temptation could not be overcome by the learned President to stand from under, and make all the harsh things uttered by Dr. Reeve—who apparently knows more about Hahnemann's school of the healing art than does Dr. Beebe—applicable only to "*a few honorable physicians, though narrow-minded they be, are found in our ranks*. These few are mostly found in Eastern cities and they, seeing the folly of their ways, are rapidly coming into the camp of the orthodox, or as he terms it, scientific body of the med-

ical profession, and ere long Homœopathy will only be known as a matter of history." (Reeve,.) This is the first attack Dr. Beebe makes on the veterans whom he later designates as extremists and enthusiasts.

How came it that a majority of medical men calling themselves Homœopaths obtained the ascendancy—men utterly ignorant of the principles governing the homœopathic healing art, or ignoring, which is worse, the history of our school even in this country—obtained control of our schools, hospitals, journals, and general literature? Will Dr. Beebe read the transactions of the American Institute of Homœopathy, which *was*, and should have remained, a representative body? If he does, he will learn *history*. The founders of the Institute were all true, honest, Homœopaths, and, anxious for progress, they pointed out the direction in which progress was to be obtained. They followed the inductive method of Hahnemann. Hahnemann had *created* a *Materia Medica Pura*, the storehouse which supplied the means to apply the law of the similars; and this storehouse, this *Materia Medica*, was necessarily to be enlarged that Homœopathy might progress. They all were then what Dr. Beebe now depreciatingly calls extremists, enthusiasts, like true soldiers who had united themselves to fight the battle for liberty, for a principle, against ever varying opinions; for liberty to be governed by a law of nature, and by nothing else, for the cure of the sick. Now these extremists and enthusiasts hoisted their banner on which was written "The Law of Similars," and with this banner they entered a hard fight, and they gained recognition by intelligent and thinking people. Their successes in curing the sick secured them a large following, and while their victories increased, while their societies, colleges, and literature flourished, some bombastic leader like Fallstaff brought in his recruits by means of Justice Shallow. There they are, Mouldy, Shadow, Wart, Feeble, Bullcalf. It was the craving for numerical strength which induced the Institute to accept the Fallstaff recruits. This illusion that superior numbers could strengthen our school increased, and here we are

strong in numbers only. It was charitably believed by the advocates of a numerical strength, that the new members would continue to advocate and defend not only the law of cure but all that appertained to it, under the inductive method of Hahnemann. And they had a good right to believe so, as all these new members joined our ranks voluntarily, presumably under the conviction that Hahnemann's Healing Art was superior to any other medical practice. These no doubt well-meaning men found out their mistake too late. These new comers were not enthusiasts for Homœopathy but they were in the fullest sense of the word extremists, vieing with each other for the introduction of new departures without censure from the Institute. And now they take shelter under the fallacious doctrine of "freedom of medical opinion and action." Their numerical strength is at present so great that a reform inside of the Institute is impossible; the motive of this numerical majority is transparent, and Dr. Reeve and his colleagues of "The Regulars" justly hold them up before the public in utter contempt as sailing under false colors. If either Dr. Reeve or Dr. Beebe believe that the Homœopaths, seeing the folly of their way, are rapidly coming into the camp of the orthodox, "the scientific body of the medical profession," they are much mistaken, and are exhibiting an assumed ignorance of medical history.

If Dr. Beebe, or other presiding officers of our societies, ever observed a Homœopathian, not belonging to the progressive school, claiming to be orthodox, making his appearance, they are in error if they believe that they are "seeing the folly of their ways" and are rapidly coming into the camp of the orthodox, "scientific body of the medical profession." Where then are these by Dr. Beebe called "narrow-minded Homœopaths?" Many of them can not leave their numerous sick, others will not waste their time in observing progressive departures from the fundamental principles of our school advocated by the presiding officers and countenanced by the members of these societies; it would be worse than a waste of time for the Homœopaths to attend these meetings. These historical

events can be illustrated. Some years ago, by request, I read a paper before the Pennsylvania Homœopath State Society. The first paper read was by a learned gentleman calling himself a Homœopath, the first sentence of which was "gonorrhœa is a local disease." Local treatment for a local disease; as if local diseases ever existed save those caused by mechanical injuries. The Society accepted this absurd paper; my paper was ignored. Since then I have abstained from reading papers before, or attending the meetings of fraudulent homœopathic societies.

As usual the Ethiopian comes out of the woodpile at the close of the addresses of these misleading leaders, and on page five of Dr. Beebe's address he exposes himself. That learned man says: "He who has adopted the golden mean is not a fractional physician. The progressive Homœopath accepts no restraint. He is a doctor of medicine, a physician in the noblest sense. This term includes Homœopathy, for it is an integral part of medicine. Nothing is now plainer than that the rank and file in our school believe in, and justly claim the right, no less than other physicians, to prove all things and to hold fast to that which is good." He has here presented to you the Ethiopian, and some may be uncharitable enough to consider him "slightly off." What is the golden mean? Why, *Eclecticism!* "*The progressive Homœopath accepts no restraint!*" That is a declaration of independence; a declaration of defiance to law just as reprehensible as the defiance now exhibited by the Socialists and Communists to the laws of the land of their adoption. A person living under the constitution of the United States, whether he be a native or an adopted citizen, must be restrained by the constitution and the laws of the United States. If he claim to be progressive and refuse to accept this chosen restraint, he becomes amenable to the laws and penalties provided for the violators thereof. If a Homœopath professes to belong to our school he is supposed to be honestly seeking to comply with its methods and always be governed by its fundamental law, the law of the similars. If Homœopathy were only an "integral part of medicine" it would not deserve a distinctive

name. That distinctive name was given our healing art by its founder, expressive of the natural law upon which it is founded. The progressive Homœopath, by the assertion of Dr. Beebe, accepts no restraint, which is equivalent to saying that he accepts no law, and that having claimed to be a Homœopath, he now, finding himself in a numerical majority, claims "perfect freedom of medical opinion and action." While he parades before the public as a Homœopath, he expects all other Homœopaths to endorse him, when he really plays the role of a socialist and communist. Defying all laws he calls himself not a Homœopath, except when bent upon deceiving the public, but a doctor of medicine, and he tells us that this term includes Homœopathy. Does this law-defying doctor of medicine not know that Homœopathy is an exclusive system of the healing art? Homœopathy does not include any other system of medicine, and can not possibly be included in other systems of medicine. It can *never* be perverted into Eclecticism. All medical men have a perfect right "to prove all things and to hold fast that which is good." Exactly so! But the medical man who proves all things may have a logical mind and common sense, or he may be intellectually weak. The man with a logical mind quickly sees that if Homœopathy is based on a natural law, the application of it for the cure of the sick, if it is a law, must be universally applicable. It surely can not be applicable in one case, and the palliative treatment applicable in another. Under such a supposition it would cease to be a law, and the school adopting it would fall, as it would deserve to. And now we come to the burning question, what is meant by "Progressive Homœopathy," by name? Is it not Eclecticism in fact? Progress implies the acknowledged failure of old Homœopathy, and an advance called for. We ask Dr. Beebe and those calling themselves progressive Homœopaths, in what particular Homœopathy as practiced by the early pioneers, and by a host of true and good men to-day, has failed? The pioneers were conservative, and only progressive in developing the conservative methods of our healing art. The present progressive Homœopaths

ignore the fact that the early conservative Homœopathicians introduced Homœopathy by their successes in curing the sick; and if these conservative, true, honest men had not been successful, Homœopathy would have been extinguished long ago, and progressive Homœopathy never heard of. The fact is, these progressive men *never* were Homœopaths, they were ignorant of the healing art, and when they attempted to apply it practically they failed, and ascribed their failures to the methods of cure which they had never mastered; hence they resorted to palliations, and now claim the mixing up of various modes of practice, a progress. Dr. Beebe quotes Hahnemann: "When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a *crime!*" Now, will Dr. Beebe tell the medical world who the *criminal is*? Is it the man who knows the art and saves lives, or the man who neglects to make himself a thorough master of the art, and then, failing in his attempt, claims the right to do just as he pleases, guided by no law at all, and in justification of his criminal act calls the true healer "narrow-minded," a "fanatic," an "enthusiast," etc. A prominent doctor of medicine in the East, nicknamed by an admiring Western man, "The Weather Cock," declared in private but a few days ago that he was convinced that the old school (depending on opinions only, and the new school governed solely by principles under a natural law) were speedily to be "merged into one." He, too, asserted at the same time and at the same place that *he* now had frequent calls from old school men for consultations. And he still holds offices of trust among the Homœopaths. And is this farce to be still performed by him and other progressive men? How a school, governed by opinions and ever changing hypotheses, can be merged into a school which all the world (save the progressive Homœopaths) knows is governed by a *natural law*, is a mystery. As well may an untrained individual try to attend to the steam engine of a train, or to the sending of a telegraphic message, and failing, blame the engine or the instrument. He would be hooted at; so will these

progressive Homœopaths be hooted at, when they declare their inability to cure homœopathically. The steam engine, the instrument, and the practice of Homœopathy, have been, are now, and will forever be, successfully managed by every one who makes himself a thorough master of their respective arts. A failure to accomplish what others have done for almost a century, is a *confessio paupertatis*. Homœopathy will never go on record as a "lost art." Even in the dark days the progressionists prepare a large number of faithful. True healers are to be found in all parts of this country and the world, who are developing our healing art for the benefit of suffering humanity.

TARENTULA: *Renal Colic*.—The following case was very promptly relieved by Tarentula 200:

Kidneys: Indescribable aching in.

- Aching pain in, relieved after urinating.
- Severe pain at night in.
- Shooting pain in, worse in right.
- Pain in, as if from vesical calculus, with constant desire to urinate, which does not satisfy.
- Weariness, weakness, in region of, preventing standing.

Bladder: Spasmodic action of, from debility.

- Irritation of, as if from calculus.
- Fullness of, as from over-distension.
- Pain in, extending through pelvis.
- Squeezed sensation in.

Pain in left hypochondrium, extending at times to pelvis.

Weakness, general, from 9 to 11 A. M. (very characteristic).

The mental condition was marked by irresolution, indecision, uncertainty; impatient, restless, irritable.

Pallor of face, very marked at times.

Sleep restless; inability to sleep; uneasiness.

Bitter taste in mouth.

MATERIA MEDICA.

NATRUM SULPHURICUM AND SYCOSIS.

J. T. KENT, A. M., M. D.

Description and Sphere of Action.—As its name indicates, it is the chemical combination of Natrum and Sulphur, Glauber's salts, Sulphate of soda. It partakes of the wonderful properties of both Sodium and Sulphur, and some day will become a very frequently indicated remedy. It is a remedy which typically corresponds to many of the complaints of a bilious climate. Natrum sulphuricum combines, in a measure, the wonderful effects of Natrum muriaticum and of Sulphur in the Western climate, as an active malarial agent. Malarial climates are all more or less bilious. Of course, I do not mean every man or every woman that comes to you and says: "Doctor, I am bilious." We never know what that means. It means more or less liver; it means more or less stomach; a general derangement of the system. Any kind of sickness may be called biliousness, but where the liver and stomach combine to effect disorders, we have true biliousness.

It is a most wonderful combination in its symptoms, because it not only pertains to muscular debility and disturbances of the general structures of the body, but also combines that which gives it consideration mentally. Its complaints are those that are brought on from living in damp houses, living in basements, and in cellars. They are generally worse in rainy, wet weather; hence it was called, primarily, by Grauvogl, one of his hydrogenoid remedies. It produces a profound impression upon the system in a general way like sycosis and a deep-seated or suppressed sycotic disease. Therefore, it is one of the grandest remedies underlying asthma, asthmatic and inherited complaints. In fact, Natrum sulphuricum is one of the best, one of the clear-cut indicated remedies for those constitutional conditions in children that result in chest catarrhs and asthmatic complaints. This shows you only one of its hereditary

features. Now, if we take into consideration the sycotic nature, the hydrogenoid condition of constitution—always worse in wet weather—and this heredity, we have one of the grand features of this medicine.

Its next grand sphere is its action upon the liver and stomach, producing a bilious disturbance. We have, corresponding with this liver excitement, a long list of mental symptoms marked with irritability, anxiety, desire to die, aversion to life and to things in life that would generally make people pleasant and comfortable. Now, if I begin on this mental state and go down through it, we will see more of it.

Mind.—A good wife goes to her husband and says: “If you only knew what restraint I have to use to keep from shooting myself you would appreciate my condition?” It is attended with wildness and irritability. No remedy has that symptom like *Natrum sulphuricum*. You may examine the various remedies in our drug pathogenesis and you will find almost every kind of mental symptom, but here is one that stands by itself—this wonderful restraint to prevent doing herself bodily harm, is characteristic of *Natrum sulphuricum*. The satiety of life, aversion to life; the great sadness, the great despondency, coupled with the irritability and dread of music—music makes her weep, makes her sad, makes her melancholy—this symptom runs through the *Natrum*s which it receives from the *Natrum* side of its family; *Natrum carbonate*, *Natrum muriaticum*, *Natrum sulphuricum*, all have it. Anything like melancholic strains aggravates her complaints; mild music, gentle light, mellow light that pours through church windows, these little glimmers of light that come through the colored glass, all these make her sad. Now, such is the mental characteristic of *Natrum sulphuricum*.

CASE.—With the constitutional troubles there are important head symptoms—mental symptoms from injuries of the head. A young man in St. Louis was hurled from a truck in the fire department. He struck on his head. Following this for five or six months he had fits; I do not know what kind of fits he had; some said he had epilepsy, some

said one thing and some another, and some said he would have to be trephined. He was an Allopathist, of course, as these firemen all are, for it is hardly ever that you can get one to go outside of Allopathy and try something else. He was a good, well-bred Irishman; so he had to have some good, stout physic. Some of his friends prevailed upon him to stay in the country for a while. He did so, but he did not get better; he was so irritable; he wanted to die. His wife said she could hardly stand it with him; always wanted to die; did not want to live. His fits drove him to distraction. He did not know when he was going to have one; they were epileptiform in character. Well, in the country he ran across a homœopathic doctor, because he had one of these attacks and the handiest doctor at the time was a Homœopath. That Homœopath told him that he had better come back to St. Louis and place himself under my care. He did so. At that time it had been about six months that he had been having these fits. When he walked into my office he staggered; his eyes were nearly bloodshot; he could hardly see, and he wore a shade over his eyes—so much was he distressed about the light—such a photophobia. He had constant pain in his head. He had injured himself by falling upon the back of his head, and he had with this all the irritability that I have described. There was nothing in his fits that was distinctive of a remedy, and the first thing that came into my head was Arnica; that is what everybody would have thought. Arnica, however, would not have been the best remedy for him. Had I known no other or better remedy Arnica would have perhaps been the best. As soon as he had finished his description, and I had given the case more thought, I found that *Natrum sulphuricum* was the best indicated remedy for injuries about the head, and I have been in the habit of giving it. So I gave it in this case. The first dose of *Natrum sulphuricum* cured this young man. He has never had any pain about the head since. He has never had any mental trouble since, never another fit. That one prescription cleared up the entire case. If you will just remember the chronic effects from injuries

upon the skull—not fractures, but simple concussions that have resulted from a considerable shock and injuries without organic affections—then *Natrum sulphuricum* should be your first remedy. Now, that may not be worth remembering, but when you have relieved as many heads as I have with *Natrum sulphuricum* you will be glad to have been informed of this circumstance. Ordinarily, *Arnica* for injuries and the results of injuries, especially the neuralgic pains and the troubles from old scars; but in mental troubles coming on from a jar or a knock on the head or a fall or injury about the head, do not forget this medicine, because if you do many patients may suffer where they might have been cured had you made use of this remedy.

Head.—It has violent head pains, and especially so in the base of the brain; violent pains in the back of the neck; violent, crushing pains as if the base of the brain were crushed in a vise, or as if a dog were gnawing at the base of the brain. These symptoms have led me to prescribe this medicine. In the spinal meningitis of to-day, if all the remedies in the *Materia Medica* were taken away from me and I were to have but one with which to treat that disease, I would take *Natrum sulphuricum*, because it will modify and save life in the majority of cases. It cuts short the disease surprisingly when it is the truly indicated remedy. I do not want you to understand that I recommend any one remedy for a disease. Do not get that idea. I have said that simply to get you to place the proper value on this remedy. In relation to the symptoms that you are likely to find in spinal meningitis, there is a drawing back of the neck and spasms of the back, together with all the mental irritability and delirium already described. The violent determination of blood to the head that we find in this disease, clinically, is readily relieved.

Eyes.—The next most important feature is in relation to the eyes. That is characteristic, and is equaled only by one other remedy in chronic diseases where there is an aversion to life with photophobia, and that is *Graphites*. You take these cases of chronic conjunctivitis, with granular lids, green pus, terrible photophobia, so much so that he

can hardly open his eyes; the light of the room brings on headache, distress and many pains. Here *Natrum sulphuricum* should be compared with *Graphites*, because *Graphites* has also an extreme aggravation from light in eye affections. Of course, this classes it entirely away from *Belladonna* and the other remedies that have acute photophobia or acute determination of blood to the brain, because it gives you a chronic state and condition that you must study.

Nose.—*Natrum sulphuricum* produces a stuffing up of the nose, red tongue, irritable mucous membrane of the eyes, nose, and ears, with great dryness and burning in the nose. Pus becomes green upon exposure to the light.

Mouth.—The mouth always tastes bad. The patient says: "Doctor, my mouth is always full of slime." That is a common expression of the patient when he comes to you. And the provers, all of them, said that they were troubled with a slimy mouth. Thick, tenacious, white mucus in the mouth. Always hawking up mucus; it wells up from the stomach; mucus from the cesophagus; mucus by belching; mucus coughed up from the trachea, and it is always foul and slimy.

Stomach.—There is a distended feeling in the stomach; a sense of a weight in the stomach; almost constant nausea; vomiting of slime, bitter and sour. These are the characteristics: bitter and sour.

Liver.—A sensation of weight in the right hypochondrium, in the region of the liver; aching pains; sometimes cutting pains, and a great amount of distress in the region of the liver. Engorgement in the region of the liver. He can only lie on the right side, his complaints are aggravated from lying on his left side. When lying on the left side the congested liver seems to pull and draw; the great weight increases the pain and uneasiness and he is compelled to turn back on the right side. Now, it is from these symptoms, whenever a patient comes into my office and says, "Doctor, my mouth is so slimy and tastes so bad, and I think I am bilious," that he always gets *Natrum sulphuricum*.

Natrum sulphuricum produces great flatulence, disten-

tion of the abdomen, cutting pains in the abdomen, associated with congestion of the liver. In this tympanitic condition of the liver that sometimes comes on in the inflammatory conditions in bilious fever, you will find *Natrum sulphuricum* your remedy.

I began the use of this remedy with Schussler's remedies some years ago, and find the indications well carried out by the higher and highest potencies. I carry Tafel's five hundredth potency in my case, and use also the highest of Fincke with same results. Bell says that if the thirtieth potency of Arsenic is equal to a complete knowledge of the drug, crude Arsenic would be equal to complete ignorance.

Chest.—There is a condition of the chest that is characteristic, and that is in relation to the cough. It has a cough with a sensation of "all-goneness" in the chest. In this it competes with *Bryonia*; both hold the chest when coughing. *Bryonia* holds the chest because he feels as if it would fly to pieces; there is such a soreness that he feels the necessity of steadying his chest. The complaints of *Bryonia* are relieved by pressure. *Natrum sulphuricum* has this same desire to hold the chest; but in *Natrum sulphuricum* the muco-pus that is expectorated is thick, ropy and yellowish green, looking like pus—purulent—and there is an "all-gone," empty feeling in the chest. He feels a sense of weakness there; that his lungs are all gone, that he must die in a few days with consumption or some other failing like that, and that it is coming on in a short time.

Bryonia corresponds more to the irritable states with the cough, where there is great rawness, great constriction, great sense of tearing in the chest; burning in the chest; while *Natrum sulphuricum* correspond to a case that has been going on for perhaps a week; every cough brings up a mouthful of purulent sputa with a desire to press upon the chest to relieve the weakness; *Natrum sulphuricum* is then your remedy.

Another condition is that of humid asthma. If a child has asthma give *Natrum sulphuricum* as the first remedy.

Asthma, when hereditary, is one of the sycotic complaints of Hahnemann. You will not find that in your text-books, so do not look for it, but it may be an observation worth knowing. I have cured a very large number of such cases of asthma, although the text-books would discourage you if you should read them under asthma, because they will tell you that cases of asthma are incurable. For years I was puzzled with the management of asthma. When a person came to me and asked: "Doctor, can you cure asthma?" I would say, "No." But now I am beginning to get quite liberal on asthma, since I have learned that asthma is a sycotic disease, and since I have made judicious application of anti-sycotics I have been able to relieve or cure a great number of such cases. You will find in the history of medicine that wherever asthma was cured, it has been by anti-sycotic remedies. That is one of the first things I observed, that outside of sycotics you will seldom find a cure for asthma. There is that peculiarity that runs through sycosis which gives you a hereditary disease, and asthma corresponds to that disease. Hence it is that Silicea is one of the greatest cures for asthma; it does not cure every case, but when Silicea corresponds to the symptoms, you will be surprised to note how quickly it will eradicate it. While Ipecac., Spongia, and Arsenicum will correspond just as clearly to the supervening symptoms and to everything that you can find about the case, yet what do they do? They palliate; they repress the symptoms; but your asthma is no better off, your patient is not cured. Arsenic is one of the most frequently indicated remedies for the relief of asthma; so also are Bryonia, Ipecac., Spongia, and Carbo veg., but they do not cure; though they relieve surprisingly at times. Where a patient is sitting up, covered with a cold sweat, wants to be fanned by somebody on either side of the bed, dyspnoea is so distressing that it seems almost impossible for the patient to live longer, to get another breath, then Carbo veg. comes in and gives immediate relief and the patient will lie down and get a very good night's rest. But what is the result? On comes the asthma again the very next cold. Natrum

sulphuricum goes down to the bottom of this kind of a case. If it is hereditary, that is, not long-lived, if it is in a growing subject, Natrum sulphuricum goes down to the bottom of such a case and will cure when its symptoms are present; and the symptoms will so often be present. It is because of this deep seated anti-sycotic nature, we find in the combination of Natrum and Sulphur, that we have a new state and combination running into the life. When the chest is filling up with mucus, rattling of mucus, expectoration of large quantities of white mucus, with asthmatic breathing in young subjects, this remedy must be thought of.

Sexual Organs.—In relation to the genito-urinary organs, we have some very valuable symptoms. In chronic gonorrhœa, with greenish or yellowish-green discharges. Instead of gonorrhœa running off into a white, gleet discharge, it keeps up a yellowish, thick, greenish discharge. It competes here with Thuja and Mercurius, both of which are anti-sycotics. When Natrum sulphuricum is indicated there is generally very little pain, it is almost painless. There is chronic loss of sensibility in the part.

Urine.—The urine is loaded with bile, is of a pinkish or yellowish color, with a "corn-meal" sediment, or it looks like stale beer and is extremely offensive. Offensive urine is not in the text.

Extremities.—Like Sulphur, it has burning of the soles of the feet at night, and the burning extends to the knees; burning from the knees down. It has also, like Sulphur, great burning in the top of the head; it has tearing, rending, cutting pains from the hips down to the knees; worse at night. The stomach symptoms are worse in the morning, and so also with the mental symptoms, they are generally worse in the morning.

Skin.—Now, upon the skin we have some eruptions; we have those cases of so-called itch, scabies or vesicular eruptions, vesicular eczema, with a thin, watery discharge exuding from the fingers, and the fingers are swollen stiff and stand out stiffened by the swelling; they are swollen so stiff they can hardly be gotten together. (Baker's itch and

barber's itch come under this head.) *Natrum sulphuricum* cures where the palms of the hands are raw and sore and exude a watery fluid. Also vesicular eruptions around the mouth and chin and various parts of the body; little, fine water blisters, very much like *Natrum muriaticum* and very much also like *Natrum carb.* So you see it runs into the *Natrum*s. The other disease that I incidentally mentioned a moment ago—the barber's itch—is a sycotic disease, a *sycosis menti*, a disease of the hair follicles. It is sometimes even contagious. It is one of the highest types of *sycosis*; the next highest type of *sycosis* is the venereal wart known as the gonorrhœal wart. This medicine corresponds to this state and condition of the body.

Now, we have said considerable about *sycosis*. We know in *sycosis*, which is a constitutional miasm, that we have venereal warts or gonorrhœal warts; that we have another sycotic state that comes upon the female in cauliflower excrescences. We have also hereditary asthma, a constitutional disease that depends upon *sycosis*, and this peculiar barber's itch is one of the highest types of *sycosis*; they are all due to one cause, and some day this cause will be demonstrated to be latent *sycosis*. Gonorrhœa will some day be known to be the true offspring of this *sycosis*. It is the contagious part of the *sycosis*. It is the means by which the disease is handed from generation to generation. This thing you will not find in the books, and it is, perhaps, only a private opinion and, therefore, worthless. But some day you will remember that I told you this. I have seen things in my observation that astonished me. I believe I have solved what Hahnemann called *sycosis*, though he has never described it. To me it is very clear from the cases I have cured, with this theory in view or this doctrine in view. The cases I have cured lead me to believe that I am on the right track.

Now, I say that gonorrhœa and all of these latent conditions of the body are one and the same thing; that primarily they date back to one and the same source. Of course, the books will tell you that gonorrhœa is not a constitutional disease; but when gonorrhœa will produce warts,

and gonorrhœal rheumatism, and will last throughout life, and children be brought into the world with the same disease, how are you going to get around it? There was a young man in the St. Louis City Hospital who had been there many months, and who was so sore in the bottoms of his feet that he could not get around; he had to leave his business, he was a baker. Finally his old employer came to me and wanted to know if I could do anything for that young man. I did not know anything about the nature of his disease. I told him to bring the young man to me. He was brought, and I learned from his history that years before he had had gonorrhœa; that it had been suppressed with injections. I put him under such constitutional treatment as these theories that I have just mentioned guided me to, and I cured him. In our city I have cured twenty-five or thirty cases of this peculiar kind of sycosis that dated back to a latent gonorrhœa. Symptoms of a latent gonorrhœa are unknown to the books. You will find nothing of it. It is only known to such observers as have been able to make two out of two times one—by putting things together. By and by I shall have a complete chain of evidence to show that gonorrhœa is a constitutional disease and can be handed down from father to son, as can syphilis. It is one of the chronic miasms, and is one about which very little is known. If this be true, it is as dangerous to suppress a gonorrhœal discharge before its time, as it is to suppress a syphilitic chancre before its time. You will never know if you go on treating these constitutional miasms by suppressing the primary manifestations—you will never know the harm you are doing.

The most of these are calculated by the process of evolution to wear themselves out, to roll out, or to evolve themselves into symptoms that are so depleting to the disease that they leave of themselves, or leave the patient very nearly free from the disease. Such is the calculation of Nature in a gonorrhœal discharge, and such has been the intention of Nature in the chancres that appear upon the genitalia. But poor ignorant man, believing he must do something, has made it his first business to cauterize these

chancres—to dry up these discharges—and he does not know how much harm he is doing. But this is only a private opinion. I have observed this, that there are two kinds of gonorrhœa—one is a simple urethral discharge, which, when stopped by injection, will not produce a constitutional taint, because that is not a sycosis; and the other form is the sycotic gonorrhœa, which, if suppressed with injections, will appear in constitutional symptoms. Now, it is for you to live and think for yourselves. If you can make anything out of what I have told you, and it ever helps anybody, I shall be amply repaid. You will most naturally see that all these thoughts are in furtherance of Hahnemann's teaching, based upon the facts observed by him and his faithful followers. Unless guided by the light of the dynamic doctrine of disease and cure, these things would scarcely be observed. For the study of this sycosis I might have taken up Thuja, but knowing how well the master has performed this work, I have taken a remedy that is scarcely second in importance to bring out as well the use of a remedy as a miasm in relation to it. I. H. A.

IRIS MINOR. A PROVING.

GEORGE WIGG, M. D., Portland, Oregon.

This small indigenous plant grows in clay ground, and on the hill-sides in this state—Oregon. The stem is very slender, and only from eight to ten inches high.

In October, 1885, I prepared a tincture from the small bulbs out of which the roots grow, by pounding them into a pulp, and adding to one ounce, two of alcohol 95°, letting it stand ten days in a dark, cool room, and shaking it well night and morning. Of this tincture, I took on December 1st five drops. Fifteen minutes after, I began to experience a sense of burning in my mouth, which increased until the throat and fauces felt as if on fire.

Cold water did not relieve the symptoms, but they disappeared at midnight.

December 3: 7 A. M.—Took twenty-five drops. Fifteen minutes after, fearful burning in throat.

9 A. M.—Throat very painful and burning. Have to keep swallowing every second or two. Mouth *dry*, and *free from saliva*.

2 P. M.—Am very gloomy, and cast down. Wish that I had never seen Oregon.

6 P. M.—Am really home-sick.

8 P. M.—Went to bed; could not sleep; became more despondent until midnight.

1 A. M.—Fell asleep. Awoke at 5 A. M. with a dull aching in both temples, and an itching in both eyes. Could not go to sleep again, but kept turning the pillow over, as the cool side would relieve the pain. Symptoms passed off an hour after sunrise—8:30 A. M.

December 6: 7 A. M.—Took thirty drops. Twelve minutes after, mouth and throat burn as if full of Capsicum. Had to keep sucking in the cold air.

9:30 A. M.—Could not stand the burning longer. Tried cold water; no good. Sweet oil and camphor relieved.

11 A. M.—Passed urine of a brownish color, and continued to do so every fifteen minutes for two hours.

1:35 P. M.—Pain in second left upper molar tooth, which appears about a half inch too long.

6 P. M.—Pain in tooth severe. Applied chloroform without benefit. Went to bed, but owing to the pain did not get to sleep till 2 A. M.

December 7.—Awoke at 6:15 A. M. Tooth still aching. Upon standing up, a sinking all-gone feeling in stomach, which caused me to vomit up a quantity of greenish-yellow slime, not bitter. This symptom passed off, after drinking a cup of black tea.

10:25 A. M.—Pain in tooth increasing. Neither cold nor hot water, chloroform nor camphor would relieve. Thought there was an ulcer at its root, and that the pain was not the result of drug action. Had a dentist extract it. No sooner had he done so than the pain ceased. Tooth was decayed, but not ulcerated.

December 8.—Awoke at 6 A. M. with an itching all over scalp; thought it due to dandruff.

7 A. M.—Brushed head well with a stiff brush. Five minutes after, the whole scalp was burning, as severely as if tincture of Capsicum had been rubbed in; at the same time my eyes began to smart.

The sensation in them was like that caused by being near a person scraping *Cochlearia Armoracia*. Eyes *did not water*. This itching and burning passed off in the evening, after lasting eleven hours.

December 10: 9 A. M.—Took sixty drops on an empty stomach.

9:30 A. M.—Mouth and throat burning fearfully.

10 A. M.—Cutting pain in abdomen; more severe on the right side. Pressure upon the ileo-cæcal region caused a deathly sensation at pit of stomach.

11:40 A. M.—Courage all gone. Could not keep from crying.

2 P. M.—Am sick all over. Went to bed. Pain in bowels increasing. Headache in both temples. Vomiting of very green bile. Hot applications relieved pain in bowels, but not head. A very copious action of bowels at midnight.

December 11: 8 A. M.—Am so exhausted that I cannot leave the bed, though the pains have somewhat moderated.

2 P. M.—A hard chill came on lasting twenty minutes. I made an effort to overcome it, but could not.

After the chill, temp. 102° F. As it decreased a moderate perspiration appeared.

The acute pains passed off during the night, but for fourteen days there was a painful spot over the ileo-cæcal region, as if an ulcer about the size of a quarter might be on the inside.

My bowels did not act normally for ten days.

Was afraid to continue the proving.

I wish to call attention to what appears to me to be a characteristic of this plant, not found in the provings of *Iris versicolor*.

1. Absence of saliva, mouth being dry.
2. The gloomy, cast-down and homesick feeling.

3. Burning in eyes, without effusion of tears.
4. Pain in one tooth only; second upper molar.
5. Itching and burning of scalp, but no eruption.
6. The chill at 2 P. M. Am forty-four years old and never had a chill before, nor since.
7. The painful spot in ileo-cæcal region, and the length of time it continued.

NOTES ON FREQUENTLY INDICATED REMEDIES, WITH
COMPARATIVE SIMILAR SYMPTOMS.

H. C. ALLEN, M. D.

ABIES NIGRA.

STOMACH.—The guiding symptoms so far as our provings or clinical experiments go, appear to cluster about this gastric characteristic:

Sensation of an undigested hard boiled egg at pit of stomach. This is not a weight or a heaviness but a sensation causing a constant uneasiness and discomfort. The patient is often dull and drowsy during the day, with loss of appetite: wakeful, restless and hungry at night. There may be constipation, nervousness, dysuria; vertigo, flushed face and distressing headache, but they all appear to hinge upon this one symptom and are removed with it.

Bryonia, has pressure in stomach, as from a stone, after eating, makes him fretful and irritable. But under *Bryonia* the stomach is sensitive to touch, cannot endure the pressure of the clothes and is aggravated from motion, especially a sudden or false step.

Calcarea, has pressing pain as if a load or stone were in it, after a moderate supper, and like *Bryonia* is worse from motion and better lying quietly on the back. Also, like *Bryonia*, pressure is painful, but the saucer-like distension is wanting under the latter.

Nux vomica, has pressure, as from a stone, worse mornings and after meals. The region of stomach is sensitive to pressure, but not to false step or jar, like *Bryonia*. The high living, abuse of drugs, sedentary habits and debauchery of *Nux*, serve to further distinguish between them.

Pulsatilla, has weight as from a stone, early morning on waking, and an hour after a meal; but is better by eating again. Pains are worse from walking, misstep and when stomach is empty; from fats, pastry, fruit, ice cream, etc.

ACETIC ACID.

In the treatment of many severe cases, both acute and chronic, this remedy is frequently indicated and as frequently overlooked. And yet some of its leading symptoms are so clear-cut and so characteristic as not easily to be forgotten. It is especially adapted to persons of lax muscular fibre; pale, anæmic, chlorotic, with more or less rapid wasting of the body.

Hæmorrhages: active or passive; from nose, bronchi, lungs, stomach, bowels, genitalia.

Diarrhœa: profuse, exhausting; in ascites, diabetes, typhoid, typhus, tuberculosis.

In these, or any other affections, the characteristic indications for Acetic acid will be found in the following:

Intense, burning, insatiable thirst, even after drinking large quantities of water.

Passing large quantities of clear, watery urine, both day and night.

Profuse night sweats with great debility and marked emaciation.

These form the three points of support for the exhibition of this remedy; and it matters little what the *name* of the disease is, a host of minor ailments revolving about them as satellites about a planet, will often be promptly dissipated by a few doses of this medicine. It acts promptly and effectively in the thirtieth potency. It may act as well in any other potency, but I have never used it lower or higher.

Arsenicum, is the remedy which is usually thought of and generally given in many of the before mentioned affections, instead of Acetic acid; and we are often astonished at our failure. A careful comparison in the first place would have promptly excluded it. While *Arsenicum* has emaciation, great prostration, marked debility and intense, burning thirst, and while in these particulars there is a

striking correspondence, there is also as striking a difference. The thirst of Arsenic is almost invariably for "little and often," and when a large quantity is taken it is almost certain to be rejected or to produce nausea and vomiting, which never occurs under Acetic acid. The mental restlessness of the debilitated Arsenic patient is also wanting in Acetic acid.

The peculiarities of the Arsenic diarrhoea also, are entirely different: like the thirst of Arsenic the alvine discharge is scanty; it is painful and followed by great prostration; while under Acetic acid it is profuse, watery, painless.

Ferrum, has the ashy pale face of the anæmic or chlorotic patient, and this paleness extends to the lips, tongue and mucous membrane of entire buccal cavity, which is rarely found under Acetic acid. But the earthy pale face is also subject to congestions, becomes easily flushed and bright red, from mental emotion, pain or other symptoms, which is never found under Acetic acid.

Ferrum has watery, painless, even involuntary diarrhoea; or diarrhoea of undigested food; but is aggravated at or after a meal and by drinking cold water, while that of Acetic acid is not affected by eating or drinking. It has profuse, debilitating, long-lasting sweat; clammy, stains yellow, strong smelling, fetid on going to sleep; but it is aggravated by motion, may occur by day as well as night and patient is *always worse when sweating*.

In the marasmus which occurs during the first summer of teething children, we have found Acetic acid exceedingly useful. There is loss of appetite, the child drinks much and often, pain in stomach and abdomen, diarrhoea with stool of undigested food, restless sleep or sleepless nights and great emaciation, with sometimes swollen cedematous legs. To this picture add the characteristics of the remedy and an apparently desperate case will be promptly restored. Here a comparison with Arsenicum or Iodine may be necessary.

In myelitis, or cerebro-spinal meningitis, when the pain in the back is only relieved by lying on the abdomen, this remedy should always be thought of.

Acetic acid causes and cures menorrhagia. In some parts of the west the servant girls are in the habit of taking a tablespoonful of strong vinegar to check the menstrual flow, if the unwelcome "visitor," should occur when "a party" or other festivity is to be attended. It will promptly check the flow for a few hours or days, as the case may be, when a menorrhagia will take the place of the normal flow, or nature may find relief in a hæmorrhage of the lungs, stomach or bowels.

The gastric symptoms are often valuable: violent burning pain in stomach; cannot bear the slightest pressure; sensation as if an ulcer were in the stomach, or as if its contents were in a constant ferment. This may be accompanied by sour eructations, sour vomiting, profuse salivation and water-brash day and night and call for its use in morning sickness, gastric ulcer, etc., and provided the three characteristics are present, prompt and permanent relief may follow.

ACONITUM NAPELLUS.

Nearly every homœopathic physician knows, or thinks he knows, all the characteristic indications for the use of this wonderful polychrest, hence it may be considered presumptive to make even a few suggestions. Said a veteran, of nearly fifty years' practice, to me recently: "I do not give Aconite once now, where in the early years of my practice I gave it twenty times. I do not see it indicated." That is just the point. We do not think there is a remedy in the *Materia Medica* to-day more frequently prescribed when not indicated, or when it can only tend to spoil the case or render it incurable, than Aconite. Dunham says: "It often happens that Aconite is frequently indicated at the very beginning of some acute diseases, and that, if properly used in such cases, it will often cut short the career of the disease. From these facts has arisen a fashion of giving Aconite almost as a routine prescription in the beginning of all acute diseases, indiscriminately; particularly if the cases are supposed to be characterized by that Protean phantom of the pathologist, inflammation. Great mischief often results from this practice, negatively,

inasmuch as it causes the loss of valuable time during which the true specific remedy, which should have been given at the very first, might have been acting; and, positively, inasmuch as Aconite often, when inappropriately administered, does real mischief, exhausting the nervous power of the patient and adding to a prostration, which is already, probably, the great source of danger."

The guiding characteristics of Aconite are in the mental sphere, the symptoms of the mind and disposition:

"Restlessness, anxiety, uneasiness of mind and body, causing tossing about, sighing and frequent change of posture; forebodings, anticipations of evil, anguish of mind, dread of death, and even distinct anticipations of its occurrence." To this Hahnemann adds the sound advice, "Aconite should not be given in any case which does not present a similar group of symptoms. Then," he says, "the result is truly wonderful."

Aconite should never be given unless the mental characteristics are present.

Aconite should never be given if the patient is quiet, calm, tranquil, and bears the pain and suffering philosophically, no matter how high the temperature, how rapid the pulse, how hot the skin or great the thirst may be.

"Aconite is never to be given first to subdue the fever, 'and then some other remedy to meet the case.'"

"Aconite should never be given to 'save time' while the physician goes home to study up the case."

Fever or inflammation alone is never a sufficient indication for the use of Aconite or any other remedy.

Aconite should always be given for the disquiet, the uneasiness, the distress of mind and body, the mental anguish that allows no rest, the mental fear for the future; then fever or no fever, Aconite will be in its place, homœopathic to the case, and will never disappoint the prescriber.

Our allopathic brethren, following the advice of Ringer and a few writers on homœopathic *Materia Medica*, who make Aconite the great anti-phlogistic, are using it to cut short the premonitory stage of typhoid. But in this, as in every other case where they prescribe for a pathological

theory, they can only meet with indifferent success or mortifying failure. The *law of cure* is no respecter of theories and cannot work that way if it would.

RHUS AND RHUS POISONINGS.

In the *Homœopathic Recorder* for July Mr. A. J. Tafel gives the following practical hints from personal experience. It is a very good illustration of the necessity for a careful individualization of every case, even of poisonings with the same remedy. [ED.]

This subject presents an almost inexhaustible theme; for while there are ever so many antidotes no remedy has as yet been found successful in all cases of poisoning by Rhus. Rhus is met with everywhere in the middle States, as well as in the South and the West, and is a pest on the Pacific slope.

Formerly a distinction was made between Rhus radicans and Rhus tox., and in Jahr's *Sympt. Codex*, we find twenty-five pages devoted to Rhus radicans and twenty-four to Rhus tox. The provings of the former were made and arranged by Drs. B. F. Joslin, S. B. Barlow, E. Bayard, W. Williamson, and others, while Rhus tox. was taken from the German of Jahr's *Sympt. Codex*. However, as Hering and Allen dropped this distinction in their works on *Materia Medica*, and as botanists unite in declaring the identity of the two, Rhus radicans has gone out of use and has been rarely called for in the past ten years.

The writer has had considerable experience with Rhus poisoning, in his family, as well as with the employes who collect the yearly supply of the fresh leaves for the pharmacy.

One fine day at the end of May, 1871, A. L. T——, a five-year old incipient botanist, crept along and through some Rhus tox. bushes while collecting flowers in Hamilton Park, Staten Island, and became fearfully poisoned; the whole face was swollen, the eyes closed, and the abdomen and genitals implicated. On the third day the whole face was covered with a thick gray crust, in spite of all remedies. Just then Dr. C. G. Raue, of Philadelphia, paid us a friendly

visit, and seeing the boy's condition, prescribed Psorinum 400 (Hering). Two doses were given, four hours apart. Improvement set in within an hour; the itching grew less, next day the crusts dried off, in three days they were about gone, and soon the boy was well again. A week after, the writer essayed to clear the garden around the house (about an acre in extent) of every Rhus plant and was several hours in doing it. A good armful was collected, and as he was careful not to touch his face while thus engaged, he thought he had escaped the toxic influence. The hands, which had been well washed with castile soap immediately after, were all right, but the face was puffed up and itched next morning. He then resolved to try an experiment, and procured the 28,000 potency (Baruch) of Rhus tox. and took one dose. Within less than an hour the face felt as if a cooling lotion was being spread over it; the swelling went down and by evening was almost gone. We thought we had made a discovery. A few days after, the same hapless boy, who had been cautioned in vain against leaving the precincts of the garden, came up to his father; "Look what nice flowers I have," he exclaimed, showing a hand-full of Rhus tox. blossoms. They looked pretty, but we pitied the boy. We waited until the next morning to make sure of the toxic absorption, but it was the same old story—face, neck, hands and arms were blotched with a terrible itching eruption; he received *one dose* of Rhus tox. 28 m, and on coming home in the evening we found the boy's face looking natural and the itching gone. We then thought we had a sure thing.

A few weeks after, the late Dr. John Butler, in conversation at the pharmacy, remarked what a difficult thing it was to cure Rhus poisoning. "Oh," said the writer, "nothing easier than that," and proceeded to relate his recent experience, and declaring his readiness to cure any given recent case within forty-eight hours. A small wager was laid and time passed on. A week or two after a gentleman called at the pharmacy and asked for A. J. T. He had been sent down by Dr. Butler to get some of that new Rhus antidote. He received one dose of Rhus. 28 m. on

the tongue, and two powders of *Sac. lac.*, containing each a few pellets of that remedy, with the direction to take another powder on retiring at night, and if no decided improvement was manifest next morning, the third powder. In the afternoon of the same day a second case was sent down by Dr. Butler, and the day after a third case. They both received the same medicine and similar directions. Some time after the Doctor called at the pharmacy and exclaimed, "Well, you won that bet." "Won what bet?" "Why, don't you remember about the three *Rhus* cases?" Then it came back to mind. None of the three patients had occasion to use the third powder; within twenty-four hours they had been cured, and stayed cured. We felt elated. But next season when we wanted to repeat this success, the remedy, for some unknown reason, would not respond, and that season we saw as prompt effects in several cases from *Bryonia* 200 (Tafel). However, *Anacardium* 200 (Tafel), and *Croton tiglium* 200 (Tafel) are our stand-bys. *Anacardium* was first prescribed with success many years ago by Dr. C. G. Raue, and was effective in a majority of cases when our men were sent to him after gathering our season's supply.

This year four of our men gathered in one day 260 pounds of fresh leaves, but our veteran superintendent of the laboratory, Mr. Goll, gave each of them and took himself a dose of *Anacardium* 200 before they started, and another dose after their return. One of the men had his face speckled with black spots from drops of the milky juice; these spots were slightly inflamed next morning, but after a third dose the redness decreased, and on the third day he was well. Two other men escaped entirely, and Mr. Goll was but slightly affected, at the wrist and on the arms, but by taking a third dose of *Anacardium* he was well on the fourth day. The leaves were gathered on a bright, warm, breezy day, and the only precaution taken was to stand on the windward side of the shrub, so as to have the effluvia blown away from them. They had, however, to carry the bags back to the city, cut up the leaves, and prepare the tincture that same evening.

The most virulent *Rhus* poisonings are met with on the Pacific coast. Our esteemed friend, Dr. G. Oehme, formerly of Tompkinsville, Staten Island, but since February located in Roseburg, Oregon, wrote recently that all the woods, roads, and by-ways there are infested with the Poison Oak (*Rhus Californica*), which there attains the size of the scrub oak of New Jersey and other places, and that this universal pest entails untold sufferings on those susceptible to its influence.

There seems to be no panacea for its baneful effects on mankind; each case has to be treated by itself according to its peculiar symptoms, and it would seem that while one given remedy will reach a majority of cases in a certain locality in one season, in another season it may prove nearly valueless.

The remedies most frequently indicated are *Bryonia*, *Anacardium*, *Croton tigl.*, *Cantharis.*, *Comocladia dentata*, *Rhus venenata*, and sometimes, also, *Mercurius viv.*, *Pulsatilla*, *Sarsaparilla*, *Sulphur*. We see it stated in *Jahr's Symp. Codex*: "The following are some of the particular effects of *Rhus. rad.*, which have been removed by these antidotes. *Bryonia* has removed the sensation of fulness in the scalp; the rheumatic pains in the chest increased by respiration; the palpitation at night in bed, with pain in the chest, dyspnoea, and the painless rigidity of the neck. *Mercurius* has removed the sore feeling of the tip of the tongue. *Pulsatilla*, the toothache in the evening. *Sulphur*, the semilateral pain in the upper and left part of the forehead, in the evening; and the pain in the left chest, opposite the middle of the left lung, especially in the evening in bed, and at night."

At the homœopathic pharmacy in San Francisco they generally give the 3d or 6th potency of *Rhus Calif.* when asked for an antidote, and, it seems, with general good success.

SURGERY.

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CURABILITY OF SYPHILIS seems to be still a question *sub judice*. The quotations from Dunham and Hahnemann, appended to my former article (July number), have the effect to emphasize a statement then made, that, unfortunately, homœopathic testimony is practically worthless, when sought for in works over ten or a dozen years old. Neither Dunham nor Hahnemann is speaking of syphilis at all; they use the term, it is true, but the symptoms they quote are not those of syphilis. I must repeat a warning already given: the ulcer is not syphilis, and the continuance or disappearance of the primary sore promises nothing as to the cure or otherwise of syphilis. The *only* proof that syphilis has been cured, is found in the life history of the sufferer, and the physical state of subsequent offspring. This proof cannot be got for years. Knowing, as all surgeons do, that there are many sources of error in the mere study of the venereal ulcer, a diagnosis of syphilis *cannot be made with absolute certainty* until the secondary phenomena appear, and in the "classical order and sequence."

HERNIA seems to be a never-failing subject for discussion. According to the reports of the late meeting of the American Institute, there were many points overlooked in the discussion, familiar to all taking part, doubtless, but which should have been noted. Thus, one gentleman speaks of closing the rings, and thereby preventing a re-descent. Of course he meant in "recent" cases, because the elongation of the mesentery, in all "ancient" cases, has the effect to render the "contents too great for the capacity of the abdomen," and very often if one aperture is closed up, the hernia appears elsewhere. If this gentleman claims a "cure" in all his cases so treated, he certainly is very ingenuous, and must have failed to follow the after-history of his patients. Another advises the return

of the intestine without opening the sac. Surely not without satisfying himself that the constriction is not *in* the sac? Why not say so, and thus avoid the danger of leading some inexperienced reader into a fatal error.

TUMORS comes to the front for discussion as regularly as the equinoxes. The Michigan Society wrestled with the subject of curability, at their late meeting, and certain *savans* were found guilty of perpetrating the old joke, that the "authorities ALL say the true cancer is incurable by any internal medication." May we ask what is an "authority"? And on what possible ground he excludes Dunham, Grauvogl, Helmuth, and a host of others, from that category? A *class* of "authorities" may possibly be so unanimous, but it is certainly questionable whether the gentleman has put the question to *all* of them. With a question of pathology, or operative treatment, to decide, we can go to Bryant, Wells, Holmes, Gross, and others; with one involving therapeutics, their testimony is utterly valueless, good for nothing but medical babes. Another hurls this at us: "It is a generally accepted fact" (mark that, a FACT) "that after tissue-change has taken place, after the breaking down has begun, there is no remedy that will cure a case of cancer." That is what was said to Dr. Holcombe when he published cures of yellow fever, viz.: "The proof that he did not cure yellow fever is found in the fact" (here is another "fact") "that yellow fever is incurable." Well, "tissue change" is an awful thing, as witness mumps and typhoid fever. So is the "breaking down" of tissue, as is seen in abscess and caries. Still, such awful catastrophes are successfully met, as a rule, if the "authorities" are to be believed, and one is irresistibly led to the conclusion that something more than this must be the "incurable" indication in cancer. I know cancer *can* be cured, but, alas! it seldom *is*. For reasons given in another place, I rarely if ever make the attempt. But I hope I am not so vain as to attribute ignorance to a colleague, by questioning his diagnosis—when he does what I dare not attempt, or so poorly read in the history of medicine as to

put down as impossible a reported cure, because some antediluvian therapeutists say so. A man that can cure a case of tumor with Sepia 30, and then doubt the fact, or rather his diagnosis, must certainly gracefully accept the verdict that he is "too modest to live," or has a very indifferent regard for the acuteness of his senses. Father Tom, in his celebrated interview with the Pope, covers this point beautifully. He says: "Thim operations on the sineses comprises only particular corporal emotions, connected wid sartin confused percipitions called sinsations, and isn't to be depended upon at all. If we were to follow thim blind guides, we might jist as well turn heretics at onc't. 'Pon my sacret word, your Holiness, it's neither charitable nor orthodox of you to set up the testimony of your eyes and ears agin the character of a clergyman." If the last word is made "authority," we have the case in a nut-shell.

THE SURGICAL TREATMENT OF CANCER, is treated of by Dr. J. A. Steele, of Minnesota (*Minnesota Med. Monthly*, Vol. I, p. 85), in a paper read before the State Society in 1885. The doctor advocates excision as the treatment, *par excellence*, joined to the use of carbolic acid. The paper takes too much for granted, in some respects, and is somewhat obscure in others, but as a whole may be accepted as a fair exposition of the best practice and teaching of the day *as to methods of treatment*. In speaking of the "caustic method," he is content to oppose it on the ground that it is painful, that there is uncertainty as to thoroughness of removal, and that "they (escharotics) are composed of the rankest poisons." Inasmuch as *all* remedies are poisons, in the nature of things, taken singly this objection should only go to show need for individualization. But the doctor is in error when he states those as the *greatest* or chief objections. The objection, above all others, is that the action of the escharotic has a tendency to extend the boundaries of the morbid action. The essential nature of carcinoma is the *germinal* elements. If the tissues are irritated, more particularly if inflamed, there is increased cellular activity, and consequent augmented

cell genesis. Thus the boundaries of the morbid tissue will always be outside of the line of the most intense inflammation. Increase the size of the poultice to include this, and the area is correspondingly enlarged; the poultice can never extend over all the invaded territory. He also states that there is one valid reason in their favor: "In the removal of a cancer by an escharotic, there will of necessity follow a copious discharge, which, in its nature, might lessen the liability to a return of the disease." Now, doctor, you certainly do not mean this, not literally. If suppuration were, as was once believed, a liquification of tissue, it might answer. But if suppuration is really a state of increased "production with deficient organization," exaggerated cell-genesis, may it not be possible that the greater the discharge, the stronger the chances are for dispersion of the elements? You know the cachexia is closely associated with the "open stage" of carcinoma. The fact is, taking the modern view of pathology, that escharotics have *nothing* to recommend them. If the knife is forbidden, then so is all kind of treatment; above all others, any method that extends the area of inflammation. The doctor refers to the "proper use" of the knife, but does not tell what this is. It is not in the use of Carbolic Acid *after* the knife, as his language would lead us to infer, because *that* is also one of the "rankest poisons," and more than that, hinders repair. I think the proper treatment is as follows:

Given a carcinomatous tumor, in the benign stage, freely movable, skin not implicated, surrounding lymphatics uncomplicated, and no one with any surgical knowledge or experience would hesitate to remove it at once, and, if he lets Carbolic Acid and similar abominations alone, can predict a cure with reasonable certainty. Of course it is understood that the removal must be thorough and radical. Given, on the other hand, the reverse of these conditions, and the prediction can be just as safely made that there will be recurrence. Painful experience has compelled me to completely change my earlier views, and I now feel that the doctrine of purely local disturbance in the early stages

of carcinoma is absolutely true and demonstrable. Later there is dispersion of the elements, and then no treatment, certainly nothing surgical, can be of any avail. Let me confess again: I have often done it, but as some who may have been led into error by my earlier teaching, may see this, and not former articles, it is well to "do it again." Remedies *may* cure a carcinoma; there is too much evidence to attempt a denial. Nevertheless, he is unwise and doing his patient an injustice who attempts to treat a case in that way. Why? Because, when it becomes evident that his treatment has failed, the tumor is in a condition and stage that cannot be cured by *any* means. If it can be cured at all, it is in the early stages, when the trouble is purely localized; then the knife is the only remedy, and it rarely fails. You can rapidly and effectually remove every particle of affected tissue. A poultice of the escharotic variety precipitates dispersion, and we have the germinal elements in the areola of the ulcer left.

HYDROCELE.—At the February meeting of the New York Surgical Society, Dr. Wm. T. Bull read a paper on the "Radical Cure of Hydrocele by Antiseptic Incision." The paper is of interest to Homœopaths in many ways, and amply merits our attention. His list of cases operated upon numbers fourteen, there being two deaths and twelve recoveries. One of the deaths, he tells us (*Annals of Surgery*, July, 1886), was from peritonitis, and was in the case of a man with a large hernia that it was attempted to cure at the same time. The hernia was reducible. No symptoms are given, *post-mortem* or otherwise. The other fatal case is thus described: The patient "was a laboring man, forty-two years of age, somewhat debilitated from exposure and lack of food, but presenting no signs of organic disease of the internal organs; who had had double hydrocele for six months. Both sides were operated on at once; the wound was irrigated moderately with 1 to 5,000 solution of bichloride of mercury, and a dressing of bichloride gauze was applied. *In forty-eight hours diarrhœa occurred. This was followed by vomiting, abdominal pain,*

and tympanitis, and on the fourth day he died. At the autopsy there were found only the evidences of violent gastro-enteritis, the rectum containing several patches of gangrenous mucous membrane." The italics are mine. To the average "regular" intellect, the death is probably attributable to the debility from "exposure and lack of food." I think the Homœopath will have little difficulty in fixing the responsibility on the "antiseptic precautions." The writer of the paper, however, recognized the mercurial agency in the fatal case, as he says in his summary (page 33): "One has died from mercurial poisoning." In the absence of information, it is fair to presume that the case of "peritonitis" was not entirely unconnected with the mercurial treatment. The average "stay in bed" in all these cases is given as ten days; the average "stay in the hospital," twenty-seven days. One case was in bed three weeks, and one in hospital sixty days. There was no recurrence in nine of the twelve cases, after from four to twelve months. In the discussion that followed, it seemed to be the opinion of many, that the operation had little to recommend it over other and simpler methods, such as injections of Iodine, or Carbolic Acid. The condition was rarely found to be of a character that would fully justify such a formidable operation. The statistics given by Drs. Sand and others showed a shorter period of confinement, less severity in the symptoms, and about the same freedom from recurrence. The writer of the paper, and those taking part in the debate, restricted the methods of treatment to excision of the tunica vaginalis, injections of Iodine, and injections of Carbolic Acid. Nothing was said of electrolysis, and, as a matter of course, there was no hint that remedies had any applicability. The text-books give many cases of hydrocele cured by electrolysis, and I can add two to the number. Books on homœopathic therapeutics give numerous cases cured by remedies. I cannot now give the figures, but can recall as many as four cases cured by Sili-*cea*, and one by *Rhododendron*. In two cases the fluid was evacuated by means of a small exploring trocar; in each, however, re-accumulation occurred, but under the action of

Silicea it was speedily arrested, and slowly abstracted. As to complications with hernia, a single case has occurred in my practice. I do not remember that it has been reported before. Case 41, October 29th, 1879: M. J. R., Detroit, Mich. Has a very large irreducible hernia of the left side, for two years, complicated with hydrocele. The hernial protrusion is estimated at a circumference of 13 inches, excluding the hydrocele as much as possible. The size of the scrotum interferes to such an extent with his work (a stone-mason) that he has visited many hospitals and surgeons, searching for relief. None have, hitherto, consented to attempt a cure. November 6th, assisted by Drs. J. D. Craig and Wm. M. Bailey, the tunica vaginalis was incised, a portion removed, and the adhesions of the hernial sac carefully loosened. The pillars of the abdominal ring were approximated by means of fine catgut sutures, and the tunica vaginalis closed with the same material. The wound in the integument was closed with silk sutures, and a dressing of *Hypericum* applied. He made an uninterrupted recovery, without accident of any kind, the temperature range never being above +2. On December 5th he was reported well, there being no trace of the hernia. A year afterwards he was still well, no hernia, nor recurrence of hydrocele. He received a few doses of *Arsenicum* for some threatening symptoms, which was the only remedy used excepting the *Hypericum*.

ANEURISM.—There are few morbid conditions that are as grave in their character as aneurism of large vessels so situated that operative treatment is impossible, such as of the aorta. Surgical ingenuity has been actively employed for generations in attempting to secure coagulation in the sac, in imitation of nature's method of lamination, but so far the results obtained have failed to satisfy the requirements. Injection of various substances and introduction of foreign material, such as horse-hair, iron or steel wire, and the like, have been only partially successful. The measure of success attained has been the establishment of coagulation; the failure has been in effecting a cure. In

the majority of cases death has resulted from hæmorrhage, due to ulceration of the coats of the vessel. In other cases death has occurred in various ways, showing, I think, a failure properly to appreciate the nature of the disease. For instance, in the July number of the *Annals of Surgery* (p. 47) Dr. A. Pearce-Gould furnished an editorial article on the subject under discussion, based upon the report of a case of aortic aneurism treated by Dr. Cayley, by the introduction of steel wire, 40 feet on one occasion, and 35 feet on another. The patient died (notwithstanding the success of the operation as to producing firm coagulation in the sac), from the extension of the morbid action, or rather the dilatation, which was so extensive that the trachea was flattened to an extent that rendered it impervious to air. The patient died from apnoea. In addition to acute arteritis, with consequent danger of ulceration or gangrene—the dangers common to all the methods in vogue which look to coagulation as the sole object and aim of treatment, are septicæmia, embolism, and acute inflammation of tissues contiguous to the aneurismal sac. Now what, some may inquire, are these other considerations of treatment, the failure to appreciate which renders the methods mentioned irrational and only partially successful? Briefly these: The expression is common, in the secular and professional press, that on *post-mortem* examination a cerebral vessel was found ruptured, and the statement is supposed to sufficiently account for the fatal issue. Now is this true? A vessel is amply competent to preserve its integrity as far as intra-vascular tension is concerned, so long as the variations in the degrees of tension are occasional, that is, such as would occur in the ordinary exigencies of life. In fact, the vessels are designed to withstand occasional and accidental increase of tension far beyond any degree that they can possibly be subjected to. The rupture of a vessel, therefore, from accidentally increased tension, or its dilatation under normal degrees of pressure, most conclusively shows some loss in the *vessel*, some deterioration of its coats. The merely artificial production of a clot in an aneurismal sac, it must be apparent, not only

fails to reach the conditions essential to cure, but even may add to the danger, in addition to the inflammation, septi-cæmia, and embolism universally recognized as imminent, by extending the area of the dilatation. I am speaking now, of course, of symptomatic or idiopathic aneurism. A treatment that has for its sole object the production of coagulation, must in the nature of things be not only unsatisfactory in results, but unscientific in its conception. Here is another instance where Homœopathy places weapons in the hands of the surgeon that other schools of therapeutics know nothing of. I think an aortic aneurism would do better "left to nature" than when "treated" in the unscientific methods referred to above, because of the compensatory thickening of the walls of the sac that is a notable feature in the natural history of the disease. I have had the privilege of treating three cases of aortic aneurism with remedies, the results being eminently noteworthy. One was of such size that the sternum and costal cartilages were eroded, almost absorbed. Gallic Acid 1x was given, in ten-drop doses, and in three months all pulsation had ceased. One year afterwards he remained well. In another case *Lycopodium* 30 was used, as suggested by Dr. Hughes (*Pharmacodynamics*), and a cure resulted. A third case came to my clinic in Iowa University, of the abdominal aorta, and was much benefited by the same remedy. He passed into the hands of another physician, who did nothing beyond confining him to the bed for a few weeks. He is still at his daily business, one year and a half after I first saw him, and while far from well, has lost many of the more troublesome symptoms. These cases are far too small a number upon which to base a theory; yet the results are in harmony with the results of others who have had similar experiences. Added to this, a fairly large list of cases treated by ligature, in which there was no arteritis, ulceration, secondary hæmorrhage, or recurrence, in all of which remedies were used as indicated, data is furnished upon which to base the statement that a cure of aneurism depends upon a cure of the condition making the aneurism possible. In this connection I wish

to call attention to a most remarkable statement as coming from an old-school physician, one that is germane to our topic, and affords corroborative testimony as to the correctness of the position taken. Discussing "Hydrophobia" (London *Lancet*, June, 1886, p. 440,) Dr. CHAS. W. DULLES, of Philadelphia, uses the following language: "A rational method of treating what is called hydrophobia will never, I believe, be established until we recognize the fact that it is not a single morbid entity, not a specific, inoculable disease, but, like convulsions, a series of phenomena, the first step to the treatment of which must consist in remembering that it may be due to a great many different causes, and in endeavoring to find out what is the cause in each particular case." In the same journal, by the way (p. 436), there is the report of a cure of thoracic aneurism "without operation," by Mr. E. H. Saunders, Royal Navy. "This case was traumatic in character, and appeared to be cured in about six months after its commencement. The treatment given rest in bed, starvation diet, and Iodide of Potassium, 15 grains three times a day." The summing up is as follows: "On reference to several works on the subject of aneurism, I find but few recorded cases where such marked benefit has taken place in so brief an interval under constitutional treatment—viz., those of Bouilland, Tuke, Andral, Nèlaton, and a more recent one recorded by Dr. Roberts, of Manchester. Whether the commencing lamination (primary) during the patient's sojourn in hospital, whether entirely or in part due to the restricted regimen, to the Iodide of Potassium (which, I believe, is now credited with the power of increasing the coagulability of the blood), or to all these circumstances combined, it would be hard to form an exact opinion."

ANOTHER WITNESS.—I must have THE ADVANCE. It speaks my sentiments; my experience. I have been in practice over forty years and use all potencies from crude drug to "pretty high," but I incline more and more to the high powers in all chronic diseases because from them I obtain the best results for my patients, and I intend to hold by this divine rule.

E. G. COOK.

GYNECOLOGY.

NEUROISIS AT THE SYMPHYSIS PUBIS: ITS RELATION
TO HYSTERALGIA.

DR. H. LEIBLINGER, Brody.

Translated by S. LILLIENTHAL, M. D.

Character of the disease: Intense boring and stitching pain, localized at the symphysis pubis; following the ligaments and fascia, it usually radiates towards the inguinal region, towards the anterior upper iliac spine, towards the perineum and thighs. The pain is never like labor-pain. The inguinal regions are very little sensitive to pressure, the hypogastric region never; the uterus shows no anomaly; rectum and bladder perform their functions normally. The pains are nearly constant, with paroxysmal aggravations, during which the patient in a sitting position with extended legs may pass days, till she is brought forcibly in a horizontal position, affording her considerable amelioration. After passing some time immovably in a horizontal position, great momentary relief was obtained by passive motion of the thighs in the direction towards the pelvis, so that thus the pelvic bones were pushed towards one another. The skin over the symphysis pubis is more sensitive to the superficial touch, than to strong pressure. *Puncta dolorosa* were observed at the ligamentum arcuatum superioris and inferioris; the most sensitive point to the touch is the ligamentous part at the posterior wall of the symphysis, and hence the patients dread manual internal exploration, as the examining hand pushes against the symphysis; the pain in touching the uterus becomes intense, as soon as the sound passes the upper part of the cervical canal and enters the os internum uteri, because at that moment the examining hand exerts the greatest pressure on the symphysis.

The similarity of this affection with articular neurosis is clear, as both have these symptoms in common:

(1) Intense painfulness, though no pathological changes can be detected.

(2) *Puncta dolorosa*.

(3) Over-sensitiveness of the skin to slight touch, whereas strong pressure is well borne.

(4) Failures of usual treatment, till we attend to it as an articular neurosis.

It is easily understood how mistakes in diagnosis are possible, for (1) hysteralgia is found in the same region; (2) the lower segment of the uterus was considered the seat of the disease, and this part of the womb is close to the symphysis pubis. Both affections are rare. Scanzoni observed it only 19 times, and the patients suffered for years intolerable pains, so that he says: "Hysteralgia differs from the pains caused by organic affections of the uterine parenchyma by its long duration for years, by the absence of perfectly painless intervals, by its fixation to a certain point, limited to the lower segment of the uterus." (3) The pain in hysteralgia is never like labor-pain. (4) The position of the patient with widely extended legs hints far more to an affection of the symphysis than to an uterine affection. (5) The treatment of hysteralgia, as deep scarification of the vaginal portion, repeated leeching, dilatation of the cervical canal with sounds or compressed sponges; application of ice, even cauterization of the vaginal portion with the *ferrum candens* (Nonnet) fails; whereas the usual treatment for articular neurosis yields good and comparatively rapid effects, as a case, considered incurable, was entirely relieved inside of four months.—*Wien. Med. Wochenschrift*, 17, 1886.

[DEAR DOCTOR! Will you kindly give us the remedy for this neurosis of the symphysis pubis. Here we are again, Allopathy in its true light, for it fails to give us the individual characteristics of the patient, so that from his individuality we may also find the characteristic symptoms of the local affection. It is true, we meet amelioration in a recumbent position in *Bryonia*, *Calcarea*, *Carbo animalis*, *Ignatia*, *Kali*, *Lycopodium*, *Nux vomica*, *Pulsatilla*, *Stannum*, *Sulphur*; aggravation by mere contact, among others in *Bryonia*, *Cinchona*, *Ignatia*, *Lycopodium*, *Nux vomica*, *Pulsatilla*, *Magnesia carb.* and *mur.*, *Mercurius*, *Natrum*,

Sulphur, and a host of others; but I cannot find the symptoms, aggravation in a sitting position with extended legs, and amelioration when lying down with adduction of the legs. Please help our Gynæcologists out, so that they may score one where celebrated professors failed. I feel sometimes that it were well if we had no specialists. S. L.]

CORRESPONDENCE.

OUR FOREIGN LETTER.

EDITOR ADVANCE.—Agreeably to your request for a note to THE ADVANCE, I have much pleasure in laying before your readers a few items picked up at the Third Quinquennial Session of the International Homœopathic Congress just closed. When I left America (June 12) it was understood that this Congress would be held in Brussels, Belgium, on August 3. My wanderings, therefore, brought me to that ancient-city on Saturday, July 31, fully prepared to see, on the following Tuesday, a glorious array of the genius and culture of our school. Owing to non-arrival of my mail, and having no definite information of the programme for the Congress, on Monday, I sought and found Dr. L. Gaudy, of Brussels, who received me with great cordialty. Upon making known my errand the doctor informed me that the Congress would not be held in Brussels, but, for reasons named below, the meeting would be held in Basle, instead! Glorious news! Glorious postal facilities! Being two days' journey from Basle; having arrangements for a different route; desirous of surveying the field of Waterloo; the magnificent galleries of Rubens, and the Dutch school at Antwerp; on August 2 our arrangements are hastily changed, and early on the morning of the 3rd finds your correspondent on an express train for Switzerland, via Cologne, Bingen, Romilly and Strasburg.

Fortunately, in this instance, the cathedral at Cologne is in close proximity to the railway station; its lofty spires (the highest in the world) being visible for miles distant. This magnificent structure has been but lately completed,

and a visit thereto recalls much of historic interest. Since the completion of the two towers, which reach the highest point attained by man, not excepting the Washington monument, or any other result of man's genius. Without pausing to dwell on the beauties of the Rhine, its scenery and its ruins, the beauties of Germany, and of southern France, the morning of August 4 brings us to Hotel Trois Roir, Basle, in a cold rain storm.

On the following morning, however, the last day of the Congress, I found Dr. Brückner, resident, when I ascertained the habitat of the Congress, which I speedily reached. There appeared the faces of many acquaintances, most of whom are known either personally to your readers or to fame through their contributions to our literature.

In order to understand correctly the causes which rendered it necessary at the last hour to hold this Congress at Basle instead of Brussels it is necessary to state: That at the quinquennial meeting held in London in 1881, Dr. Martiny invited the Congress to hold its meeting in 1886, in Brussels; that at that time he was appointed Chairman of the Committee of Arrangements, and together with the concurrence of the General Secretary, instructed to name dates, and do all things necessary to facilitate the business of the Congress and the comfort of the physicians in attendance. This it seems Dr. Martiny failed to do, and published a notice in the *Revue Homœopathique Belge*, stating that, owing to a dearth of material, and other causes, the Congress would not be held in Belgium this year, but in 1889, and then in Paris, etc. That if held at the time first proposed it would be a failure, a source of mortification to the physicians of Belgium, and a serious detriment to the good name and progress of our cause there, as well as to fatally cripple a scheme on foot to equip a hospital in Brussels, etc.

Dr. Weber, of Cologne, in behalf of the German Homœopaths, endorsed the action of the Belgian Committee, in a publication in the *Allgemeine Homœopathische Zeitung*, in which he objected to the plan of the Congress, etc.

The General Secretary, learning the disaffection and

supineness of the Belgians, and being determined to carry out the behests of the last Congress, decided that this Congress must be held, and assumed the responsibility of naming a place and took prompt, energetic steps to secure a successful meeting. The British Homœopathic Association, being in session, approved his action, and concurred with Dr. Hughes in selecting Basle. At the closing of the Congress, which has just brought its labors to a termination, Dr. O. S. Runnels proposed a resolution of thanks to Dr. Hughes for his untiring zeal in the interests of this Congress, which was very enthusiastically adopted.

This is the third quinquennial Congress—the first having been held in Philadelphia in 1876, Dr. Carroll Dunham, President; the second in London in 1881, Dr. Richard Hughes, President; and this at Basle in 1886, Dr. John Meyhoffer, President, Dr. M. Roth, London, Vice President; Honorary Vice Presidents Dr. O. S. Runnels, Ex-Pres. Am. Inst., and Dr. Shadler, Berne, President Swiss Hom. Med. Society.

PRESENT:

Drs. O. S. Runnels, Indiana; T. Brückner, Basle, Switzerland; Richard Hughes, Brighton, England; J. Meyhoffer, Nice, France; A. C. Pope, Tunbridge Wells, Eng.; Walter Wessellheft, Cambridge, Mass.; Robert T. Cooper, London; Vincent Léon Simon, Paris; Louis D. V. Wilder, New York; Louis Lambreghts, *fls*, Antwerp; R. B. Rush, Salem, Ohio; M. Mattes, Barendsburg; Oscar Hansen, Copenhagen; John H. Clarke, London; J. B. Noble, London; M. Roth, London; Boniface Schmitz, Antwerp; Ruben Ludlam, Jr., Chicago; Chas. Heerman, Paris; E. Foche, Freiburg, Baden; Frederick Neild, Tunbridge Wells, England. A. M. Cash, Torqay, Eng.; Dr. Mischilen, Basle; H. M. Hobart, Chicago; Dr. Mossa, Strasburg, Germany; Robert Auken, Berne; Ed. Syd. Fries, Zurich; B. Heerman, *fls*, Paris; A. Pfandez, Thun, Switzerland; G. Scriven, Dublin; Dr. Schadler, Berne; W. Y. Cowl, New York; Baron von Hyer, Berne; Guiseppe Bonin, Turin; Emile Batault, Geneva; Wm. G. Foster, Kansas City;

Madam Batault, Zarandnitsky, Germany; Jas. M. Wyborn, F. C. S., London; Major Wm. von Morgan, London.

MONDAY, AUGUST 2.

A preliminary meeting was held at the Hotel Sweitzerhofft at 8:30 P. M., at which officers were elected and rules of procedure adopted.

At the preliminary meeting, the question as to what language should be used in the sessions of the Congress created some comment. By reference to the names of physicians present it will be noted that representatives speaking Italian, Danish, German, Dutch, Swiss, French, and English claimed a hearing, each in his mother tongue. Dr. Bonino suggested that inasmuch as the Continental universities required their graduates to become proficient in Latin, that the Congress use that language. It was found, however, that most of the physicians spoke either English or French, and many of them four or five different languages, that these two would be used. Dr. Roth, the Vice President, being familiar with all, would undertake to interpret. This he did with great satisfaction to all. When one recalls the difficulty of remembering an extemporaneous speech of ten or fifteen minutes' length, and repeating it correctly in the same language, it may be easily seen what a trying task it may become when required to translate the same into several different foreign tongues.

TUESDAY, AUGUST 3.

The convention assembled at 9:30 A. M. The regular quinquennial reports on the state of Homœopathy in various parts of the world were presented, viz:

INTERNATIONAL HOMŒOPATHIC CONVENTION.

1881.

Précis of Papers Presented for Discussion.

HISTORIES.

FRANCE.

BY DR. V. LEON SIMON.

Dr. V. Léon Simon reports that the number of our adherents slowly increases. At Paris it remains about the

same, but in the South there is a sensible increase, thanks mainly to Dr. Charge. Dr. Jousset has made several proselytes in Brittany. There are about seventy Homœopaths in Paris, and 130 in the rest of France. Homœopathy is also not unknown in the French Colonies; there are practitioners of it in Algiers, Tunis and Martinique. The number of students promises well for the future.

There are in France at least fifteen homœopathic pharmacies; nine in Paris, two at Lyons, two at Bordeaux, one at Marseilles, and one at Nice. There are two Societies, to one or other of which most of the French practitioners belong—the Société Hahnemannienne and the Société Homœopathique de France. Both meet at Paris. Homœopathy is taught by lectures, hospitals, clinics, dispensaries and journals.

Lectures have made but little progress during the last five years. The hospitals show the most satisfactory results. There are two at Paris and one at Lyons, all prospering greatly. The Hôpital St. Jacques has had a new and handsome building erected for it, and contains sixty beds. Next in importance to the hospitals is the Dispensaire Alix-Love. This institution has only been open five months, but is making rapid progress in its numerous branches of work.

The dispensaries are numerous and prospering. The three established journals still flourish. Two of our colleagues have joined the staff of the *Petite Revue du Midi* as scientific contributors, and have published several articles of great value to the cause.

The author then enumerates our colleagues who have passed away during the last five years, among them being Dr. David Roth, the Comte de Bouneval, and Dr. Espanet.

Dr. Léon Simon notices the epidemic of typhoid fever in Paris in 1883, and the small mortality in our hospitals and among our private patients. Dr. Cretin's remarkable pamphlet, entitled, *Fièvre Typhoïde: Hypothèses et Contradictions Académiques*, is mentioned with high approval. He also reports fully on the cholera epidemic in the south of France in 1884 and 1885, where our mortality was only

9.5 per cent.; and notes with satisfaction the growth of friendly relations between the old and the new schools, consultations being readily obtained in France. He appends a list of books published since 1881, in addition to those mentioned in his full report.

AUSTRIAN AND GERMAN EMPIRES.

BY TH. KAFKA, M. D., KARLSBED.

I. *Necrological.* On April 23, 1882, Dr. George Schmid died. He was the author of several good medical works—e. g., “Cholera Poison,” “Has Homœopathy a Right to State Aid?” “My Medical Testament.” He left by will a sum of money for the purpose of endowing a chair of Homœopathy in the University of Vienna, but the authorities have not yet done nor are they likely to do anything so sensible.

In 1884 Dr. Veith, Professor in the Veterinary College of Vienna, died at an advanced age. He was a zealous Homœopath.

In 1885 Dr. David Seegen died. He was one of the most successful homœopathic physicians of Prague, and he left a sum of money for the purpose of establishing a Children’s Hospital in that city.

In 1885 Dr. Franz Weinke died. He was a zealous contributor to the *Oester. Zeitsch. des Ver. der Hom. Aerzte Oesterreichs*.

Death has removed a very well known German Homœopath, to-wit, Dr. Bæhr, physician to the late King of Hanover, the author of the well-known prize essay on *Digitalis*; Dr. Rückert of Herrnhut, one of Hahnemann’s original disciples, author of many homœopathic works, the best known of which is his “*Klinische Erfahrungen*,” Dr. Borchers of Bremen; Dr. Ameke of Berlin; Dr. Rentsch of Wismar have also departed.

II. *Historical.* Dr. Würstel and Dr. Gerstel (of Vienna), and Dr. Jacob Kafka (of Prague), celebrated the fiftieth year (jubilee) of their medical degree.

Professor Bakody, of Pesth, published a work called “*Hahnemann Redivivus*,” in which the scientific character of Hahnemann’s doctrines was earnestly and successfully de-

fended. He also published a reply to the attack on Homœopathy of Prof. Jürgensen, of Tübingen. The violent attacks on Homœopathy by Jürgensen, Liebreich, and Koeppel were well answered by Sorge (of Berlin), Mayntier (of Zell), and Heinecke (of Leipzig).

Homœopathy has made great progress among the public of Germany. There is hardly a town in Germany where the allopathic druggists do not also keep a stock of homœopathic medicines. Funds have been collected in Berlin and Leipzig for the establishment of homœopathic hospitals, and it is hoped that they will soon be erected.

In 1884 the Berlin Homœopathic Society began the publication of a periodical, which is now regularly published and well supported by the chief homœopathic physicians. The *Pionier* is a society established by Dr. Oidtmann for spreading a knowledge of Homœopathy among the people. It publishes a monthly periodical with the title of *Der Pionier*, edited by Dr. von Eye, a very useful organ for the propagation of Homœopathy. The chief original works that have appeared during this period are, besides the polemical ones mentioned above, the "Experiences of an Old Physician," by Dr. Groos, and the "Origin of and Opposition to Homœopathy," by the late Dr. Ameke. Burnett's work on "Cataract," translated by Goullon, and Johnson's "Domestic Physician," translated by Katz, are the principal translated works that have been published.

The Central Verein and the Berlin Homœopathic Society are in full maturity. In Munich the homœopathic hospital was closed after the death of Dr. Buchner, but thanks to the assistance of Prince Dettingen-Wallerstein it has again been opened; it is under the direction of Drs. Quaglio and Koeck. There is also in Munich a society for aiding poor medical students who are anxious to study Homœopathy. A similar foundation exists in connection with the Central Verein for assisting students and practitioners to study Homœopathy in Buda-Pesth under Professor Bakody. They bind themselves in return to settle to practice in some German town. In Berlin there is an examining board for practitioners who wish to dispense

their own medicines in Prussia. Dr. Fischer, of Berlin, is the examiner in Homœopathy of this board.

In Stuttgart there is a society, the "Hahnemannia," which assists poor students at the University of Tübingen. A deaconesses' hospital in Stuttgart has for many years been under the care of a homœopathic physician, Dr. Sick. Dr. Rapp, who was forced to resign his professorship of Pathology and Medicine in the University of Tübingen on account of his homœopathic proclivities, now enjoys a large practice as a homœopathic physician, and for some years has filled the post of physician to the Queen of Wurtemberg.

BELGIUM.

BY DR. LAMBREGHTS, FILS, ANTWERP.

Belgium is reported as enjoying during the past five years a period of calm in respect of attacks on Homœopathy and its practitioners, of which the earlier history of our system there is so full. The only public events in connection with it are a discussion at the Academy of Medicine of a paper on the subject (1881), and (1886) an attempt to obtain wards in the Brussels hospitals where our practice can be carried out. The former turned on the question whether the paper (whose conclusions were, on the whole, hostile to Hahnemann) should be printed in the archives of the Academy, and the proposal was rejected by two votes only. The latter is yet pending, but has fair prospects of success.

In Belgium, as elsewhere in Europe, Homœopathy continues to gain favor among the laity, but the number of its practitioners increases slowly. Dr. Lambreghts, indeed, estimates it at 70, while Dr. Martiny, in 1881, gave it as 50, but he seems to have no definite evidence such as a Directory would afford. The "Société Belge des Médecins Homœopathes," and its organ, *L'Homœopathie Militante*, so valorously conducted by Dr. Gailliard, have ceased to exist; but the older society, the "Cercle Homœopathique de Flandres," and the "Association Centrale des Homœopathes," Belges, continue to flourish, as also does the *Revue Homœopathique Belge*, now—as before—under the able

editorship of Dr. Martiny. He has lost a valuable collaborator in Dr. H. Bernard, of Mons. It is noted with regret that several dispensaries have ceased to exist during the last few years; but those at Brussels, Antwerp, Ghent, and other places continue in full operation.

BRITISH EMPIRE.

BY JOHN W. CLARKE, M. D., LONDON.

Dr. Clarke's history of Homœopathy in the British Empire takes the form of a diary (or rather annuary), noting the leading events in each year connected with it. The establishment of the yearly Hahnemann Oration; the founding (thanks to the munificence of Mr. Henry Tate) of a homœopathic hospital in Liverpool; the extension of the work of the hospital in London; and the inception of a revised *Materia Medica* under the auspices of the National Societies of England and America—are its encouraging features. On the other side stand the suspension of activity on the part of the School for lack of students; the discontinuance of the *British Journal of Homœopathy*; and the diminution rather than increase in the list of names contained in the Directory. The sense of need of some further effort to make known the advantages of our method, and to dispel the ignorance and prejudice which obstruct its advance among the profession, has led to the formation of a "Homœopathic League," which may, it is hoped, do good work. Dr. Clarke notices some evidences of greater liberality towards homœopathic practitioners on the part of the men of the old school, and mentions Dr. Lauder Brunton's "Pharmacology" as another instance of wholesale, but unacknowledged, borrowing from homœopathic sources. A full obituary for each year is given, the death-roll including the names of Leadam, Bayes, Black, Hilbers, Madden, Chepmell, Holland, and Neville Wood.

The Australian Colonies are stated to show steady progress, and in Melbourne, Victoria, a handsome hospital has been built and opened. There has been no time to obtain direct reports from this quarter, but Canada and India will speak for themselves.

Canada.—Dr. Nichol, of Montreal, reports that Homœopathy in Canada continues to hold its ground. Of its 100 practitioners eighty are in the province of Ontario, and one only in the North-West (at Winnipeg). He is himself the most active writer in the Dominion, and justly refers to his “Diseases of the Larynx and Trachea in Childhood,” and “Montreal Tracts on Homœopathy.” The Canadian Institute of Homœopathy is in a flourishing condition, and at its annual sessions some valuable papers are read. Efforts are now on foot to found a homœopathic college and hospital in Toronto.

DENMARK.

BY DR. OSCAR HANSEN, COPENHAGEN.

The history of Homœopathy in Denmark begins with 1821, and since that time it has never wanted representatives, at least in the capital. There are now seven homœopathic practitioners in Copenhagen, and one at Aalborg, in Jutland. Funds are being collected for a hospital in the former city, and now amounts to 230,000 francs. There is a “Homœopathic Society,” founded in 1859, which (under Dr. Hansen’s editorship) issues a monthly journal; it has also a library, and assists enquirers and students. Danish homœopathic literature, save for replies to the usual attacks made upon it, consists mainly of translations from foreign sources.

SPAIN.

BY DR. F. G. RUBIO, MALAGA.

Dr. Rubio states that there are 53 homœopathic practitioners in Madrid, 41 in Barcelona, and 43 in other parts of Spain*—altogether 137. There are four homœopathic journals. The Hospital San José, at Madrid, continues to flourish; and the Medical School connected with it has between 40 and 50 students. There are dispensaries in vigorous operation at Madrid and Malaga, and in most cities where Homœopathy has a representative.

* This list is probably imperfect, for it omits Bilboa, where there is certainly one Homœopathist.—Eds.

SWITZERLAND.

BY DR. BRUCKNER, BASLE.

During the last ten years (when Dr. Bruckner reported to the Convention of 1876) about ten homœopathic practitioners have passed away in various parts of Switzerland; but there are 23 now practicing the system. One medical society meets annually for conference in one of the towns of the confederation.

RUSSIA.

BY DR. BOJANUS, PETERSBURG.

Dr. Bojanus is unable to give any statistical data about the progress of Homœopathy in Russia, not having received any notice to prepare a paper until too late for the Convention. He gives, however, a very detailed account of an attempt made by Dr. V. Dittmann, of Petersburg, to show the superiority of the homœopathic treatment in diphtheria, which was at that time raging. Dr. Dittmann first recommended *Mercurius cyanatus* 30th as an infallible remedy and prophylactic against this terrible disease; and afterwards he entreated the Emperor to let him have a hospital, in which he could treat the cases of diphtheria entrusted to his care according to the homœopathic system, under the supervision of an allopathic committee of physicians. This request was granted, and a hospital of 40 beds entrusted to his care. But by the intrigues of the allopathic fraternity he had but one patient to treat, a child with *angina scarlatinosa gangrænosa*, which died. No other patient was entrusted to his care. It may easily be imagined that after this complete failure Dr. Dittmann was insulted and abused in the papers by the enemies of Homœopathy, and the system of Hahnemann denounced as a fraud. Dr. Bojanus therefore advises the German Homœopaths not to establish a homœopathic hospital in a city, where there is an University, but rather in a place like Görlitz, where there is a large population of working men. Dr. Bojanus is convinced that as long as homœopathic hospitals or dispensaries are under the control and supervision of allopathic authorities, they can never flourish. Only

where such institutions are entirely independent, as they are in America, are they in a prosperous condition.

Finally he states, that in Moscow, two allopathic physicians have become converts to Homœopathy, and in Petersburg two sons of Dr. Bojanus are now practicing Homœopathy.

UNITED STATES.

BY DR. BUSHROD W. JAMES, PHILADELPHIA.

Dr. James begins by giving the following statistics as to the present position of Homœopathy in the United States: Of Practitioners, there are about 10,000.

Of Medical Colleges, 14, with about 1,000 fresh matriculants and 400 graduates annually. (The Minnesota College has been added since this report was written).

Of Hospitals, 51: with 4,000 beds.

Of Insane Asylums, 3.

Of Dispensaries, 48.

Of Societies, 143.

Of Journals, 22.

Of Pharmacies, 33.

Regarding the Colleges, he notes a progressive elevation in the standard of medical education. The multiplication of capable specialists in our ranks is much aided by the special training provided in the New York Ophthalmic College and Hospital, which is authorized to confer the diploma of "Oculi et Auris Chirurgus" upon its students.

Our Hospitals are receiving large aid both from private and public source. Among the latter may be mentioned the assignment to Homœopathists of the Westborough Insane Asylum valued at \$320,000, with \$180,000 for its equipment; and Providence, Washington and Pittsburg have corresponding liberality to record from the authorities of their respective States. In the Newton General Hospital near Boston, the medical and surgical staff is divided equally between old school and homœopathic physicians, while a similar assignment has been made in the Cook County Hospital at Chicago; and the Hahnemann Medical College and Hospital at Philadelphia, the oldest

institution of its kind in the country, is about to take possession of a new and thoroughly equipped building.

To the National Societies extant at the last report is to be added a "Southern Homœopathic Association," which (it is hoped) will do much to promote unity and progress among the Homœopathists of the Southern States.

Dr. James considers the great success of Homœopathy in the United States due to the fact that it appeals directly to the people, with whom all political power resides; though he recognizes the greater freedom with which young societies are permeated by new ideas.

Supplemental reports as to the state of Homœopathy were made as follows: United States, Dr. O. S. Runnels; Switzerland, Dr. Bruckner; England, Dr. Pope; France, Dr. Heerman; Belgium, Dr. Lambrechts; Denmark, Dr. Hansen; Germany, Dr. Mossa; India, too late for presentation to the Convention, by Dr. ———, giving an enthusiastic account of the flourishing condition of Homœopathy in that country,—homœopathic college, and several journals.

The statement was made that in some parts of Germany so great is the demand for Homœopathy that, in one instance, the citizens offered a money bonus to any physician who would settle among them.

Greatest progress of any country, next to United States, comes from Germany, where we are so often told it is dying out, or has actually died.

ESSAYS.

"EN AVANT."

BY R. E. DUDGEON, M. D., LONDON, ENGLAND.

The author asks: 1st, why is Homœopathy regarded with aversion by the medical profession?

In its early days there was sufficient reason for this in the complete opposition of Homœopathy to established and traditional methods of treatment and to all the current theories of disease and cure. The prejudices and interests

of the profession were arrayed against it. It was also contrary to the interests of the apothecaries. By its greater success in the treatment of disease, by shortening the duration of the treatment, and by enabling patients to treat themselves for all the slighter ailments, it naturally diminished the funds derivable from practice. As the medical profession is overstocked, and the great mass can barely keep themselves, any proposal to diminish the profits of treatment would meet with the most vigorous opposition. Homœopathists always assert that Homœopathy cures diseases more quickly and with less outlay on the patients' part. But this, in place of being a recommendation, is just the reverse to the great mass of struggling practitioners. They welcome any new method that increases the work of the doctor, such as new and powerfully-acting medicines, electrical applications, hypodermic injections, etc.; but a system that diminishes the work of the doctor goes against their prejudices and material interests.

2nd. What can we do to promote the general adoption of Homœopathy? At its first introduction Homœopathy spread rapidly among the intelligent classes, because it was zealously propagated among the public by popular literature, lectures and meetings, and because it offered a mild system of medication which contrasted strongly with the violent and often painful methods of the old school. But gradually the old school abandoned these rough methods, gave up bleeding and the painful and perturbing methods they had hitherto used, and Homœopathists, seeing this, trusted that the old school would go a step further and adopt Homœopathy. Therefore they left off appealing to the public and addressed themselves to the profession only. The public, no longer directly appealed to, ceased to interest themselves in the new system, and the profession, no longer influenced by the patient world, ceased to furnish new converts to Homœopathy, but took from Homœopathy its medicines and methods, while they continued to misrepresent and deride the doctrine from which they derived their remedies. Homœopathists found that all their appeals to the old school remained unheeded. In

order to influence the profession, we must do as the earlier pioneers of Homœopathy did, and resume the propaganda of our system among the public, who will in their turn force the old school to adopt the doctrine as well as the remedies of Homœopathy, which they now only use empirically. The profession on the whole will gain by adopting Homœopathy, as patients will then regain the confidence in medicine which they have in great measure lost, in consequence of the acknowledged uncertainty of treatment and the open boast of medical men that they are guided by no therapeutic principle. When the profession is agreed on the adoption of the only true and rational Homœopathic rule, and the public know this, they will cease to dread the hap-hazard treatment of a doctor, and will lose their love for quack medicines, whose use will thus appear to them irrational.

Wednesday, August 4.

A CRITICISM ON THE "CYCLOPÆDIA OF DRUG PATHOGENESY."

BY DR. IMBERT-GOURBEYRE, ROYAT, FRANCE.

The author begins by pointing out that the name *φαρμάκων* indicates that all drugs are first of all poisons, and hence the importance of knowing their poisonous action. The Cyclopædia gives us, for the first time, an opportunity of studying the physiology of drugs, by presenting their effects in the order of their evolution. It is also very valuable as bringing together in an accessible form all available knowledge derived from the four sources of (1) poisonings, (2) over-dosings, and (3, 4) experiments on men and animals. He is especially pleased with the classification of the arsenical poisonings. He seems to regard this work, however, rather as material for a future building than as an end in itself; though he does not indicate the manner in which he would have such building erected.

THE PRESENTATION OF THE MATERIA MEDICA.

BY RICHARD HUGHES, L. R. C. P., BRIGHTON, ENGLAND.

The author observes that the presentation, in the Cyclopædia of Drug Pathogenesis, of the provings and poison-

ings with drugs in narrative detail, has excited much attention on the Continent, and that some critics seem to consider the schema as at least as good a form. He, on the other hand, believes the latter to be unnecessary, misleading, and pernicious.

The *Materia Medica* may be used homœopathically either *à priori* or *à posteriori*.

1. On the first plan, it is studied beforehand, and for this purpose the author maintains the schema to be most prejudicial, as rendering pathogenesis uninteresting and unintelligible. It has thus operated injuriously (*a*) by robbing Hahnemann of his due credit as the father of experimental pharmacology; (*b*), by deterring many would-be enquirers from the study of Homœopathy; and (*c*) by driving its practitioners to empirical use of remedies instead of fresh homœopathic selection.

2. When the *Materia Medica* is used by way of reference in presence of a case, the schematic arrangement is unnecessary for symptom-finding, as that is provided for by an index. On the other hand, it is misleading, as symptoms become falsely interpreted when divorced from their concomitants, and often assume (when isolated) a prominence not their due. The author combats the doctrine that symptoms are susceptible of indefinite variations in grouping, as maintained by Drs. Allen and Farrington.

He finally pleads for the detailed provings and poisonings as the fundamental *Materia Medica* of Homœopathy, to be studied by every learner and referred to by every practitioner; all other arrangements of pathogenesis to be regarded as merely introductions and applications.

ON THE ADDITIONS TO THE "CYCLOPEDIA OF DRUG PATHOGENESY" REQUISITE TO MAKE IT OF FULL USE TO THE PRACTITIONER.

BY J. DRYSDALE, M. D., LIVERPOOL, ENGLAND.

The author warmly approves of the work done by the Cyclopædia in sifting the matter of our pathogenesis, and presenting it in intelligible and connected form. To make it available for practice, however, there is needed an index to the symptoms, and a physiological and therapeutic com-

mentary, with such general information about the drug as is given in ordinary works on *Materia Medica*. It is proposed to supply these in a companion volume. Dr. Drysdale argues, here, that for future volumes of the *Cyclopaedia* it will be better to incorporate such matter with the pathogenesis of each medicine, so giving the practitioner less trouble in reference, and keeping him from the danger of falling into the easier way of empiricism.

NOTES ON NICOTISM.

BY JOHN H. CLARKE, M. D., LONDON, ENGLAND.

The author maintains that all employers of tobacco are the subjects of poisoning; and that the comparative absence of symptoms during its habitual use is a "tolerance" analogous to that of arsenic eating. Its sudden discontinuance often leads to "tertiary" effects similar to those resulting from its primary adoption; and the same may occur from temporary excess of lowered resistance on the part of the "nicotist." The "intermediate stage" is one of saturation with the drug, kept up by recurrence to it as soon as a sense of craving shows that its influence is waning. Its evil effects here are shown in the eye, the heart, and the nervous system generally; and also by local action in the throat.

The author regards alcohol as too similar to tobacco to be a safe antidote for it in ordinary quantities. *Nux vomica* is, in his judgment, the great remedy for nicotism; while he finds Camphor of much value in subduing the craving for the poison in those who are endeavoring to break off its use.

The discussion on this paper was lively. One gentleman maintaining the proposition that tobacco promotes digestion, longevity, is a solace for all our cares, and to it ascribes all the best projects of genius.

Thursday, August 5.

DIABETES MELLITUS: ITS HOMOEOPATHIC AND BALNEO-THERAPEUTIC TREATMENT.

BY THEODORE KAFKA, M. D., KARLSBAD, AUSTRIA.

The author commences with a summary of the views.

held as to the nature of diabetes in former and later times. For himself, he prefers to look for a true conception of the disease to its ætiology. As predisposing causes he dwells mainly on heredity, diet (the immoderate use of saccharine and farinaceous matters), and inactivity (leading to deficient oxidation). Among exciting causes he places in the first rank derangements of the nervous system resulting from strong emotional disturbance, though he does not attach so much importance as is often given to continued grief or worry. Trauma, alcoholic excess, and repeated chills are other starting-points of the malady, which he evidently regards as a general disorder of nutrition rather than as seated in any organ or definite nervous centre.

Proceeding to therapeutics, he surveys the German and French homœopathic literature for cases and recommendations, without any definite results. The older writers made no chemical examination of the urine, so that their diagnosis must remain uncertain. Among the later German practitioners, Arsenicum, Acidum phosphoricum and Kreosotum have acquired most repute, while Uranium has done best in French hands.

The author's own experience is derived from an almost exclusive use of the Karlsbad waters, and he relates fifteen cases in which cures, more or less complete, seem to have resulted. He keeps his patients on an anti-diabetic diet, but allows a little Graham's bread.

LA PSORE MENINGEE CEREBRALE, OU, LES MENINGITES PSORIQUES.

BY DR. BONIFACE SCHMITZ, ANTWERP, BELGIUM.

Dr. Schmitz believes that a form of meningitis occurs which comes under the category of neither "simple" nor "tubercular," and he calls it "psoric." He differs from Hahnemann, however, in disclaiming any connection between psora and scabies; the former being with him an expression denoting "morbid states resulting from accumulation and retention in the blood of excrementitious material of organic origin." They tend to issue in critical evacuations, and often spring up without any, or any suffi-

cient, cause. If their origin can be traced, it is generally to a suppressed eruption or evacuation. A meningitis of this kind presents features leading one to think of the tubercular form; but they are not so severe, and under suitable homœopathic treatment this malady ends in recovery. The principal remedies are Belladonna, Agaricus, Apis, Aconite, Pulsatilla, Bryonia, Sulphur.

Dr. Schmitz states that he has collected twenty cases illustrative of the malady; but on the present occasion he relates one only, in which the symptoms were sufficiently grave, but good recovery ensued under Aconite, Bryonia, Sulphur and Agaricus, all in the 6th dilution; the last seeming to have the most decisive effect. He adds the case reported by Dr. J. G. Blackley in the *Monthly Homœopathic Review* for July, 1885, which he considers of this nature, and several others from Homœopathic literature.

The mention of Psora elicited the criticism that it is now time to let this doctrine fall into desuetude, as impracticable and illogical.

EAR DISEASE AND GOUT.

BY ROBERT T. COOPER, M. A., M. D., LONDON, ENGLAND.

Dr. Cooper believes that gout causes deafness by affecting the lining membrane of the aural vessels with chronic inflammation; and brings forward a new remedy for such a condition in the shape of the Picrate of iron (*Ferrum picricum*). He relates the incidental pathogenetic effects of this salt which led him to think it homœopathically related to gout, and adds some clinical confirmations. He does not pretend that the drug is specific for gouty deafness, but that, given in the dilutions from 12—30, it will seldom fail to benefit. His only illustrations, however, are two cases, in neither of which is gout mentioned as a factor, and in the second of which the deafness is said to have been "climacteric." In one a distressing tinnitus disappeared under the 3x potency, in the other, deafness and headache under a solution of 1 to 50.

The paper ends with a description of the substantive changes sometimes induced in the ear by chronic gout.

Either there is hypertrophy and stiffness with anæmia, or there is eczema, with much tenderness and irritability. In the former case the deafness is said to be very intractable; in the latter it readily yields to Chininum sulphuricum in the 6x-12x trituration. [The point was made that sudden deafness is often hysterical].

SEPIA AND ITS IMPORTANCE AS A REMEDY IN PULMONARY AFFECTIONS.

BY DR. OSCAR HANSEN, COPENHAGEN, DENMARK.

The author begins by an account of the substance we call Sepia, and of its literature and symptomatology. This he follows up by eleven cases of his own, in which, given in the 12th and 30th dilutions, it has proved curative. Three only, however, illustrate the thesis advanced in the title of the paper, the remainder consisting of gonorrhœa, general ill-health connected with uterine disorder, psoriasis, and ozæna.

REPORT OF A CASE OF MEASLES, FOLLOWED BY DIPH-
THERIA, AND COMPLICATED WITH WHOOPING COUGH.
POST DIPHTHERITIC PARALYSIS. RECOVERY.

BY A. MIDGLEY CASH, M. D., TORQUAY, ENGLAND.

Dr. Cash in this paper gives a detailed report of a case in which, after several weeks of whooping cough, measles supervened, in a child living in a poor over-crowded neighborhood of the town of Torquay. The cervical glands were greatly swollen. On the fifth day extensive diphtheria of an exceptionally adynamic type was developed. On the 12th day the soft palate was paralysed, the face cyanotic and syncope threatened. Up to this time the medicine chiefly relied upon had been Aconite, Kali bich. 3x, Merc. biniod, 3x, Arsenic 3x, and Digitalis 1x, as the symptoms had indicated. She was now apparently sinking, any attempt to raise the head from the pillow was followed by fainting. The Cyanuret of Mercury was now given, in the 30th potency, for forty hours. After twenty-four hours she began to rally, and, in another day, was able to swallow milk and sit up in bed. China ψ and Gelsemium were

now given, and three days later the whooping cough gradually increasing as the diphtheritic symptoms disappeared, Drosera 1x and Belladonna 2x were prescribed. For a month food had chiefly been given by enemata, now she was able to swallow, and only one enema *per diem* was required, and in two or three days this became unnecessary. On the 40th day fetid otorrhœa was marked, and Pulsatilla and Causticum were given. This gradually passed away, and after a period of great weakness and much emaciation, she made a complete recovery.

In some remarks on this case, Dr. Cash points out that the complication of rubeola with diphtheria rendered the diagnosis by no means simple at first, but that presently a typical picture of diphtheria was presented. The addition of whooping cough greatly added to the danger from exhaustion. Dr. Cash also refers to the decline of the whooping cough during the time of the rubeoloid rash and its subsequent return. The post-diphtheritic paralysis occurred much earlier than it usually does. Dr. Cash further notices the threatened paralysis of the heart and the importance of insisting upon the horizontal position being maintained during convalescence. He also attributes the speedy recovery of cardiac power to the influence of the Cyanuret of Mercury. Causticum, he thinks, had more control over the paralysis than any other remedy. The completion of the recovery ending in robust health without a trace of any nervous disease, shows, he thinks, how even through the most formidable complications, nature may yet find her way to health aided by mild, unreducing, specific treatment.

The observation was made by the venerable and learned President that in this country, these maladies (measles, diphtheria and whooping cough) usually go hand in hand, prevailing simultaneously; and that he believed the three to be differing developments of the same *materies morbi*.

A plea for an *International Pharmacopœia* by Mr. Wyborn, of London, was presented, and comprehensively discussed.

A committee, consisting of Dr. Cowl, N. Y.; Mr. Wy-

born, of the Pharmacy of Gould & Son, London; Geisecker, of Gruner's Pharmacy, Leipsic, was appointed and instructed to confer with similar committees from other countries having the same object in view.

CASES FROM PRACTICE.

BY DR. CH. OZANAM, PARIS, FRANCE.

I. Dr. Ozanam first treats of polypus occurring in the rectum and larynx. For those of fibrous or cancerous kind he urges operation as the only practicable course; but for the mucous and papillomatous varieties he thinks we have resources in medicine. He relates cases illustrative of these statements. In two of these, papilloma of the rectum in children disappeared or came away under Kali bromatum 1x, three to five grammes daily. Next come five cases of laryngeal polypus, chiefly treated by operation, but in one case disappearing under Berberis in various attenuations. The instruments used in one of the operations were invented by Dr. Ozanam himself. Illustrative engravings accompany the paper.

II. The author next calls attention to the value of Guaiacum in acute angina tonsillaris. He admits that it is from the old school, and in substantial doses, that its reputation has come; but thinks it homœopathically indicated by the symptoms in its pathogenesis—"burning pain in the throat;" and finds it perfectly effective in the attenuations from 1x to 3x. He gives three cases illustrative of its action, in one of which its happy effects are contrasted with the ordinary treatment pursued in another instance in the same subjects.

III. Dr. Ozanam finally records a case in which a chronic dysentery occurring during pregnancy, but then checked, reappeared after delivery with a yet greater intensity, and refused to yield to any treatment for a month. Then supervened a purpuric condition, with scorbutic gums, syncope, etc. At this point Ergotin 1x was prescribed, a drop every two hours; immediate improvement set in and both dysenteric and scorbutic symptoms disappeared. A proctalgia which had complicated the case remained be-

hind, but yielded readily to *Æsculin*, the alkaloid of *Æsculus Hippocastanum*, which Dr. Ozanam finds more effective than the matrix substance.

Kali bichromicum in Eye Diseases by Dr. Byers Moir, London.

Some points in Cutaneous Therapeutics, by Dr. Galley Blackley, London.

At 1 P. M. the Chairman announced the time had arrived to "restore." And "all restored."

During the afternoon session the remaining business was dispatched, many communications were read by the Secretary expressing regret for absence, good wishes for success, etc.

On motion of Dr. Pope it was unanimously agreed to hold the next Congress in 1891 in the United States, time and place to be determined by the American Institute and Secretary.

Dr. Richard Hughes was re-elected permanent Secretary.

Resolutions were passed expressing thanks to the Chairman, the Vice-President and the permanent Secretary.

The social features of the Congress were marked. The members with ladies accompanying them, dined together *sans cérémonie* on Tuesday, Wednesday, and Thursday evenings; and on each evening toasts were drunk, etc.

Amongst the toasts were:

a. "Samuel Hahnemann."

Response by Dr. Walter Wesselhœft, who said in a very effective and finished address, that he felt a sense of oppression and sadness on this occasion, etc. In the evening after the festivities were closed Dr. W. received a dispatch from London, notifying him of the serious illness of Mrs. W. there. He proceeded on the first train, only to find on arrival, that meantime, his wife had passed away. A sad ending to his happy journey.

b. "Similia Similibus Curantur." Response by Dr. V. Leon Simon. In elegant poetic phrase the learned *savant* likened the law to the *Victoria Regis* expanding into fresh beauty.

c. "Our Homœopathic Hospitals." Response by Dr. H. M. Hobart.

d. "Medical Societies." Response by Dr. O. S. Runnels.

e. "Medical Journals." Response by Dr. J. H. Clarke.

The informal toasts on the closing evening were numerous, responses sparkling and the company jolly. For many of the notes here I am indebted to Dr. Runnels. All concur in their expressions that this Congress has been unusually enthusiastic and harmonious; the discussions very full, interesting and fraught with practical observations. The greatest good feeling prevailed throughout, and the auguries for the future of the Congress are most promising.

Faithfully Yours,

WM. D. FOSTER.

GREAT LIBRARIES.

Germany has more books in its libraries than any other nation. There are over 1,000 libraries in Austria, Germany and Switzerland, twenty of which contain over 100,000 volumes. France has six libraries of over 100,000 books, besides the National Library, which is the largest in the world. Great Britain has only nine libraries of over 100,000 volumes, and the British Museum pays out \$10,000 annually adding to its collections. Spain has thirty public libraries, containing 700,000 volumes. The library in Washington contains 518,000 volumes and 170,000 pamphlets, and there are but five larger in the world—the French National, with 2,500,000; the British Museum, 1,500,000; St. Petersburg, 1,000,000; Munich, 900,000; and Berlin, with 750,000.—*Popular Science Monthly.*

N. B.—Many valuable clinical reports and news items are unavoidably held over on account of the space taken by the International Congress at Basle, Switzerland.

CORRECTION.—In our report of the proceedings of the Hahnemannian Association, August number, page 172, Dr. Biegler was credited with giving notice of an amendment to Article III, Constitution. This was an error; Dr. Butler, we believe, gave this notice in 1885.

The Medical Advance

AN ADVOCATE OF

HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M. D., Editor and Publisher.

VOL. XVII. ANN ARBOR, MICH., SEPTEMBER 1886. No. 3.

The Editor is not responsible for the opinions of contributors. Personalities, being foreign to scientific discussion, must be excluded.

To accommodate both reader and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

The date to which subscriptions are paid will be found on the address.

EDITORIAL.

“INTERNATIONALISTS.”—The “Phunny Man” of our esteemed cotemporary, the *Medical Era*, must be ranked as a discoverer. He has evidently been indulging in a Rip Van Winkle sleep from the way he tackles those “Resolutions of '86.” “The lines have been drawn; the division has come.” Strange he should not have heard of it before. For the benefit of his readers we will inform him that those “resolutions” were adopted at Milwaukee in June, 1880, and have been published annually ever since.

OUR FOREIGN LETTER.—We ask a careful perusal of the facts reported in the histories and progress of the school as presented at the International Homœopathic Congress, held at Basle on August 3 and 4. Both in public addresses and in periodical literature the dominant school has affirmed again and again, that Homœopathy was “dying out” in Europe. Especially was this said to be true, in Germany, the land of its birth. It is some consolation to be able to refute the slander and to know that there is almost as much demand for homœopathic physicians in Germany as there is in America. It appears, however, to be a pretty lively corpse; yet our medical brethren we presume will continue to write an occasional obituary.

A NEW COLLEGE.—Well done! Minnesota. A few months since you founded a journal and now you found a college. The first announcement of the Minnesota Homœopathic College is on our table. Among its faculty are some of the best men of the Northwest—seven of whom are graduates of the Hahnemann of Philadelphia—men whom we think will honestly and fearlessly do their duty. We are informed that this will be “a homœopathic college.” We sincerely hope so. We have very little criticism to make, but should have preferred *homœopathic text-books* placed first on the list of every chair. Why should Playfair take precedence of Guernsey in the chair of Obstetrics? Let the faculty bear in mind that it is quality the profession needs in its recruits of to-day, and turn out only representative men. We wish it success and God-speed on its errand.

THAT SPECIMEN BRICK.—In our July issue we mildly suggested that a question propounded to a homœopathic graduating class, in a homœopathic college, by a professed teacher of homœopathic *Materia Medica*, was not in keeping with the “eternal fitness of things.” We mentioned neither the name of the college nor the teacher. But the coat fitted so well that Dr. Arndt put it on, fathered the allopathic teaching and defended the allopathic practice in a few pages of gross personal abuse. We have no quarrel with Dr. Arndt. This is not a personal matter at all; it is a question of principle. We are as deeply interested in the success of our college and the welfare of Homœopathy as any one; but so far as our cause is concerned, such teaching is simply suicidal. Bitter personal abuse is not argument. It may however be Dr. Arndt’s estimate of the amenities of professional life. So far as we are concerned, life is too short to devote valuable time to such miserable work.

His chief reason for teaching students rank empiricism is, that a homœopathic physician, ignorant alike of his *Materia Medica* and the philosophy of Homœopathy, had disgraced himself and his cause by giving an over dose of

Morphia as a palliative. Do two wrongs ever make one right? Has Dr. Arndt forgotten the French proverb, "That he who excuses, accuses?" Will teaching students how to analyse Dover's Powder ever make them accurate homœopathic prescribers? A true follower of Hahnemann has no need for the palliative use of Morphine, and a true teacher should not indoctrinate his students with such empiricism. It is against such teaching that we wish to enter an emphatic protest. The State pays another man to teach Allopathy and all the profession requires of Dr. Arndt is to teach Homœopathy, pure and simple; not Homœopathy as he understands it, but Homœopathy as taught by Hahnemann.

Dr. Arndt objects to our publishing only *one* of the twenty questions. From the character of the defense, we would naturally infer that this question contains not only his precepts but his practice also. This is not by any means, the only one in the list beyond criticism. He may have edited volumes of *Materia Medica* and *Practice*, but there are other questions in that list which clearly prove that the author has yet to learn the Alpha of the "Science of Therapeutics" as taught by Hahnemann and Dunham.

NEW PUBLICATIONS.

MILLSPAUGH'S AMERICAN MEDICINAL PLANTS.

We are in receipt of *Fascicle IV.* of this splendid work, which as it approaches completion appears also to approach perfection. This closes the *Ranunculaceæ*—*Ranunculus repens* and *bulbosus*—which are remarkably accurate representations, especially the latter. The *Ailanthus Glandulosus* (of which we have a large tree in our yard) is true to life; in fact, it is so life-like that we can almost smell its sickening odor. The *Pirus Americana* is another gem in coloring, exceedingly natural. Both the botanist and publisher deserve not only the thanks of the profession for their enterprise, but a liberal subscription for their outlay.

HOMŒOPATHIC LEAGUE TRACTS. Nos. 1-4. London: Published for the League, by J. Bale & Son.

Tract No. 1.—*Why should the friends of Homœopathy form a League?* Here they are: "Homœopathy has never received fair play by the majority of the medical profession, in fact, to the

people it has been misrepresented by their allopathic brethren." And we might add, they will never do anything else but misrepresent it. They know nothing about it, and are too self-opinionated to investigate it, hence can only misrepresent.

Tract No. 2.—*Scope of the Healing Art.* This defines the three methods of cure as given by Hahnemann; viz., Enantiopathic, Allopathic and Homœopathic.

Tract No. 3.—*The Origin of Homœopathy.* This is a very readable tract. It deals with the history of Hahnemann's discovery, shows the evolution of the small dose from the crude drug, and in referring to the rise and fall of remedies in Allopathy says: "Every medicine as it is proved falls into its proper place in the scientific *Materia Medica*, and remains forever a health-giving remedy for the disease it mirrors in its positive effects. While we see remedies come and remedies go in the old school, the medicinal acquisitions made by Homœopathy remain good for all time. The first medicines introduced by Hahnemann are as useful to-day as they were fifty years ago and will be equally useful five hundred years hence."

Tract No. 4.—*Hahnemann's achievements in medicine and the allied sciences.* This very effectually disposes of the allopathic calumny that Hahnemann was an ignoramus and a charlatan, and verifies the proverb, "that we never forgive a man whom we have injured." Now that our British colleagues have put on their "war paint" and "carried the war into Africa" we may see a revival of Homœopathy in Great Britain. They should have done this twenty-five years ago.

LECONS DE CLINIQUE MEDICALE. Par le Dr. P. Jousset. Paris: Librairie S. B. Bailliere et fils.

It is disagreeable to have to make the confession, but truth and the best interests of medical science compel it, that few works published by American Homœopaths are abreast of the times. The explanation I have not time or space to attempt to discuss at present, though, *en passant*, I may mention, as included therein, a lack of professional literary ambition, with too much of a habit of looking abroad for works the like or the equal of which should assuredly be produced at home. This assumes the unsoundness of the opinion that American Homœopaths are wanting in the ability or experience requisite to such undertakings, since their success in practice is both marked and well known in all parts of the land.

On the other hand I am happy to observe that English and French publications usually are fully up to the standard of the times. Among the French there is no writer more capable nor lucid—none whose diction is more graceful than the author of the above volume. Though there may not be so much originality, though the experimental research be not so thorough, nor the clin-

ical experience so varied or extensive as we find in Trousseau's celebrated Clinical Lectures, I think the style and diction of Dr. Jousset's work fully equal to them. He is generally *au courant* with the latest and most advanced theories, discussing them in a fair judicial spirit, pointing out weaknesses and merits with a clearness and discrimination really fascinating. Such works should and probably will command the respectful study of our old school confrères, while elevating the homœopathic profession generally to their own high standard. No candid Allopath can rise from the perusal of these lectures without the conviction that the author is his equal, at least, in knowledge and honesty of opinion, and also that there are presented ætiological, pathological, hygienic and therapeutical hints of the most valued character.

Notwithstanding my intention of availing myself of more than the usual space of a review owing to the importance of this work, I cannot notice more than one tithe of the subjects I should like to deal with. But I must state that the chapter on hydrophobia deserves careful reading, for the able handling of the ætiology and treatment of the disease. I confess surprise, at the same time, at no allusion to Pasteur's system. True, he mentions the microbe theory in relation thereto, but only to pronounce it absurd. The zymotic character of purpura is denied, while he deplures the tendency nowadays to attribute most diseases to hypothetical ætiological theories. We have the subject of lupus of the pharynx also thoroughly treated, clear diagnostic lines being drawn between it and other diseases to be mistaken for it. It is interesting to notice that he depends most upon hygienic means in such cases, while admitting that Hydrastis, Aurum and Permanganate of Potash, will assist in a cure. I have myself cured a case with Hydrastis and Kali bichromate, locally and internally, some years ago. Dr. Jousset believes that the cerebral symptoms during typhoid fever are due to a true diffused meningeal encephalitis; but most English and American authorities will differ from him on this point. One of the most useful chapters is that on gout and kindred diseases. I have long entertained his opinion respecting the unity of these affections, and may shortly publish my views thereon. Cinchona 3x he regards the principal medicine for the acute and chronic forms, and cites several cases promptly and effectively relieved by it. This clinical experience we should test. But unlike Dr. Hughes, he considers Colchicum homœopathic to gout, thinking it useful only in the acute stage. While considering Salicylate of Soda the best palliative, he discountenances its use, believing it dangerous to the patient afterward. My experience does not coincide with his. Jaccoud's treatment of erysipelas by the use of the wine of quinine our author has found most successful, but he now employs, with equally gratifying results, Cinchona 6x. Progressive anorexia is ably treated, too, this chapter deserv-

ing a careful study; it is full of pathological and clinical interest. We have also several cases of supra-orbital neuralgia, of an intermittent form, recurring in the morning, mentioned, the cure in each case having promptly followed the administration of *Nux vomica*. In syphilis he recommends tangible doses of *Mercurius* and *Iodide of Potash*. He considers every variety of chancre belonging to the same species, the gravity of the case depending upon the previous condition of the patient. While not fully espousing those views, I must say they are strongly set forth, forming impressive pages of the book. I have to differ from him also on his theory of the contagiousness of typhoid fever as well as cholera, as I believe them due to bacteria, most frequently entering the system with drinking water. On the subject of pneumonia I hardly think him fair when he states that Bennett does not understand the value of auscultatory signs, for few physicians are better acquainted with them. The chapter on phthisis will be read with profit by all. He believes it curable. His thoughts are practical and thorough, and the remarks on the different complications are complete. Nor should his plea for a vegetable diet be overlooked in this climate, or at this season. The case of painful contraction of the bladder, described, is replete with interest to the profession. He thinks this disease is often due to fissures, and may be cured like fissures of the anus, by dilatation, and that many supposed cases of calculus of the bladder, which have been operated upon, were due to fissures of the neck only—a cure resulting although no stone was found.

Where we have so much matter deserving the highest praise, it may appear ungracious to notice defects; but that is the office of the critic. The work is marred by occasional needless repetitions from which future editions should be exempt. He refers to the utility of *Nux vomica* in neuralgia in several places, notably pp. 500, 502, 538 and 540. At a clinic this may be necessary to impress the student, but hardly in a work of this character. Again, the introduction is almost precisely the same as the first chapter in Vol. I of these lectures, translated by Dr. Ludlam, with occasional amplifications and elaboration. Such blemishes can and should be effaced on the earliest occasion.

In conclusion I cannot too strongly urge upon some of the enterprising publishers of our school the advisability of securing at the hands of a competent translator, the early re-issue of this excellent work in a creditable English dress.

PROSPER BENDER.

Boston, Mass.

ANNALS OF SURGERY.—The August number of this admirable monthly maintains its reputation as the best periodical in the English language on the science of surgery. To those making a specialty of surgery this journal is indispensable.

THE MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

VOL. XVII.

ANN ARBOR, OCTOBER, 1886.

No. 4.

ORIGINAL CONTRIBUTIONS.

THE COMPLETE CIRCULATION OF THE HUMAN BLOOD DEMANDS THE LYMPHATICS.

W. M. DECKER, M. D., Kingston, N. Y.

Harvey's discovery of the circulation of the blood, in 1616, was incomplete, and the complete circulation of the blood still awaits revelation.

The circulation of the blood, as it is given by our leading physiologists of to-day (Dalton, Flint), is no more complete than a treatise on digestion would be that only considered stomach-digestion. Austin Flint, Jr., in his *Physiology*, represents the circulation of the blood as accomplished through the heart, the arteries and the veins. This is what is generally conceded and taught as the complete circulation of the blood. But there have been enough special facts and discoveries made within recent years, concerning blood corpuscles, and the so-called lymph and lymphatic system, to almost warrant the assertion, without conjecture, *that the lymphatic system of vessels is essential to the complete circulation of the blood.* Yet Flint and other physiologists treat of the lymphatic system apart from circulation, under absorption. As well treat of the circulation of the blood under absorption; for Flint, himself, says (*Physiology*, p. 321), "The ideas of physiologists concerning the mechanism of the absorption of soluble substances have become radically changed since the begin-

ning of the present century; and it is now generally admitted that this process takes place chiefly by blood-vessels, and that the absorbents have no such wonderful elective power as was attributed to them by the older writers."

From the time of Harvey to the present, it has been known that the blood circulated by the arteries and veins, and so it does. Nobody will deny the fact. Hence we propose to show, partly from hypothesis, but chiefly on good authority, that this circulation is not the complete circulation of the blood. *That the complete circulation of the blood demands a third set of vessels, already well known and described as the lymphatics.*

The reader will, perhaps, need no further confirmation of the reasonableness of this declaration than the truth which emanates from the collective sayings of Flint on this subject, gathered from different portions of his work on Physiology. Here they are:

"It is now pretty generally acknowledged" "that there is no difference between the white corpuscle found in the lymph, chyle, and blood."—p. 13 and 14.

The corpuscular elements of the lymph "are now regarded as identical with the corpuscles, globular corpuscles found in the blood, known under the name of white blood-corpuscles, or leucocytes."—p. 332.

"There does not appear to be any actual difference between the coagulating principles of the lymph and of the blood."—p. 332.

"The analyses of Dahnhardt have shown that nearly, if not all of the inorganic matters which have been demonstrated in the blood are contained in the lymph."—p. 332.

"These facts indicate a remarkable correspondence between the composition of the lymph and that of the blood." "All of the constituents of the blood, except the red corpuscles, exist in the lymph."—p. 332.

. "Urea, one of the most important of the products of destructive metamorphosis of the tissues, is undoubtedly taken up by the lymph and conveyed in this fluid to the blood."—p. 334.

. "It is thought by Bernard that the lymph is the

principal fluid, if not the only one, by which this excrementitious substance" (urea) "is taken up from the tissues." "Although urea always exists in the blood, its quantity is less than in the lymph."—p. 332.

"The constituents of the plasma of the blood and the lymph are nearly if not quite identical."—p. 334.

"This" (referring to the above statement) "is another strong argument in favor of the passage of most of the constituents of the blood into the lymph,"—p. 334.

"There can hardly be any doubt concerning the source of most of the liquid portions of the lymph, for they can be derived only from the blood."—p. 334.

"The connection between the lymphatics and the blood-vessels is very close, and all operations upon the lymphatic system involve disturbance in the circulation."—p. 330.

"In the substance of the brain and spinal cord, Robin and His have demonstrated a curious system," of what Robin terms true lymphatic vessels, "which entirely surround the capillary blood-vessels."—p. 306.

The capillary blood-vessels thus float in the so-called lymph contained in these lymphatic sheaths. This arrangement is similar to that of the maternal sinuses and foetal tufts, or that of the Malpighian bodies and the capsules of Müller.

What is true concerning the relation of lymphatics to the blood-capillaries in one portion of the system, is probably true in all portions of that system; at least, the exception to this apparent rule has yet to be found.

Robin says this arrangement of the lymphatics in the human subject is "analogous to the lymphatics which partly surround the small blood-vessels in fishes, reptiles, and batrachians." "In these animals the lymphatics in many parts nearly surround the blood-vessels, to the walls of which the edges of their proper coat are adherent; and that portion of the wall of the blood-vessel which is thus enclosed forms at the same time the wall of the lymphatic."

"This disposition of the lymphatics in the brain and spinal cord" (human) "would allow of free interchange

by endosmosis and exosmosis, of the fluid portions of the blood and lymph."—p. 306.

"The deformation of the leucocytes" "is something so rapid and changeable as to produce creeping movements, due to the projection and retraction of portions of their substance." "These movements are of the kind called amœboid, and are supposed to be important in the process of migration of the corpuscles, which has lately been described."—p. 14.

"Addison, in 1843, and Waller, in 1846, demonstrated the actual passage of corpuscles" (white) "through the coats of the capillaries." "Cohnheim and Recklinghausen then, after much research and experiment, founded the well-known and now generally accepted 'migratory theory.'"—Helmuth's Surgery of 1870, p. 36.

Now, if these quotations mean anything, they mean:

1st.—That the lymph corpuscle and the white corpuscle of the blood are identical.

2d.—That the lymph is blood—that it is the liquor sanguinis of the blood, and the white corpuscle of the blood. Hence, it follows that the lymphatic system of vessels is a system of blood-vessels.

3d.—That the anatomical relation between the capillary blood-vessels and the lymphatic system of blood-vessels is such as to favor osmosis and the amœboid action.

4th.—That the liquor sanguinis passes, by exosmosis, from the capillary blood-vessels into the lymphatic blood-vessels.

5th.—That the white corpuscles pass, by amœboid action, from the capillary blood-vessels into the lymphatic blood-vessels.

Thus far the evidence seems to be conclusive in favor of a third system of blood-vessels; but let us carry our convictions still further at the risk of repetition.

The lymphatic system is as necessary to the circulation of the blood as the venous system. The lymphatics are a second venous system—are necessary to the arteries—and perform a special and unique office in blood circulation. The lymphatic-venous system does, in the circulation of

the blood, what the ordinary venous system can not do, because of its anastomosis with the arterial system. The lymphatic-venous system does not anastomose with either the venous or the arterial systems; but its relation to them is none the less intimate. The lymphatic-venous system provides, what I propose to call, a vasa-lemma (from *vas*, a vessel, and *λεμμα*, a coat,) for the capillary vessels (arterioles and venules). By this arrangement the red corpuscles are excluded from the lymph blood-vessels, because they are not capable of the amoeboid act, and so are obliged to complete their circuit by the veins; but the white corpuscles, endowed with the characteristic amoeboid trait, freely and in large numbers, return by the lymph blood-vessels. *This separate return route is provided exclusively for them, in order that they may come in contact with the chyle and the nutritious principles before starting out on their circuit again.*

The reader has already been informed, that the constituents of the lymph and blood plasma are quite identical; but here are some points of resemblance which should be mentioned—both have the same color, and both are saline, alkaline, and of about the same specific gravity. (Sp. Gr. of blood plasma is 1028—Robin; Sp. Gr. of dog's lymph is about 1022—Magendi. Thus far it has been impossible to ascertain the normal Sp. Gr. of human lymph.—Flint, p. 330).

The lacteal vessels are a part of the lymphatic venous system, and they empty into the receptaculum chyli, as do also the lymphatic vessels from the lower extremities. Hence “the chyle of the thoracic duct is nothing more than lymph, to which an emulsion of fat in a liquid containing albuminoid matters and salts, is temporarily added during the process of intestinal absorption.”—Flint, p. 337.

The leucocyte is probably as much of a servant of nutrition as the red blood corpuscle. “It carries fat and, perhaps, nutritious elements to the tissues, and returns empty or laden with urea (uncertain) and other excrementitious matters—the tissue waste. “The function of the leucocyte is not understood.”—Flint, p. 15. “The composition of

the leucocyte has not been accurately determined."—Flint, p. 16.

The leucocyte is a traveling anatomical organ endowed with special functions—as much so as the liver, though very imperfectly understood. Nobody seems to worry because he can not say whence the origin of the liver. Man seems to understand that to solve that question would be to elucidate the riddle of life; and man is content to wonder in silence here. But the leucocyte, Oh, the leucocyte, he grapples with as though it were a much less difficult problem—as though it were the fruit or offspring of some hidden organ, instead of a primal creation, an original development. The origin of the leucocyte is as much of an enigma as the unsolved question of old—"how the bones *do grow* in the womb."

This wonderful, eccentric leucocyte is a wandering migratory cell—the cosmopolite of the organism. It goes on errands of mercy and charity, and inspects all tissues; and, wherever needed, it gives its stores to sustain, and itself to repair tissue, in which it becomes fixed. The leucocyte is the Saviour of the organism. It loses its freedom and its life to save all tissue. In the repair of tissue it dies in the same sense that a kernel of wheat dies when buried in the ground,—it is a metamorphosis, or death in the sense of organization.

The lymph, with its leucocytes, has to do with nutrition. All the lymph, from more than three-fourths of the organism, mingles, in the thoracic duct, with the product of digestion, taken up from the intestine; and this mingling is accomplished before the chyle is passed into the general circulation, at the juncture of the internal jugular with the left subclavian vein. This mingling of the lymph and its leucocytes with the products of digestion, in this manner and place, is significant. The object of this mingling, I believe, is that the lymph, and especially the leucocytes, may imbibe nutritious materials before setting out on their long journey to the tissues *via* the heart, lungs, and arterial system. The leucocytes evidently imbibe something at this point, for, after entering the arterial blood, they are

more uniform in size and in general appearance.—Flint, p. 332. They are equally and evenly loaded, hence their more uniform size and contour while in the red blood (arterial) than in the white blood (lymph). In the red blood they are completely loaded. In the white blood they are more or less empty. In the chyle the process of loading or imbibing is going on; but by the time they reach the large veins the process is all completed, or, rather, all completed in the right heart and lungs. They leave the tissue, empty, or imperfectly charged with waste (perhaps urea, for there is more urea in the lymph than in the blood), reach the chyle in this state, and there load up, or imbibe, to the extent of their capacity (the urea or what-not being exchanged for nutriment), and then move on with their rich freight for the tissues again, and deliver it to the tissues by exosmosis while in the amoeboid act, or in some other way (elective?) not understood. -

It is possible that the leucocytes, in the white blood (lymph) of the thoracic duct, are numerically insufficient at times to imbibe all the special nutriment intended for them, or they may be largely in excess of the nutriment, so that, either some of this nutrition is left free in the chyle, or there remains unsatisfied leucocytes to pass with the general mass into the venous blood on its way to the right side of the heart. More free nutriment, intended for the leucocytes and plasma, travels by another course toward the right side of the heart, viz.—the nutriment conveyed by the portal vein from the intestine *via.* of the liver and inferior vena cava to the heart. To regulate this unsatisfied condition, which may exist between the leucocytes and certain free nutriment, there is a final provision before the blood becomes arterial, furnished by the great lymphatic vein (duct), which empties its contents into the right innominate vein at the junction of the right subclavian with the right internal jugular vein. And the lymph-blood from this vein (duct) only has to pass about one inch and a half (the length of the right innominate vein) before it mingles in the superior vena cava with the chyle and lymph-blood from the thoracic duct vein, poured in by the left innomi-

nate vein. And to this fluid mixture is finally added, in the right auricle, the nutriment from the portal system *via* of the inferior vena cava. In the right cavities of the heart, then, there is a mixture of lymph-blood and chyle, of nutritious and excrementitious matters from the thoracic duct-vein, lymph-blood and excrementitious products from the great lymphatic duct-vein, nutritious matter from the portal system, which the liver has purified (cholesterine, taken out) and replenished (sugar added), and the venous blood from all parts of the system loaded with carbonic acid and excrementitious materials. Now, in passing through the right cavities of the heart this heterogeneous blood is subjected to churning and pressure, and its ingredients are thus thoroughly mixed. Therefore, when the blood leaves the right heart for the lungs the leucocytes and the free nutriment are reconciled—the affinity of the leucocyte is satisfied temporarily by the pabulum. In the lungs this mixed blood is converted into arterial blood, and rendered able to sustain life by losing carbonic acid and water, and taking on oxygen, principally by the red corpuscles. This exchange of cases is a kind of osmosis. The arterial blood now passes to the left side of the heart, and is thence sent out to all portions of the organism. The effete and excrementitious matters of the arterial blood are removed on reaching the organs for that purpose; and on reaching the capillaries the red corpuscles give up their oxygen to vivify the tissue, and pass on into the venous system laden with carbonic acid. The plasma and the leucocytes here, too, give up their stores to the tissue, or the hungry tissue overcomes the feeble affinity which the leucocyte has for its cargo, and they are thus left empty, or take up waste, and return with the blood plasma, either by the regular venous system, or by the lymphatic venous system. The majority of the leucocytes return by the latter route, for there are less corpuscles in the venous, than in the arterial blood.—Flint, p. 161.

This new theory of the circulation of the blood recognises as many varieties of blood as there are different systems of blood-vessels. There are, therefore, three grades,

or conditions of blood in the human system, viz.: The arterial blood, the richest and best, and the only blood capable of sustaining life, characterised by oxygen, and its color, red; then the lymphatic blood, next best, characterized by its color, white, or slightly yellowish, and the only blood in which the white corpuscle exists without the red; and, last and poorest of all, the venous blood, characterized by its color, blue, or black, and its feeble, or non-coagulability.—Flint, p. 30 and 31.

HOMŒOPATHIC PERIODICALS AND MEDICAL ADVERTISEMENTS.*

E. HASBROUCK, M. D., Brooklyn, N. Y.

The value of periodical medical literature to the busy practitioner is undoubted, as is the fact that the degree of value is largely estimated by the character of the contents of the publication to which attention is devoted. This proposition is true and applies to the literature of all phases of medical practice. The necessity for such literature being admitted, it is proposed to briefly consider some aspects which naturally appear in connection with the subject of medical journalism in general, and that connected with the homœopathic school in particular. In the outset it is proper to recognize the fact that ownership of property, of whatever kind, grants to the owner the right of use and control in any manner not inconsistent with the laws of the country. It is also recognized that medical journals are articles of property and hence may be controlled by the owners of them. However, we shall raise the question: Have not subscribers any rights which the publishers should feel bound to respect?

Believing that this question can be answered affirmatively, the following is presented. Who can take up for perusal any one of the many medical journals published in this country without noticing how greatly it is burdened with advertising pages, and with what variety they are pre-

*Read before the Hom. Med. Society of the State of New York, Sept. 7th. 1886.

sented? Many of these advertisements pertain to proprietary medicines, and it is with this class alone that we shall deal, although our remarks are applicable to some other classes. Advertisements of the class spoken of are admitted in the journals of all schools, without distinction as to the needs or methods of either. The articles advertised are almost without exception those which are compounded and of some of which the formulæ are probably copyrighted. To admit such to journals that are non-homœopathic does not seem especially inconsistent, as the character of the preparations are not incongruous with the methods of pharmacy pertaining to the practice represented by them. An objection which will apply is that members of a profession which is boastful of a high standard of education, are asked to lay aside the exercise of intelligent thought and submit to a form of dictation at the hands of an ever obliging pharmaceutical profession. The objection applies alike to all members of the profession, but as Homœopaths we are also compelled to submit to a constant array of professional supplies, medicinal and otherwise, which are entirely foreign to the purposes and needs of any avowed believer in the "law of cure" which we claim as our guide.

One is almost led to believe from the constancy with which such advertisements are found in our journals that there exists a concerted design on the part of pharmacists and publishers to keep us under the bane of temptation and solicitation to depart from our "straight and narrow way." If this be not true then it would seem that with the professors of our faith there must exist a greater or lesser demand for such articles, the persistency of the advertisements justifying the conclusion, that if no returns were received the far-sighted business men would soon withdraw them from publication. It can reasonably be assumed that a journal which places before the profession a prospectus, salutatory or title-page declaring an intention to appear as an exponent of topics connected with, or collateral to, Homœopathy, does so with an expectation of deriving almost entirely its list of subscribers from those who

are known as the practitioners of that system of medicine, and such a declaration should be considered the contract from publisher to subscriber in regard to the matter to be placed before the latter by the former. If this assumption be the truth, then we are justified in stating that the contract is in the main unobserved, and that it would seem that the time has arrived when subscribers and readers, individually and collectively, should demand consistency on the parts of editors and publishers. It is not congenial or desirable for one when thoroughly interested in reading a well written article on—for instance “The Requisites of a Homœopathic Prescription” or another subject equally as learned and concise pertaining to that law in medicine to which we all have expressed an adherence, to find that, as a page is finished, the next presents in large type and glaring headlines an advertisement of “ready made” compound prescriptions for which are claimed all manner of special or specific virtues—maybe “the best and most soothing sedative ever offered” to a suffering public; or “a nerve tonic, stimulant and anti-spasmodic” to meet all cases of nervous disorders in either sex; or another which is commended for “all kidney derangements” and so on almost *ad-infinitum*. If these special preparations are needed by us as Homœopaths, we are ungrateful in not more frequently gladdening the hearts of our benefactors, the pharmacutists, by certificates of the perfect adaptability of their goods to our needs. And why should we not occasionally send letters of thanks to our accommodating friends, the editors and publishers, for so kindly directing attention to these articles of trade and commerce, which tend to make our weary lives worth living, asking them to spare no pains in enlarging the list until we can go direct from the pharmacy to the bed-side bearing the “balm of healing” without the expenditure of a mental effort or the burning of “midnight oil”?

On the other hand, if we *do not* use or need these preparations, let us with an unmistakable emphasis say to the publishers that we demand a loyal consistency between their teaching and what they are willing we shall also read.

The writer is a subscriber for ten or more homœopathic journals, an examination of which has shown that with a single exception, all are engaged in the dual occupation of lauding the infinite value of homœopathic practice and teaching with a varying degree of correctness the precepts of Homœopathy side by side with the advertisements of the leading compounders of prescriptions pertaining to the ancient method of dispensing drugs. Not only is the statement true, but the practice is largely on the increase; the journals of our school, as a rule, carrying nearly as heavy loads of the contraband goods as the journals of the other schools. Since we are not all adamantine, one of the effects of the constant temptation set before us may be to turn us from our "guiding star" into the use of these much vaunted and conveniently obtained "specials" rather than to be true to the cause we profess to venerate and true to ourselves in the precise and sometimes wearisome task of searching out the remedy for an intricate case.

This is the arraignment we present. Are there any justifying circumstances? Seemingly—YES; really—NO.

The publisher will probably say "that medical journalism of the present age cannot be sustained without a large advertising patronage, that the subscription list will not meet the expenses of publication." The statement will be a true one, but another reason for it also exists in the fact that there are more journals published under auspices denominated as "homœopathic" than add to the influence of the system or are required for its welfare, as the average contents of many of them are widely divergent from the honest and effectual practices of those who gave to Homœopathy the name and standing it has grandly borne during the years that are past.

Some of our journals have separate editorial and publishing departments, the editor being only responsible for the editorials and selected articles while to the publisher is given the largest liberty in his department, with perhaps no fealty to the principles which a journal may have been pledged to its subscribers and readers to proclaim and inculcate, having only an eye single to the revenue to be de-

rived from advertisers, and admitting such advertisements as offer the best terms, regardless of the consistency between the wares advertised and the influence the publication should, or is supposed, to wield. Thus an editor who has entered upon his career, with an earnest desire to enhance the interests of the espoused cause, is hampered in the influence he seeks to wield by the indifference and money gathering proclivities of the publisher. Not only does his influence become largely curtailed but he is made a co-offender in the constant offence of offering an indignity to the mass of readers who have no need or desire for the articles paraded in the advertising columns. We admit that there exists a necessity for revenue from advertising pages, but we also claim that there probably is a substantial legitimate sphere of advertising in connection with homœopathic journals, the limits of which are readily grasped by a few moments consideration. We believe the grievances to which we have thus partially alluded are capable of rectification without the application of the stringent measure of proclaiming, with a large degree of concert, without long delay, the withdrawal of future subscriptions and contributions from such journals as continue to be offensive. Having thus intimated the means of protection and redress lying within reach of such members of the homœopathic profession as are offended, and who, we believe, are by far the larger proportion, we trust the publishers will, by some methods and action within their realm, speedily remove the causes of offence, and thus be spared the mortification and approbrium arising from the sway of that mighty conqueror, the "boycott," which is, even now, preparing its maw for victims.

SULPHUR: *Movements in Abdomen, as of a Fist of a Child.*—At the end of his very interesting case of spurious pregnancy, reported in the May number of THE ADVANCE, Dr. Skinner states that Sulphur is "the only medicine" which has the above symptom. Almost the same symptom, though somewhat differently expressed by the provers, is found under *Convallaria majalis*, *Crocus*, and *Thuja*.

E. W. BERRIDGE, M. D.

GYNECOLOGY.

AMERICAN INSTITUTE.

BUREAU OF GYNÆCOLOGY.

The report of the Bureau of Gynæcology came up at the opening of the afternoon session, and the subject for discussion was "Diagnosis and Treatment of Organic Diseases of the Uterus."

Dr. L. A. Phillips, of Boston, Mass., chairman of the Bureau, explained the purpose and object of this subdivision, and said that the papers to be read would be brief and largely the result of personal observation and clinical experience.

The paper of Dr. S. P. Hedges, of Chicago, Ill., was read. It related to "Organic Diseases of the Cervix Uteri," and spoke of atrophy, hypertrophy, atresia and stenosis.

Dr. Phil. Porter, of Detroit, Mich., read a paper on "The Diseases of the Uterine Lymphatic System." In conclusion, he said: "Until there is some attempt at reorganization of the chaotic mass of remedies recommended for local use in all uterine disease; until there is presented for our consideration more acceptable reasons than those now given for their use, we do not feel justified in referring to them in this instance. They are very numerous, but in this case we may say, as of the therapeutical problem which is apparently distinguished by the variety of ways it which it can be solved, that this seeming wealth of gynæcology conceals only its real poverty in the treatment of uterine maladies."

The next paper read was by Dr. H. K. Bennett, of Fitchburg, Mass., its title being "Diagnosis and Treatment of the Diseases of the Endometrium."

Dr. Phillips read his own paper on "Fibroid Tumors in the Uterus." He recommended, as a remedy, Iodide of lime.

Dr. Moses T. Runnels, of Kansas City, Mo., prepared a paper on "Diagnosis and Treatment of Malignant Diseases of the Uterus," which was read by title.

DISCUSSION.

Robert Hall, M. D.: I have been much pleased with Dr. Hedge's paper on organic diseases of the cervix uteri. I think the author's method in differentiating the various forms of atrophy of the cervix are very lucid, and, as it has been drawn from his clinical experience, it seems to me to possess special value for our study.

With that variety of atrophy of the cervix resulting from superinvolution, I am specially interested. The practice of mothers' nursing their children beyond the proper limit of lactation is very common, and injurious both to the health of the mother and that of the child. The mother usually has two objects in view; the prevention of pregnancy, and the supposed benefit to the child. The latter is fallacious, and the former, although it may prove successful in some cases, yet it is at the expense of lowering her vitality, thereby inducing serious diseases, among which may result superinvolution of the uterus.

With regard to the treatment, I am gratified to see that the author of the paper gives importance to the therapeutical, as well as surgical, management. I also attribute much value to careful hygienic care. The author has graphically delineated his method of stimulating the atrophic cervix by the use of the graduated solid steel dilators to aid in restoring the organ to its normal state.

I believe surgeons differ somewhat as to the proper instruments and methods most advantageous in securing the desired result. My own experience in this matter is not of sufficient extent to give a valid opinion on the matter. As I see in the following portion of the paper where he speaks of the treatment of atresia and stenosis of the cervix, he depends largely upon the same solid steel dilators. It occurs to my mind that possibly he may be somewhat "wedded to his idols!" This leads to the fact that is too often the case that physicians and surgeons have a strong tendency to drift into a rut, or the riding of a favorite hobby, without being conscious of the fact.

Dr. Payne: I wish to make a few remarks on uterine

fibroids and to express my pleasure at hearing Dr. Phillips' paper, as well as congratulate him on his success in the treatment of these growths with Iodide of lime. I believe, however, that the effects which he gets are due to the Iodine of the composition. His success has been much the same as my own with the latter remedy. I am sorry he has forgotten to mention another successful remedy, and that is Ergotin. With quite an experience in uterine disease I think this remedy stands ahead of Iodide of lime. Churchill's tincture has a tendency to stop the growth when given after the Ergotin. I usually dilate with the sponge tent and then wash out the cavity with Churchill's tincture of iodine, having previously curetted the inner surface. After quite an experience with these conditions I am certain that this treatment will control the hæmorrhage when nothing else will. I remember one case, an old lady, where the hæmorrhage had occurred at intervals for thirty years. After applying this treatment the hæmorrhage ceased, and has not reappeared for three months. Surgical interference to that extent is always justifiable, and certainly beneficial. I would like to speak of one remedy in endometritis and the conditions spoken of in the papers, such as sarcoma and others. This is a solution of Chloride of Zinc, to be used in place of Nitric acid. It controls the hæmorrhage better, and the slough comes away better than after Nitric acid.

L. L. Danforth, M. D.: I want to say a word concerning this very interesting subject—endometritis. Any experience which one may have, especially of a practical nature, is worthy of attention. When these cases are not extremely severe and the disease has not attacked the deeper portions of the mucous membrane of the cervix, internal medication is usually sufficient to remove the disease and correct the constitutional condition which is at fault. Here *Sepia*, *Kali bichromicum*, *Arsenicum*, *Mercurius* and other remedies, are of value in removing the local symptoms as well as the constitutional effects of the glandular disease, viz., the back-ache, burning pains, lassitude, et cetera, which follow this affection. When the patients have suf-

ferred for a long time, and the degeneration of the glandular structure of the cervix is far advanced, I do not think that remedies alone are entirely efficient; they need to be assisted by local treatment. The best local agent in my experience is pure Nitric acid, preceded by thorough cleansing of the part involved and perhaps by curetting the cervical tissues. Applied once or twice a week, this treatment is of service in promoting healthful changes in the diseased glands within the cervix. We cannot do much in these severe cases, by either method alone; medicine and local treatment must be conjoined. It is very important that the entire condition of the patient be taken into account, any diathesis which may underlie the local condition should be considered; also the condition of the general health, following, and due to, the prolonged and exhausting discharges. The one who can apply his remedies most closely in these conditions will be the most successful in removing them. Locally the Nitric acid has been the most useful in my hands.

You all know how important it is to have a perfectly clean surface before applying your local remedies. It is futile to apply any remedy to these cervical glands, while they are covered over with the tenacious, gluey discharge which comes from them. I know of no better cleansing remedy than the peroxide of hydrogen. Cautiously injected into the cervix, or applied on cotton pledgets, it is very effectual in removing the abundant and tenacious discharge.

J. H. McClelland, M. D.: I want to confirm Dr. Phillips' experience with Iodide of lime. At the World's Convention in 1876, I reported several cases of intra-mural fibroids, which I had treated with this remedy; since that time I have treated other cases. I think it is the best remedy we have at our hands for this purpose. I have used Trillium also, led partly by its symptomatic indication for uterine hæmorrhage, and I believe with good effect; yet Iodide of lime is equally efficient in controlling the hæmorrhage. Some cases which I have had under observation for ten or fifteen years have given very little

trouble except from the pressure due to the increasing size which has reached that of a well developed child in utero. I have been utterly unable to control the onward growth.

F. S. Fulton, M. D.: I would like to refer to the paper of Dr. Porter. While connected with the Hahnemann Hospital, I saw a number of cases and had opportunities for my personal experience, and in seeing that of others. I would speak a word in favor of hysterectomy, for I think subsequent events will show that this operation is as devoid of danger as is the operation of ovariectomy. All the cases operated on in the hospital recovered except one, and that one was complicated with cancer of the peritoneum. Dr. Tait gives twenty-two cases, all making good recoveries. Dr. Goodell says hysterectomy is very largely successful if the section is made close to the vaginal junction; the higher you go into the uterine tissue, the greater the danger. All the operations in the hospital were done with the simple vaginal section. As a younger member of the Institute I would like to predict the successful result of this operation.

Wm. Owens, M. D.: I want to refer to a remedy for uterine fibroids, to which I have already called the attention of the members of the Institute, at the meeting held at Brighton Beach. At that time I reported five cases cured, and one under treatment. This was a case of submucous fibroid of considerable size. I gave three hypodermic injections of the fluid extract of ergot, and the patient recovered. Another case, in which the injections were given once a month, was under treatment for two years, but was then cured. Another case, which was treated within the last year, was under treatment for three months, receiving twelve injections in all. The indications upon which these injections were given were an enlarging tumor under the hypogastrium, in two cases extending above the pelvic brim, with frequent hæmorrhages, aggravated at the menstrual period, so that these lasted for nearly three weeks out of the four. The last case treated I have not seen since last January, but report says she is well and that there has been no return of the hæmorrhage. Cases

treated eight years ago have had no return, except in one case, the tumors remain, giving no trouble, however, having been reduced to a minimum size. I gave the Iodide of lime to the patient treated for two years. I have given twenty drops as an injection, but usually give only ten drops, injecting it into the hypogastric region.

J. C. Morgan, M. D.: One thing has given me great pleasure during this convention, and that is that we have had so much of Homœopathy taught, and to my agreeable surprise from specialists also, as we heard this morning. Now I want to talk a little Homœopathy in this connection. Let me say by way of preface, and briefly, that in my observation a large proportion of the fibroid tumors of the uterus, whether submucous, intramural or subperitoneal, occur in women, to whom the change of life is an event not so very far off in all human probability, aside from other diseases. I do not mean to say that this is an absolute rule, but a large proportion of them are approaching this period. Now it seems to me that we have a special hint in the management of these cases from this fact, namely, that if we can guide them safely to this point and secure the passage of it within a reasonable time, then we have done a good work. These views are based upon a somewhat lengthened experience, although not so extensive, perhaps, as some others here. I have repeatedly found that the approach of the change of life is the thing we have to consider, to look out for, and to prepare for.

One of my patients, age about 39 years, had an enormous intramural fibroid, so that she had the appearance of a woman six to seven months pregnant. Her health was miserable, and she was liable to frequent attacks of menorrhagia, which kept her exceedingly weak, and gave her an exsanguinated appearance, and still this great burden had to be carried. I treated her with medicines, for Dr. Atlee, to whom the case had been referred, refused to operate, although she was willing for any operation. I took up her symptoms and studied them very carefully. She had at the time when first seen, this intense weakness from loss of blood; she had a great many others, but this was the

"keynote." I gave her Cinchona 200, I was even so foolish as that, and by keeping her under the influence of that remedy, there was, in a very quiet sort of way, a decided amelioration of the subjective symptoms, but no special change in the size of the tumor. The relief to her personal feelings was marked. The hæmorrhage ceased for some time and on its reappearance the remedy was again given with relief. Then she complained of a feeling of distension, as though the parts were too small, and received Lachesis for it, which relieved. Cocculus has the opposite condition, namely, a feeling as if there was too much room.

C. E. Walton, M.D.: I have used the Ergotin or Ergot in several cases, four or five perhaps, in the same way as recommended by Prof. Owens. I always use one syringe full and sometimes two, and have never seen any evil results, but always good. In all cases of uterine hæmorrhage and all cases of fibroids, submucous or subserous, I make use of the Ergot. Where they were in the uterine canal I have succeeded in forcing their expulsion, and when subserous the growth has diminished, but I have never been able to entirely obliterate them by this mode of treatment.

J. H. Carmichael, M. D.: I think that fibroids in an active stage are very apt to carry a woman beyond the point designated by nature for the change of life. I think she is very apt to go to fifty years or beyond, when a large fibroid is present in an active state and giving rise to hæmorrhage. Belladonna will relieve the congestion and soreness attending upon fibroids.

I have used twenty to twenty-five drops of Ergotin hypodermically, and am convinced that I never practiced a more barbarous method than this for the removal of a uterine tumor. I have had at one time a large number of colored people under my care, and have found that about eight out of twelve have fibroids; this colored population were attendants at a dispensary service under my control. I practiced the Ergotin injections upon them, and pumped the blood out of them by this means. But I found afterwards that Ergotin 3x, or Secale 3x, would control the

hæmorrhage and contract the uterus in a manner more beneficial to the patient.

I have used the Iodide of lime, and can confirm its good effects, for my experience with it has been excellent. For removing the soreness nothing is better than Belladonna 3x, in my estimation.

I have now in my care fifteen cases, eight of which are approaching the climacteric, and I do not propose to interfere with them while I can make them comfortable. I have used *Equisetum hyemale* for sarcoma, where it has extended so as to involve all the surrounding tissues, and even eaten into the bladder. This remedy has controlled the pain when no opiate would. I have recently had two or three cases in which I have tested the efficacy of this remedy for this condition.

A. Boothby, M. D.: We might easily infer from what has been said here to-day, that the question of a remedy for uterine fibroid was a very doubtful one, and this the more when we consider the number of remedies which have been proposed, acquired a reputation, ran their course and died out. One of the most thoroughly tried of these is Ergotin, and this has been proven, apparently inert by all schools.

[Neither uterine fibroids nor any other tumor will ever be cured (except accidentally) by persistently prescribing for the tumor. This is not homœopathic treatment. The law of cure does not and cannot work that way. Neither Ergotin, nor any other remedy, can effect a cure when not indicated. This is simply empirical guessing, and must fail much oftener than it succeeds. To those who apply it in this way, Similia will never be a universal law, only a method of practice.—ED.]

I want to refer to the statement which has been made, that the future would see the operation of hysterectomy as common as that of ovariectomy. I think this is very misleading, for in the first place we must distinguish between the two conditions; the one fatal in a few years, while with the other they may and do live for many years. The success in ovariectomies is vastly better than is that for fibroids.

No published reports are as good as those which have been mentioned, taking a large experience together. There is only one surgeon that I know of who recommends the removal of uterine fibroids as the rule, and that is Dr. Martin, of Berlin. I do not think an operation for fibroids should be attempted, except when there is extreme suffering, and the patient thoroughly miserable, or when the excessive hæmorrhage imperils life.

K. Ludlam, M. D.: I want to express my personal gratification, as well as interest in the report of this bureau, and I am very sure the papers will be of service to those who read them in the transactions. As an old fellow passing away rapidly, I take great interest in the development of this special department, for I think I may consider myself the father of this section, although without sectional feeling. I want to speak a word in favor of *Secale*; it is not an infallible remedy, but certainly a useful one, as is also *Cinchona*. I assure you that we ought not to forget our homœopathic remedies in the management of these cases. Dr. Morgan is quite right that if we can carry our patients over a certain period, nature will cure the case by limitation. I know very well, also, that some tumors fold their tents and silently steal away, and thus, at times, invalidate our claims for cure by means of remedies. I want to quote from Scanzoni, who says, that chronic endometritis is an incurable disease. I approve of Dr. Bennett's mode of treatment, but I believe that in ninety-nine out of one hundred cases, chronic endometritis is chronic subinvolution, and that if you will give your remedies which will follow up this process, which should have gone on sooner, you will cure your case. And remedies will bring this about. In our clinic are many of these cases, and we make it a rule to examine them from month to month, making the record at once, and we have found that the size decreases at the rate of about one inch a month, when they are under careful treatment. *Secale* is a very useful remedy here, given a dose four times a day.

There are one or two conditions which are likely to be confounded with uterine fibroids, which were not men-

tioned in the paper. These are pelvic hæmatocele and pelvic cancer.

Concerning the results claimed for the Iodide of lime, I accept the experience, but would suggest that we use a glycerole about the cervix in many of these cases, since some effusion in or about the cervix may have something to do with the size of the growth. It is not unusual to have these parts contain a considerable proportion of serum, and when this is pressed out by any means, the size of the tumor will diminish rapidly, and perhaps remain in this diminished form. Belladonna has some such action when applied locally.

One word in regard to the claim for hysterectomy. When he says this operation is not to be resorted to, it is not covering the whole question. But the idea of extirpating the uterus, or any great part of it, brings up the most serious operation of any thing of the kind in surgery, because it is so very difficult to control the hæmorrhage afterwards. This is especially the case if you make a pedicle of the cervix. Amputation of the uterus is a small affair when compared with hysterectomy. I should say that the operation was very rarely necessary, for patients rarely die of uterine fibroid, since the approach of the climacteric will relieve. So, unless the fibroid involve the entire organ, I should prefer not to operate. If it involve the entire surface of the uterus, you have an hysterectomy on your hands, and that is a very different question. It will be a long time, in my judgment, before hysterectomy will be as safe as ovariectomy is now.

L. A. Phillips, M. D.: I would remind you that in my paper I stated that I would give my experience with one or two remedies, and did not pretend to exhaust the subject of remedial agencies. Furthermore I am a prescriber of homœopathic remedies, only I say we must learn to use them by experiment and trial, for we cannot tell by our provings as many of these remedies have not been proved. They never produced these conditions, and we have no evidence that they will cure them except by experiment. Iodide of lime curing them would seem to have just as much a homœopathic effect, although not proven.

BATTEY'S OPERATION UNJUSTLY CLAIMED BY TAIT.

The editor of the *Virginia Medical Monthly* in a recent issue thus disposes of the claim to priority of Battey's operation:

"It seems singular at this late day that Mr. Lawson Tait should set up a claim to priority in the successful performance of the operation properly known as Battey's. We are glad to see the 'error of statement of results of Battey's and Tait's operations corrected' by Dr. Robert Battey himself in the *Medical News*, May 15, 1886. He says: 'In his Note on Removal of the Uterine Appendages (page 456, current volume of the *Medical News*), Mr. Lawson Tait inadvertently says of my original operation: 'It was first performed by Battey, with a *fatal* result, on August 17, 1872, and therefore, if proper names are to be given to the operations, it deserves to have Dr. Battey's name attached to it.'

'This case has so often been reported to medical societies, and cited in the journals, in London, as well as in America, as a *successful* case, that I can hardly suppose Mr. Tait to be ignorant of the fact. I therefore accept it as a slip of the pen, in the hurry of a busy professional life. I can the more readily do this, since in the same connection, he is quite as unhappy in reporting the result of his own case, when he tells us, 'It was first performed by me on August 1, 1872, with a *successful* result. I am therefore entitled to have this operation described by my name.'

'In the *British Medical Journal* for May 31, 1879, we find from the pen of Mr. Tait the following: 'Removal of normal ovaries. As a small contribution to the history of this proceeding, I should like to supplement Prof. Simpson's paper by the statement that I have removed the ovaries for the arrest of hæmorrhage in cases of myoma three times, *in all three with a fatal result*. The dates were August 1, 1872; December 26, 1873; and March 14, 1874. It will thus be seen that this operation was performed in England five days *after* it was first performed in Germany,

and sixteen days *before* it was performed by Dr. Battey. . . . That this operation will prove a great addition to surgery I have no doubt. With our improved methods, I believe that at least two—possibly all three—of my cases would recover now, if I had them over again.' [Italics Dr. Battey's.]

'To Mr. Tait's claims of priority I have nothing to say. For more than six years (from September, 1872, to May, 1879) during which this subject was actively discussed in medical societies and medical journals, his voice was not heard. There seems little disposition manifested anywhere to re-open the case now for his benefit.' PORTER.

PUERPERAL CONVULSIONS.

WM. JEFFERSON GUERNSEY, M. D., Philadelphia.

On the 30th of last December a gentleman called about five o'clock in the morning, stating that his daughter, aged 20, was in terrible convulsions. I tried in vain to elicit symptoms enough to prescribe on, and it was not until I had commenced putting up some Belladonna on account of the violence described by him, that he interrupted me with the assertion that his daughter, who was un-married, was pregnant, but that he knew it was not more than three months advanced. I did not change my prescription, thinking that I should probably hear from her again before night. About fifteen minutes later word was sent to come at once, and, thinking the man might be mistaken in regard to her period of gestation, and not knowing what course would be best to pursue, I carried my obstetric forceps. I found that the Belladonna had not been given and the poor girl had thrown herself upon the floor and was in most horrible convulsions. A digital examination revealed the fact that labor was far advanced and that I had a full term child to handle. Fearing that her violent motions would at least kill the child and possibly injure herself, I quickly procured ether and after complete anæsthetization removed the child without difficulty. She was soon after

carefully placed upon a bed and made as comfortable as the circumstances would permit. Surely this was a day doomed to disappointment, for her convulsions did not cease, and the general out-look was anything but promising.

The "frightful distortions of the limbs" found under *Cicuta* and the *opisthotonos* also characteristic of it, led me to give that remedy, but without effect. Subsequently I prescribed as follows: At 10:30 A. M. *Apis* cm., one powder; at noon, *Apis* cm., in water; at two P. M. *Hyoscyamus* 50m in water; at six P. M. *Sac. lac*; at ten P. M. *Hyoscyamus* 30. The next day (31st) one powder *Silicea* cm. in morning and *Sac. lac* all day. On calling at 10 P. M. her convulsions were still present, but she was much weaker, pulse rapid (beat not recorded) and almost imperceptible. Had not been conscious since removal of child. Urine very scant. I did not test the urine for albumen, for two reasons; first, it would not have altered the treatment; second, it was impossible to collect it in her comatose condition. She had, of course, taken no nourishment, and what struck me with horror was a dark, shadowy, irregular outline just visible upon her face in the dim light. On turning up the gas I found several of these dark colored spots varying in size from that of a hickory nut to one having a diameter of probably four inches. I knew that with her careful nursing that she could not have bruised her face so terribly without other bodily injury, and was assured that she had not done so, yet these marks resembled those of contusion. This *peculiarity*, (See *Organon*, § 153) with the other indications for *Arnica* led me to give eight powders of the 45m (Fincke). Her convulsions grew milder from that time out, and in the morning I was delighted to find the *ecchymoses* had nearly disappeared. Improvement continued till the next morning, when she had a slight convulsion, and I gave one more powder of *Arnica* 45m, having no other potency with me (I should have preferred cm.). Her recovery from that date was marked and rapid, and I discharged myself on the 15th of January, sixteen days from birth of child, without having given another dose of

medicine, although *Sac. lac* was regularly administered to satisfy the mother's fears. The child lived three months and then died from *marasmus*. The girl had no milk, nor did she have the least trouble from the *mammæ*, and on dismissing the case I could not help noticing that she was, apparently, in as good a condition as any woman I had ever attended in a natural labor. I learned from the mother that her menstruation is now regularly re-established and quite normal in every feature.

SURGERY.

J. G. GILCHRIST, M. D., Iowa City, Ia.

PARALYSIS FOLLOWING FRACTURE.—Injuries of nerves are common after fracture, but M. Poulain of Paris, records a somewhat remarkable occurrence in *L'Union Medicale* for April 20, 1886 (*Annals Surgery*). The case was one of fracture (compound) of the lower end of the humerus, in which the amount of callus was so enormous, that the radial nerve was included and compressed to such an extent that paralysis occurred. The exuberant callus was chipped away, the nerve freed, and held up by the sutures in the edges of the wound passing under the nerve. Within a year recovery was almost complete.

TELANGIECTASIS is treated by Dr. Boeing (*Nerdirigen*) by painting with a 4 per cent. solution of sublimate-collodion, once daily for four days. In the record of cases given, the history seems to be, about the sixth day there was a "suppurating ring about the base," and in two or three days more, the scab was removed without pain. The scars are stated as being very soft and non-contracting. I have since, within six months, treated cases as follows: Lifting the angioma upwards, a hair-lip pin was inserted under the base, from side to side. A tight elastic ligature was then applied back of the pin. In one case, two pins were required, at right angles. The mass became detached in eight days, leaving a very small scar, with hardly any pain from first to last.

FROG'S SKIN TRANSPLANTATION.—Dr. Peterson used frog's skin in a case of slowly cicatrizing wound on the neck. The *method* is worthy of attention, to say nothing of the good results from the material used. "A piece of frog's skin, the size of the thumb nail was washed in a two per cent. solution and placed upon blotting-paper, where it was divided into two. The grafts were applied to the wound so that the blotting-paper was interposed between them and the fixing plaster. Two days after the transplantation both fragments of epidermis were found to be adherent. Two days later a fresh grafting was made; the former grafts had become roseate. In a further period of forty-eight hours the pigmentation of the grafts had almost disappeared. The cicatrix resulting after this treatment was found to be of great softness and elasticity. The same material is being used in some of the London hospitals."—*Lancet*, July, 1886.

HERNIA.—There are few subjects about which more is written, and more theorizing indulged in, than hernia intestinalis. New trusses and new methods of reduction in cases of strangulation are found in nearly every issue of some of our journals. It is safe to say that the large majority of these proposed procedures are the outcome of "timid surgery," and are based upon very inadequate clinical evidence. The one fact of paramount interest, it seems to me, is, that without opening the hernial sac, and seeing (or *feeling*) that the constricted portion has been entirely reduced, there is always uncertainty as to reduction. I have long since refused any treatment for strangulated *ancient* hernia other than operative, for the double reason that then only can we be sure that the hernia is reduced, and that the operation may prove a radical cure. Another case of fatal result of temporizing treatment is given in a report in the July *Lancet*, of a patient in the Cashel Union Hospital (Ireland), in which the hernia was aspirated and supposed to be "reduced by slight pressure!" The next day the hernia reappeared, herniotomy was made, but the patient died, having had a fecal fistula from the

aspiration. The fault was not the surgeon's, as the patient refused to submit to an operation on the first occasion. It is one more instance of the folly of taking our patients into our consultation.

PERFORATING WOUNDS OF THE ABDOMEN.—It has not been many years since it was a universal teaching that a perforating wound of the abdomen, with visceral complication, was certain death. In fact the gravity of such a lesion is no less to-day, but the method of treatment gives vastly different results. The abdomen is now opened, wound of intestines and viscera sought for and closed with suture, vessels ligated, and the cavity cleansed and drained. Prof. F. S. Denis, of New York, in the *Philadelphia Medical News*, gives a résumé of sixteen cases, in some of them the wounds of the viscera being multiple, in which perfect success was had. The *Lancet* says, by way of comment: "It is interesting to note that the late Professor Gross, when writing on Wounds of the Intestine more than forty years ago, recommended just this line of treatment. He clearly saw the only direction in which surgery could hope to deal successfully with such cases. Our modern improved methods of wound treatment have rendered the course of action then advised not only practicable, but successful."

VESICO-VAGINAL FISTULA; CURED IN A SINGLE OPERATION.—The following case was one of sufficient interest and importance to report. Mrs. W—, age 41. June 29th, 1886. Nine weeks since was delivered of her eighth child, still-born, after a tedious labor. Had passages of urine entirely through the vagina after the second day. On examination a large fistula was discovered, and the case sent to me. The fistula was midway between the ostium and the anterior *cul-de-sac*, and measured (estimated) one inch and a quarter in diameter, nearly circular. The edges were strongly inverted into the bladder. Assisted by Dr. Barth and a student, the edges were freshened, five silver wire sutures introduced, and the parts cleansed with Calandula

lotion. They were not touched or examined until July 8. There was some dribbling of urine for three days, the catheter being used for that time. Afterwards there was no urine passed through the vagina. The stitches were removed on July 9, and the fistula found firmly united. July 23, was again seen, and the fistula found closed. No trouble of any kind. No remedies were given, from first to last, beyond the washing with *Calendula* immediately after the operation.

NERVE SUTURE has become a recognized procedure, not only in the immediate treatment of wounds involving division of important nerves, but in old cases where innervation is marked. Mr. Harrison (Liverpool) gives an interesting case of complete paralysis of the hand, with atrophy of the muscles, due to division of the median and ulnar nerves, the ends of which were found bulbous and included in the scar tissue. The nerves were freed, sutured, and almost perfect recovery was secured in about eighteen months. The case was one of over a year's standing (*Ann. of Surg.*, IV, 161). Prof. Gunn, of Chicago, in the *Medical News* of May 8, 1886, gives a very remarkable case, in which nerves of different function and distribution were sutured, with good results. The ulnar nerve being excised in an operation for neuroma, it was attached to the median. "Immediately after the operation there was complete paralysis in motion and sensation in the parts supplied by the ulnar nerve." Three months afterwards, with gradual return of innervation during the interval, the parts were nearly normal. The attempt was made on the authority of Rawa, that "(a) the central nerve apparatus is enabled to innervate organs which do not belong to it as soon as those organs are artificially brought in connection with it."

SPINA BIFIDA.—The *Annals of Surgery* (July, 1886, p. 66,) quotes an interesting case reported by Dollenger in *Wien. Med. Woch.*, 1886, No. 7. The case was as follows: A girl of five years of age. When she was brought to him

last November, the tense translucent swelling had a circumference of 36 ctm. Bilateral spastic club-foot contracture, incontinence of urine and feces. D. aspirated and found that emptying the sac caused no nervous symptoms, but relieved the contracture and incontinence, until the sac refilled. He then concluded to operate. He slit the sac, the inner membrane of which was a continuation of the spinal dura. Through the opening several thin and one short 3 mm. thick nerves passed to the sac; these were cut off short. The dura was cut away, leaving just enough to close the opening. It was then sewed over the nerve stumps. The sutured dura was next freed from the edges of the hole, sinking back into the spinal canal. The two lateral rudiments of the fifth lumbar spinous process were broken over, and sutured in the middle line. External sutures closed the whole in. The operation was well borne. The bones immediately united. The skin cicatrized after throwing off a small slough. She can now (February, 1886,) retain 100.0 to 150.0 urine; the spastic foot contractures have not returned, and she is running around all day.

THE FATE OF METALLIC SUTURES is a question that has at all times excited more or less discussion. Some contend that they may be left in cavities, or subcutaneous, without damage; others, that they are always the cause for trouble, more or less. I have long been of the opinion that the effects depend more on the location, and other circumstances, than to the mere suture. Some time since, a suture was overlooked in the final dressing of a case of vesico-vaginal fistula, and after two weeks there was a slight dribbling of urine. On examination the suture was found, removed, and in a short time all trouble ceased. The rule would seem to be, that where much tension is exerted on the suture it ceases to do good, after the primary indication is met, and should be removed. *Apropos* to this, Dr. MacEwen (Glasgow), in describing an operation for hernia, uses the following language (*Annals of Surgery*, IV, 103): "As long as it maintains tension on the tissues, the wire being itself unyielding, it causes ulceration of the parts

pressed on. This ulcerative process will continue until the wire in relation to the tissues has reached a position of rest. When this is accomplished, it is no longer an active agent, but descends to the condition of a foreign body which at best becomes encapsuled in the tissues, but occasionally gives rise to disturbance, which ends in its elimination."

FRACTURES IN NEIGHBORHOOD OF JOINTS, from various causes, are not infrequently followed by stiffness, more or less permanent, of the joint; and the question has been long in debate, whether the mode of treatment can in any way control the result. Authorities are found advising diametrically opposite treatment, viz., passive motion, and immobility, during the whole progress of the case. The question formed the subject for debate at the New York Surgical Society's meeting in March, 1886 (*Ann. of Surg.*, IV, 130), being introduced by a paper from Dr. R. J. Hall, in which practical immobility of the joint in Colles' fracture was enjoined. The conclusion reached seems to have been, that the mistake is in attempting to formulate inflexible rules. Immobility is no doubt demanded when the fragments are in relation to muscles that are put into action by motion, whether passive or voluntary; it is not necessary when opposite conditions obtain. Thus, in Colles' fracture there are no muscular attachments of any importance, the tendons gliding over the parts involved. *Movement of the fragments* is the point to be guarded against; if passive motion does not have this effect, there is no doubt that it should be practiced. The points of interest growing out of this study, are in connection with questions of deformity, and ankylosis. With the parts completely reduced, deformity can only occur by disarranging the fragments. If passive motion does this, it must be avoided. Ankylosis may be due to abnormal production of callus, to exudation, fibrinous in character (inflammatory), or to simple disease of the muscle. The surgeon must, therefore, have a clear understanding of the case in hand, and preserve immobility, or practice passive motion, as one or the other of the above conditions would demand.

AMPUTATIONS.—Surgeon-Major W. Gray, Bombay, India, has a readable and suggestive article in the *Lancet* (June, 1886, p. 437) on the *antiseptic treatment of wounds*, illustrated by an account of forty-two amputations, mostly of the leg. While there are some facts of interest connected with the “antiseptic” precautions used, yet they are not sufficiently novel to attract attention, beyond the summing up, which is so much in the line of my own convictions, that I quote: “It will not fail to be noticed how much larger has been the proportion of successful cases in the last half of the series, as compared with those of the first, and this greater success appears to coincide substantially with the disuse of the water-proof covering, and with the adoption of drier and thicker absorbent dressing. Accurate adaptation of the flaps I regard as of great importance. I now always mark them out with a scalpel, in order to insure evenly cut edges, and when the skin has retracted they are completely transfixed in the usual way. *My experience has taught me, too, that antiseptic applications direct to the wound are in many cases unnecessary (!!).* I allude especially to those cases where the tissues are perfectly healthy. Still they do no harm (?), and by way of making “assurance doubly sure,” may be employed in every instance. All I mean to convey, however, is that we can in a certain class of cases obtain as good results without as with them, provided we attend carefully to other precautions. I never, under any circumstances, use the spray. Moisture in any shape or form I look upon as one of the most fertile sources of failure. Our whole efforts should be directed to preserving both the wound and the dressing in the driest condition possible. The essentials, then, of my present procedure are cleanliness, infrequent dry dressings, free drainage, accurate adaptation of flaps, and rest.” The italics are mine, used to emphasize what I consider to be a fact, that if a thing is not useful, it must be hurtful. The summary is admirable, but fails, in my opinion, to give sufficient credit to the flap operation in general, and the particular method the writer practices. I have never employed the circular method, because it was prac-

tically impossible to bring the rear surfaces in apposition at all points, and thus "pockets" and cavities were unavoidable. The smooth surfaces made by a flap operation are admirable as facilitating repair, and form abundant covering to the end of the bone; the writer's practice of marking out the flaps with a scalpel, and not completing their formation until the skin has retracted, is, I believe, very largely responsible for his good results. When he speaks of "rest," it is presumed that *position* is likewise included. I place this near the top of the list of essentials, as a position that relaxes the muscles fully must be the most restful, and at the same time will have the effect to present a conical stump. I have thought, from two unfortunate experiences, that a conical stump is oftener due to muscular contraction before adhesions have formed with the bone. In each case the conical appearances were evident at an early period. As a Homœopath, I could add to the list of essentials the use of *Hypericum* to prevent pain, and *Calendula* to promote repair.

The editor of this department must again request the co-operation of those interested in surgery, as it must seriously impair the attractiveness of his department if it continues to be filled by a single contributor. J. G. G.

INTERMITTENT VS. QUININE.—My predecessor, Dr. Finster, assured me some years ago that were I practicing in Port Huron, Mich., I would find Quinine indispensable. Well! I have been here sixteen months and so far from finding it a necessity I have given it but twice—once in the potency homœopathically—and in neither case did it prove of benefit. I have had but very little trouble in curing my cases of "chills" with the indicated remedy, which has generally been *Arnica*, *Arsenic*, *Ipecac*, *Natrum mur.*, *Nux vomica*, etc., and in two cases *Elatarium*, according to indications given in your book, which I regard as invaluable.

A. F. RANDALL.

CORRESPONDENCE.

OUR FOREIGN LETTER.

PASTEUR'S CURE.

The vacation of medical men will soon become unbearable if the public are permitted to pursue them wherever they go with the perpetual question; What do you think of Pasteur's cure for Hydrophobia? Time and temper would be saved by carrying about a stereotyped reply and producing it every time the topic is mooted. An altitude of 3,000 feet—the height of this place above the sea—is no protection against this species of persecution. At present a furious correspondence is raging in the columns of the *Times* conducted without much moderation by Mr. Vincent Richards, the well known veterinary and Miss Anna Kingsford, a London lady doctor, who displayed more animus than knowledge on the subject. Her triumphant statement that the rabbits operated on by Pasteur died of some other complaint than hydrophobia, would not have been made had she known that M. Pasteur had long ago set that question at rest by inoculating dogs with tissue taken from the said rabbits, a proceeding resulting in the death of the dog with all the symptoms of hydrophobia. But as a matter of fact the question of the efficacy of M. Pasteur's inoculations is insoluble with the data we as yet possess. Statistics and details must be less relied upon than the mere lapse of time. If asked personally whether I believe in M. Pasteur's treatment, I should be obliged to answer in the affirmative, but my opinion being merely founded on general considerations, it can have but little weight. For many years I have followed M. Pasteur's career as disclosed in the pages of the *Comptes Rendus*, with the greatest interest. It seemed to me that he was one of the few scientific men who availed themselves not only of the *inductive* method of Bacon but also of the *deductive* method of Mill. Of what use is the accumulation of a vast array of facts if no inference is to be drawn from them? On the other hand, given the accuracy of the great Hahne-

mannian discoveries and of Jenner's vaccination methods, what more logical than, prophylaxis *per similia*. M. Pasteur's first attempts were with a complaint very fatal to fowls called chicken cholera. He found that the virus of this complaint would be modified by successive inoculations and that if they injected it, it conferred protection. His next advance was to proceed in the same way with the poison of malignant pustule, carbuncle or *charbon*, a complaint widely prevalent among French cattle and sheep and invariably fatal. This experiment also was crowned with success—so much so that the government made him large pecuniary grants and thousands of cattle were brought by the farmers for inoculation with the result that the disease is now almost extirpated.

Bearing the above undoubted facts in mind, is it not, I may ask, exceedingly probable, that a similar method should succeed in the case of hydrophobia? It may be remarked that it is fortunate for the world at large and for those unlucky enough to be bitten by mad dogs in particular, that Pasteur happens not to be a medical man, but a scientific chemist. Had he been the former, the long arm of persecution would have reached him as it did Harvey, Jenner and Hahnemann and perhaps his discoveries would only have been recognized fifty years after his death, too late for the salvation of the numerous victims of the epidemic now raging throughout Europe.

Apropos of epidemics, the travelling public should be cautious how they visit Italy, this autumn. Cholera is increasing in Venice, Verona, Padua, etc., and where cholera is, there also will be found a worse scourge as regards travellers, viz., quarantine. Two years ago I was unfortunate enough to witness the Italian method of carrying out these arrangements and never wish to do so any more. Sick and healthy are huddled together in tents around which a cordon of sentinels is drawn and food is only obtained by indirect means—the peasants deposit it some yards from the boundary and the prisoners have to gather it off the ground for themselves. Any means more

calculated to foster and spread the disease it would be difficult to conceive.

I am giving you an extract from an allopathic periodical called "*The Medical Press and Circular*" not because the facts it contains are unknown to you, but because it is pleasant to think that the old school must be aware of them also. Another remarkable fact is that an allopathic journal should actually contain fourteen lines of print concerning Homœopathy with only *one* sneer.

"The International Homœopathic Convention of 1886, was held last week at Basle, and about 40 physicians, including representatives from European countries, were present. The subjects discussed were the present position of Homœopathy as contrasted with that of the last quinquennial convention. According to the reports Homœopathy is flourishing more or less (*especially less*) in every country, but its progress in the Old World is as nothing compared with that which it has made in the New. The United States now contains upwards of 10,000 practitioners, 14 medical colleges with about 1,000 fresh matriculants, 400 graduates annually; 51 hospitals with 4,000 beds; 3 insane asylums, 48 dispensaries, 143 societies, 22 journals and 33 pharmacies all devoted to Homœopathy."

Unless the phrase 'according to the reports' is meant to imply that Homœopaths are necessarily liars, "*especially less*" is actually the only sneer.

More amusing is the ingenuousness of "old true blue" who writes to the *Lancet* "What is Homœopathy?" As well might the enquirer address himself to the Pope concerning the tenets of Martin Luther. The *Lancet* of course, is not above answering the question in a manner which I hope will satisfy "Old True Blue." *Sic Lancet loquitur*:

"1. Dr. Kidd, the most popular leader of Homœopathy, says there are two principles, *similia similibus and contraria contrariis curantur*.

2. There is no homœopathic licensing body in England.

3. Homœopathy is a fad and a fallacy.

4. The medical profession does not consider it honorable for a member holding a degree from a British university, to practice Homœopathy; but the law particularly forbids any examining body or other medical authority to refuse its qualifications to any gentleman on the mere ground of his holding peculiar or exclusive theories of medical practice."

This is the peculiar mixture of falsehood and truth which has proved more effective because more insidious than the old sledge hammer style of abuse. Who, I should like to know ever heard of Kidd as a popular leader of Homœopathy, or indeed as anything else but a successful though amphibious practitioner? To the statement that the medical profession does not esteem it honorable to practice Homœopathy, a rider might be added that the homœopathic profession does not think it honorable to practice Allopathy.

Apropos of the *Lancet*, you no doubt have heard that its editor and proprietor, G. Wakeley, M. D., has just died. After reading the obituary article contained in this weeks' edition of the *Lancet*, I almost felt as if the terrible earthquakes were hardly a coincidence. *De mortuis nil nisi bonum* is no doubt an excellent maxim, but there is a difference between moderate praise and the extravagant laudation in which his own staff seem to think it necessary to indulge.

No doubt he has been eminently successful, as we should expect of a man who kept his eye constantly fixed on the subscriber, and even on the public. What, we may ask, becomes of professional secrecy when the minutest details concerning the last illness of any one of the least notoriety are published by a journal, which, though ostensibly for the reading of medical men alone, is to be seen in the reading room of any club in the kingdom. What the *Lancet* terms its "commanding position," is largely due to the persistency with which it has pandered to the vulgar curiosity of the public. His impartialty and breadth of view likewise came in for much undeserved praise. His mode of carrying into practice the self-selected motto of "*audi*

alteram partem," which heads the *Lancet*, is sufficiently notorious. It consisted in publishing every letter or article adverse to Homœopathy, and steadfastly refusing to insert their refutation.

ALFRED E. DRYSDALE.

EDITOR ADVANCE:—Please explain, if you can, how you reconcile the tenor of the articles "A Specimen Brick" in your July issue, and "That Specimen Brick" in your September issue, with the insertion of such advertisements as those of "Peacock's Bromides," "Bromidia," "Tissue Phosphates," etc.?

Is the composition of any of the above any less "shot-gun" in its character, or the principles of their administration to the sick any less allopathic than those of "Dover's Powder?"

If it was wrong for Dr. Arndt as a teacher of "the divine art of healing" to put the question named in your first article to a class of medical students, is it not a greater wrong for a journal which poses as "an advocate of homœopathic medicine"—and whose circulation is many times that of Dr. Arndt's class—to endorse, by publishing the advertisements, the use of such evidently allopathic medication? It looks no better in a medical journal than in a college professor for the "pot to call the kettle black." I am not endeavoring to shield Dr. Arndt from your criticism, but I am entering my protest at this mixing of two opposites. We cannot carry the doctrines of Hahnemann to their rightful position at the very top, if we load them and ourselves with allopathic prescriptions.

S. P. TRACY, M. D.

SAAULT STE MARIE, MICH.

GLONAINUM: *Epistaxis*.—A strong, active young man, æt. 20, at work in the harvest field during the very hot days in July, 1886, had for five consecutive days, from three to five severe attacks of epistaxis each day, until he became very weak and exhausted. As soon as he went into the hot sun, the face would become flushed, hot, red; head felt full, large, swollen, congested, as if it would burst; sensation as if all the blood in the body had been pumped into the neck, throat, face, head. Violent throbbing of head and face; aggravated by every step, jar, or even the pulse beat; relieved in open air, and by sleep.

Glonoinum 30 promptly cured.

COMMENT AND CRITICISM.

CURABILITY OF CANCER.

P. P. WELLS, M. D.

"First be sure you are right."—DAVY CROCKETT.

Under the head of Surgery, and on page 249 of the *ADVANCE* for September, 1886, is the beginning of a paragraph which is headed, "*The Surgical Treatment of Cancer.*" It is taken from the *Minnesota Medical Monthly*, and was written by Dr. J. A. Steele. Why it was copied by the *ADVANCE* is not quite apparent. Certainly not because there is aught in it of instruction to homœopathic readers as to the homœopathic treatment of cancer, or ought of any treatment of this which the history of the centuries has not continuously stamped with the judgment of imbecility and failure. Of the writer of this paragraph we have no knowledge. The paragraph itself bears so many "ear marks" of allopathic origin, and its conclusions as to treatment are so wholly given to approval of the only means this school knows, or recognizes, when before the problem of dealing with cancer, that there could be no doubt on this head were it not that some who are called Homœopathists write and act so like old school physic, that mere human vision can see no difference between the one and the other. Even teachers have been found in so-called homœopathic colleges who have begun their endeavors to find out the fitness of their pupils to graduate as doctors of homœopathic medicine by enquiries as to their knowledge of the "constituents of Dover's powder—its proper dose, etc," as though a homœopathic graduate had any use for this knowledge or for the powder it contemplated! This being true of the teacher it is not strange that his pupils should in their practice and opinions differ little or nothing from out and out old physic. And when the writer of this paragraph, copied into the *ADVANCE*, says:

"I now feel that the doctrine of purely local disturbance in the early stage of carcinoma is abundantly true and

demonstrable. * * * Remedies may cure a carcinoma; there is too much evidence to attempt a denial. Nevertheless he is unwise and doing his patient an injustice who attempts to treat a case in that way. * * * If it can be cured at all, it is in the early stage, when the trouble is *purely localized*,* and the *knife is the only remedy*, and it rarely fails!" It is impossible to tell whether he is old school, pure and simple, or a Homœopathist who has passed to his graduation on the strength of his knowledge of Dover's powder! His acknowledgement of a possible cure by remedies gives a kind of suspicion that he may be one of this kind, and then his preference for the knife (the only old school resort) is no bar to this supposition, for it is from the same armamentarium as the Dover's powder. That he can admit that "remedies may cure," and in the same paragraph declare "the knife is the *only* remedy," is perhaps an outcome of the Dover's powder teaching, which is so likely to impress pupils with a sense of the superiority of the means of old physic. It may indicate the mixture of practical notions so commonly found in these *quasi* Homœopathists, while it demonstrates their usual lack of knowledge of principles and logic.

He declares cancer, "in its early stage," to be "a purely *local* disturbance," which savors of both of old physic and Dover's powder Homœopathy. It indicates in the writer a kind of Micawber etiology—an etiology which looks for "something to turn up" from no cause whatever, perhaps a cancer. It has *made itself*. This certainly is an etiology on a par with the notion of the homœopathic *Materia Medica*, which deems a knowledge of it gauged by the pupil's knowledge of the constituents, dose, etc., of Dover's powder. It is some comfort to find this in the *ADVANCE*, because of our faith in the fact that its readers have already been taught by it a better etiology. They know, and therefore need not be again reminded that the incipient deposit of the carcinomatous matter into whatever tissue, is *that of a product of a general cause* acting on the

Italics ours.

function of nutrition, and so acting on it, and so to modify this function, that cancerous matter is evolved, the deposit of which into the particular tissue or organ where it is found, rather than into any other, is determined by other general causes, and both these and that which has impressed the power which executes the living functions of the body, so that the destructive deposit has resulted, are beyond the reach of the surgeon's knife, which the writer says is "the only remedy," though he has previously stated "remedies may cure," and that "there is too much evidence" of this "to attempt a denial." He has certainly so mixed up things in his paragraph as to certify to his mental and scientific state before the problem he attempted to discuss. Of these he has left no doubt. And these are of such a character as to make the question his old school or Dover's powder homœopathic belonging of no consequence whatever.

And then what can have been his opportunity for observing the history and progress of cancer which left him to say the knife "rarely fails!" Our own, extending over a period of more than half a century, has taught us just the opposite of this—that it rarely succeeds. How, indeed, could it have been otherwise, when any amount of skillful cutting out or off must have left the originating cause behind, to renew its malevolence in the same locality or another? And our observation justifies the statement, that reappearances of cancer, after excision, are more virulent than original deposits.

Why, when admitting cancer could be cured by "remedies," did he not give to his readers the philosophy of cure, and show them that cancer, before this philosophy, is just like any other disease. It is only to find its specific remedy, not for *cancer*, but for the group of sick phenomena which accompany it, and the curing results will far transcend those following the use of the knife, however skillfully this may have been handled. The reason of this is the specific remedy, (not for cancer) but for the phenomena of the case, can and will go beyond the material deposite of the case, which alone is amenable to the knife,

and reach and remove the immaterial cause which has produced it. So treated, and the case so cured, and there are no returns to plague the doctor and destroy his patient. We ask again, why did not this writer give this philosophy to his readers? As we cannot decide from his paper whether he is old physic or of Dover's powder Homœopathy, we cannot tell. If he were of old physic, he did not know. If of the powder variety of Homœopaths, the case is no better.

ON THE CURABILITY OF SYPHILIS.

JOHN HALL, M. D., Toronto.

On reading in the *MEDICAL ADVANCE*, page 247 of volume XVII., on "the incurability of syphilis," "that disease being as still *sub judice*, that both Hahnemann and Dunham in speaking of syphilis were not speaking of syphilis at all; that the primary ulcer is not syphilis, and its continuance or disappearance promises nothing as to the cure of that disease." All which agrees perfectly with that saying of Ricord to his class that "he would not have the smallest chancre on his penis for the largest fortune which could tempt him." It being thereby self-evident that Ricord had doubts of the curability of such a malady, that wherever a hard or Hunterian chancre had fallen upon that organ there must follow in time secondary symptoms more or less, as their natural consequence.

Now I merely wish to say in a short answer to the article alluded to, that both Hahnemann and Dunham knew what they were talking about when they spoke of syphilis; that the primary chancre if true, will as truly induce the true secondary or constitutional symptoms as that it exists, but while these can only be known by time, I hold that where the primary disease has been treated homœopathically—not meddled with by any external means—until the said chancre disappears, no secondary symptoms will follow, but the patient is free from syphilis forever, which none of Ricord's followers knew, and hence their fear of primary infection.

An experience of thirty years justifies the writer in

making the above assertion and a desire on his part to rescue the memory of Hahnemann and Dunham from the imputation which has been cast upon them, that "they did not know what they were treating." The former says, that no disease is so readily cured as primary syphilis, and that statement is true; but it is not every one who will take the necessary pains to prescribe correctly at first, and then wait when he has done so. But as the primary chancre is hardly developed until two or three weeks have elapsed after exposure, is it a strange conclusion that the medicine used to control it should also have two or three weeks to develop its virtues without repetition. But such is the doctrine taught by Hahnemann, is little understood or followed by his proposed disciples, and hence their signal want of success. I therefore maintain with these great men, that this terrible disease is as curable as one could wish, and by curability I simply mean what the Master taught—when cured it never recurs.

As to secondary symptoms which only occur where the primary has not been cured, but treated by false means, and so driven off or in for awhile—for return they surely will after a time, and make severe reprisals for former abortive treatment—when such come on as I know is too often the case, they will require all the skill which the Homœopath possesses to get out of the system, saying nothing about the tertiary, which are often beyond our best means.

"ELECTRO-THERAPEUTICS."

L. BARNES, M. D., Delaware, O.

I cannot refrain from a word or two upon an article under the above heading in the May ADVANCE. A new electrical current, called "neutral," with comparative effects, is here brought to view. It is defined as consisting "of such rapid alternation of negative and positive polarization that an intermediate effect is produced, a current neither causing decided tonicities nor decided laxity of tissue."

And yet, in the table given, we find that this *neutral* cur-

rent has both a positive and negative pole. Also, that this current of no "decided tonicity," under the head of "nervous stimulation or tonicity," is marked 10, highest number in the scale, and that this effect results from either pole.

We also see in the table that the positive pole of a common primary current is more depressing than all other currents, being marked 10, when yet years of experience have taught me that no form of electricity is more potent in the stimulation and production of fiber contraction. More might be said in regard to the table, but I desire to give specimens only.

Finally, does rapid alternation make a neutral current, or anything like it? Perhaps nothing can be more decidedly positive than a discharge from a Leyden jar—nothing farther from neutrality. What is the nature of that? Whoever will turn to Ganot's Physics, No. 736, may read that by observations on the image of the spark in a rotating mirror, "the discharge consists of a series of oscillating currents, alternately in opposite directions." Can Dr. Hicks's or any other machine produce more rapid alternations than this? And if it could, would the current in any sense be neutral?

Editor Advance:—The above criticism places me in a somewhat peculiar not to say embarrassing position. Although I was credited with the authorship of the article in THE ADVANCE for May, I absolutely knew nothing about it except that it was a garbled abstract taken from one of Dr. T. H. Hick's catalogues on "*Electro-Medical and Surgical Apparatus.*" However, now that I have become an interested party I will make an effort to clear up part of Dr. Barnes' letter.

The "neutral" current referred to is not a *straight* current converted into such by rapidly interrupting it, as was stated. This was a mistake on the part of the person making the abstract.

The *direction* of the *neutral* current is *to and fro*; but its effects are neutral inasmuch as the *alternate* direction prevents either a marked *positive* or *negative* action. With-

out attempting to discuss the meaning of the words *negative* and *positive* in the table, which really mean the *direction* of the current and not two distinct forms of electricity, we will quote from Dr. Hick's article on "*Electro-Therapeutics*" as to the effects varied by "slow and "rapid" interruptions.

"When a galvanic current is sent through a properly constructed coil, and interrupted, it is converted into primary and secondary currents, which are capable of producing a greater variety of results than could be obtained from the galvanic alone. The "quantity" in such induced currents cannot exceed that of the galvanic used to produce them, but the "electro-motive" force can be unlimited, and the proportions of "tension" and "quantity" can thereby be varied to suit any case. Simultaneously with every interruption (or break in the circuit) there is an undulatory current given off from the primary and secondary coils. The number of such pulsating currents, therefore, depends upon the number of times the circuit is broken and closed. When such interrupted currents are applied to a muscle alternate contractions and relaxations occur. The muscular contraction is proportional to the electro-motive force of the current, and such a contraction takes place as often as the circuit is broken; and a muscular relaxation occurs when the current ceases to flow through the muscle. The function of a muscle is *contraction* and *relaxation* and when we send interrupted currents through a muscle we force functional activity. The lasting effects of such muscular activity depends upon the direction in which the current is sent and the number of induced currents sent through it. A relaxed and depressed condition of the muscular system follows an application when either the interruptions are too rapid or the current is sent in the wrong direction. The undulations of electricity should not be sent so rapidly that a muscle cannot get time to distinctly contract and relax every time a pulsation passes through it. We obtain the best results when not more than eight hundred undulatory currents are sent through a muscle in a minute. But in paralysis we should not send more than

from two to four hundred currents in a minute. The *ordinary* vibrator used in Faradaic batteries gives off from ten to fifteen thousand currents in a minute; a muscle cannot contract and relax in so short a space of time, therefore, it is thrown into a confused convulsive tremble, which is sure to result in fatigue."

The consideration of the *direction* of the current may assist Doctor Barnes in settling the question of stimulation in order to effect the reduction of a fever, from a Electro-Therapeutical standpoint.

"We come now to the most important consideration in connection with Electro-Therapeutics. The direction of the current forms the nucleus in which lies the germ of success, and around which all previous considerations cluster and form but secondary parts. The direction in which a current is sent determines the physiological and therapeutical actions. When a current of electricity is sent *toward* a nerve centre "stimulation" is the effect, and when it is sent *from* a nerve centre "depression" follows. Nervous stimulation and capillary contraction are the effects producible by the negative electrode, and nervous depression with capillary laxity are the effects of the positive electrode. These two terms "stimulation" and "depression" expresses the virtues of electricity in a "nut-shell." The terms "positive" and "negative" fully express the direction of the current. The current always travelling from the positive to the negative pole. Muscular contraction always takes place in the direction of the current. For example: If the positive electrode be applied to the *origin* of a muscle while the negative is placed over its *insertion* the muscle will begin to contract at its *origin* first, and if the polar electrodes be reversed the contractions will take place from *insertion* to *origin*. When currents are sent in *alternate* directions we obtain the most powerful *tonic* effects, without producing either abnormal nervous excitement or local depression. One would naturally suppose that when a current travels in alternate (or to and fro) directions, that the alternate polarity would neutralize not only each other, but also the effects of the current in the

system; but such is far from being the result. The currents seem to travel up the *afferent* and down the *efferent* channels, thus stimulating each nerve function. The positive and negative local effects evidently neutralize each other from the fact that we have neither local depression nor excessive local nervous stimulation following, which would be the case if the currents were travelling in one direction for too great a length of time. My first experiments in this direction were made by reversing the direction of the current, every few seconds, with an ordinary pole-charger, and I found the results so astounding that I began at once studying out a device that would give off any desired number of either straight or alternate (or to and fro) current pulsations in a minute. This I accomplished, after about two years' experimenting, in the *revolving interrupter* already referred to. This *to* and *fro* current "will remove the most obstinate case of paralysis resulting from functional derangement. Its virtues, in this respect, are no doubt due to the fact that the muscles alternately contract and relax from above downward. This alternate contraction and relaxation referred to can be plainly seen by taking hold of the two electrodes, and changing the current from *to* and *fro* to *straight*. In many complicated cases it is the only current capable of overcoming the difficulty without producing either too marked "positive" or "negative" effects."

Now my dear Editor, after this, if my name is to be affixed to an article that I have not prepared myself, please see that it is in the nature of a gynæcological subject or at least something that I am more familiar with than electricity.

PHIL PORTER, M. D., DETROIT.

THE ETHICS OF MEDICAL JOURNALISM.

We called the attention of one of the oldest and most experienced journalists in our ranks, to the article of Dr. Hasbrouck in the present issue of the *ADVANCE* and asked his opinion of it. The following is his reply.

Editor Advance:—The question raised by Dr. Hasbrouck is not peculiar. It touches the lock which hides from us the mystery of the universe. The highest and most enlightened ethics, has not yet found the key to that lock, and we know not why it is, that good and evil are so hopelessly united. I say hopelessly, because in nature, only the feeblest attempts are made to separate them, and men in their most earnest attempts, only partially succeed. This statement needs no illustration.

I understand ethics to be an attempt to attain the absolute good. I believe also that every man's highest interest lies in the direction of that attempt, and that the fact that this end is never reached, is no excuse for our lack of effort to reach it. Let us, then, candidly admit that every calling, trade, profession or business of life, has both its good and evil elements. Dr. Hasbrouck is a physician. He very properly criticises medical journals. One of the chief differences between his profession and that of journalism is, that the evils of the latter lie more upon the surface. Nevertheless it is conceivable that we might write an article setting forth the unethical characteristics of the medical profession. And it is conceivable that we might cause Dr. Hasbrouck to cry quits. Of course this would excuse neither party, but everybody knows that something is gained by parrying an opponent's thrusts with "you're another."

In this case, that something which we desire to gain, is a spirit of leniency toward medical journals. Dr. Hasbrouck has dealt us blows which we do not wish to turn aside, and could not if we would. But in the evils that beset our journals, there is nothing singular. Judged by a high standard, all must fall under condemnation.

I have also had my ideal medical journal. My first ven-

ture cost me five years of hard labor and the loss of some money. The balance sheet showed financially something worse than nothing. My second venture cost me seven years of hard work and the loss of two thousand dollars. Other parties subsequently lost on the same journal. But the same journal in different hands is now paying its expenses.

No medical journal can be conducted successfully without advertisements. Confine it to advertisements that are "legitimate," and the publisher will find himself out of pocket. The ideal journal can be published only at a great loss. It is idle to talk, at present, of running a journal on the subscription list alone. The commercial world is willing to patronize the journal. By accepting such aid, a first class medical journal may be published. There may be and there doubtless is a flat contradiction between the inside and the outside of many journals; but this is not an uncommon state to observe elsewhere. Some pessimistic philosopher once said that the only consistent man was the man who committed suicide. But unfortunately suicide does not correct the evil. Neither, if these journals of which we are speaking, were to strip off their covers, together with their advertisements, and go naked through the land and shortly die of starvation, would things be much bettered.

Perhaps Dr. Hasbrouck has not had experience in publishing a journal. If not let him try it; let him keep to a high standard until financial failure stares him in the face, and then let him consider whether it is better to fail on ideal principles, or go ahead on business principles and succeed. Granted those business principles are ethically speaking, unsound, should we ignore them or seek to improve them?

Dr. Hasbrouck wisely deplores the existence of certain evils, but a wiser one than he advises that the tares be allowed to grow with the wheat, lest in uprooting the tares, the wheat be also destroyed. And the same oracle assures us, that it is not the outside of the platter which is of the most importance.

Finally, if the journal itself is of a high standard; if being nominally, it is also really, a genuine homoeopathic journal, however it may be obliged to carry things objectionable, I can no more reject it than I could the ship laden with a valuable cargo, because upon its hulk barnacles were clinging.

A better day is coming for our medical journals. Let us help those who are doing what they can to hasten it, though they do not at present fulfill all the law.

T. P. WILSON.

CASE FOR COUNSEL, PROGNOSIS, AND TREATMENT—
REMEDIAL AND DIETETIC.

E. BECKWITH, M. D., Knoxville, Tenn.

Mr. J. H. L—, aged 61, gouty diathesis, corpulent, lymphatic, height 5 feet, 10½ inches, weight 268 pounds, swarthy complexion, black eyes, old warts on nose, brow and eyelids. Naturally of a strong constitution, broad chest, abdomen enlarged from fat; high liver, excessive smoker, likes brandy. Bowels generally regular; constipation if morning cigar is omitted. Has suffered and now suffers from the following: Short breath, nightly suffocative attacks, has to be fanned, suffocation when ascending, spasmodic constriction of the chest. (Ars., Carbo. veg., Lach. and Tab. relieve).

Restlessness of body, has to change from one bed to another, get up and walk about, (Ars. relieves, and sometimes will give quiet sleep all night). Starting from sleep, must sit up. Weak, loss of appetite, "cannot sleep unless fanned" all night. Carbo veg., 200, relieves and will give good sleep some nights, all night, when he will say, "now you have struck the right remedy;" but it only palliates, same as Ars. and Lach.

Sudden starting when falling asleep, from want of breath will sit up and take long deep breaths and exclaim, "Whew!" if from ascending stairs, and then breathe more naturally until he lies down and begins to dose, then suffocation.

with desire to urinate, with itching of perineum over the prostate gland, relieved on urinating. Numbness of hands and feet. Trembling of hands when writing, probably owing to want of accustomed stimulus—having reduced his cigars from a dozen or more to one and a half daily. A good cigar or drink of brandy relieves the nervousness and trembling of the hands. Tabacum, 200, also palliates.

“Heat rash” all over the body, especially chest and abdomen, like measles. Itches, stings, burns, *relieved* by Acon. 200, Lach., Apis. 3x and 200, and gets *better when weather becomes cooler*. This itching and stinging rash produces a sort of furor of the nerves and makes him want to yell. Agony, sits up, can hardly breathe, pulse weak; thirst, drinks little and often; urine about normal as to quantity, mostly passed in night, (he says from habit), of a deep straw color, S. G. 1010; sometimes has a peculiar, herby, aromatic smell; some albumen shown by heat and Nitric Acid; sometimes the urine looks clear and then decomposes rapidly, in twenty-four hours emitting a very foul odor. Has more thirst at night, says he sometimes drinks half a gallon during the night, and urinates after, but not so much during the day when he is occupied with his book-keeping. During dyspnoea, palor, skin cool, moist; just as he is passing the line between wakefulness and slumber a kind of “furor” of the nerves and suffocation, with desire to urinate, and itching of perineum. After urinating can drop off to sleep and sleep for two or three hours, and with aid of either Ars., Lach. 200, Carbo veg. 200, will sleep some nights all night, with occasional waking to urinate.

Heart sounds weak; systole weak, at times very weak; no murmur, no regurgitation, no oedema, no dropsy. Pulse *very weak all the time*. Sometimes can be counted with difficulty; no pain, no syncope, no palpitation, rarely intermits.

Respiration rapid, average about 30, faster during attacks of dyspnoea. Respiration thoracic and abdominal, largely the latter; breathes quietly for a few minutes when lying, then suddenly sits up and pants with deep, long breaths.

His age, corpulence, indolence as regards muscular exertion, though in the counting-room a great worker; high living, fondness for brandy (though always in moderation), feeble circulation, dyspnœa on exercise or lying down, indicates more or less fatty heart with dilatation and renal complication, resulting from the gradual giving out of the chief organ of circulation. Appetite and digestive functions till quite lately have been remarkably good. Narcotics, Alcoholics and Nicotine generally palliate the symptoms they produce; this rule is so universal that it might almost be considered a law, is illustrated in this case, as all his symptoms are relieved by a cigar or a drink of brandy. He has had this weak pulse for years, while he was an excessive smoker. Tabacum 30 palliates, but not so well as Ars. or Lach., which are both antidotal to nicotine, the symptoms of which are so markedly prominent—*weak heart and pulse, paleness, coldness, and sometimes nausea*, relieved by *open air and deep inspiration*. Loss of sexual desire he attributes to tobacco, as he says if he has any desire a few whiffs of a cigar will dissipate it immediately. Sure to be constipated if the morning cigar after breakfast, is omitted.

The remedies that I have studied are principally those which are antidotal to nicotine, as well as correspond to the "totality of symptoms," Ars., Lach., Ipec., Nux., Puls., Bry., Bell., Plantago, Igu., Carbo veg., with only palliative results. Is this all that can be done? Objective symptoms point to Causticum, but it has not afforded the relief that the nicotine antidotes have. Is it advisable in this case to *entirely interdict* smoking? I have thought not. When a man has "lived to smoke" so many years, I am fully persuaded that there comes a time when it will be necessary for him to "smoke to live." And so with the dram-drinker who "lives to drink," he will sooner or later arrive at that point when he will have to "drink to live." His customary likes and appetites are hard to control. He is away now at the "Springs," and I am having a rest and time to study up, and report for aid and counsel.

The law of nature that "action and reaction must be

equal" has been verified. He remained at the "Springs" (Iron, Sulphur and Magnesia) for two weeks and drank the waters according to advice of resident physician, "a dipper full every two hours, from rising to bed time," with immediate relief of dyspnoea and constipation and large increase of urine. But at the end of two weeks he returned with increase of all his old symptoms: ascites, œdema of the extremities, scanty urine and dyspnoea. Sp. g., 1010; slight trace of albumen, great weakness and prostration.

UNSIGHTLY SCARS.—Scars are always unsightly, and are often painful or inconvenient on account of their propensity to contract as they become older. Dr. Ward, of New York, asserts that they may be removed by manipulation, which he directs to be employed as follows: Place the ends of two or three fingers on a scar if it be a small one, and on the margin if it be large, and vibrate the surface on the tissues beneath. The surface itself is not to be subjected to any friction; all the motion must be between the integument and the deeper parts. The location of the vibratile motion should be changed every ten or fifteen seconds until the whole scar has been treated, if it be of moderate size. If the scar be the result of a large scald or burn the margin only should be treated at first; the advances toward the centre should be deferred until the nutrition of the margins has been decidedly improved. Only a little treatment should be applied at any one spot at the same time, but the vibrations should be repeated as many as twenty times a day, but never with sufficient frequency or severity as to cause pain. If the scar becomes irritable suspend treatment until it subsides. In the course of two or three weeks of faithful treatment the surface of the scars of moderate size become more movable, and will begin to form wrinkles like new skin when pressed from side to side. All these changes are due to improved nutrition, consequent on better blood circulation—the development of entirely new sets of blood-vessels in the cicatrical tissue.

MATERIA MEDICA.

STAPHISAGRIA.

H. C. ALLEN, M. D.

This is a long acting remedy; a single dose often continuing its beneficial effects for five or six weeks, in chronic cases.

Antidote to *Staphisagria* : Camphor.

Staphisagria antidotes : Abuse of Mercury or Thuja.

Hahnemann says: "The main characteristic of *Colocynth* is that it produces cramp-like pains in internal and external parts; tonic spasms with jamming, pressing pains, and in such is *Staphisagria* its main antidote."

Complementary to : *Causticum*, *Colocynth*.

Hering says: "*Causticum*, *Colocynth* and *Staphisagria* are nearly related, and often one, after its effects cease, will indicate the other. They may all be followed by *Sepia*, our great finishing remedy."

Incompatible: Should not be used before or after, *Ranunculus bulb*.

Sphere of Action, is somewhat limited, but within that sphere it is all-important. Its chief force seems to be expended on the nervous system, especially the mind and generative organs of the male, producing marked nervous irritability of both mind and body. The characteristics of the drug are to be found in the mental sphere, and strongly resemble those of *Colocynth*, with which it must often be compared.

STAPHISAGRIA.

Affects upper left, lower right side. Pain pressing inwards. Sensitive or inflamed external parts.
Dry skin.
Pulse frequent, small, trembling.
Characteristic thirst in hot stage.

COLOCYNTH.

Affects upper right, lower left side. Pains pressing outwards. Sensitive or inflamed internal parts.
Disposition to sweat.
Pulse frequent, full, hard.
Characteristic want of thirst in all stages.

Generally worse from cold.	Generally better from cold.
Better in bed.	Almost always worse in bed.
Worse from touch and pressure.	Better from touch and pressure.
Worse after urinating.	Better after urinating.
Worse when smoking.	Better from smoking.
Worse (colic) after stool.	Better (colic) after stool.
Menses retarded and scanty.	Menses too soon and profuse.
Affected by the misdeeds of others.	Affected by the misfortunes of others.

Ailments from misdeeds, offences, misbehavior of others—grief, mortification, shame, unmerited insult, wounded pride, vexation with indignation or *reserved displeasure*. This reserved displeasure, this pent up anger, the mental effort to curb, suppress, or restrain his indignation, aggravates or produces the mental irritability, the apathetic, indifferent, hypochondriacal condition so characteristic of the affections of this remedy.

He becomes low-spirited, dull, indifferent, after sexual excesses, onanism, or persistently dwelling on sexual subjects, and this weakened condition of both mind and body, renders him so excessively sensitive to the least impression, the least word that seems wrong gives great offence, even anger or indignation. From this he suffers mental and physical prostration. In illustrating this point, Dr. Kent says: "It is a characteristic feature of *Staphisagria* to become gloomy, downcast, irritable, sad, after a marked offense, after an insult, after anger, especially when suppressed. A gentleman is insulted by a scamp that he cannot fight; he feels indignant; were he moving in the same sphere in life he would strike him. But he curbs and restrains himself and suffers wonderfully with the prostration that follows. This self-restraint brings on the *Staphisagria* mental state, and with that information I almost always give *Staphisagria*."

Colocynth has a somewhat similar mental condition.

Ailments from grief, shame, mortification, anger, vexation with indignation or reserved displeasure. But here the mental and physical disturbance from anger and reserved displeasure seems to expend its force on the ab-

dominal organs producing dysenteric-diarrhoea, instead of the despondency and mental prostration of Staphisagria.

This mental irritability is often found in children. *The child throws or pushes things away indignantly.* (Desire for things which are refused when offered, Bry.—Wants different things which are repelled when offered, Cham.) Kreasote also has this peevishness and irritability in a marked degree, and in this respect should be compared with Staphisagria in the diseases of children! See also Ant. tart., Iod., Sil.

Head. Dull headache, unable to perform any mental labor. A pressing stupefying headache, as if the brain were compressed, especially in forehead; worse on rising in morning and from motion, better from rest and warmth. Senation of a ball firmly fixed in forehead, even when shaking the head, and a sensation of a hollow or empty place in occiput which there was not brain enough to fill, is very characteristic of Staphisagria, and of the headaches of onanists or those caused by sexual excesses. They are usually accompanied by excessive irritability. Conversation, even with the members of his own family, worries and exhausts him and he is obliged to use the greatest self-restraint or it becomes intolerable. There is a dull senation of the brain, and mental application or labor is practically impossible, or if persisted in produces nervous irritability and mental and physical prostration.

Eyes. Styes, nodosities, chalazæ on the lids, one after the other, sometimes suppurating and attended with itching, fine, needle-like, pricking pain, with a hardened base and leaving hard nodosities in their wake. They are torpid in character, maturing and disappearing slowly. They appear to have a preference for lower lids.

Pulsatilla has styes especially on the upper lids, are acute in character, exceedingly painful, maturing rapidly and, after suppuration, as rapidly disappear, leaving no trace after them. The characteristics of the patient and the digestive cause—eating rich, fat food, meats, especially pork, should be taken into consideration.

MOUTH and TEETH.—The deep-seated constitutional action of Staphisagria is seen in the crumbling, discolored, carious teeth of weak, nervous, irritable children. The teeth crumble on the edges, turn black or show black streaks almost as soon as they break through the gums. This is usually a guiding symptom, and should be compared with Kreosote.

STAPHISAGRIA.

Toothache of decayed teeth, gnawing, tearing, shooting into ear, throbbing in temples, worse from cold drinks and touch, but not by eating. Toothache during menses.

Black, crumbling, carious, show dark *streaks*. Difficult dentition, teeth decay almost as soon as they cut through the gums.

Fistula dentalis.

Gums: *white*, swollen, spongy, ulcerating, bleed when touched.

KREOSOTE.

Toothache of decayed teeth, drawing extends to inner ear and temples, and to the left side of face.

Drawing toothache.

Dark *spots* on teeth, commencing to decay; teeth begin to decay, as soon as they appear. Very painful dentition, causes convulsions.

Teeth wedge-shaped.

Gums: *bluish-red*, inflamed, spongy, ulcerated, scorbutic, bleed readily.

Hæmorrhage of gums and nose, dark blood, quickly coagulates.

Constant accumulation of water in the mouth. Profuse salivation. While talking she swallows continually. Stomacace; mouth and tongue full of blisters. (Compare Mercury.)

Stomach and Abdomen.—*Extreme hunger, even when stomach is full of food.* This constant craving, even after a full meal, is very characteristic of Staphisagria, and is often met with in the scrofulous patient, especially if in youth the nervous system was weakened by onanism or sexual excesses.

Longing for liquid food—soup, bread and milk, mush and milk, rice and milk—is more often relieved by this remedy than any other. It should always be thought of at least. Sensation as if the stomach was relaxed or hanging down, is also found under Ipecac., but in the latter is usual.

ly accompanied with nausea or vomiting, and possibly may be due to its exhausting effect.

Colic : Spasmodic cutting pains in abdomen, with urging to stool or urging to urinate with nausea, relieved by bending double, worse after eating and drinking. After the least food or drink, griping pains and dysenteric-diarrhoea.

Colic, after lithotomy or herniotomy : When the characteristic cutting pains prevent eating and drinking after surgical operations of pelvis and abdomen, this remedy should always be thought of.

Bismuth has persistent vomiting, convulsive inexpressible pain in stomach after operations on the abdomen. When food has filled the stomach, enormous quantities are vomited, lasting all day. But the operations are on the abdomen, and the pain is in the stomach ; while under *Staphisagria* the operations are of the pelvis, and the pain is in the abdomen.

Lycopodium.— Canine hunger; constant craving; the more he eats, the more he craves; head aches if he does not eat. But as it also has the other extreme, constant sensation of satiety, they often require to be compared.

STAPHISAGRIA.

Anemia—Upper left, lower right side.
 Dark hair, skin and muscles rigid.
 Paralysis generally one-sided, non-apoplectic.
 Crusts and scales around the joints.
 Pleasant dreams.
 Thirst only during hot stage.
 Mood sad, indifferent, low-spirited, fretful, peevish, ill-humored.
 No delirium, rarely unconsciousness.
 Ailments from misbehavior of others, shame, mortification, anger with reserved displeasure.

LYCOPODIUM.

Anæmia or plethora—Upper right, lower left side.
 Light hair, skin and muscles lax.
 Paralysis, often of both sides—apoplectic.
 Sweat around the joints.
 Unpleasant dreams.
 Thirst wanting only during chill, remains after fever.
 Mood changeable, sad or cheerful, gentle or irritable, haughty, malicious, greedy.
 Delirium, unconsciousness.
 Ailments from fright, anger, from vexation with fear or vehemence.

Menses too scanty.	Menses too scanty or too profuse.
Expectoration loosened at night and swallowed.	Expectoration morning and evening.
Worse in cold weather.	Better in cold weather,

Nux Vomica has many gastric symptoms in common with *Staphisagria*, but a careful comparison will reveal many characteristic points of difference.

STAPHISAGRIA.

NUX VOMICA.

Upper left, lower right.	Upper right, lower left.
Paralysis, one sided.	Paralysis, of both sides.
Painless eruptions.	Painful eruptions.
Heat or sweat with inclination to uncover.	Heat or sweat with aversion to uncover.
Want of thirst, except during hot stage.	Thirst during chill and between heat and sweat.
Suppressed anger.	Outbursts of anger.
Taciturnity.	Loquacity.
Ailments from shame and the misbehavior of others.	Ailments from jealousy, anger, contradiction.
Hunger predominant.	Loss of appetite.
Dysenteric-diarrhœa; worse after eating, especially after dinner and supper.	Dysenteric-diarrhœa; worse after every meal; worse early in morning.
Menses too late and scanty.	Menses too soon and profuse.
Worse after perspiring.	Worse while perspiring, better afterwards.
Worse in wet weather from washing and moistening diseased part.	Better in wet weather, from washing and bathing.
Worse when sitting erect and from pressure.	Better when sitting erect and from pressure.

Sexual Organs.—On the generative organs, especially, of the male, it appears to spend its first affect. One of our veteran practitioners of Michigan once told the writer that in a practice of forty years he had rarely found it necessary to use any other remedy than *Staphisagria* for seminal emissions from onanism, and that in the thirtieth attenuation. Here it rivals Phosphoric Acid, and a comparison may be useful :

STAPHISAGRIA.

PHOSPHORIC ACID.

Onanism, patient indifferent,	Onanism, patient is distressed
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low-spirited, mind dull, persistently dwelling on sexual subjects.	and worried over the culpability of his indulgence.
Nocturnal emissions, sunken face, bashful look, backache, legs weak, organs relaxed.	Nocturnal emissions, frequent, debilitating, causing hypochondriasis; during stool.
Constant sexual excitement.	Little sexual excitement.
Emission without erections.	Emission with erections.
Great mental prostration with dyspnœa.	Great physical prostration with night sweats.
Atrophy of testicles.	Softening of testicles.
Sexual desire excited.	Erections without desire.

TWO CURES BY STAPHISAGRIA.—**Mr. X.**, a farmer living near Fontaine L'Eveque, desiring some needed repairs to a wagon on a Sunday during harvest time, applied to the blacksmith, who was under obligations to him for previous service rendered. The latter, contrary to expectation, refused to work on Sunday, and Mr. X. returned home repressing his anger and indignation. An hour had hardly passed when he was seized with a general trembling, great oppression of the chest, until he feared he would suffocate. In the stomach there was great pressure and tension, as if it had been crushed by a heavy weight. These symptoms were accompanied by nausea and bitter, salty eructations. An allopathic physician was called in who prescribed Morphine internally and applications of Laudanum. A full bath was also ordered. These means were continued during part of the day, but without result. Then Dr. Gauthier, living at Hyon, near Mons, was sent for, but he could not come till two o'clock in the morning, by which time the pains were so intolerable that the patient cried for death as a relief. Before the arrival of the doctor, Chamomilla, Iguatia and Colocynth had been given without effect. Staphisagria was immediately prescribed, 8 globules of the 30th in 12 teaspoonfulls of water, a teaspoonful being given every quarter of an hour. After the fourth dose there was a sensible improvement, and the medicine was then given every half hour. The amelioration continued, so that in three hours the patient fell into a refreshing sleep and awoke cured.

Mr. C— suffered violently from a carious tooth. It was extracted, but the dentist removed with it a small fragment of the right inferior maxillary bone. This was followed by an ostitis, and notwithstanding subsequent treatment the trouble increased so that caries of the bone resulted. The physicians and surgeons whom Mr. C. consulted declared that an operation was necessary; but unwilling to submit to this, he went to an old Homœopath who persuaded him to try homœopathic treatment, and this he did. Sulphur, Calcarea, Silicea, Mercurius, Aurum, Mezereum were successively given, but without any positive result. Then it was decided to give Staphisagria, which produced a marked improvement. The remedy was continued, and it alone was sufficient to radically cure the affection.

NOTE.—It required four months of treatment to produce this remarkable result. Two months would have been sufficient had the treatment been commenced with Staphisagria, for it alone must get the honor of the cure.—*Rev. Hom. Belge.*, xii., 9.

MATERIA MEDICA NOTES.

Benzoic Acid. Urine: ammoniacal, strong-smelling, excessively offensive, the odor penetrating the whole room. This is a guiding symptom in enuresis nocturne, dysuria senilis, irritable bladder, gravel, enlarged prostate, dribbling urine. Diarrhœa: stool, copious, grey or white, like dirty soap-suds with excessively offensive, strong, pungent odor, like the urine, scenting the entire house. The name of the disease matters little, if these characteristics be present the result will usually be prompt and entirely satisfactory. We recently obtained almost unexpected results in chronic tonsillitis of right side, from a few doses of Benzoic Acid 200, the first time we ever prescribed it in that affection. It must not be repeated too often if we would obtain the best effect.

Nitric Acid.—Has dark, brown, turbid urine, like the sediment of a cider barrel, and strong-smelling like horse's urine, but it lacks the pungent, penetrating character of of the odor of Benzoic Acid.

Sepia.—Has turbid, blood-red, dark brown, very offen-

sive urine with a white or reddish-white sediment which adheres so strongly to the vessel that it can be removed only with great difficulty. The odor is atrocious and must be at once removed from the room.

Argentum Nitricum. Children with constant craving for sugar or candy; irresistible desire for sugar, but diarrhæa may be caused or aggravated by it.

Oxalic Acid.—Sugar aggravates pains in stomach, but, unlike *Argentum*, rarely causes diarrhæa. Dr. Deschere says, "children so often get sick from eating candies it should be more frequently thought of, and I know of no other remedy which will as certainly cure gastric ailments aggravated from eating sweets." We have used it for years, when, after eating candies, colic or cramp pains in the stomach usually follow, and verify the observation of Dr. Deschere.

Ipecacuanha.—Has craving for sweets, for dainties, and gastric ailments from indigestible food—ice cream, raisins, cake, pastry, salads, fruits—but it is nearly always attended with more or less constant nausea, and the nausea is referred to the stomach.

Kati carb, *Lycopodium*, Mag. mur., Sulphur and others have desire for sweets, but the effect produced by indulging in them is not so marked.

SPIGELIA: Cancer of Sigmoid. I was led to use *Spigelia* in a case of cancer of sigmoid occurring in a stout, plethoric lady with black hair, florid complexion and apparently in perfect health. She suffered fortunately from a moderate diarrhæa, and the cancerous mass had so contracted the calibre of the intestine that nothing approaching a normal passage of fecal matter had occurred for months, and the terrible pains through the pelvis, shooting into the back, hips, and down the limbs, were not even palliated by repeated doses of morphia which produced distressing nausea and insomnia. Guided by the following symptoms—a recent proving by Dr. Hoyne in January ADVANCE—*Spigelia* 200 (Dunham) at once relieved the pains and diarrhæa and for ten days she had a normal stool. The pains then began to return when *Spigelia* 1000

(B. & T.) again gave relief. On their return the second time *Spigelia 3000* afforded relief and for three weeks more she was comfortable and free from pain. I have since used it in two cases of incurable disease with intolerated pains in back, chest, pelvis, etc., with gratifying results.

"Stomach and Œsophagus.—Severe constricting pain in the œsophagus, in two places; one stricture is one inch and one-half above the cardiac orifice, and the other about the middle of the tube, at which point the pain is constant and severe, passing through to the back just below the inferior angle of the right scapula, aggravated by every attempt to swallow either liquid or solid substances, and by vomiting. Spasmodic contractions the entire length of the œsophagus, so severe that, for days and nights, could neither rest nor sleep without the constant use of ice.

Sharp, cutting pains streak across abdomen, low down, and extend into back and lower limbs.

Severe labor-like pains, coming in paroxysms, gradually increasing and decreasing in strength, preceded by a chill and aggravated by change of position, making face and feet cold, hands remaining warm.

Pressure and pain in whole pelvic region, the pains shooting down the limbs. Burning heat in vagina, with sense of fullness and pressure; worse standing. Heat, pain and pressure in uterine region; a dislike to move."

MEDORRHINUM—PROVING.

E. W. BERRIDGE, M. D., London, Eng.

Must be fanned all the time, throws the clothing off, yet surface is cold; burning, mostly subjective of hands and feet, wants them uncovered and fanned.

Chill at 10 A. M., some chattering and shivering.

Chill from 10 to 12.; during the fever was nervous, moving the fingers, etc.

Chill at 10:30 A. M.; fever with thirst; chill began in fingers and toes.

Chill at 10:30 A. M., sometimes followed by fever with thirst; solid coldness all over.

Chill from 10:30 to 12:30; thirst during chill, none during fever.

Chill from 10 to 11 A. M.; cold feet and legs.

Chilliness at 11 A. M., beginning with great coldness of fingers and toes.

Coldness at 11 A. M., beginning in fingers; at the same time great urging to urinate, greater than the amount war-rants.

Chill at 2 P. M., feet became cold first; after chill excessive langour, becoming drowsy; weary dreams of walking.

Chill at 5 P. M., followed by fever and slight sweat (after getting wet); repeated next day, but lighter.

Little chills began in head and swept down back, mostly on left side.

Chilly and sleepy, yawning.

Chills up and down back.

Chills frequent, several times a day.

Shivering chills with boring pains in chest.

Several chills during day, awoke in night with creeps.

Coldness, right hand is cold and then left; a slight flash of heat succeeded; then sensation of a foreign substance first in right eye then in left.

Cold hands, with coldness extending all over body.

Constant alternations of coldness and fever.

Never well since chill a year ago.

Creeping chills running down back and all over body in a zigzag course.

Great feeling of heat over whole back and back of head, heat and tingling in right ear, all with sweat of feet; heat does not reach below kidneys, is greatest just under scapulae, at same time smarting of edge of eyelids; heat increases to fever.

Coldness of legs up to knees, also of hands and forearms.

Continued heavy perspiration attended by great sensitiveness to cold.

Hectic fever.

Alternate heat and chill.

Fever in afternoon.

Fever and rapid pulse at night.

Flashes of heat alternating with chills.
 Night sweats.
 Great tendency to perspire on the least exertion.
 Night sweats are mostly from knees down, somewhat on feet.
 At night heavy perspiration, once head was dripping wet; left side was always worse.
 Perspiration round neck.
 Sweat always when napping.
 Slight moisture during night, was not awakened by it, but in the morning noticed that the shirt was damp.
 Fever and nervous restfulness from midnight to 3 A. M.
 Aggravation of fever and malaise from 10 to 1.
 Fever came on at 11 A. M., preceded by very cold feet; fell asleep during the fever; after fever, sweat on palms, feet and legs.
 Fever sometimes with thirst, sometimes not; has gushes of perspiration on face with fever; very languid after it.
 Hectic fever every afternoon.
 Great general internal heat after dinner as if blood were boiling hot in veins; the same after slight exertion.
 Great burning heat all over body, with flashes of heat in face and neck.
 Chill.
 Excessive coldness.

CLINICAL SYMPTOMS OF MEDORRHINUM.

Profuse sweat about neck.
 Chills for four months, every day, commencing from 3 to 6 P. M.
Chill with headache, thirst, nausea, sometimes vomiting.
Fever with headache, thirst, nausea.
Sweat with headache, nausea; sweat chiefly on head and neck.
 Pains from waist downward; frequent urination, dark in color, frequent eructations; constipation; bad, bitter taste in mouth in morning. Took 1m.; the same day had a chill but none afterwards; the constipation and bad taste ceased in a week. (S. Swan, M. D.).

Chill came on first at night, afterwards at various hours; for instance, on two consecutive days at 2 P. M., then two days at three, four, five, six each, then at seven P. M., there it remained for two weeks. Chill commenced in small of back, running up and down; lasted about an hour, and as it ceased, profuse frequent urination appeared and continued during the fever; congestion of chest simulating pneumonia during the fever, causing great alarm; great renal distress during paroxysm; thirst during fever for hot drinks; fever continued six to eight hours; profuse perspiration after the fever; great nervousness during the paroxysm, was sure he would die; intolerance of noise; irritable. (Cured by S. Swan, M. D., with 10m.).

BELLADONNA: ACCIDENTAL PROVING.

J. D. TYRRELL, M. D., Toronto, Ontario.

CASE I.—July 13th, 1886. Last night Mr. B——, suffered very much from facial neuralgia, right side; applied hot vinegar, but no relief to speak of; then he took freely of Belladonna, low, 10 pellets, No. 25, at a dose, which “cured” his neuralgia so he went to sleep and awoke almost unspeakably happy.

Status presens:—Right side of face feels thick and swollen, lips feel thick and stiff, whole side of face numb, can scarcely articulate. Voice husky, thick; speech slow, indistinct, and stammering. Loss of co-ordination; weak, tottering gait as if drunk; cannot pick up handkerchief with either hand, he constantly drops it. If he leans against anything on *left side*, he cannot straighten up unless he push himself off with *right hand*; if he sit down on floor he cannot get up unless he use *right arm* to raise himself. Cannot pass any person or object on *left side* without running against it; constant tendency to go to *left side*, not in a circle, but *diagonally*. Pupils dilated; right side of face, left side of body affected.

Hyoscyamus 200th, three powders, one every two hours; improvement rapid and permanent, discharged cured in three days.

CASE II.—June 19, 1886.—Mrs. S—, medium height, slender, dark hair, pale face, and grey eyes since birth. Mental temperament; highly sensitive to action of drugs. Three years ago had “neuralgia of heart” for which a Belladonna plaster was prescribed; in a day or so pain was sensibly diminished, but she complained of pain in head, and eyes; thought it was caused by the Belladonna, but her parents said it was all imagination. She wore it three weeks, when she had no pain, but *iris of right eye* had changed from grey to a *deep blue*, noticeable by herself and noticed by friends across the room. It has remained blue ever since, and she has steadily but slowly lost power of vision till now she cannot read or sew by gaslight, and not long during daylight.

Belladonna 40 m. (Fincke) four powders, one every two hours, and report in ten days.

June 29th. Reports eyes less painful, can read two or three hours by gas-light, without pain or dimness; right eye not so blue. She reports that “medicine” produced sharp pains from back round to hypogastrium; great bearing down and tenderness. Scanty but frequent urination; pains come and go suddenly. Wants to go down town tomorrow, so wishes medicine for pains, gave one powder, Belladonna, 40 m. and wait. Next day met her down town, feeling much better, still improving. This corroborates and completes the symptom recorded in Dr. Berridge’s incomparable Repertory to Homœopathic Materia Medica, “Diseases of Eyes,” page 35, rubric, Iris—Color, discolored. Atp. (Bell.)

POSOLOGY: DROSER A ROTUNDIFLORA.

DR. BUCHMANN, Alvensleben Germany.

I prepared the tincture used in the following experiments myself, from the fresh blooming plant, which I crushed and covered with an equal amount of strong alcohol. It was agitated daily, pressed out after three days, and was set aside in a well stoppered bottle until the clear tincture could be decanted.

Many homœopathic physicians still cling to the assumption that a larger dose must of necessity act stronger, exert a stronger influence on the respective nerves, than a smaller dose.

This is not even the case with all remedies of a pathogenic action, for not infrequently the opposite has been observed, as can be proved by some of the most common articles of food: a cup of weak tea in the evening will cause an itching of the skin and sleeplessness with me; while I sleep tranquilly after a cup of strong tea. A cup of weak coffee causes me discomfort and stomach ache, while strong coffee occasions a comfortable sensation without any stomach trouble. With some remedies incentive action is not developed until it is triturated, as in common salt, which, taken in larger quantities merely causes increased thirst, while a few grains of the 3x trit. I have seen produce three watery evacuations in quick succession, in a healthy person, shortly after having been administered. With several remedies having narcotic constituents incentive action was not observed until by dilution the opposite narcotic properties were weakened. I have cured constipations by a proper dilution of opium, which had withstood the strongest allopathic purgatives. There are persons of great sensitiveness with whom homœopathic higher dilutions must not be repeated on the same day, while large allopathic doses will be repeatedly tolerated without discomfort.

Drosera belongs to those remedies, a repetition of which in a high attenuation may be hurtful.

Hear what Hahnemann says, whose truthfulness and unapproached gift of observation may be said to be acknowledged by all of us. According to him one dose of one pellet of the size of a millet seed, medicated with the 30th centesimal dilution of *Drosera*, is sufficient to effect a perfect cure of an attack of epidemic whooping cough in from seven to nine days. I ask you, gentlemen, who among us in recent times has done as well, although he said "Follow my example"; at least I don't believe any of those reasoning from a physiological standpoint.

Muhlenbein gave Drosera 16th, but witnessed serious aggravations in two children, and observed that the attack was prolonged, which was not the case after one dose of Drosera 30th.

Trinks found one dose of a high potency of Drosera sufficient, in a majority of cases, to cure this sickness in from 7 to 14 days.

Tietze and Bethmann succeeded in effecting complete restoration in whooping cough, with one dose of Drosera 30 in eight days.

I must confess with shame that I gave Drosera 30 one dose a day, even two, in whooping cough, and always to the detriment of the patient, because I did not fully comprehend Hahnemann's precepts. For he says in his *Materia Medica Pura*: "Take care not to administer a second dose immediately after the first (and least of all another remedy), for it would not only hinder without fail the good success, but would occasion considerable damage, as I know from experience."

As irritating however, as acts a repetition of the 30th of Drosera repeated on the same day, just so soothing will be the repetition of the 1x dilution, repeated *ad libitum*, to the sensitive nerves of the larynx and trachea.

I have made this experience first on myself.

Almost every Spring and fall I am attacked by a bronchial catarrh, succeeding a cold, which generally commences with a violent tickling cough (*Tussis spasmodica*, *catarrhus bronchi siccus*) which almost drove me to distraction at night. The tickling has its seat in the larynx, and none of the fifty remedies recommended for it by Kafka had the least effect, so that finally I had to have recourse to morphine, to get to sleep. My head and stomach naturally felt the worse for it the next morning, although I took only 0.005 (1-12 grain). In order to try a remedy not mentioned in Kafka's Therap., I became, according to Kafka's opinion, an unscientific dilettante; *i. e.*, I consulted Trinks' Repertory and there I found under "tickling in the larynx" in bold type, *Drosera*. Although I was here without a modern, refined, materialistic, pathologico-anatomical basis,

yet, as the physiological basis had left me in the lurch, I took a vial of the 1x dilution to my bedside so as to be prepared to take it as soon as the cough commenced. As soon as the attack set in, I took a drop on a piece of sugar, and what was my astonishment to find that the cough and the tickling disappeared with my swallowing the dose. I then put a few drops in a glass of water and took a swallow as soon as the tickling reappeared, and to my joy I observed that the tickling ceased at once and the cough failed to appear. After a few swallows I fell asleep and did not awake again that night, although I had been awakened several times a night by that cough before. Since then I started with *Drosera* 1x or the mother tincture, which never occasioned untoward symptoms, while allaying the tickling, as well as this tickling cough and succeeding bronchial catarrh, which used to last for several weeks. I have not had a sleepless night since, as I always dropped asleep after taking the medicine, and much quicker than after morphine.

Since that time I always carry some sugar of milk medicated with *Drosera* mother tincture, and I am thereby enabled to relieve the sleepless nights of children with bronchial catarrh, where this tickling cough is rarely absent, as well as those affected with tuberculosis of the lungs whose bane of life is the nocturnal tickling cough.

But you must always meet renewed irritation with another dose of the remedy. Sleep will follow so speedily that I often was asked whether I had administered a soporific. Even the smallest children will bear such doses; and I never observed unfavorable effects. May this remedy be as useful to my colleagues as it was in my hands.—*Allgemeine Homœopathische Zeitung.*

POSTURE IN LABOR.—H. B. Hemenway, M. D., says: "We conclude that the dorsal *decubitus*, now so common, should be discouraged, because, first, it retards labor; second, it exhausts strength; third, it favors mal-positions; fourth, it tends to produce ruptures; fifth, it tends to produce local inflammation; sixth, since the labor is retarded, it increases the length of time that the child's head is compressed, and so endangers its life."—*Am. Jour. of Obstetrics.*

CLINICAL MEDICINE.

HYDROPHOBIA.

DR. VON BOENNINGHAUSEN, Münster.
Archiv f. hom. Heilkunde Vol 30, 3 p. 85.

Translated by B. FINCKE, M. D., Brooklyn, N. Y.

1830 Jan. 30. I was visiting the family v. W. in the evening, where also the sister of the house Freifrau v. H. owner of a large estate near A. was present. She related that a short time ago a maid-servant was bitten by a mad dog, and in consequence hydrophobia had occurred. On my remark that nevertheless it would be possible to save her, and it would at least be human duty to try it, since thus far no case of declared hydrophobia had been known to be cured on the allopathic method, she asked me to give her the necessary remedies, and offered herself to send them the next morning to the clergyman in the place, a very intelligent man, so that there could be no mistake.

Since I did not know anything about the state of the patient, and the manner in which hydrophobia occurred in this individual case, as also about the remedial measures already taken allopathically it was utterly impossible for me to make a selection of the three remedies concerned, viz; Belladonna, Hyoscyamus and Stramonium, (for Cantharis at that time had not been proved.) There remained nothing to do, but to send a homœopathic dose of each in a blank powder, and to add a summary of the most characteristic symptoms of each remedy so that the intelligent clergyman would be enabled to select the most fitting. The powders were numbered: No 1 contained Belladonna 24, one drop; No 2, Hyoscyamus 12, one drop; and No 3, Stramonium 9, one drop, and with my remarks and a letter to the lady they were dispatched the next morning.

Feb. 1, clergyman answered: "I received the powders yesterday noon, and went immediately after service, to make use of them. I found it difficult to decide which of the three remedies could be administered to the greatest

advantage, because the indications given in the instructions corresponded but little with the condition of the patient. I resolved, since the *patient had already received Belladonna*, to give powder No 2. But when I arrived, I found the surgeon M—, was treating the case in consultation with the district physician, Professor L—. The latter told me the patient was *no longer* suffering from hydrophobia; her present disease was only weakness, the result of the violent convulsions which she had had, and she was going to be restored."

"From these words I concluded that the Professor himself had diagnosed the disease as hydrophobia, and the hydrophobic symptoms had yielded in consequence of the use of Belladonna."

"I, therefore, hesitated, to give the powder, especially as Mr. M— to whom I said I had an arcanum against hydrophobia, desired to defer it for the present, as every simultaneous use of other remedies was forbidden."

"This morning I was hastily summoned, as the patient was thought to be dying, and wanted to speak to me. On arriving, I found the following condition: She could not speak, was constantly in convulsions and cramps, and foaming at the mouth. She was conscious, as she replied to my questions by signs. In about half an hour she rallied so far as by the help of the nurse, to sit up. I then gave her powder No. 2—Hyoscyamus 12, one drop in sugar of milk—dry on the tongue; and according to directions allowed it to melt on the tongue. I gave the necessary instructions to the nurse, and remained an hour with the patient in which she spoke distinctly, being as well as on previous days; hence I am not positive that the powder had any beneficial effect, as I fear the patient is already too seriously effected to be relieved by medical aid."

The following report of the case was written in the presence of the Privy-counsellor Freiherr v. K.: Louisa Klusemann, aged 21 years, Jan. 19th, 1830, in the evening went to the well for water. She noticed on the snow a strange dog, not far from her, occupied with some current bushes, but as soon as he saw her, attacked her furiously,

seizing her apron, dress, and neckerchief, which afterwards were found covered with saliva, and in her effort to ward him off was bitten in the left hand. Three scars were still visible, viz, a pretty large one at the outer margin of the palm, below the little finger; a second, like a bruise, at the base of the little finger; and the third at the top of the ring finger of the same hand. The last one was the most painful, and the patient after the habit of many people of that class, inconsiderately tried to obtain relief by sucking the wound. The dog was said to be shot the next day. At ten o'clock the same evening a surgeon, M—, who lived in the same neighborhood, was called, cauterized the wounds, and dressed them, when the patient fainted. In the following days he could not induce suppuration. On the fourth day she received medicine internally. On the 23d day she felt a certain tension in her throat, which increased the next day, causing pain in swallowing. It seems that the sucking of the wound precipitated the breaking out of the disease. Jan. 24 and 25, she awoke at midnight with great anxiety in her chest, and a sensation of heat in her forehead which in less than half an hour disappeared, and she fell asleep again.

The first real attack of Hydrophobia occurred Jan. 25th, about eight A. M., while attempting to put on her head-dress before the mirror. The glare of the mirror immediately caused a sensation of heat and burning in the eyes, with many stars dancing before her, and heat in the forehead, with a sensation as if she were pushed forward by starts. Dreadful anxiety in the chest, violent palpitation of the heart and profuse sweat. A second attack occurred about an hour later, and was much more severe, when she attempted to pour water into a kettle, though otherwise attended with similar symptoms. In the third attack which soon followed, she bit the clothes of a working woman who was called for assistance. From this time the attacks became furious, and returned at short intervals, and always continued from half an hour to an hour; each attack being introduced by anxiety in the chest, and violent palpitation. Then it went from the chest into the neck, and from there

into the head, where a terrible heat occurred with a sensation as if the head would burst. Even at the present time she shudders at the remembrance of that sensation of anxiety and heat, with the vanishing of sight, which grew better as soon as the heat in the head abated. In these moments of suffering, she felt an irresistible impulse to bite and tear with her teeth, and she actually did bite and tear her own clothes. After this was made impossible she bit her own tongue, the marks of which are still visible. In order to prevent this, at the beginning of the paroxysm, a glove, piece of wood or something else was put into her mouth. During these paroxysms, her teeth became so loose that, as she expressed it, "they hung before her mouth," an upper incisor being lost in one paroxysm. From this time no more food was taken because the swelling became so great that it required ten or twelve efforts before she could swallow a spoonfull of medicine, the effort being attended with the most violent pain. The tongue and throat, both internally and externally, became more and more swollen from day to day, and in the later stages there was a sensation of narrowing of the trachea so that breathing was attended with the greatest exertion. The voice became indistinct, and unintelligible, and was entirely lost in the last twenty-four hours before the homœopathic dose.

Memory also was considerably weakened. On looking at brilliant objects, or bright light, the eyes would turn red, with sparks and fiery rays before them, and terrible stitches and heat in the forehead. Finally she asserted that for the last three days she had been unable to sleep.

If it be true, as the patient assures me, the district physician had seen her four times, had administered medicine to her himself, and had taken precaution, by applying long leathern arm-gloves that the nurses might not be injured; if it also be true that he himself had warned the people personally to be careful; had declared the disease to be hydrophobia and predicted certain death by Wednesday, as the patient herself heard; all this, certainly did not correspond with his later statements, that the disease was not

hydrophobia, for the simple reason "*had it been she could not have recovered.*" The patient asserts that she was perfectly conscious when on February 1st the clergyman gave her the powder, and was obliged to separate the teeth with the handle of the spoon, that he might place it on her tongue. Soon after placing the powder in her mouth she felt relief, and regained her speech which she had lost for the last twenty-four hours. The improvement was now visible from hour to hour, until she fell into a deep, refreshing sleep, the first for three days, and from which she awoke quite alleviated. She awoke with an unextinguishable thirst, and was much astonished that she could indulge in moderate drinking. While relating this circumstance her eyes glistened with joy at the remembrance of it, and she added that it was unlike a common violent thirst which urges to constant drinking, but an internal longing for fluid, accompanied with joy and intense satisfaction at recovery from such a terrible disease, the diagnosis of which was thereby confirmed. It was not until the third day after the homœopathic remedy was administered that the eyes became less sensitive to brilliant objects, especially mirrors, and it was several days before the mirror ceased to produce burning in the eyes, and heat in the head.

A week after she had severe pains in the abdomen, and which the district physician said was probably caused by the too large doses of medicine (compare *Belladonna, Materia Medica Pura*, Vol. 1). In the beginning of May the patient called on me here in Münster, for the second time suffering from an obstinate quotidian fever, the psoric nature of which was not to be mistaken, and which allopathic antipyretics only suppressed. She received from me only one single dose of *Hyoscyamus 12*.

This is the simple narrative of a fact, the particular circumstances of which I would have liked to explore in the place where it happened; a fact which in the surroundings of the town excited more interest than it merited, because according to my convictions Homœopathy here did nothing but repair the fault which Allopathy had committed by her (rational!) doses. Of course no convert will deny that

without homœopathic aid, the patient would certainly have been sacrificed. But then, she would not have died from the natural hydrophobia, but from the Belladonna hydrophobia, which was substituted in its place. Hence the genuine homœopathic antidote *Hyoscyamus* acted so rapidly, much more rapidly than it would have done in the natural hydrophobia. [And only a single dose.—ED.]

TUBERCULOSIS.

E. S. EVANS, M. D., Columbus, O.

A German, age 27, a day-laborer in my employment, blue eyes, light complexion, and given to masturbation. He has been in this country six years. For three years has had a short hacking cough. Being unable to speak English, I could obtain but very little information as to its character. I observed that he drank a large quantity of water, but only in small quantities at a time. He told me that the cough prevented him from sleeping in the after part of the night. Profuse sweats after midnight, the sheets in the morning would be wet. Red, hectic spots on cheeks. I gave him three powders *Arsenicum 1000*, a powder once a week, and to my surprise and astonishment, with complete relief of all his troubles. Cough gradually ceased, and the night sweats passed away. He became stout and well, and gained in flesh for a year.

This winter he again began to complain. Lungs tender, and sensitive to touch, severe pains in the left lung, hectic flush, night sweats, and the usual consumptive cough with rapid emaciation. As I could obtain no characteristic symptoms calling for any remedy, I gave him one dose of *Tuberculinum*, cm., merely as an experiment, not thinking that it would have any effect one way or the other. You can imagine my surprise to see, in less than ten days a very decided change for the better. It has now been two months since I gave him the one powder. The unfavorable symptoms are all gone, and he is fleshier, and feels better, he says, than he has for ten years. He has taken no other remedy.



The query is, what cured him? I confess, to me, it is an enigma. There must be some curative power in these potencies, but I do not know what it is. In fact I know nothing about it. [The doctor is probably correct in saying that he knows nothing about the curative power of the potentized drug. He knows, however, as much as any body. Neither he nor any one else knows anything about the curative power of Arsenicum 3x, or Arsenicum 1000. It is a simple fact, that is all we know about it.—Ed.]

CLINICAL CASES.

G. W. SHERBINO, M. D., Abilene, Texas.

CASE I.—INDOLENT ULCERS: *Sulphur*.—Mrs. J—, aged thirty, has had an ulcer on left leg, midway between knee and ankle, which has been discharging more or less for twelve years; discharge thin, watery, sometimes tinged with blood. Surgeons have wanted to cut down and scrape the bone, claiming it could be cured in no other way. I introduced a probe, but a careful examination revealed neither caries nor necrosis. The bone was perfectly smooth. I told the patient the sinus could be cut open—it was two or three inches in length—and by bringing the parts together, it in that way might be cured. She was willing to submit to any treatment that promised a cure; but I also told her that while splitting the sinus open might be the easiest way, it certainly was not the best. There was evidently a constitutional defect, and when that was removed the ulcer would be cured also.

The symptoms were few but characteristic: She could not bear any covering on that leg at night, the foot was hot and burning, especially the sole; in fact the whole limb seemed to burn at night, and she was frequently compelled to sleep with limb uncovered; restless sleep at night in consequence; hot, burning, vertex headache; hungry every day at 11 A. M. These symptoms were far removed from the ulcer and apparently had little or nothing to do with it, but as there was nothing characteristic about the

ulcer, the constitutional symptoms must be relied upon. Sulphur 1000, one dose, Sac. lac. to last a week.

At the end of a week, received a letter stating she was wonderfully improved, ulcer better than for years; the burning in the foot and limb almost gone. Sac. lac. for two weeks.

In a month she wrote that the ulcer had been healed for several days, but that morning had broken out again. One more dose of Sulphur 1000; Sac. lac. for another month. Cured.

CASE II.—HYDROCEPHALUS: *Apium virus*.—Was called to see a little girl, aged about two and a half years, suffering with diarrhoea for two or three days, attended with a high fever and a rapid pulse, and worse in the afternoon. She was drowsy and sleepy. Belladonna 200 relieved the fever promptly, and on my second visit the bowel trouble had abated, though she was still drowsy, sleeping most of the time. I thought she would need no further attention, and requested to be notified if she did not improve. Several days after I was again called and found my little patient much worse. She was unconscious, pupils widely dilated, and did not notice anything. Had been growing stupid ever since my last visit. Her head was drawn backwards. She was very restless, constantly rolling her head from side to side, with an occasional sharp, piercing scream which I had never heard before, but shall not soon forget, the “*cri encephalique*.” Urine very scanty; had not passed any in twenty-four hours. Some squinting of the eyes. No thirst. This was evidently a serious case, and I feared I had neglected my patient too long. *Apium virus* 200, in water, teaspoonful every two hours until better.

Called in the evening. Patient not so restless; had passed urine; still rolling the head constantly, but the sharp scream had ceased; skin hot and dry. Pulse, 140. The improvement was sufficiently marked to discontinue the remedy. Ordered Sac. lac. every two hours, the medicine to be repeated if the improvement ceased, or if the screaming commenced again. On calling in the morning found her sitting up in bed playing with her toys. Sac. lac. every two hours.

This came very near being a bad case, but similia proved all sufficient.

CASE III.—May —, age two and a half years, twin, light complexion, blonde hair; had sore eyes last summer for three months, for which she received nothing but local treatment. Seemingly she recovered, leaving a small cicatrix over the pupil of the left eye. Last winter her mother vaccinated her on the calf of the leg. It "took" and made her quite sick. She was apparently progressing favorably till her mother brought her to the office, for a discharge behind the ear, which was clear, transparent, gluey, with some acne here and there over the face. For this she received one dose of Graphites cm., which cured in one week. Three weeks after she was brought to the office again; this time with ophthalmia of both eyes. She could not bear the light; had to wear a shade, and keep the eyes bandaged even in the house. The conjunctivæ very red and congested, agglutination of the lids in the morning, intolerable photophobia, and profuse lachrymation, the water running down both cheeks. Perhaps she would return with pimples around her eyes. Once she had a sore on her head that had to be opened, and it discharged a quantity of pus. The lymphatics of the neck were enlarged and felt, under pressure, like split peas. Every time I gave her a remedy, she would improve for a week or two, and then return as bad as ever. This continued for about three months, and the parents became somewhat discouraged; but if she went to an oculist, she would again receive the same old local treatment, in which they had no confidence..

I had given her Belladonna, Calcarea, Graphites, Cina, Mercurius, Rhus tox., Sulphur, and Silicea; but despite my best selected remedies, she would return as bad as ever. For about two or three weeks she suffered from ulcer of the cornea. Both eyes were terribly photophobic, attended with severe pain. She would improve for a time, and then on would come the inevitable relapse. Each remedy had been carefully selected, and allowed a proper time to act before a repetition of the dose, but without avail. From a proving of Sanicula, which appeared in THE ADVANCE in

January, 1885, and a careful correspondence of the symptoms, especially the tendency to relapse which Sulphur had failed to prevent, I determined to give it a trial. *Sanicula* 50m. (Skinner) was accordingly prescribed, with very gratifying results. Improvement began at once, and continued without any more relapses. The bloated and enlarged stomach and abdomen, the profuse sweating of the head, so that the pillow was wet while sleeping, for which *Calcarea* and *Silicea* had been given with only temporary relief, gradually but permanently disappeared.

There is no doubt but that *Sanicula* will become one of our best remedies, rivaling some of our valuable antipsorics.

CASE IV.—RHEUMATIC CARDITIS. *Spigelia*. Miss B—aged 12, was troubled with inflammatory rheumatism, a year ago, which left her with “heart trouble,” and her hands were somewhat deformed. Two or three weeks ago she took a severe cold which caused her to suffer most intolerable pain in the region of the heart.

When I was called she had been attended by one of the old school physicians, who had that day said she could not live until morning. The neighbors were of the same opinion and were preparing her burial clothes.

The doctor's diagnosis of the case was consumption, scrofula and heart disease. She had fair complexion, with blue eyes and light hair. Evidently she had a catarrhal affection but I could see no signs of scrofula or consumption. When I called, she was sitting in a rocking chair, having been in that position for a week, as she was unable to lie down for a moment, so great was the dyspnoea. Her pulse was 120, full and strong; respiration 28; temperature 99°. She described a pain in her chest at about the sixth intercostal space, where the apex of the heart strikes the thorax, the spot that pained her seeming to be about the size of a quarter of a dollar, and having three branches; one extending in a straight direction backward to the left scapula; a second upwards across the left chest to the point of the left shoulder and down the arm; and the third downward, across the lower part of the sternum, or epigastric region.

On moving or taking a long breath, the pain became worse, the act of moving being always followed by a momentary suspension of breath. The heart's action vigorous, striking the chest so hard that it produced a waving undulating motion of the carotids. I thought from the heart striking further around to the left that there was hypertrophy of the left ventricle, but I could not detect any abnormal sounds, only increased intensity. Spigelia 200.

On calling next morning, I found her lying in bed with two pillows under her head sleeping soundly. I felt her pulse, and as she did not awaken, left word that I would call again next day. She improved very rapidly from day to day. I would stop giving Spigelia, and use Sac. lac. instead, when the pain would soon return, so that I would again have to give Spigelia. This was continued for at least a month, until all trouble had ceased. As the pain abated respiration and pulse became normal, and with this came decreased heart action. She has not had any aching about the heart for two months; has gained in flesh and her appetite is good.

When I began to treat her, her mother was the most skeptical person in the town, but now she does not feel that way. Faith comes after the cure, both to the patient and friends, and *also the doctor.*

"EXPERIENTIA DOCET VEL DOCEAT."

GEO. H. CARR, M. D., Galesburg, Ill.

Woman, aged thirty-eight, thin, spare, sallow, brown hair; has been an invalid all her life. Now complains of bearing-down pains in uterus and bowels, as if everything would fall out. On walking she feels as if the bowels would fall out. Leucorrhœa, brownish. These symptoms were relieved for one week by one dose of *Lilium tigrinum* cmm., when they returned with renewed vigor, except the leucorrhœa. She then complained of great pain in bowels, as if everything would come or fall out, when she made the least motion. Great thirst for cold water, but it

was vomited immediately. Nose, mouth and throat became very sore and a profuse eruption of fever blisters came out around the mouth. A continual "*shower of soot before eyes,*" with fainting at every little exertion. Pulse 98, large and full; heart's pulsations shake the whole body. Continual sensation of burning in left lung, with almost constant cough and expectoration of chocolate-colored sputa. Great hurry and restlessness, can do nothing fast enough, with fear of being startled, and easily frightened, especially at night.

Gave one dose of *Natrum mur. cm.* One week from that time she had been at work two days, and said she felt perfectly well, only weak. I write this because I am certain these bowel symptoms of *Natrum mur.* are characteristic, and yet they are not noticed in any work of characteristic *Materia Medica.* This woman had been under the care of other physicians for uterine trouble, ulceration and prolapsus for years, and she was cured in two weeks by one dose of *Natrum mur. cm.* Can crude doses do better?

A VERIFICATION.

V. B. COSBY, M. D., St. Louis, Mo.

INTERMITTENT FEVER. *Rhus tox.*—Mrs. W.—, *æt.* 40, has had malarial fever for two years; been treated by several allopathic physicians; ringing in ears since taking quinine; continuous heat, worse at night; no chill. Patient slept in a draught after becoming heated from washing; great pain and stiffness in left side and back of neck; inability to turn her head; worse from lying down, better from continued motion or change of position. Gave one dose of *Rhus tox. 71 m.* (Fincke).

Three days later patient returned with following symptoms: Pain and stiffness in back and side gone, but great stiffness, pain and swelling in lower limbs and feet. Also a dry fatiguing cough, which she had not had previous to taking this remedy. This last being Dunham's guiding symptom for *Rhus*, and knowing it to be the result of *Rhus*, the patient received *Sac. lac.* for one week, and was cured.

BRIGHT'S DISEASES.	CHEMICAL EXAMINATION.			MICROSCOPIC EXAMINATION.	
	Color.	Quantity.	Specific Gravity.	Am't of Albumen.	This Refers to Blood and Casts Only.
Variety of Nephritic Lesion.					
1. Acute Parenchymatous Metamorphosis of the Kidney.	Abnormally High.	Very Small.	High, from 1.017 to 1.030.	Abundant.	Early: Hyaline, epithelial, nucleated, and finely granular; small in diameter and abundant. Later: Some coarsely granular and fatty, with large diameter.
2. Chronic Parenchymatous Metamorphosis of the Kidney.	Abnormally High.	Very Small.	High, from 1.015 to 1.030.	Abundant.	Large hyaline, coarsely granular, and fatty casts, and large amount of cast debris.
3. Parenchymatous Metamorphosis of the Kidney with Pregnancy.	Variable.	Variable, but usually Small.	Variable.	Variable Trace to Abundance.	All varieties of casts may be met with, even blood casts from the renal obstruction. Early it will resemble No. 1, later No. 2.
4. Parenchymatous Metamorphosis of the Kidney with Diabetes Mellitus.	Lemon Yellow, but later Pale.	First Large, then Small or Suppressed.	First High, 1.025 to 1.060; late, Low; or at Last Lower.	At first Glucose; later, trace of Albumen.	None until late in the diabetes, when hyaline casts appear, occasionally a few granular.
5. Parenchymatous Infiltration Metamorphosis of the Kidney with Wasting Diseases.	Normal or Watery.	Normal.	Normal.	None.	Examination negative.
6. Acute Diffuse Nephritis.	Abnormally High, Smoky, or Bloody.	Very Small or Suppressed.	Low, 1.012 to 1.020.	Abundant, also Blood.	Blood and blood casts, a diagnostic feature. Early: Small, hyaline, epithelial, nucleated, finely and coarsely granular, in abundance. Later, fatty and larger casts.
7. Chronic Diffuse Nephritis—Large Kidney.	Peculiar Pale.	Constantly Varying sometimes Small, then Large.	Low, 1.017 to 1.010.	Constantly Varying from None to Abundance.	The quantity and variety of casts is constantly varying, at times abundant and at others absent. The constant fluctuation is diagnostic. All varieties may be found during its course.
8. Chronic Diffuse Nephritis—Small Kidney, without Vascular Thickening.	Peculiar Pale.	Always below Normal; Small.	High, 1.015 to 1.025.	Usually Abundant and Continuous.	Hyaline, epithelial, nucleated, finely and coarsely granular, and fatty casts, of all sizes, and in abundance continually. Blood and blood casts occasionally found.
9. Chronic Diffuse Nephritis—Small Kidney, Hyaline Thickening of the Arterial Vessels.	Peculiar Pale.	Usually Large, 80 to 100 oz. a day.	Low, 1.010 or Lower.	Abundant and Continuous.	As a rule, no casts are found; but occasionally a hyaline or fatty cast may be detected.
10. Interstitial Nephritis or Cirrhotic Kidney; Cirrhotic, Sclerotic, or Red Atrophy; Thickening of Arterial Vessels.	Nearly like Water.	Very Large.	Low, 1.010 to 1.005.	Usually Absent, occasionally a Trace.	As a rule, no casts are found; but occasionally a hyaline cast is discovered.
11. Gouty Kidney.	Nearly like Water.	Very Large.	Low, 1.010 to 1.005.	Absent, or a Trace	
12. Waxy, Amyloid, or Albuminoid Transformation of the Kidney.	Nearly like Water.	Exceedingly Large.	Low, 1.005 to 1.000 or Lower.	Usually absent, occasionally a Trace.	

The Medical Advance

AN ADVOCATE OF

HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M. D., Editor and Publisher.

VOL. XVII. ANN ARBOR, MICH., OCTOBER 1886. No. 4.

The Editor is not responsible for the opinions of contributors. Personalities, being foreign to scientific discussion, must be excluded.

To accommodate both reader and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

The date to which subscriptions are paid will be found on the address.

EDITORIAL.

THE TEACHING OF THE ORGANON.--In the September issue of the *Homœopathic Physician*, Dr. Wells asks some very pertinent questions; questions, which in the interest both of the cause and the profession, our college faculties should promptly and honestly answer. The adoption by the American Institute of the recommendation of President Runnels "that the Organon be taught by all our colleges," is in the opinion of Dr. Wells proof positive that it is not taught and has not been taught therein, as he claims that the majority of the members of the Institute are alumni of the colleges, and should know whereof they speak. Hence the call to teach the Organon is certainly *prima facie* evidence that there was necessity for it. If the colleges heed the warning, some member of the faculty will be deputed to teach the Philosophy of Homœopathy—the vital point of Homœopathy as expounded by Hahnemann in his master-piece. This selection of a teacher is not a simple matter, and Dr. Wells illustrates the difficulty by a quotation from Pickwick:

SAM.—Blow! blow, father!

OLD WELLER.—It's all very vell Samivell, to call blow! blow! but vere is the vind to come from?

This ought to be and is a serious question. *Any mem-*

ber of the faculty is no more qualified to teach these fundamental principles than he is surgery, because like the surgeon he must not only "preach but practice." A surgeon would present a sorry spectacle before a class who was compelled to call upon some one else when an operation was to be performed, and a teacher of the Organon who could not put its principles into practice in the college clinic would be equally out of place, and if possible, more useless. A teacher of either *Materia Medica* or *Practice*, thoroughly imbued with the truths, the spirit, and the principles of the Organon, can no more help teaching it in every lecture and in every prescription than he can help eating when he is hungry. But as Dr. Wells says, it will be extremely difficult for him to teach what he does not know, and much more difficult for him to practice what in many cases he has little if any conception of. Once introduce the Homœopathy of the Organon into our college clinics and allopathic palliatives would be superfluous and unknown. Hence the pertinency of Dr. Wells' question:

"Will the Organon be taught as a result of this resolution? The graduates of the Institute say to the colleges, teach the Organon. As these are at present manned, what can be the answer that will more fittingly describe their poverty of qualification for this work than that of asthmatic old Weller to Sam: "*Vere is the vind to come from?*" Who shall teach these teachers, who must themselves be taught, before they can teach others? We say these must be taught, because it is inconceivable that they should carelessly, lazily, or of vicious purpose withhold from their classes this precious knowledge if they themselves had possessed it. They have only omitted to teach that which they themselves did not know. They have omitted this duty only because they could not perform it. They could not teach the unknown.

This brings us logically to the often treated and most important subject, "*improved*" medical education." This "*improved*" has often been presented as the one great desideratum of the medical body. And anybody could see how desirable this is. But nobody seems to have had a very clear view of just how this was to be achieved. Indeed, everybody seems to have had visions of ways and means pertaining only to the pupil. "*A better preliminary education.*" Good. More time given to the study of elementary sciences, i. e., those which are cognates of therapeutics. Well, no man will know too much of these, or be too familiar with them.

But if he is to be *better educated* he must have *better teaching*. The pupil can only absorb what the teacher has to give him, and if he comes from graduation in a state of knowledge before clinical duties suggestive of a *want* of something better than he has brought with him, the fault must be his own—want of attention or capacity on his part, or of neglect or want of knowledge or capacity to teach on the part of his instructor. This onus of this want, where it is so general as to be found in a majority of a body so large as our Institute, is by this fact beyond doubt placed to the discredit of the teacher. Better education, then, means better teachers—just this and only this.”

MEDICAL ADVERTISING.—For Dr. Hasbrouck's timely article on the inconsistency of medical advertising in homeopathic journals, and the other side of the question as presented in Dr. Wilson's reply, we ask the thoughtful consideration of every reader, because it is a question in which every reader of a medical journal is interested. Medical journals are supposed to be published for the benefit of the medical profession, hence *a medical journal is just what the profession choose to make it*. A stream never rises higher than its fountain. If the readers of a medical journal would contribute their quoto towards the expenses of publication, as promptly as they would have their patrons pay their medical bills, this evil, in the majority of cases, would not exist. But they do not do so. The printer must be paid, and in order to pay him the publisher must resort to advertisements or draw on his private bank account to defray the expense of publication. The editor of the *American Medical Digest* in the September issue says:

“Advertisements are a necessary evil, because hardly any of our journals are supported by subscriptions. Those which stand highest are sapped by the numerous insignificant attempts at journalism seen all over the country. Our only remedy is to place every first class journal, and there are not many of them, upon an independent footing by sufficiently increasing their income from subscriptions.”

Said a medical man recently when asked by a traveling agent of a publishing house to subscribe for another journal, “I receive now more medical journals, as specimen”

copies, than I can read. What is the use of subscribing? And yet the publisher or editor of every journal thinks he has a mission to fulfil in the medical world. If medical advertising as at present conducted by our journals be an evil, and Dr. Hasbrouck would not complain if it were not, there is no use trying to "regulate" it. "The centuries have demonstrated that there is no sense whatever in trying to regulate an evil." Evils should be eliminated not regulated. The ADVANCE is ready for improvement.

A CASE FOR COUNSEL.—Contrary to our usual custom we publish the symptoms of "a case for counsel" for the sake of calling attention to the most difficult feat in practical therapeutics,—"the taking of the case." Dunham says:

"To select the remedy after a masterly examination and record of the case is comparatively easy. But to take the case requires great knowledge of human nature, of the history of disease, and, as we shall see, of the *Materia Medica*."

In practice there are two kinds of patients for whom it is very difficult to prescribe; the one who "has no symptoms" either guiding or otherwise—is simply sick and expects the physician to know at first sight all about his case; and the other, who, with little or no questioning can reel off symptoms by the yard. To the accurate prescriber one is about as puzzling as the other, as it is almost impossible to obtain anything characteristic or guiding upon which "to hang a prescription." Hahnemann has given us the key with which to unlock the difficulty. In § 153 of the *Organon*, he says:

This search for a Homœopathic, specific remedy, consists in the *comparison* of the totality of the symptoms of the natural disease with the list of symptoms of our tested 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. The 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 their vagueness, and also because generalities of this kind are common to every disease, and to almost every drug."

In § 173, 175, 177, 179 and 182 he lays down the *modus operandi* by which a case presenting but few symptoms is to be taken and prescribed for. In cases like the one recorded by Dr. Beckwith, where the symptoms of narcotic poisoning are engrafted on a scrofulous base, with a history of organic heart lesion, symptoms in endless variety may be expected, and the task is not an easy one to ascertain the *peculiar* ones. The guiding symptoms of such a case are in our experience much more apt to be found among the subjective symptoms. In either case the only accurate way in which such a case can be successfully met is to carefully write it out in detail.

GUERNSEY'S MATERIA MEDICA.—From *The Hahnemannian Monthly* for September, we learn that Dr. J. C. Guernsey is busy on the work on *Materia Medica* left unfinished by his father. This consists of his "Key-notes," or characteristics of *Materia Medica*, lectures delivered to the class fifteen or twenty years ago and which have been in constant demand ever since. It will contain verifications of the rich and ripe experience of one of the ablest prescribers and most successful homœopathic physicians which America has yet produced. It is now in press and will soon be issued; nor will it require the guarantee of the Institute before it can be published. It will be an every-day-working *Materia Medica*, both for the *present* and the *future*. Every practitioner will want a copy on his table, and will anxiously await its appearance.

At the recent meeting of the American Institute, Wm. Tod Helmuth, M. D., was unable to be present to read his paper on "Hernia," but sent his paper to the Chairman of the bureau with the following appology:

TO THE CHAIRMAN OF BUREAU OF SURGERY.

The troubles and trials a Doctor endures,
Very few in this world would suspect.
And often resemble the hernia he cures,
Being "*sudden*" and oft-times "*direct*."

My plans (like a gut in the inguinal ring),
 Show'd suddenly signs of "*obstruction*,"
 And despite all the patience and skill I could bring,
 I could not effect their reduction.

The chances looked black as the time wore away,
 Like a coil of intestine when strangled;
 But I thought I could certainly get off *one* day,
 To hear how my paper was mangled.

But slowly my hopes show'd the symptoms of death,
 To-night they are "*gangrenous*" quite,
 So listen to this my expiring breath—
 Look out for "*a rupture*" "to-night."

EDITOR'S TABLE.

G. H. PATCHEN, M. D.—Removes to New York soon after Oct. 1, and in partnership with Dr. G. H. Taylor, will pay special attention to the treatment of chronic disease by vibratory and specialized motion.

DETROIT FREE HOSPITAL.—The Hon. James McMillan has donated \$100,000 to build a Free Homœopathic Hospital, the plans of which are now in the hands of the architect; and Hon. John S. Newberry has donated \$100,000 with which to endow it. There is no chance here for an allopathic steal.

THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION—Will hold its third annual meeting at New Orleans, on December 8th, 9th and 10th, 1886. The two previous meetings have been well attended; the interest has steadily increased and this year a full attendance of all Southern Physicians is expected. Six bureaus will be ably represented.

NEW PUBLICATIONS.

SAN ANTONIA AS A HEALTH RESORT.—By Joseph Jones, M. D. Any one wishing information for invalids or a winter resting place for themselves, should write Dr. Jones for this little brochure.

TREATMENT OF DISEASE FROM THE HOMŒOPATHIC STANDPOINT. H. W. ROBY, M. D., TOPEKA, KAN., 1886.—This is a lecture delivered before "The Philosophical Society of Chicago," with some facts and statistics added, and forms a pamphlet of 37 pages. It is a fair campaign document.

THE GERM THEORY IN RELATION TO THERAPEUTICS. C. T. CAMPBELL, M. D., LONDON, ONT. Canadian Institute of Homœopathy. The author considers the study of micro-organisms to be

in the direction of sanitary science, and for the benefit of preventive medicine rather than therapeutics.

WORKS ON MATERIA MEDICA ISSUED BY HAHNEMANN: THEIR COMPOSITION AND VALUE.—By S. Lilienthal, M. D. Reprint from the Transactions. Pp. 39. All who had the pleasure of hearing this at the Institute will be glad to have an opportunity of perusing it at their leisure. The earnest words of the closing pages will, or ought to, inspire any of us in our work.

HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.—Transactions of the 22nd Annual Session. This volume of 239 pages is well printed with clear type and on good paper, and is the first volume of proceedings to reach our table, for which we have to thank Secretary Walton. There are many valuable papers in this year's proceedings and they prove conclusively that Ohio has a working society.

INDEX CATALOGUE OF THE LIBRARY OF THE SURGEON GENERAL'S OFFICE, U. S. ARMY: VOLUME VII. Insignare's—Leghorn. Volume VII of this great work contains 14,688 author-titles, representing 5,987 volumes and 12,372 pamphlets. It also includes 6,371 subject-titles of separate books and pamphlets, and 34,903 titles of articles in periodicals. The entire work to date includes nearly 40,000 volumes and nearly 60,000 pamphlets.

THE REIGN OF LAW IN MEDICINE. Dice Brown, M. D. The Hahnemann Oration for 1885. Trubner & Co., Ludgate Hill, London, 1886. This is one of the ablest of an able series of annual orations delivered at the opening of the London School of Homœopathy and should be found in every library. If such Homœopathy as this teaches were practiced and taught by our British colleagues, the London college would not now be begging for students.

MICHIGAN STATE SOCIETY.—At the last meeting of the Society a "Committee on Organization" was appointed consisting of Drs. Porter, House, and Brown, who are evidently determined to do what they were instructed to do, viz.; organize active working societies in every part of the state. Several societies have been put in working order and others are rapidly coming into line. There is work to be done and done promptly and well. Let no time be lost.

THE SOUTHERN BIVOUC.—The October number of the SOUTHERN BIVOUC is out with its usual variety of interesting and entertaining articles. Dr. Felix L. Oswald closes the summer season with a delightful paper on some out-of-the-way watering places, and W. W. Harney concludes his paper on Orange Culture. A Northern soldier draws a striking comparison between the campaign of General Lee and General Grant. Colonel R. W. Woolley has an important paper relating to Gen. Albert Sydney Johnston's purposes in fighting the battle of Shiloh, and Colonel Allen reviews General

Longstreet's account of Lee's invasion of Maryland. As a war issue, the October BIVOAC is probably the best this magazine has yet presented.

MAGAZINE OF AMERICAN HISTORY.—An interesting paper by John Dimitry, entitled "A King's Gift," is one of the prominent features of the October issue. It is the pleasant story of events in Louisiana about the time of the gift of that province to Spain, by Louis XV., of France, who it seems was heartily tired of his American domain. "An Earthquake in Kentucky," by John James Audubon, a graphic description of what the great naturalist experienced in 1825, will attract notable attention at this juncture. An excellent portrait of Audubon is the frontispiece of the magazine. The second paper of General Alfred E. Lee, "From Cedar Mountain to Chantilly," develops one of the most trustworthy discussions of that campaign yet printed.

HOMŒOPATHY: AS VIEWED BY A MEMBER OF THE MASSACHUSETTS MEDICAL SOCIETY.—An address before the Hahnemann Society of the Boston University School of Medicine. Being a reply to Dr. C. Wesselhoeft. This is the second chapter of the Boston Love Feast, an attempt to harmonize the "pathies," to make oil and water mix, or as the lecturer expresses it, "the earnest desire to do my part, however small, toward creating harmony in the rank and file of the medical profession after years of unfortunate and bitter feeling." His explanation of Homœopathy is about as clear as could be expected, but neither of these celebrated addresses will ever make many true converts, and so far as Homœopathy is concerned might better have not been delivered.

POPULAR SCIENCE.—In the opening article for October, on "The Distribution of Wealth," Mr. Charles S. Ashley discusses the conditions which favor the acquirement of great fortunes, and the effect of such accumulations on the public welfare. He develops the conclusions that wealth is usually gained by doing a corresponding share of the world's work; and that, large as the individual's gain may be, it is no adequate measure of the gain that accrues to the public from having great resources placed in the hands of men able to manage them wisely and apply them to schemes of public utility.

If it be true that active brains are very often found under hairless scalps, the article by Mr. Virgil Eaton on "A Bald and Toothless Future" with the startling statistics which he presents, will certainly interest many readers.

THE OCTOBER CENTURY.—Few numbers have appealed to so wide an audience with topics of such general interest as the October issue. It is important for what it promises no less than by what it gives. An editorial in "Topics of the Time" announces that in the November number the first chapters of "The Author-

ized Life of Lincoln," by John G. Nicolay and John Hay, who were the President's private secretaries, will appear. As Lincoln is one of the greatest figures in American history, so are his biographers by opportunity, no less than literary ability, best qualified to make the story of his life a gain to American literature. Readers who have not the personal interest of the veterans of the war in the battle series, will find in this illustrated serial history of Lincoln, the blending of literary merit and the interest of momentous events; while soldier-readers, as the war series becomes less and less prominent as a feature of the magazine, will see in the biography of the civic chieftain a larger view of the leading personalities and motives of the struggle. To the October number Clarence King contributes also, a striking paper on "The Biographers of Lincoln," illustrated with full-page portraits of Nicolay and Hay.

General W. S. Rosecrans's description of his victory at "Corinth" is the chief illustrated war article; other papers of a distinct personal interest are reminiscences of Stonewall Jackson, by his sister-in-law, Mrs. Margaret J. Preston, and "Stonewall Jackson's Last Battle," by his aide-de-camp, Captain James Power Smith, who helped the mortally wounded general from the field at Chancellorsville. Striking portraits are given of Rosecrans and Jackson.

MEDICAL AND SURGICAL DIRECTORY OF THE UNITED STATES,
R. L. POLK & Co., DETROIT. New York office, 280 Broadway, Pp. 1452; price \$7.00.

This is the largest and best work of the kind ever printed in this country. It is closely printed and contains a complete list of the physicians of every school of practice in the United States. The P. O. address is in display type, then the county and population follow, the names are alphabetically arranged, carefully indexed, giving the college and date of graduation and present location. The medical colleges in the United States and Canada, existing or extinct, with location, officers, number of Faculty, etc., with the various Medical Societies, Hospitals, Asylums, Sanitariums and Boards of Health; a synopsis of the laws of registration, the laws of regulating the profession in each state, the medical journals, the official list of the medical department of the Army, Navy and Marine Hospital service of the United States; a sketch of each state, giving statistics of climate, rate of mortality, names and locations of the most important mineral springs.

Such a work will be invaluable to the Colleges and Alumni associations and enable them to locate their graduates. It will also enable societies to fix the status of candidates, etc., etc., e. g. Dr. D. A. Gorton, of Brooklyn, the author of the recent abominable tirade against the New York Homœopathic College endowment, registers as a Homœopath. But we find that he is a

graduate of the Hygeio-Therapeutic College of New York, chartered, 1856; extinct 1886. We can easily see what a Homœopathic training in the philosophy of the Organon this man had, and why he now advocates the dropping of the name.

It will be many years before another directory of this kind will be published and we would advise all who want such a work, to buy it now.

WE US & Co.—The Jefferson Medical College of Philadelphia issues its sixty-second annual announcement. Certainly this is a venerable institution; and if we could conceive it as having a distinct individuality, we might also conceive it having wisdom proportionate to its years. But of course men die while institutions live, and the good men do, sometimes lives after them; but it does not follow that the present faculty of the Jefferson Medical College, possess a large amount of individual knowledge, plus the accumulated wisdom of their predecessors. This is unfortunate, for, as age somehow goes for very considerable in a medical college, this college, by virtue of its many years—its prestige in fact, draws no small number of students to its doors. These students expect more from such an aged school than from one younger, so in fact do we all. The present report shows 611 matriculates the past year; all these in search of medical knowledge. We can scarcely challenge the capabilities of such men as DaCosta, Bartholow, Gross and Parvin; learned men, surely, to hold place upon the list of teachers. Most colleges publish a list of "text-books"—books that are to be studied and whose teaching are supposably followed by the professors. But not so Jefferson Medical College. Its faculty have no text-books. They publish only a list of "books of reference." The all-sufficient faculty furnish a complement of wisdom, without the vulgar use of text-books. But now comes a curious fact: These books of reference are little more than the product of the brains of the faculty of Jefferson Medical College. They are Da Costa on Diagnosis, Bartholow's Practice of Medicine, Bartholow's Materia Medica and Therapeutics, Bartholow's Treatise on Electricity, Gross' System of Surgery, Parvin's Treatise on Obstetrics, and just a few others, upon subjects not yet written upon by said faculty. What a happy arrangement for the student! You simply listen to our lectures and read our books and lo! You are wise indeed. Even that might be less distasteful, if it were not so much of it Bartholow. Now, if this is not a serious prostitution of medical education we do not know what could be. Only think of it! So much for our lectures, and so much for our books. This looks as though the venerable Jefferson had put itself on the "nimble six pence" basis. If the learned professors are not making money out of this scheme, where does the money go? To our way of thinking this looks bad, and it is bad. And it is all the worse, coming from such a source. In order that we may take this in at

a glance we will show approximately what the faculty of Jefferson Medical College make every two years in

PROFITS ON BOOKS.

	List Price.	Gross Am't.
Da Costa on Diagnosis, 611 copies.....	\$7.00	4.277
Bartholow, M. M. and Therap., 611 copies..	6.00	3.666
Bartholow, on Electricity, " " ..	2.50	1.537
Bartholow, Practice of Medicine " " ..	6.00	3.666
Gross' Surgery " " ..	15.00	9.165
Parvin's Obstetrics. " " ..	*10.00	6.111

* Estimated.

Total 30.422

Of this amount there will be paid to the authors (faculty) \$12,000. Add now to this the fees paid for the lectures (two years fees) 198.575, making the modest sum of \$210, 575.00, received by the faculty of Jefferson Medical College every two years. The Count of Moute Cristo could scarcely have made a larger showing. Is it strictly honorable?

OBITUARY.

R. MILES BUDDKE, M. D., was born in Nashville, Tenn., nearly thirty years ago. Was educated at the Nashville High School and Vanderbilt University. He received his medical education in the medical colleges at Nashville and Memphis, and after graduation became associated in practice with his elder brother, Dr. J. W. Buddeke, of Memphis, where in the last five years he had established a wide circle of friends and a large professional practice.

About two years ago he was married to Miss Florence Toof, the accomplished daughter of Mr. J. S. Toof, one of the leading cotton merchants of Memphis, who, with a bright boy baby two months old, and a large circle of friends in both cities, are left to mourn his early departure.

He was an earnest student and conscientious practitioner, and though not physically robust, his active mind and intense energy enabled him to leave an exemplary record.

After a mild attack of fever he returned to his father's residence in North Nashville to rest and recruit. Over exertion in visiting friends brought on a relapse to which he gradually succumbed.

CORNELIUS ORMES, M. D., was born at West Haven, Vt., August 4th, 1807, and consequently was in his seventy-ninth year when he died. He came of distinguished Vermont ancestry. His father, General Jonathan Ormes, was an officer in the American army during the war of 1812.

He received an academic education at the academy at Castleton, Vt., ten miles from his father's home. Here he made the acquaintance of Professor Woodward, the noted Vermont surgeon, by whom he was led to the study of medicine. He graduated from the Castleton Medical College in 1832, practiced with his preceptor for a time, subsequently forming a partnership with Dr. McCloud, of Whitehall, but removing to Panama, Chautauqua county, N. Y., February, 1833. At this time the county, and adjacent parts of Pennsylvania, were largely engaged in lumbering; and here Dr. Ormes' surgical experience particularly fitted him for the emergencies constantly arising, and he soon had an extensive practice through the surrounding country.

He was first induced to examine the new system of medicine by Dr. James Birnstil, of Westfield, N. Y., and, in 1848, after much study and a careful comparison of results, he decided to adopt Homœopathy as his system of practice. In 1863 he removed to Jamestown, which enlarged his already extensive practice. In 1872 he was called to the chair of Obstetrics and Uterine Surgery in the Detroit Homœopathic College, which for two years he ably filled.

He was a senior in the American Institute and a member of New York State Society and other medical associations.

He acquired a national reputation in abdominal surgery. His ovariectomies were numerous and very successful. One noted case of tumor was of the colloid variety and weighed fifty-one pounds, the uterus measured eleven inches in length; from long continued pressure its cavity was wholly obliterated, and the organ extensively spiculated. The entire mass was removed, and the patient is still living and in excellent health.

Modest and retiring in his disposition, he was a man of action rather than words. Few physicians have acquired a reputation so extensive and universal, and none will be more missed from our state and national associations. In every sense of the word he was a man and a physician.

J. W. DAKE, M. D., died at his residence, No. 15 Charlotte street, Rochester, February, 1886.

He was an old resident of Western New York, and was born in Portage, Livingston county, in 1829. He received his primary education in the schools of his native town, and finished his studies and graduated at the Genesee Wesleyan Seminary at Lima. He began the study of medicine under the guidance of his elder brother at Warsaw, N. Y., took his degree from the Cleveland Hospital College in the class of 1860, and at once actively entered upon the duties of his profession as a partner of his brother at Warsaw, where for many years he led a busy life. Subsequently he removed to Albion, then to Nunda, and, in 1873, to Rochester, where he opened an office and continued to practice until by failing health he was compelled to relinquish his professional labors.

THE MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

VOL. XVII.

ANN ARBOR, NOVEMBER, 1886.

No. 5.

ORIGINAL CONTRIBUTIONS.

ELECTRO-MAGNETIC PROPERTIES OF DRUGS.

J. D. GRABILL, M. D., San Antonio, Tex.

One year has past since I read my paper (printed in the June issue of the *ADVANCE*) before the Montgomery Co., Ohio Homœopathic Medical Society, and in that time I have been experimenting in a great many ways, and I am not only able to prove the electro-magnetic properties of drugs, but in every instance the law of similars stands out as bodily and defiantly as the law of gravitation, organized and governed by the same Ominipotent Power that controls the entire universe.

I also find that diphtheria and scarlet fever, are diseases brought about by a fermentation of the blood; while cholera is a disease brought about by a decomposition or a separation of the elements in the blood of the portal venous system of circulation.

This is not an assertion, but a fact that can be demonstrated, and I may do so at some future time; but I feel rather timid in having my name appear so often in the journals, being aware of the usual remarks made by brother physicians on occasions like this, so I will take the same ground the editor of one of our journals takes with regard to advertising. After having admitted that he had been doing rather a reckless amount of advertising, and in this manner worked himself into a good practice, he calls a halt,

and says it is wrong to come into his neighborhood, or even within a hundred miles of him, and advertise unless you do it through his journal, at least, that is about the gist of his remarks. So I say to the profession, if you have any remarks to make, please make them on other papers but let mine alone.

One of my first experiments was made by placing pieces of Camphor in a glass of pure water; these move about with a rotatory motion, some turning to the right some to the left, and by watching them closely you can see very plainly that there is a magnetic power at work in them.

Borneo Camphor, its alcoholic solution, turns the plane of polarized light to the right.

Mint Camphor or Menthol, occurs, together with terpene, in the oil of peppermint, and differs from the Borneo, by having proportionally two atoms more of hydrogen, and turns the plane of polarization to the left.

The essential oils of many labiate plants, such as Rosemary, Marjoram, Lavender, and Sage, deposit a substance having the chemical, and all the properties of common Camphor, but it is inactive to polarized light.

Camphoric Acid, a substance obtained by boiling Camphor with Nitric Acid, is itself dextro or levo-rotatory, according to the kind of Camphor used.

A mixture of dextro and levo-rotatory Camphor in equal parts, boiled in Nitric Acid yields an inactive Camphoric Acid.

Quinine and Cinchonidine turn the plane of polarized light strongly to the left.

Cinchonine and Quinidine turn the plane of polarized light strongly to the right. While Quinidine in a solution of Chlorine water and Ammonia turns the plane strongly to the left.

These I have demonstrated myself. I will now give the action of the different Turpentine oils just as I get them from one or the other of my works on chemistry.

The French Turpentine oil, when purified by neutralizing it with an alkalic carbonate, and then distilling it, first over a water bath, and then in a vacuum, consists mainly,

of a hydrocarbon, called Terebenthene, and turns the plane of polarization of a ray of light to the left.

English Turpentine oil, treated in a similar manner, yields as its chief constituent, a liquid called Anstratene or Anstra-terebenthene, having the same specific gravity and boiling point, but turns the plane of polarized light to the right.

Malic Acid is the acid of the apple, pear, and a large number of other fruits; it is also found in considerable quantity in the Rhubarb, Mountain Ash berries, and is also obtained from active Tartaric Acid. It exerts a rotatory action on polarized light. Pasteur, has obtained a modification of this acid, which is optically inactive. Malic Acid formed from Succinic Acid, is also inactive.

Levo Tartaric Acid resembles dextro Tartaric Acid in every respect, except, that it turns the plane of polarization to the left, and its salts, as well as the acid itself, though somorphous with the corresponding dextrotartrates, contains oppositely situated hemihedral faces.

Racemic Acid, a compound of dextro and levo Tartaric Acid, on crystalizing, forms two distinct and separate crystals, and by carefully picking out these crystals and dissolving them in water, the one solution will turn the plane of polarization to the right the other to the left, while a mixture of these two crystals in equal weight, have no action on polarized light.

Inactive Tartaric Acid, is much more soluble in water than the ordinary Tartaric or Racemic Acid. It does not deflect the plane of polarized light, but differs from Racemic Acid, in not being resolved into the two active acids named above; however it is converted into dextro Tartaric Acid by heat.

Volatile or essential oils obtained from Beech, Borneo, Caoutchouc, Caraway, Chamomile, Coriander, Hop, Juniper, Laurel, Parsley, Pepper, Thyme, Valerian, and a thousand others are isomeric with Turpentine oil.

Lemon oil composed mostly of Citrene, turns the plane of light to the right.

Paralactic or Sarcosylactic Acid, is a modification of Lactic

Acid, existing in the animal organism, especially in the muscular flesh, and from which it may be extracted by cold water, or dilute alcohol. It agrees in all its reactions with fermentation Lactic Acid, but it differs from ordinary Lactic Acid in its relation to polarized light, as it turns the plane to the left, while Lactic Acid is optically inactive.

Hematoxylin the coloring matter in Logwood, crystallizes in pale yellow prisms, dissolves easily in water, alcohol, or ether, forming a dextro-rotatory solution.

The proofs in my former paper and those above, certainly ought to be convincing enough to any thinking mind of the electro-magnetic properties of drugs.

Every substance has a certain fixed power within itself, that will invariably make itself known under similar and favorable conditions; that power, being Heat, Light, Electricity and Affinity, so far as my knowledge goes. Heat, Light, Electricity and Affinity, have been for years regarded as kindred and convertible modes of motion.

Electricity and Magnetism are one and the same thing. This can be demonstrated in a few minutes by winding the armature of a horse shoe magnet, with a copper wire one end of it being flattened, the other end sharp. Make six or eight turns around the armature, then bend the wire so that the sharp end will come in contact with the flat end, and every time the armature is removed from, or placed on the magnet, a spark will make its appearance at the point of union of the wire. This also illustrates the fact that magnetism and light are one and the same thing, and if you will touch the spark with the back of your hand you will be convinced that heat and light are the same thing.

Again, pass an electric current through a thin wire and it produces heat; if sent around a piece of iron it produces magnetism; if through a conducted fluid, chemical decomposition. Physically speaking, if the same current is passed through the nerves of sensation, it produces heat; if upon the nerves of seeing, the sensation of sight; and if through a nerve supplying an organ in which there is a

circulating fluid having the conducting property, then chemical decomposition. Magnetism and chemical affinity are one and the same thing; chemical affinity takes the elements out of a solution, and places them in a fixed polar arrangement, consequently the force that draws the particles together, and that which places them in their molecular order are one and the same thing. These are not mere assertions on my part, but any school boy can demonstrate them.

Vital force overcomes affinity, mechanical force overcomes gravity, but neither chemical force nor gravity is suspended.

There are no unresisted forces in nature; it is only by their constant resistance and overcoming, that forces are called into activity.

How much of this force is stored away in a given substance? Let us look at the vast force exercised by the growth of vegetable matter; e. g. take the leaf of any plant. The atoms of a pound of carbon rush into union with those of oxygen, they fall down the chemical precipice with a force sufficient to raise a thousand weights of a thousand pounds each, one foot high.

This expresses the strength of their attraction for each other, and if they are to be separated, this force must not only be resisted but must be overcome. So powerfully are the elements of Carbonic Acid held in combination, that the chemist can only separate them by the double action of high heat and the most powerful affinity, yet a leaf or a blade of grass at their ordinary temperature, will take up Carbonic Acid and set oxygen free.

Compare this force with the force set at liberty by the act of triturating, and they are one and the same.

This force set at liberty by the act of preparing a drug is the force that gives to each substance its medicinal property, it is the force that gives to each leaf, shrub or tree, or any mineral substance its individuality and but for this individual force, all things would look the same. Christ in his teaching has clearly demonstrated that law when He said: "Every seed shall bring forth fruit after its own likeness."

This force is not demonstrated at random, but each substance has within itself its own individual property. This is beautifully illustrated by the production of nice sweet apples on a sour apple tree. There is not a microscopist or a chemist in the world that would undertake to materialize the power in the twig for changing the sour sap into rich luscious fruit, and yet every farmer knows the power is there.

Is there a physician in our school that would expect the same result from the administration of the English Turpentine oil, which has the power of turning the plane of polarization to the right, that he would expect from the French oil, which has the power of reversing the scale of polarization.

Now, I claim that this is the point of difference among our physicians. When visiting their patients they find among them two cases, all the subjective and objective symptoms being the same (so far as the physician is able to judge) and for which he concludes to give Terebinthina; the one patient improves instantly, the other grows worse. The physician in visiting his patients detects this, and says to himself, why is it that two cases indentially the same, the same drug indicated, and yet one gets well while the other grows worse. He cannot explain it, yet there are four reasons for it:

First, the magnetic current may be passing through his patient from left to right and his drug has the power of passing from right to left.

Second, the magnetic current may be passing from right to left and the drug the power to pass from left to right. These two can still be reversed making four reasons why his patient is no better; so that with our present knowledge of drugs, diseases and the human system, we stand three chances of not curing to one of curing.

When a physician in prescribing for a person, can take from his medicine case, an instrument that will demonstrate by figures the number of degrees his patients nervous system is off the normal standard; and another instrument that will detect the way the magnetic current is pas-

sing through the system; and when every bottle of medicine we receive from our homœopathic pharmacies, will have a label on it with an arrow indicating the direction the remedy has the power of turning the plane of polarization, the point of the arrow, resting on the figure indicating the number of degrees, then can we say that we are scientific physicians, then can we say that medicine has a scientific standpoint, and that day is not far distant.

SURGERY.

SURGICAL NOTES.

J. G. GILCHRIST, M. D., Editor.

FRACTURES AND DISLOCATIONS, is the title of a small work by Mr. Hugh Owen Thomas, of Liverpool, England, which seems to be the concluding number of a series of similar works collectively known as "*Contributions to Surgery and Medicine.*" Why we have not heard of preceding numbers cannot be told; certainly not for lack of a certain kind of merit, (judging entirely from the specimen before us), as the views of treatment and management are eminently original, not to say startling and revolutionary. While the medical critic might justly question the literary excellence of paragraphs, here and there, and the "ethical" prude be offended by an occasional, yes, a *frequent* disregard for the feelings of others, or the time-honored teachings of the profession, yet the abundant clinical testimony offered must convince all, even the most captious, that the views presented are certainly worthy of careful study. The work does not pretend to be a treatise on bone surgery; it is simply an exposition of certain items of treatment, more particularly in delayed union, and non-union. The views expressed are not entirely novel, as they have been published as early as 1876 in different numbers of the *Lancet* and other British periodicals; nevertheless, they seem to have attracted little attention, at least in this country, as the *International Cyclopædia of Surgery*, the

latest and most pretentious work on surgery, makes the merest mention of the writer's name, and then simply in passing. The controlling idea of the work in hand seems to be that, while symmetry of an injured part must receive attention, yet usefulness is the great end to be obtained. The writer's arguments are forcible, and yet one fact seems to have escaped him. Is it not a fact, that if retention of a dislocated joint, or fragments of a fractured bone can only be maintained by the exertion of great *force*, the reduction is imperfect? At least this, I believe to be true of fractures, and to some extent of simple uncomplicated luxations; that when the part is placed in a position to neutralize muscular action, reduction should be *easily* accomplished, and, as a rule, retention as easily maintained as long as the conditions are observed. An ordinary fracture that can only be "set" by the exertion of great force, and maintained "set" by the continuance of that force, has not been "set" at all. Certain fractures are treated now-a-days, as far as dressings are concerned, by position only, the "muscles being nature's splints," as some one has said. Mr. Thomas thinks delayed union, or non-union—is due to many factors, of course, but very often to "local starvation" by tight dressings making pressure on the point of injury. For this reason he discards plaster dressings, and splints as ordinarily applied. He prefers to increase exudation, when below a certain standard, and we find him recommending dependent positions for the injured part, "damming" the region by elastic ligatures, and in various ways doing violence to many cherished theories. He gives a large number of cases in which non-union had been corrected by "percussion," with a suitably protected hammer, force enough being applied to produce much ecchymosis, and great tenderness and swelling, on the theory that the bond of union is furnished by this exudate. Our limits will not permit a further notice of what is certainly a remarkable work; practitioners of surgery will find it exceedingly entertaining and all interested in pathology and physiology will find much food for thought. Certainly the writer is a man of courage, and the great number of

cases given, quite minutely detailed, has the effect to somewhat disarm criticism.

ANEURISM.—In a recent issue I had occasion to criticise the popular teaching with reference to the theory of treating aneurism, and stated that the introduction of foreign material, as wire, as a nucleus for coagulation seemed to be in imitation of nature's method. It now appears, from experiments made by Mr. Richard Barwell (London *Lancet*, August, 1886), that the clot resulting from these procedures, is loose and friable, having the effect not only to render them ineffectual, but exposing the patient to danger from embolism and other accidents. Accordingly he (Barwell), conceived the idea of increasing the solidity of the clot, and at the same time securing a more rapid coagulation, by passing a current of electricity through the wire after introduction into the sac. The procedure was practical in a case of large thoracic aneurism, the wire being introduced through a fine ivory needle. The exact account is unnecessary, as the patient died, and the autopsy showed the following: "On opening the aneurism, it was found to consist of two parts; a left portion much the larger, and a secondary or right portion, *which seemed to have recently increased in size*, and which where the lung formed a part of the wall, *had burst*, and given exit to two pounds and eight ounces of blood which was found in the right pleura." The italics are mine. The features in the case to which attention is thus called, of interest to us all, are the almost certain enlargement of one part of an aneurism, after partial reduction of another, and the consequent error in judgment, common to all these methods which leaves out of the account the state of the vessel which renders an aneurism possible. It is worthy of note, also, that while the clots are firmer than in cases where galvanism had not been used, yet they were much smaller. Mr. Barwell is a recognized authority, but it seems unlikely that many will be found to place the same estimate on the value of this treatment that he does.

EPITHELIOMA OF THE PENIS.—That early and radical removal of the carcinomatous parts is the best practice, in


the present state of knowledge, few will care to dispute, at least among those whose daily experience is in this direction. Some years ago there was a general tendency to abandon operative surgery in cancerous affections, but of late it has shown that the *quasi* successes, and frequent failures was due to lack of *thoroughness*. Even epithelioma of the lip was removed with distrust, with an expectation that it would recur. Two cases of epithelioma of the penis are reported by Mr. Jessett (surgeon to London Cancer Hospital) in the *July Lancet* (p. 14), in which amputation was performed with perfect success. No recurrence after a sufficient interval, and in one case enlarged glands in the groin, that had existed for some time, entirely disappeared. In both patients the condition before operation is described as pitiable, and in each there was immediate improvement in every particular. One of the most interesting features in this report, is the success attending the treatment of the urethra. This was cut long, split up for half an inch on the under side and stitched to the lower angle of the wound. This was on Dec. 8th, 1885; on May 12th, 1886, there was very slight contraction of the urethra, not enough to cause any inconvenience.

PYONEPHROSIS.—Suppurative disease of the kidney is, without doubt, a sufficiently grave affair, but that it is necessarily fatal, much evidence can be found to the contrary. The organ is in the majority of cases destroyed, perhaps always, and thus free incision, or even nephrectomy has come to be considered the proper treatment. Cases have recovered spontaneously, by evacuation either through the parities of the abdomen, into the pelvis, or into the bladder, but the circumstances are such that prognosis is obscured, a very unfortunate fact. Should the abscess be due to impacted calculus, unless the stone is thrown out with the discharges, there will probably be recurrence of the abscess; even with the stone thrown out there is a suspicion that one similar may be left behind. Hence it follows that the advantage of a thorough exploration renders nephrotomy a desirable procedure, and the consequent destruction of the kidney in extensive abscess renders

nephrectomy often valuable. Nevertheless, as everyone knows, cases recover without either of these somewhat formidable procedures. Mr. Thos. Edwards (London) gives the notes of a case in which over three pints of pus were evacuated by means of a small trocar, in five tapplings, and recovery was pronounced. In this case the pus seems to have increased in "offensiveness" with each tapping. A sixth tapping gave clear fluid, like urine, fully three pints. This shows an obstruction of the ureters, and the quantity would indicate a complete disorganization of the kidney. Since the urine has been drawn off by frequent tapplings, the quantity becoming less and less, until finally it "disappeared." (*Lancet*, July, 1886, p. 35). In the same journal (p. 39), is the report of a similar case, but with a very different termination, by M. T. Sadler, M. D. In this case the kidney was incised, a drainage tube inserted, and the cavity washed out with "carbolic lotion." The urine had for some time contained pus, "was albuminous and of low specific gravity," and there were occasional small phosphatic concretions. The case came under treatment in March (1885), and many symptoms immediately improved; in about a year he died, and no post-mortem was had. Were this case alone, it might have no particular significance. Unfortunately there are too many such, so that it is a question whether the "drainage tube and carbolic lotion" may not be responsible for some of the mortality. I would not dare assume this to be the case, but still consider it a legitimate inquiry, particularly when we recall what certainly seems to be a fact that aspiration, as a suppurating cavity refills, seems to give better results than a continual discharge as it accumulates.

BULLET WOUNDS OF THE BRAIN.—While this number of the *Lancet* (July, 1886) is before me, attention may be called to some editorial comments on a most remarkable case. As the report may not be accessible to the readers of the *ADVANCE* generally, I will quote liberally: "The first, and most important, is reported by Dr. FLUHRER, one of the visiting surgeons to the Bellevue Hospital, New York. A young man, nineteen years of age, was admitted under

his care for a bullet wound over the centre of the forehead. The injury was self-inflicted, and was immediately followed by unconsciousness, which lasted for three quarters of an hour, after which the patient rose and walked some distance; then he became aphasic, and on admission to the hospital, soon after, was semi-conscious, having paralysis of the right side of the trunk and right limb, and hyperesthesia on the left side. After all preparations had been made to conduct the operation aseptically, the scalp was turned aside, and the opening in the skull enlarged. Profuse hæmorrhage ensued; this was partly from the superior longitudinal sinus, and easily controlled, and partly from a wounded branch of the anterior cerebral artery, the securing of which entailed great trouble, and was only achieved after the loss of a considerable amount of blood. The next step was to explore the track of the bullet through the brain by means of a large probe. The ragged opening of the entrance of the bullet was seen in the first frontal convolution, just at the inner edge of the hemisphere. The probe passed back and slightly to the left for about six inches, when a soft resistance was detected. With the probe *in situ*, a spot was marked on the scalp where its end would emerge if projected. Over this spot the scalp was reflected, and the skull trephined. The dura mater, which was entire, was incised, and a little dark blood beneath it allowed to flow out. The opening in the skull and dura mater was enlarged in the supposed direction of the bullet until the finger could be passed in. A slight resistance was then felt in the brain. Instead of exploring this, more of the skull was cut away until a rent in the pia mater was exposed, with a quantity of torn brain-matter lying over it. Into this opening a probe was passed, which struck the bullet at the depth of an inch, and with small dissecting forceps this was then removed. "The future history of the case was eminently satisfactory, recovery being perfect. The theory upon which this extensive exploration was made, is thus described:" Dr. FLUHRER founded the treatment * * * * upon the well-known fact that bullets entering the brain very frequently traverse it, and



glance off again from the interior of the skull. He therefore advises that when a bullet is known to have entered deeply into the brain, the line of its track should be marked by carefully introducing a probe, and that the skull should be trephined at the spot where the ball will have struck it on the interior; from this second aperture the deflected course of the bullet can be easily traced, and through it the bullet can be extracted." The editor observes in closing: "The suggestion is a bold one, and without such a success as Dr. FLUHRER achieved in the first case in which he practiced it, surgeons would probably long hesitate before adopting it."

SYPHILITIC FACTOR IN DIAGNOSIS.—Dr. Waugh (*West Med. Reporter*, Aug., 1886) has a very readable and timely article on the above subject. The point of especial interest made, is that while an uncomplicated and typical case of syphilis is as simple a diagnostic problem as can be desired, yet there can be nothing more difficult to detect when other conditions obtain. He says truly: "The merest tyro could scarcely mistake it in its ordinary form. And yet, no disease is so protean, so variable in its manifestations, so liable to appear in unexpected ways and unusual situations; so that the most skillful diagnostician will sometimes be baffled by it." These *are* facts, and medical practitioners would do well to give them their most earnest attention. The cases he gives are so germane to former contributions to the *ADVANCE*, that this brief reference seemed to be necessary. The fact of chief interest, in nearly all the clinical reports, is that victims of these complex disorders had all supposed themselves "cured" of syphilis years ago; some of them had almost forgotten that they had ever had a venereal disease. The danger threatening diagnosticians is that they come to think everybody is syphilitic, and are thus led into a dangerous error. A good general rule, in all these obscure and inveterate affections, is to enquire into sexual history, and if venereal disease has existed, no matter how far back, procure as an exact account of it as possible. Should the symptoms be imperfectly given, it is a safe procedure to assume syphilis.

RABIES.—*The Western Med. Reporter* (Aug. 1886) gives a synopsis of the results to date of Pasteur's method of inoculation. The cases treated, up to June 16, 1886, were 1,335. The cases are divided into three classes:

First, those in which rabies was demonstrated by inoculation, and rabies had been developed in other animals bitten by the suspected dog; cases 96, death 1 or 1.04 per cent.

Second, those in which the rabies was positively proved, in various ways, autopsies, symptoms, and the like; cases 614, deaths 3, or .46 per cent.

Third, rabies unproved, on account of escape of the animal; cases 232, cures not given because the cases were not tabulated on account of want of *proof* of rabies. The summing up is, that from a study of all returns accessible, the deaths before Pasteur's method was promulgated, averaged 160 per 1,000. Now the deaths among those inoculated, average 7 per 1,000. In grouping the results obtainable by inoculation for various conditions with virus, it is found that before Jenner the deaths from small pox were 50 per cent.; now, of the inoculated, they average but 23 per 1,000. So, also, with Pasteur's carbuncle inoculation, which shows that whereas there were 120 deaths per 1,000 before his discovery; there is now, among animals inoculated, but 5 per 1,000.

COCAINE ANÆSTHESIA BY A NEW METHOD.—*The Therapeutic Gazette* (Wien. Med. Blatt.) gives the following method for using cocaine without infection: Dr. Wagner, Society of Physicians, Vienna (Feb. 5th, 1886) says: "For this purpose he made use of the property of a galvanic current discovered by Dr. Haertner, in consequence of which fluids move from the positive to the negative pole. If the positive electrode is dipped in a cocaine solution, and placed upon the skin, and the negative pole placed a short distance from it, and a current allowed to pass, the skin lying between these two points of application of the electrode becomes anæsthetic." The practice promises to be of value in certain cases, and seems to be well established by ample clinical proof.

ŒSOPHAGOTOMY, FOR EXTRACTION OF FOREIGN BODIES. —Dr. T. M. Markoe, of New York, gave the history of two cases of œsophagotomy for the extraction of foreign bodies, in a paper read before the New York surgical society, April 12, 1886, (*Ann. Surg.*, Sept, 1886) that are exceedingly instructive, and entertaining. The operation is one that has in all times been recognized in our literature, but its performance has been very infrequent. The first case noted terminated fatally, the second in recovery. The author attributes part of his want of success in the first case, to the absence of antiseptic procedures, as they were then not well understood, (1875) but justly, it seems to me, apprehends the persistent attempts to dislodge the body before the operation was made, and the inutility of rectal alimentation had quite as much to do with it. The cases are given at length, and while highly interesting will not be produced on this occasion, as the points of interest can be brought out without. The difficulties in the operation are great to expert operators, eminently formidable to those not expert; the depth of the dissection and the important structures found in this region might well deter the novice from the attempt. The comparative infrequency of the accident operates to prevent the accumulation of much clinical experience by any one operator. Thus the author states, "the statistical tables show that out of eighty-two cases, only five men have had more than two cases; and of these five only two had an experience embracing five cases." Œsophagotomy must be placed in the category of hernia, and other accidents, where the part of wisdom would seem to be early operation, prolonged manipulation often failing, with the additional disadvantage of leaving the parts concerned in a condition highly unfavorable for repair. The rule should be, it would seem then, when an operation may be required, in cases of accidents involving danger to life, it should be done at once when well directed measures, such as taxis and the like, fail after a short trial. In the first of the cases reported, rectal alimentation was attempted, and the patient died "from inanition;" in the second food was passed into the stomach

through a tube inserted through the wound, and later through the nose, and the patient lived. This record is one more clinical argument, of which there are many, against rectal feeding. Nothing is said, in this report, of the remote, after history of the successful case, or unfortunate circumstance, inasmuch as the conditions would seem to favor cicatricial stricture. Dr. S. W. Gross, of Philadelphia, furnishes a synopsis of the cases reported, eighty-two, (82) up to date. Of these, 63 recovered and 19 died. "The foreign body was found and removed in 74, and of these 57 recovered and 17 died. The foreign body was not found in seven cases, and in one case it was found but slipped into the stomach, and passed *per anum*. * * * * Of the 16 fatal cases of œsophagotomy, 8 are stated to have died of abscess provoked by the lodgment of the foreign body, 2 died of exhaustion, 2 of septicæmia, 1 of pneumonia, and the rest not clearly stated." Statistics are wanting showing the rate of mortality in cases in which the foreign body became impacted and was not removed. Reports of such cases are very numerous, however, and the result is almost uniformly fatal. In some cases vessels are opened, and the patient dies of hæmorrhage; abscess and ulceration have been a frequent cause of death. Without seeking to tabulate these reports, it is very clearly indicated that if impaction occurs, of a degree or character that cannot be readily overcome, the line of safety is in early operation.

"SUBLIMATE INTOXICATION."—This is a subject that seems to be giving the "antiseptics" much trouble just now. It seems remarkable that a body of men who claim so loudly "science" and "rationalism" as their "particular vanity," should be persistently misled as they have been for generations. The history of medicine, as made by these gentlemen, is an almost constant succession of the "discovery" of specifics, of one kind or another, and as constant disappointment. To say nothing of chian turpentine, cundurango, quinine, eucalyptus, cascara, phlebotomy, etc., how have the surgical portion of the profession been by turns elevated and depressed by the discovery of

and disappointment from carbolic acid, iodoform, sublimate, etc. One by one their germicide et vulnerary specifics have either failed them, or proven about as dangerous to life as the dreaded germs. Even when the "sublimate" has been attenuated to one ten-thousandth, still "intoxication" has occurred. They are now ready for a new agent, and I beg respectfully to recommend to their consideration, as we have all been doing for a long time, *Calendula*, as a remedy that can be used on known indications, and with not enough "intoxicating" properties to alarm the most rabid prohibitionist. Dr. Kuemmell (Hamburg) now has his tale of disasters to tell. Cases that died from the effects of the agent used, cases that might have recovered had no "antiseptic precautions" been taken. He finally reaches a conclusion (*Ann. Surg.*, Sept., 1886) that "we can draw the conclusion that in laparotomy on patients *not too much reduced*" (italics mine) "sublimate solutions of 1 to 5-6,000 may be used; that, however, in highly anæmic weakened individuals, and those with kidney affections it is safest to avoid sublimate altogether." Looks as though the "rationalists" may soon commence to specialize and individualize cases.

HYDROCELE OF A HERNIAL SAC.—The writer has had frequent occasion to warn students against allowing their patients to wear badly fitting trusses, or those with stiff springs, or conical pads. The reasons for this caution are apparent. A truss is valuable just in proportion as it fulfils its function, namely to retain the prolapsed viscera. It will be an element of danger if not well fitting, at best will be an annoyance. But it *may* retain the viscera, and still be dangerous or injurious. Thus a stiff spring may induce atrophy and thinning of the parts pressed upon, or agglutination of parts that should not be obliterated. If the pad is too conical, it may enlarge the opening, and aggravate the condition. But, it would seem, that there are other accidents producible by a truss. Dr. R. F. WEIR, of New York, reports a case (*Ann. Surg.*, Sept., 1886) in which the sac of a femoral hernia became occluded on the proximal side, and a hydrocele developed therefrom. The in-

terest in the case related is to diagnosis, more particularly, but it may serve to call attention to a somewhat common result of truss-pressure in inguinal hernia, viz., hydrocele of the tunica vaginalis.

SUPRA PUBRIC LITHOTOMY.—Dr. J. M. Lee, of Rochester, N. Y., reports two cases of epicystotomy at the semi-annual meeting of the N. Y. State Society (homœopathic) reprinted in the *Physician's and Surgeon's Investigator* Sept., 1886. The cases recovered finely, one case having the bladder wound sutured, the other not. The point of chief interest, in addition to the general value of such reports, is contained in the closing paragraph. "None of the popular antiseptics (daubs or squirts) were employed in either case, but Aconite, Nux vom, Ars., Hepar sulph, Rhus tox., and Carbo. veg., were given according to their specific indications."

MAMMARY TUMOR—WAS IT SCIRRHUS?—So queries Dr. R. C. Moffatt, of Brooklyn, N. Y., (*ibid*). After reading his paper carefully, I can confidently answer him in the negative. In brief, the case was one of a tumor in the breast, of somewhat suspicious characters, but with sufficient ambiguity about it to cause such men as the doctor himself and Dr. M. L. Fiske to hesitate about pronouncing it cancerous or not. The treatment pursued was the use of *Arsenic Iod.* 3x, and firm compression. Under this management the tumor became reduced in size, and after five years remains hardly distinguishable. Had the compression been omitted, there *might* be room for debate; but the *fact* of a pressure joined to other considerations, would go far to prove that the growth was benign. The skin does not seem to have been implicated, and the nipple not notably retracted, two circumstances that would seem to forbid a suspicion of carcinoma. On the other hand, the location, age, social condition, sex, and some of the characters of the tumor would lend weight to the malignant hypothesis, but they are all overcome by the one fact, to my mind, that pressure produced resorption of the tumor. I say *resorption*, as there were no symptoms of dispersion, an occurrence that would have been almost inevitable under the

circumstances. Now it is here that the doctor's course was open to criticism. Had it been carcinoma, and in the stage suspected, such pressure would have hastened the dispersion of the elements, and a fatal result anticipated by one or two years. Fortunately, for the patient, it was evidently non-malignant.

GONORRHOEA IN WOMEN.—Dr. T. S. Hoyne, in the *Medical Specialist* (August, 1886) quotes from Dr. Jessen as to the natural history of gonorrhœa, in which positions are taken that are exceedingly radical, and open to criticism. Briefly the opinion is expressed that gonorrhœa is not specific, that it is a suppurative inflammation merely. I am well aware that there are many who entertain such an opinion, but am also aware that the doctrine is far from universal acceptance. It would seem impossible for an observing man to so mistake the significance of symptoms and tissue-changes that are so unique. Now a non-specific urethritis or vaginitis, is acute, without incubation, perhaps purulent discharge, oftener mucus; is superficial, and of short duration under ordinary circumstances. Specific urethritis, on the contrary, has a marked chronicity, more or less prolonged incubation, always purulent (or muco-purulent) discharge, of long duration, and implicates deep parts. It is not confined to the mucous membrane, but extends to sub-mucoid tissues. The distinctions the doctor attempts to make between gonorrhœa contracted from an "immoral" woman, and one who has a leucorrhœa, is injurious, but far from convincing. The communication is to "be continued," and perhaps the latter part may qualify the former. If not, the position taken by the doctor, and those who think with him, must certainly rest under the imputation that they are fitting a case to a theory. Certainly well observed facts, in daily practice, would seem to incontestably prove that gonorrhœa is a disease *sui generis*, specific and contagious, with absolute symptomatic and pathological differences from any non-specific inflammation or irritation of the same tissues.

SYPHILIS.

SAMUEL HAHNEMANN, M. D.

[Many homœopathic physicians, especially the younger men, have been unable to obtain a copy of "Hahnemann's Chronic Diseases," and consequently have never carefully studied what Hahnemann really taught about the "curability of syphilis;" hence we offer no apology for this publication:]

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 *sypphilis* is only difficult when there is a complication with the psoric miasm, after it has broke forth from its latent condition. Sometimes, but rarely, *sypphilis* 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 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

* In rare cases, the bubo is the first and immediate result of an 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.

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,† he assures us: “that the local removal of the chancre, should 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 syphi-

* Treatise on the Venereal Diseases, Lelpsic, 1787, p. 531.

† The same work, p. 551-553.

‡ Fabra, Lettres, Supplément à Son Traité des Maladies Vénéériennes, Paris, 1786.

litic 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.

As soon as the syphilitic miasm has taken effect, it ceases to be circumscribed by the spot where the infection first took place; the whole nervous system is at once tainted with it;* the miasm has, so to say, become the property of the whole organism. Washing and wiping the parts, with whatever liquid it may be, is fruitless; even excising the part is of no avail. During the first days, the infected spot does not show any morbid symptoms; but the internal organism, from the first moment of the infection, is being adapted to the action of the recently introduced miasm. When the syphilitic disease has been completely developed in the system by means of this progressive adaptation, then it is that nature produces the chancre upon the primitively infected spot with a view, as it were, of hushing the internal affection.

Hence it is that the internal disease is most efficiently and most permanently cured while the chancre or the bubo are yet existing 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

*NOTE OF THE TRANSLATOR: Hahnemann expresses this result thus: "The whole living body has *perceived* the presence of the poison."

that miasm. A few days after the medicine has been taken, and without the use of any 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 a 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.

Already in the second edition of the *Materia Medica Pura*, Dresden, 1822, have I indicated the mode of obtaining the best mercurial preparation. Even at this moment I consider such a preparation the best anti-syphilitic remedy, although it is difficult to obtain it perfect. In order to obtain it as perfect as possible, and with the least trouble, (for the greatest simplicity should be observed in preparing homœopathic remedies) it is better to follow the method which I shall indicate below. Take a grain of the purest liquid quicksilver, and triturate it three hours with three hundred grains of sugar of milk, taking one hundred grains at a time, and triturating them for an hour. In this way you obtain the million degree of the trituration. Of this trituration you dissolve one grain in alcohol, continuing the process of dissolving through twenty-seven phials up to the decillion degree. (See the end of this volume, where the mode of preparing the different degrees of homœopathic medicines is more fully described).

Formerly I was in the habit of using successfully, one, two, or three globules of the billion degree, for the cure of syphilis. The higher degrees, however, even the decillion degree, act more speedily, more thoroughly, and more mildly. If more than one dose should be required, which is seldom the case, the lower degrees may then be employed.

In the same way as the chancre or the bubo gave incontrovertible evidence of the internal disease, the disappearance of the chancre consequent upon the internal use of the best mercurial preparation, without, however, the concomitant use of any external application, is an infallible indication of the internal disease having been completely and radically cured.

But, on the other hand, this correspondence between the internal disease and its vicarious symptom shows that the mere external removal of the chancre, inasmuch as it does not result from the cure of the internal disease, leaves the deluded patient just as syphilitic after the removal of the chancre as he was before.

The second stage of the disease is that rare stage, in which the chancre has been speedily, though foolishly, removed from the skin by external applications without the organism having been much

disturbed by either internal or external violent remedies. Such a comparatively easy removal can only take place in persons that are not affected with a difficult chronic disease, in whom psora is consequently in its latent condition. Even in this stage, the disease, provided it is not complicated with psoric affections, may be easily cured, and the secondary symptoms of syphilis may be prevented by the internal administration of the above described mercurial preparation; although the violent removal of the chancre by external remedies makes it more difficult to be certain of the cure of the internal disease, than if the chancre had first been transformed to a benign ulcer and had then disappeared of itself, in consequence of the internal disease having been cured by internal remedies.

However, even in the presence of these disadvantages, the attentive observer may discover a sign which will tell him whether the internal disease is or is not completely cured. For, in case the chancre should have been removed by external, though mild, remedies, and the internal disease should not, therefore, have been completely cured, the original spot upon which the chancre had been developed, will exhibit a reddish morbid-looking, red, or bluish scar; whereas, if the chancre have been removed by the internal remedy and be no longer necessary as the vicarious embodiment of the internal disease, the original spot of the chancre can no more be traced, on account of that spot being covered by as healthy-colored a skin as the rest of the body.

If the homœopathic physician has discovered that blueish spot, and by this discovery has become convinced that the internal disease is not yet cured, the patient, provided he is perfectly free from all secondary symptoms of psora, may be perfectly cured by one single dose of the above described mercurial preparation; and, as a proof that the cure is perfect, the bluish scar will completely disappear, and the skin at that spot assume the same healthy appearance as the rest of the body.

Even in case the bubo should have already made its appearance, the patient may yet be completely cured by one dose of the above mentioned mercurial preparation, provided the syphilitic disease is not yet complicated with psora, and the bubo has not yet passed into the suppurative stage. Generally, however, syphilis, in this condition, is complicated with psora. The indication of the cure being completed is the same as above.

Neither in this latter, nor in the former case, an outbreak of syphilis needs to be apprehended, provided the treatment has been rightly conducted.

We have now to treat of the third stage of the disease in which the syphilitic disease is found complicated with psora. If this complication occur, the psoric miasm is not in the way of a thorough cure of the syphilitic disease, *but it is impossible to effect the*

cure of the syphilitic disease, complicated with psora, by one remedy only.

This complication may take place in two ways. The patient may either have been already affected with a psoric disease at the time when the syphilitic infection took place; or else, the psora which existed in the organism at the time when the syphilitic infection took place, may have been called out by the violent drugs and painful external remedies of the allopathic physician, the effect of which was to remove the external symptom of syphilis after protracted efforts, to undermine the general health of the patient, and to force the psoric and the syphilitic miasm into a combination with each other. Such a combination can only take place between syphilis and psora in a state of manifest development.

These are the reasons why psora is so often found complicated with syphilis. The poor patient is often assailed for months with mercurial frictions, large doses of calomel, corrosive sublimate, and other violent mercurial preparations, inducing fever, dysentery, never-ending and exhausting salivation, pains in the joints, sleeplessness, etc. But all these violent remedies not only leave the syphilitic miasm uncured, but, in combination with the intermediate use of weakening warm baths and purgatives, they rouse the latent psora much before the time when a cure of the syphilitic disease could be effected by means of such an improper treatment, and, in this way, enable the psoric and the syphilitic miasms to combine.

It may here be observed that it is the nature of the psoric miasms to break forth in consequence of great concussions of the system, and violent inroads upon the general health.

By this combination of syphilis and psora a sort of spurious, masked syphilis is formed, which the English physicians designate by the term pseudo-syphilis. This is a sort of monstrous double-disease,* which no physician has been hitherto able to cure, because no physician has, up to this moment, known the extent and nature either of latent or developed psora, and has much less suspected its combination with syphilis. No one was therefore able to remove the psoric action which was the only cause of that pseudo-syphilis; no one was able to cure the syphilitic disease by freeing it from its horrible combination with psora; and, on the other hand, the psoric miasm withstood every attempt at cure, because it cannot be cured unless syphilis is cured at the same time.

* It is even more that a double-disease. The large and frequently repeated doses of the violent mercurial preparations have added their inherent medicinal disease, which, together with the exhaustion consequent upon such treatment, reduces the patient to a truly sad plight. In such cases Hepar sulphuris may be given in preference to pure Sulphur, on account of its anti-psoric virtue.

In order to reach, with the greatest possible success, this so-called masked syphilis, the first thing which the physician has to do is to remove from the patient all harmful external influences, to put him upon an easily and vigorously nourishing diet, and to regulate his general mode of life to his greatest advantage. After this has been accomplished, the physician administers the most appropriate anti-psoric in the mode which will be indicated hereafter; this may be followed by a second antipsoric to be chosen agreeably to the new symptoms; and when this last remedy has completed its action, a dose of the antisyphilitic Mercury may be exhibited, being permitted to act three, five, or seven weeks, as long as it is capable of expressing a cumulative influence.

In difficult cases this course is not sufficient to effect a cure. There may remain ailments which are neither purely psoric or syphilitic and therefore require the last assistance of the physician. A similar treatment is here to be repeated. First we exhibit one or more antipsoric preparations as they are indicated by the symptoms, until the last trace of all psoric action has vanished. After this we repeat the Mercury, using an inferior potency, and allowing it to act until not only the manifest syphilitic symptoms have vanished, but inasmuch as this disappearance of these syphilitic symptoms, whose nature is so extremely changeable, is no positive proof of their radical cure, we allow the Mercury to act until the skin has recovered its healthy color at the spot upon which the venereal chancre had been developed, and afterwards remove it entirely. Manifest syphilitic symptoms may be considered the following: ulcers of the tonsils, with lancinating pain; round coppered red spots staining through the skin; non-fitching pustules, especially in the face, set upon a swollen bottom; cutaneous ulcers on the hairy scalp and upon the skin of the penis, smooth, pale, clean, covered with nothing but mucus, and on a level with the sound skin; burning nightly pains in the noles, etc.

In my practice I have only seen two cases* of a complication of the three chronic maladies, syphilis, syphilis, and psora.

*Anton Mayer had in all the syphilitic venereal diseases. The genital organs were the seat of the infection. The patient was not able to describe the disease with sufficient clearness to enable me to determine whether the primitive infection had been a chancre or syphilis. The patient had used preparations which had been used against the venereal malady, destroyed the teeth, had opened the palate, and had filled the nose with such an extent that the fleshy parts were mostly eaten away, and the remaining parts were swollen and inflamed, and perced like a hedge of sharp spines. He suffered great pain, and emitted an intolerably fetid smell. He had no appetite, and opened the bowels with cathartics. Remedies improved the nose, but the rest of the disease remained the same, and removed the burning pain, and also the fetid odor of the nose was totally. The remedies employed against syphilis also helped somewhat, but upon the whole, very little was effected, and the patient removed a small dose of the mercurial preparation, the disease of the nose was speedily effected. The nose, of course, was greatly enlarged.

This complication I treated according to the principles laid down above. First, I directed my remedies against the psoric miasm; and then against the other two miasms, beginning with the one whose symptoms were most prominent at the time. Afterwards the remaining portion of the psoric symptoms was removed by the corresponding anti-psorics, and then the last traces of syphilis and sycosis by other adequate remedies. The complete and radical cure of sycosis may be recognized by the same indications as the cure of the syphilitic miasm, viz., by the healthy color of the skin being restored at the places upon which the cauliflower excrescence has been located; whenever this excrescence is removed by mere external remedies, the place which had been covered with it, exhibits an unhealthy looking skin.

THERAPEUTICS OF GONORRHŒA.*

BY DR. KUNKEL, of Kiel.

The insufficiency of the treatment of this disease is repeatedly asserted by homœopathic physicians and has lately been expressed in an article signed "Ge," in the *Allgemeine Homœopathische Zeitung*. I can not agree to this, although I possess no one "remedy for gonorrhœa or gleet."

In the following paper I will endeavor to give an outline of my mode of treatment. I ask an unprejudiced trial of it and entertain the conviction that if it is granted every colleague who will thus treat cases, especially chronic ones, will, like myself, afterwards meet the disease with a firm confidence.

As to the pathology of gonorrhœa we must on the one hand consider the ætiology, and on the other the soil on which it grows—the individuality of the affected person. As to the former it is well known that it is the secretion of the mucous membrane which conveys the disease. This contagion may be indifferent, i. e., only cause a simple catarrh of the mucous membrane, that will by a systematic dietetic mode of life run its course without medicinal treatment after a time and will not leave behind any morbid phenomena which may be traced to the action of the morbid secretion.

* Translated by A. McNEIL, M. D., San Francisco.

In addition to the indifference of the secretion there is also a relative soundness of the affected person, viz: an absence of those constitutional taints which experience has shown prevents the disease from running its course spontaneously and causing it to become chronic, i. e., gleet.

This simple form of the disease is the mildest and gets well without medicine, although such drugs as Cannabis and Terebinth may hasten its cure. Balsam copaiba and Cubebbs have a like result and the general health remains unaffected throughout its course.

The case is otherwise when the secretion which infected the patient is such that it produces morbid phenomena which could not arise from a simple lesion of the urethra. And if we examine our patients with the requisite carefulness we will soon be convinced that there is no small number of cases of gonorrhœa which call forth morbid phenomena which did not exist before the infection. The symptoms thus produced are different and consequently require different remedies which I will now mention as far as they are known to me by experience, in brief characteristics:

THUJA.—This remedy corresponds to the worst disturbance of the general health. Frequently the patient will perceive in twelve to twenty-four hours the action of the virus, which, like that of a serpent affects the entire nervous system. Sleeplessness; extreme mental depression; paralytic-like weakness of the extremities occur in a short time (yea, as I saw in one case immediately.) Besides disordered digestion, complete loss of appetite or it alternates with canine hunger, or the latter alone; flatulence; bad taste in the mouth; urging to urinate, often with scanty discharge; falling out of the hair, etc., etc. There-with the secretion from the urethra is often scanty. Only after one has given a dose of Thuja, it will become more copious and in the same ratio the general morbid condition improves; pointed condylomata. For the pharmacodynamics of Thuja I refer to Wolf's "Homœopathische Erfahran-gen" and those who wish to use it, my little work "Dië Impfvergiftungundihre Heilung" wherein I expressly

remark that the symptoms there mentioned are taken not only from Wolf's provings but had been by myself established and confirmed. A remedy closely related to Thuja is

ACIDUM PHOSPHORICUM.—When indicated the action of the virus is developed more gradually. The patient feels relaxed in mind and body; paralytic-like weakness of the legs; aversion to his former occupation; indifference; peevishness; sleepiness in the daytime (sometimes with sleeplessness at night); flatulence; rumbling in the bowels; disposition to diarrhœa in which the stool is often undigested, gray, or whitish green. The urine is clear as water but becomes cloudy and milky; bad-smelling night-sweats; unpleasantly tasting slime in the mouth, particularly in the morning; disposition to very weakening pollutions; pointed condylomata as in Thuja.

STAPHISAGRIA.—Whether we are justified in classifying this drug with the two former I do not venture to decide, but we may conclude that it corresponds to a syphilitic and a certainly *contagious* form of the disease. So much is certain that Staph. is a not unimportant remedy in the treatment of a phase of the disease which is accompanied by constitutional phenomena, which have an unmistakable similarity with the two former. Disorders of the mental life also appear in the foreground, particularly a high degree of irritability; starting up in anger; disturbed sleep; frequent waking; feels badly after sleeping, but particularly after the siesta; much flatulency. Profuse secretions of mucus in the pharynx; disposition to ulcers on the gums; scorbutic condition; bad smelling sweat. In the sexual sphere, disposition to pollutions; pointed condylomata; and in women disease of the ovaries. While we may classify the first two remedies as anti-sycotics, we want also the following.

MERCURIUS.—Also, when this drug is indicated the general condition of the patient is affected after the reception of the contagion, but as it appears, we are justified in deriving the constitutional from the local lesion, the catarrh with its results (lymphangitis and adenitis) [?].

This remedy is as suitable in soft chancre as in gonorrhœa, and cures, as does no other, those cases in which a bubo threatens to form. This often manifests itself very soon by a peculiar, often painful drawing in the regio inguinalis. Whether soft chancre is pathologically identical with a definite form of gonorrhœa as the old pathologists thought, who saw no difference in them, I will neither affirm nor deny. We may however remark, that when different men drew their "lottery tickets from the same box," one of whom gets a soft chancre and the other gonorrhœa; furthermore, when both are received from *one* coitus and both yield to Mercury, we are justified in accepting the above opinion. Oh, that we might be freed from the anatomical mode of thought *which stands so much in the way of everything therapeutic.*

I will only mention some of the symptoms which indicate Mercurius. The frequently greenish color of the secretion; the characteristic smell from the mouth; the profuse flow of saliva; the swollen, easily bleeding gums; the fever of horripilations always alternating with heat, which like the local symptoms is always aggravated by the heat of feather beds; nightly exacerbation; the tearing headache, etc.

ACIDUM NITRICUM stands closely related to Mercury. Both belong more to syphilis (the former more particularly to hydrargyrosis.) With the Acid the signs of impoverished blood-formation, manifested by disposition to hæmorrhages which are always of a dark color, are more prominent. The scorbutic phenomena are more clearly marked than with Staphisagria. Bad smelling sweat and exhalation from the skin; bad smelling urine; bad smelling fæces; and bad smelling from mouth. A fine stitch running through the glans is not an important symptom.

Whether the Nitric Acid (*Sit venia verbo*) as well as the mercurial form of the disease may be transferred by infection, i. e., convey in a certain measure their own special character, I will not decide. Mistakes are easy, for the patient may have never observed himself closely until the

infection occurred. That the Nitric Acid form of this disease is very frequent arises, perhaps, from the frequent abuse of Mercury. In persons who have been mercurialized, an indifferent gonorrhœal secretion will certainly arouse the morbid disposition in a manner, and thus from a recent clap, a gleet will be produced. If this is always the case that the contagious secretion only gives the impulse to the form, then Nitric Acid should belong to the third category to be mentioned.

In this, as has been said, the catarrh is indifferent, but the "infected" individual was already sick when the "infection" occurred. Just as we have often enough seen that, hitherto "quite healthy" persons, in consequence of a cold contract a chronic catarrh or something worse; as a violent emotion, which, in a really sound man leaves no traces, will lead to a chronic disease; as an error in diet which the well easily overcomes, may cause severe chronic gastric disease; finally as an indifferent coryza, may, in an individual so disposed, give rise to a chronic nasal catarrh, so may an indifferent catarrh of the vagina in one with a predisposition thereto, cause a gleet.*

It follows that there are as many remedies for these cases as there are constitutional remedies, presuming that these are related to the urethra. As I am not writing a Therapeutics but only its fundamental outlines, I must limit myself to a few drugs which I have found most frequently related to the disease.

When a patient with gleet comes to a physician, usually the first thing he does is to show his penis. They are often astonished by my requesting them not to, and asking them "what has ailed you heretofore?" This must evidently be the point on which the whole examination centres in order to discover the remedy, if my reasoning is right. Whether it is a case of gleet or another chronic disease, is imma-

*Soldiers have repeatedly consulted me on account of gonorrhœa. On my asking them why they did not go to their surgeon, replied that the woman who infected them would be examined and was often discovered to be free from disease, wherein they would be punished. How often it occurs that different men have connection with the same woman, one of whom acquires a gonorrhœa and the others do not. Such cases are best explained by what I have said above.

terial in most cases. *The anatomical pathology is not the foundation of our treatment, but the Materia Medica.* Therefore the beginner must not forget that the symptoms formerly existing are as important in the selection of the remedy, and often far more so, than those present.

The anti-psorics which I have most frequently found successful are Sulphur and Sepia.

SULPHUR.—I will only give a few outlines. Preceding chronic eruptions on the skin, which itch violently in the warmth of the bed and more particularly then, are considered, and partly correctly considered, important indications for the choice of Sulphur, yet as it appears, this symptom is often over-estimated. Other remedies as Graphites, Lycopodium, Calcarea, Carbo veg, Ledum, Pulsatilla, compete in a conspicuous manner and to be particularly considered in eruptions on the head. Further indications are chronic ophthalmias and conspicuously, taking cold easily with coryza or cough, the latter of which is aggravated in the warmth of the bed, or rheumatic pain aggravated in the warmth of the feather-beds, and which frequently changes its location, cold (with heat of the head) and (in summer) sweating feet. With children; throwing off the bed-clothes at night, even in winter; moist air; impending rain and wind; aggravate.

SEPIA.—I once, in consequence of an incomprehensible *lapsus memorie*, asserted that although Sepia often should be chosen in syphilis, yet only seldom in gonorrhœa. This is all wrong, as Sepia is, among all the constitutional remedies, perhaps most frequently the one to be chosen both in gonorrhœa and gleet, presuming that it stands in relation to the urethra, which it does pre-eminently.

The indications for its administration are tolerably characteristic, so that one is not often in danger of making a mistake, if the patients are in some measure attentive. That Sepia, on the whole, corresponds to the female sex is known, yet it is often enough indicated for men. In women the symptoms stand out clearer, on the one hand, on account of the relations of the drug to the female sexual organs (which have a great number of symptoms)

and on the other, on account of greater "nervousness" of the woman. One often recognizes the Sepia patient at a glance. A yellow (or reddish) saddle across the nose and cheeks is a characteristic, and also yellow spots about the mouth and on the forehead. Flying heat of the face. With Sulphur there is a more lasting rush of blood, often without cause, or when sitting long, or on a slight excitation; skin inclined to sweat (much seldomer the contrary), particularly in the axillæ, between the shoulders, and the mammæ; disposition to all kinds of "algias" (headache, cardialgia), which are usually accompanied by chilliness; unrefreshing sleep. After sleep most of the complaints appear, particularly in the morning, sometimes lasting a longer or shorter time, to appear again in the evening. Stomach and liver are usually more or less affected. The cardialgiæ are pressing, burning, sticking, and have the peculiarity that they often appear in from one-half to two hours after eating. Wandering rheumatism, *ameliorated* in the warmth of the bed, the reverse of Sulphur. (Lach., Natrum mur.) Gray or white stools show the deficient excretion of bile. Fat and acid are the most likely to disagree.

The modalities offer important indications. Sepia is, beside Bryonia, the only remedy which has aggravation in the east (in Europe, dry) wind, and in fog. Aggravation in sultry, moist atmosphere; before a thunder-storm; while "clear warmth" agrees often. Aggravation at rest; better on motion. This symptom alone has repeatedly and successfully decided me to give Sepia, etc. That polychrests, as Calcarea, Lycopodium and Graphites, may come into consideration, is evident. Also Clematis and Capsicum play a not unimportant rôle. The latter I have frequently found efficacious in gonorrhœal rheumatism. The former has acted favorably in the same direction, but I have had no personal experience with it.

As under the influence of the "psoric discord," so under that of malaria, a simple catarrh of the urethra becomes a gleet. Here Natrum mur. is the remedy.*

* Several years ago I discovered that Rhus tox. cured several cases of gonorrhœa, that drug being the remedy corresponding to the genus epidemicus. The indications were: aching pains, relieved by motion; swelling of the prepuce; flow of urine slow, but not much pain attending.—TRANSLATOR.

NATRUM MUR.—The external phenomena of the patient have no particular peculiarities, except that some had bloatedness of the face, which in most cases was accompanied by paleness, which symptom, as is well known, belongs to several drugs. The patient complains of shortness of breath, but he does not consider that much, as he has “had it for a long time, or always.” Physical examination of the chest shows the lungs healthy, but an increased impulse of the heart, and *with healthy heart-sounds*, irregular, intermitting, or accelerated pulse, the latter from relatively slight movement, as rising from a chair. He complains of sleepiness in the daytime, particularly in the forenoon, passing off in the evening; thirst; horripilations; pain in the spleen, more rarely in the liver, when moving quickly or riding; cardialgia, a shorter or longer time after eating; constipation; peevishness; disposition to weep; better towards evening; paralytic-like weakness of the legs. *All phenomena very changeable.* Nat. mur. cures every form of rheumatism of the joints, which has its origin in malarial disease, and appears frequently, and not seldom alternating with intermittent fever, etc.

I now finish my task, and repeat that I have only given the outlines, and that many other remedies than those I have mentioned can cure gonorrhœa. However, the majority of cases, I believe, will yield to the drugs I have mentioned.

As to the dose I have given, with the exception of Mercury and the first mentioned drugs, (*Cannabis, Terebinth.*,) the 30th or higher; the latter often in only one dose, the others every seventh evening. Mercury I give in lower doses, almost always the 3d cent., as I considered the infection a localized one. Of Nitric Acid in the lower potencies I have seen little or nothing, on the ground that the remedy in these cases first cured the constitutional disease, and secondarily the gonorrhœa, an infection in the narrowest sense not being present.

That in recent cases we must at times treat more symptomatically, as in chordee, and the like, is evident.

In the foregoing I believe that I have treated gonorrhœa

according to Hahnemann's views of therapeutics. If in this disease we would investigate Hahnemann's doctrines without prejudice, we must do it carefully, as he requires. Whoever is careless and complains of his lack of success, has only himself to blame.

I have only to add: Chronic local disease is often an insurmountable obstacle in morbid affections of the parenchymatous organs, particularly those of the abdomen. In these cases Hahnemann's theories, in their present development, leave us in the lurch, and to cure we must administer Rademacher's organ remedies, and, according to my experience, better in the potentized form.

A POST-MORTEM.

A. A. WHIPPLE, M. D., Quincy, Ill.

Rupture of the Heart.—The other case (which for the benefit of the profession in general I wish to place upon record) was a lady of seventy-five years, whom I first saw and examined about the 1st of October last, diagnosing at that time aortic obstruction, probably from ossification of the aortic valves. On January 10 she had a slight attack of gastralgia, from which she recovered in a few hours. On the 13th I saw her in the forenoon. She had passed a good night; ate a light breakfast; sat up two or three hours after noon; retired; arose at 5:30 P. M. to use the chamber, and upon lying down she gasped, and died without a word or expression of pain.

The next morning, January 14, 1886, I made an examination in the presence of Drs. Ehinger and Nickerson. On opening the pericardium we found it filled with blood. A rent was found at the apex of the left ventricle large enough to admit the index finger. The ventricular walls were not increased in thickness. The right ventricle was covered with fat. The aortic valves were ossified, greatly diminishing the arterial orifice.—*Clinique.*

OBSTETRICS.

INTELLIGENT MANIPULATION VS. OBSTETRICAL FORCEPS.*

O. B. MOSS, M. D., Kansas City, Mo.

There is probably not among us a physician of any considerable experience in general practice, whose cases of dystocia have not left in his mind some vivid recollections. Whether all of us have mastered all the difficulties of this nature that we have met, or whether we have been mastered by them, is not pertinent to the practical interests of this hour. An error is quite as potent as a success, "to point a moral or adorn a tale."

The extreme frequency with which many physicians employ the obstetrical forceps, and the infrequency with which it is used by others, have led me to consider before you this evening the subject just announced. That the forceps are an occasional necessity in obstetrical practice, it is not my purpose to deny. The question that leads to almost endless discussion is this: *When* is it a necessity? Now, while I shall make no effort to exhaust the subject, I hope to reach a point when I may at least make some practical deductions bearing upon the frequency with which the use of this instrument is justifiable. This will enable us to determine whether the instrument is, or is not abused.

Since instrumental delivery is never justifiable, except in a case of dystocia, in order to make the discussion clear it becomes necessary to keep in mind the exact meaning of the terms we employ. Therefore, a few remarks on this topic are necessary to the logical structure of this paper.

Let us define dystocia as meaning any difficulty in parturition, whether maternal, foetal, or due to some fault in the appendages. Since the causes which lead to difficult delivery are various, I will briefly notice a few of them, under Cazeaux' three groups or classes of labor:

*Read before the Kansas City Homœopathic Medical Society, Sept. 6, 1886.

First, those rendered difficult, dangerous or impossible by a defect or an excess in the action of the expulsive forces.

Second, those rendered difficult, dangerous or impossible by obstacles to the expulsion of the fœtus.

Third, those complicated by accidents liable to endanger the life or health of the mother and child.

In the first class the pelvis and organs of generation may be perfectly normal and the child in harmony with the passage; but the expulsive force may be so deficient as to prolong the duration of labor beyond twenty-four hours, and thus lead to dangerous complications. All the causes of dystocia pertaining to the character of the pains may be termed *vital*, and may be removed, generally, by administering the properly selected drug. The *mechanical* causes operating in the first class are an *over-distension of the uterus*, as from an excess of liquor amnii, and *premature rupture of the membranes*.

Excessive amniotic fluid may be easily reduced, and premature rupture of the membranes, under good management, should not prove a serious complication.

In the event of the uterine contractions being too powerful, the chief danger lies in the liability to rupture the uterus or perineum. But here, again, the pains may usually be so modified by the proper medication, in conjunction with manipulatory management, as to avert every possible accident, especially of such a nature as to require instrumental delivery. Therefore, I feel safe in saying that dystocia from the causes thus far mentioned, should never call for instrumental delivery.

The causes operating in the second class are more formidable, since they involve *malformations of the pelvis*. By this term we are to understand that the pelvis may exceed or fall short of the average size. But it is in the latter condition that the aid of forceps is most apt to be invoked; when the measurements of the superior strait are considerably less than four and two-fifths, four and four-fifths, and five and three-tenths inches, respectively, for the antero-posterior, oblique and transverse diameters. To this class I will add such deformities of the fœtus as ren-

der it out of harmony with the parturient passage; rigid cervix, resistant perineum, mal-presentations, rupture of the uterus, mal-formation of the vagina and vulva, tumors, etc.

In the third class of Cazeaux we may place such accidents as hæmorrhage in placenta prævia, prolapse of the cord, short cord, loopings of the cord, etc.

In considering the forms of dystocia embraced in these three classes, it must be seen by a moment's reflection, that the great majority of cases fall under the first and second. And moreover, those of the first class should never require instrumental aid, while only two conditions in the second class are serious, viz.: Malformations of the pelvis, and such deformities of the fœtus as render it out of proportion to the size of the passage. But these two conditions are so rare that physicians do not average one case of dystocia from either of these causes during the experience of a life-time; nor are they by any means always amenable to delivery by the forceps when they do occur. And so may it be said of the causes considered in the third class;—they are so exceedingly rare as to be almost neutral in making out a list of possible instrumental cases likely to occur in the experience of any one man. All the more common conditions enumerated complicate labor by rendering it tedious; but they are not invincible, and may generally be overcome by intelligently assisting the parturient forces by medical and manual means.

In my own practice, embracing several hundred cases of labor, instruments have rarely been indicated. I was called to attend a primipara about thirty years of age. The pelvis was very small, but not deformed, and the child was unusually large, its weight being over ten pounds. We decided to give Ergot, which I soon became convinced was wrong. The pains were sufficiently violent before, but now they were greatly fortified, and after continuing with dangerous intensity for two or three hours, with the head still engaged in the superior strait, and no pulsation of the fœtal heart, we thought it advisable to perform craniotomy, which I proceeded to do.

This was a case in which the size of the fœtus was out of proportion to the diameters of the pelvic canal, and the cranial bones had lost their compressibility on account of almost complete ossification. The extremely narrow pelvis of this woman was noticeable before as well as after pregnancy, and was a matter of great solicitude on my part from the hour that I was engaged to attend her in confinement.

An earlier resort to instruments, with no Ergot, would probably have been wiser management; but I confess that I should have no confidence of success in attempts to have saved the child, by any means whatever.

I have been called several times to come with forceps and assist in the delivery of women under the care of other physicians, and each time have discovered that the obstruction to delivery was mechanical—due to mal-position of the woman, or to some defect in presentation, or else to derangement of the dynamical forces, and in each case the trouble was speedily removed and the woman delivered without the use of forceps.

In one case I found the head flexed and resting against the perineum. I was assured that no progress had been made during several hours. After watching a few pains which produced no change, I discovered that the head needed extending toward the vulvar orifice, which could not be effected with the woman lying on her back and so propped by pillows and blankets as to form an angle of about 35° to 40°. Gaining permission to change the position of the woman, I lowered the head, turned her partly upon the left side, and with the thumb of the right hand thrust into the rectum to the supraorbital ridge, I extended the head and forced it to engage in the vulvar opening. The result was that a few pains completed the delivery.

About two years ago I was called to assist in the delivery of a woman who had been in labor thirty-six hours. The administration of chloroform was begun in the first stage, and when I saw the case, this stage was not yet completed. On learning that the fœtus was still alive, I advised to stimulate the pains; and, the physician having the

case in charge being worn out with loss of sleep and anxiety, begged me to go ahead and do as I thought best. In three hours the woman was safely delivered.

Although many cases might be produced to illustrate the mechanical principles upon which I proceed, and to which I attribute what success I have attained, I will not occupy more time.

It is reasonable to suppose that the cases I have attended are a fair average of what every physician encounters in an obstetric practice, equal in extent to my own. There were two or three breech presentations, several cases of twins, one monstrosity, one back presentation, one shoulder, and one of partial placenta prævia.

The fact that no case ever passed out of my hands; that I have lost but one child in delivery, and not a single mother; and further, that I have met with but one case in which delivery was not possible without instruments, enables me to say that in my own experience, less than one-fourth of one per cent of my obstetrical cases could possibly have been better managed with instruments, than without. And even in this one case, it must remain a question whether the forceps would have saved the life of the child. In my opinion it would not.

For a few years past I have made it a practice to see and examine, during the last month of gestation, every case of labor for which I am engaged. Of course, the presentation is easily determined at this time, or even earlier, and when labor begins I am not taken by surprise at any point. I know about what to expect. Then, when I am called and find the woman in labor, I seek to correct, by the appropriate remedy, any abnormality that may exist in the parturient forces—never giving an anesthetic in the first stage of labor, and rarely in the second stage until near the close. But I always give it, though never profoundly, during the last pains; so that at the moment of greatest perineal and vulvar distention, the suffering will not only be kept at the minimum, but the tissues at the maximum of their distensibility. If given in the first stage, it is apt to weaken the contractions of the uterus, and may impair the cardiac force, thus needlessly complicating the case.

When spending a few months in New York, I learned that the young men who attend the out-door departments of the hospital and dispensary clinics, for some reason, generally met with cases which can only be delivered with the forceps. At least they will tell you so; and they probably resort to this instrument in one-fourth of the cases they attend. Their patients are sometimes lacerated and have a bad "getting up." But no matter; their practice is vindicated if, indeed, 'tis even attacked.

There is no question but these men use the forceps more frequently in charity cases than they would do in private practice. But the truth is, many physicians use the instrument in a large per cent of their cases in private practice.

Said a Prof. of Obstetrics recently, in discussing this subject: "Nine out of ten applications of the forceps are for the purpose of extracting the head when detained at the pelvic outlet. The delay" he adds, "is due to resistance of the perineal muscles, extreme flexion of the child's head, uterine inertia, or some deviation from the normal, either of the child's head or of the inferior strait."

I maintaining gentlemen, that detention at the pelvic outlet should always be overcome by manual aid in conjunction with the parturient forces, unless there is deformity of the inferior straight, or of the head, or what is less likely, unless the extremely low vitality of the patient shall have been exhausted before this stage of labor is reached. If the perineal muscles are resistant, weaken their tension, by steady pressure backward during the intervals of pain, and by the use of chloroform, unless this is contra-indicated. If the head is flexed, extend it as indicated above. If the uterine inertia occasion the delay, discover the cause of the feeble contractions, and proceed according to circumstances. I have yet to find such a case which could not be managed by the indicated remedy, conjoined with intelligent manipulation.

Deformity of the inferior strait, or of the child's head is so rare, that the forceps in the hands of any man will wait a long time to demonstrate, in such cases as these, its

utility. They may occur, but these are not the cases which swell the list of instrumental deliveries.

Is the use of the forceps perfectly safe? Cazeaux says: "There can be no doubt that the use of the forceps increases the danger of delivery." After he had delivered more than ten thousand women, Dr. Dewees, in discussing the use of the forceps, says: "However strongly I may be impressed with the utility of the forceps, I should not feel myself warranted to use them as often as they appear to be in Great Britain and on the continent of Europe." Furthermore, it is well known that accidents often occur under the most experienced management, such as laceration of the perineum, vesico-vaginal and recto-vaginal fistulæ, besides less serious injuries of the soft tissues and occasionally injury of the child. Therefore, the instrument should be used only in cases of actual necessity. Prof. Pajot says: "Whenever the mother or child runs any danger, and this danger will cease when labor is ended, the forceps is indicated." Very well, but everything depends upon the physicians judgment to determine when danger is threatened which intelligent manipulation, conjoined with the proper remedy, will not suffice to avert.

Now, gentlemen, it is my firm conviction—and I must be allowed to base my opinion largely upon my own experience, thus deducing what the average experience of others should be—that the forceps is very rarely necessary, and that not even once in several hundred cases need it be brought into use. In other words, I hold the opinion that a very large per cent. of all the cases in which instrumental aid is invoked, could be more safely delivered by intelligent and patient attention to the mechanism of labor, to the dynamic condition of the patients, and to proper manipulatory processes, than by the use of the forceps.

MINNESOTA MEDICAL MONTHLY.—This is the latest addition to our periodical literature. It is under the editorial management of W. E. Leonard, M. D., with an able corps of assistants. It is bright, newsy, practical, and we extend it a hearty welcome.

A RARE MALFORMATION.

The following case of "Congenital Absence of the Ostium Vaginæ, and Delivery by the Anus" appears in the September No. of the *Hom. Journal of Obstetrics* taken from the *Medical News*:—On April 24, 1885, late in the evening, Dr. C. G. Sykes, of Galveston, was called to attend Mrs. H. T., who was in labor. She was thirty-five years old, and bore every sign of perfect physical development. The midwife said she had been in labor since the preceding midday. The bag of waters had been ruptured early in labor, and the patient was very much prostrated by her protracted but inefficient efforts to expel the fœtus. Examination revealed entire absence of the vaginal orifice, and the finger, passed along the perinæum, sank into the distended anus, and encountered the fœtal head just within the opening. The anus was dilated to about the diameter of three inches. Never having met with such a case, the attending physician sought the advice of the writer.

Examination confirmed the diagnosis. The fœtal head was found within the rectum, arrested at the distended and resisting anus. A clammy skin, sighing respiration, rapid, feeble pulse, told the story of strength wasted by a fruitless labor. Uterine inertia; the anus, though considerably dilated, was insufficiently so to admit the passage of the head, and was rigid and unyielding. The indications were too clear to admit of a doubt as to the treatment. Chloroform was administered, a Simpson's obstetrical forceps applied with comparatively little difficulty, and by moderate effort the head was promptly delivered. The shoulders and trunk were brought into the world by a *vis a tergo*, exerted by squeezing and downward pressure on the uterus through the abdominal parietes. The placenta was speedily expelled by expression. There was no apparent laceration of the anal sphincters. There was no unusual hæmorrhage at the time of the accouchement, nor was there subsequent oozing. Firm tonic contraction of the uterus quickly followed a dose of ergot. The anus regained its normal characteristics within a few hours.

Five months and sixteen days after her accouchement, Dr. Payne examined the case thoroughly, and found complete absence of the ostium vaginae. All the parts within the vulva presented the characteristics of virginity—the clitoris, normally developed and situated; the vestibule and posterior commissure bore no signs of having been stretched, distorted, or lacerated by childbirth; the urethra was in its proper place; the nymphæ and labia majora were in every respect natural in their virgin symmetry of outline. Two fingers were readily introduced into the rectum and passed upward along the anterior rectal wall for a distance of about two inches, when it was clearly appreciable that the surface gradually sloped forward and upward, and merged into the anterior vaginal wall, which at this point was natural in its anatomical relations; from a half to an inch below the os uteri, could be distinctly felt the free edge of a membranous curtain which represented the upper third of the recto-vaginal septum. There was nothing abnormal either in the size or position of the uterus, or in its relation to the vagina. Examination with the speculum fully confirmed the revelation of the digital exploration. The most painstaking investigation failed to detect the slightest trace of cicatricial tissue. The conclusion was that the malformation was congenital.

The woman has borne three children, all at full term, and well developed, but dead. The cause of the death seemed to lie in the early drainage of the amniotic fluid and the protracted labor. Nothing noteworthy occurred during the day of the accouchement, except continuance beyond ordinary limit, and the exhaustion which, as a natural consequence, ensued. Her labors had lasted, she said, about two days, but had not in any case, been followed by fever, pain, abnormal discharge, or other evidences of inflammatory action. Her recoveries had been uniformly short, sitting up on the sixth day, and resuming her ordinary duties at the end of the second week. Menstruation has always been regular (except during pregnancy) and painless. Sexual desire and its gratification during coitus were in every respect satisfactory. She had never been made

aware, either by the exit of the menstrual flux, the method of sexual intercourse, or even the strange manner of her accouchement, that she was different from other women. Her husband, after being closely questioned, asserted most positively that he had never entertained the faintest suspicion that there was anything the matter with his wife out of the usual order of things.

MIDWIFERY: ANCIENT AND MODERN.

[A writer in the *Cincinnati Lancet* discourses on the midwife in ancient obstetrics, and from the statistics of Hamilton county, O., in which is Cincinnati, there is a probability that she is fast resuming her old time position in the obstetrical world:]

In the time of Pharaoh the principal accomplishment of the midwife in cases of twin confinement was to definitely note the eldest or firstborn. Thus in the case of Thomar's twins, the first appearing was branded on the hand with a hot iron to prove its priority. This was the first noted case of spontaneous version, for we read in Genesis that the first born hand made its exit through the vulva and the midwife, marking it, returned the arm to the uterus, and the child with the branded hand was born after the first born.

In Plato's dialogues Socrates claims that midwives by means of remedies or enchantments may hasten delivery and favorize abortion, and the mother of Socrates, the celebrated Phenarates, was widely known for her skill. Socrates himself was said to be a skilled obstetrician, and certainly wrote knowingly on the subject.

In ancient Greece, stringent laws forbade women to practice midwifery, but Hyginus mentions how Agnodice, disguised as a man, practiced obstetrics, and how when Grecian ladies who were too modest to desire men in confinement bewailed the fact that women were no longer permitted to officiate in the lying-in chamber, the beautiful

young Agnodice would exhibit her female charms as a proof of obstetrical strategy. Agnodice did an enormous business, and it was long before her secret was discovered; but finally she was arraigned for violation of the law and condemned to severe punishment. Then it was that the Grecian ladies asserted their feminine rights, and a new law was enacted permitting women to study medicine and practice obstetrics.

Among the Romans, midwives were ranged at the top of the obstetric profession, and their testimony was required by law in certain cases. Pliny gives many names of the celebrated midwives of antiquity.

The most ancient work on midwifery was entitled *De mulieribus passionibus*, written by Moschion under the reign of Adrian. Moschion asks the question: "*Quid est obstetrix?*" and responds: "*mulier ominia quæ ad feminas spectant adocta imo et artus ipsius medendi perita; ita ut illorum omnium morbos commode curare valeat.*"

During the middle ages midwives acted as obstetricians, and about the only work of any note that appeared was an illustrated book by Eucharius Rooslin, published in Germany in 1513. In France, up to the time of Mauriceau, obstetrics were almost wholly practiced by women, and in 1627 the famous quarrel between Louise Bourgeois and Charles Guillemeau awakened the interest of all educated Frenchmen. This quarrel was due to the death of Marie Bourbon de Montpelier. It was the celebrated midwife, Louise Bourgeois, who attended Marie de Medicis in six confinements, and also wrote essays for the instruction of midwives. Who has not heard of Madame Boivin and Lachappelle?

In England, Mr. Aveling in his remarkable work on "English Midwives," gives an infinity of interesting data of celebrated female obstetricians, as for instance Johane Homulden, who attended the majority of King Henry

VIII's wives, and of Alice Dennis, who attended Queen Anne of Denmark, and whose obstetrical fee was usually five hundred dollars; of Jane Sharp, who published in 1671 her renowned work, "*The Midwife's book on the whole art of midwifery discovered, directing child bearing women how to behave themselves;*" of Elizabeth Collier, who was accused of conspiracy against King Charles II., and defended herself so well that the court acquitted her, but afterwards arrested and fined her heavily for publishing a pamphlet against English law.

At the end of the seventeenth century the midwives had no longer a monopoly of the obstetrical business. Puerperal fever and septicæmia appeared to grow more common, and ruptured perineums must have increased wonderfully, if we are to believe the statistics of the modern gynæcologist. In America at the present moment, the midwife bids fair to again monopolize the obstetrical field. In Cincinnati, for instance, fully three-fourths, or seventy-five per cent of births are under the care of midwives (about 6,000 out of 8,000 births in Hamilton county), and no city in the country can show a lower death rate from developmental disease of women in childbed. Indeed, the most of such deaths occur in hospitals, under the care of physicians who frequent surgical wards and post mortem dissections. Midwives have often been accused of ignorance and bungling. Granting that such may be the fact, there are no reliable statistics on which to base the charge. A patient midwife is more conservative than your ordinary practitioner, who usually hurries up the work of nature.

VAGINISMUS.

G. W. SHERBINO, M. D., Abilene, Texas.

Mrs. E. —, age 24, came from southern Texas to consult me; has been sick since last confinement—which was long and tedious—two years ago. The labor occurred at eight months, and was followed by several severe hæmor-

rhages. She is now emaciated, weak, debilitated, and wholly unable to attend to her household duties. Her former medical attendants diagnosed bi-lateral laceration of the cervix, and said nothing but a surgical operation would give permanent relief. She came to me with the firm conviction that the operation would have to be performed before she could get well. She said there also was a painful tumor as large as a hazle nut in the vagina, and when walking or standing on her feet this tumor with some of the vagina would protrude. There was a constant "bearing down sensation" when on her feet.

As she came from other hands I knew it would be more satisfactory to make a thorough examination, which I accordingly did. I found almost complete prolapse of the vagina, on the posterior surface of which, about an inch from the ostium vaginæ there was a tumor as described, on either side of which was a fissure, which with the tumor were exceedingly sensitive to touch. Vaginismus was so marked that when my index finger touched the tumor or fissure the vagina would grasp it spasmodically, and the pain was so excruciating that the tears would roll down her cheeks. A thorough examination with a speculum could only be made while under the influence of anæsthetics. There was some erosion of the os, but I failed to detect any laceration. I promptly informed her that I thought she could be cured without the knife, at least it would only be used as a *dernier* resort. Menstruation was irregular, profuse and painful, the pain commencing with cramps in the stomach and abdomen. At this time the vaginal tumor would become inflamed, sore, and attended with a sensation of smarting, not unlike a fresh cut. Her features were pinched and drawn and the face freckled and yellow. Her weight was one hundred and ten pounds.

For the extreme pain and suddenness of its appearance, and the throbbing headache, I gave her Belladonna 200. This gave her great relief. She next complained of a severe neuralgic pain which had troubled her at times, more or less, for years. It extended from the left side of the spine downward over the crest of the ilium to the in-

ginal region. This pain was frequently present during the first days of menstruation. Berberis 200, a few doses, followed by Sac. lac.

Helonias was next called for by "the great soreness, and a sensation as if the uterus was very large, and constantly pressing against the rectum. She was sure there was displacement." For the constant bearing down and prolapse of the vagina, she received Liliun, Sepia, and an occasional dose of Sulphur, according to the indications.

Her next two subsequent menstrual periods were more regular, and comparatively free from pain. Her general health was improving in every way as satisfactorily as I could expect, but the tumor, vaginismus and its consequent troubles were as persistent as ever, so that I almost despaired of being able to fulfill my promise, without surgical interference.

The next menstrual period occurred in two weeks; was too profuse and lasted nearly a week. She said she began to feel as she had years ago at such times.

Her feet were cold and damp, and it was with great difficulty that she could keep them warm; was extremely sensitive to cold; the least cold wind chilled her through and through.

In my anxiety to relieve her vaginismus I had evidently overlooked her previous history. I now gave her Calcarea 1000, one dose, followed by Sac. lac. An improvement began at once. Menstruation became regular; the spasms of the vagina were relieved, the tumor was no longer sensitive to touch, and gradually disappeared.

Calcarea was repeated once or twice a month, as the symptoms called for; and she has no farther trouble. The vagina and uterus are in normal condition, so far as she knows. She is now fleshy, weighs 151 lbs.; has been keeping boarding house all winter, and enjoys better health than at any previous time in her life.

This case is instructive for the following reasons:

First. It shows the power of the dynamized drug and the single remedy.

B*

Second. It was difficult to resist the temptation to remove the growth by surgical means.

Third. Perhaps I could have cured the vaginismus by forcible dilatation, and perhaps not.

Fourth. I left all these procedures as a *dernier* resort, which fortunately were not needed.

Fifth. Is this not the right way after all to build up a new organism?

MATERIA MEDICA.

ACTION OF LYCOPODIUM BY INDUCTION IN A CASE OF INFLUENZA.*

* DR. O. BUCHMANN, Alvensleben, Germany.

Feb. 16, 1885. Mrs. F. B.—, has suffered for the last week from epidemic influenza which, far into April, had affected children under five years of age. There was remittent fever, severe fluent coryza, harassing cough, loss of appetite and hard stool which occurred only in the morning, previously she had an evacuation morning and evening. The voice became hoarse and she complained of pains in the air-passages, chest and abdomen, aggravated by coughing spells. This was accompanied by soreness in all the muscles of the extremities and of the back as if beaten, aggravated by every motion. She looked pale and miserable, and was so weak that she had to stay in bed a great part of the day. Sometimes daily attacks of tearing pains in the head, the teeth, and the right meatus auditorius externus occurred, which were most violent, especially at night. Under the administration of the common remedies, nothing was changed; only the concussive dry cough had grown moist and expectoration followed.

This 10 A. M. an attack of pains came on in the head, face and teeth of the right side, especially, and became almost insupportable in the right meatus auditorius externus. The last symptom caused me to choose *Lycopodium em.*

* Translated by B. Fincke, M. D., from the *Allgem. Hom. Zeitung*, Vol. III, p. 4.

(Fincke) the vial of which containing dry globules I put into the right hand of the patient who was lying on the sofa. Her face was flushed, hot and somewhat bloated.

After five minutes weariness took place, and suddenly clonic spasms in the facial muscles of the right side followed, which distorted the single muscular groups cross and lengthwise. The spasms ceased immediately as soon as the vial was removed, but several times spasmodic twitching occurred in the right shoulder and once in the left. Pain in the vertex with sensation as if the skull there were driven asunder, and as if a hole were in it. The distortion of single muscles of the right side of the face occurred momentarily, several times, till toward noon. The tearing in the skull, face and right meatus disappeared since the spasms in the right side of the face took place, and the face which till then was red and hot has become pale and cold. Till noon rumbling in the bowels, as if an evacuation would follow.

Feb. 24. With the *Lycopodium* symptoms described the pathopoetic action by induction had ceased, the neuralgic attacks were not repeated, and the influenza was so far removed that the further administration of remedies did not seem to be necessary. The influenza poison, however, was not driven out completely by this induction, because the regular appetite had not yet returned, and there was only one hard difficult evacuation in the morning. The abdomen is hard and distended in consequence of insufficient evacuations, and painful on pressure upon the right side. The face is pale with sunken features. Also the strength has not returned as is often observed in the course of an influenza. Finally, no day has passed where not now and then pains in the teeth made their appearance by which also the sleep was interrupted. But with them no symptom was prominent which would have given a clue for the selection of a certain remedy.

March 3. For the past week she has been wakened each midnight by the striking together of the teeth, followed immediately by dull aching pains in the superior right molars. These continued about two hours, and were followed

by an excitement preventing sleep for an hour after. This she had not mentioned till this morning at 9 o'clock, when, without any premonition, a striking together of the teeth with toothache came on, similar to previous nightly attacks. Toward 10 o'clock the pains had so much increased in violence, that she called for a remedy against it. The striking together of the teeth again points to *Lycopodium*.

Now I considered the following points:

(1) This symptom could not be taken any more as the pathopœtic after-action of *Lycopodium*.

(2) The toothache was not quite removed by the induction of *Lycopodium*.

(3) It was to be supposed that a new induction in like manner would not stop the attacks.

(4) It could not be determined how long the induction was to be continued in order to act sufficiently strong.

(5) After the former experience it was to be feared, that, on holding the vial for a longer time a long continued *Lycopodium* action might ensue, which would procrastinate convalescence still more.

The remembrance of the energetic effect of *Jequirity* and the rapid action of *Burcq's* regional metallic plates, induced me, in this case to desist from the induction by hand, and to adjust the vial as near as possible to the affected nerve only till *Lycopodium* symptoms would appear.

Hence, at 10 A. M., I ordered the patient to press the vial of *Lycopodium* cm. (*Fincke*) gently, with the fingers of the left hand, across and close below the right zygomatic process.

When by induction of *Lycopodium* by the right hand five minutes had passed, before decided symptoms of *Lycopodium* appeared, two minutes were, on this shorter route, sufficient to produce the prodromi of the specific inductory action, *vis.*, collection of water in the mouth and nose, soreness of the nostrils, lachrymation, more from the right eye—symptoms which failed to appear when the induction was made with the right hand.*

* Because they removed the then present symptoms of influenza.—TRANSLATOR.

Another minute was passed under yawning and eructations, when, suddenly in quick succession, four strong jerks went through the painful teeth, and the toothache was gone. Now the vial was quickly withdrawn.

At 12 o'clock patient complained of pain and sensation of coldness in the skin on the very place where the vial had lain, as if there were a piece of ice—for fifteen minutes. After that a pleasant sensation of heat appeared and circumscribed redness of both cheeks. The redness was of the size of a silver dollar, first on the right cheek and half an hour later on the left with some swelling as far as the redness extended, and a sensation of tension in it.

Toward 2 P. M. the redness disappeared, and only the swelling with tension remained.

For the first time after the beginning of the influenza she took a good square meal for dinner and relished it exceedingly. Nevertheless she continued to be hungry till late in the evening, and also after supper she had the sensation as if the stomach were quite empty.

March 4. Last night quiet sleep without pain. At the usual time in the morning hard stool. Suddenly painful drawing in three strings over the right eye, as far as the vertex in three successive jerks with spasmodic closure of the eye each time, passing from the place where twenty-four hours ago the vial had lain. Then pain in the vertex as if the skull were driven asunder, lasting for half an hour. Good appetite through the day.

March 5, 10½ A. M. Attack of pain as yesterday morning, but without the split sensation of the skull. Circumscribed redness and heat on the right cheek lasting forty-five minutes.

5½ P. M. Repetition of the attack as yesterday morning. After it patient attempted to give an order to the coachman, but constantly made mistakes in speaking, so that the man could not understand. In order to make herself understood she must deliberately and slowly pronounce every word, otherwise she could not say what she wished. This symptom lasted for an hour; after that, till bed-time it was less annoying.

March 6. No symptoms.

March 7, 9 A. M. Tearing pain in the right meatus auditorius for half an hour.

April 3. Since patient was taken with influenza, there has been no perfect recovery. She feels weak, looks pale and miserable, and the appetite is poor. This morning she had a hard and difficult evacuation, but the abdomen is hard, the region of the liver painful on pressure and motion, and the colon is filled with hard masses.

Toward 10 A. M., suddenly violent tearing pain through the teeth on the right side, the right meatus auditorius, the right temple, and the right side of the face, as if torn. Five minutes after the appearance of the pains the vial of Lycopodium was applied in the same manner as described March 3d, and since the pains were concentrated upon the right meatus the vial was inserted loosely in it, and kept there for two minutes. During this time the water flowed into the mouth, the pain increased in violence, stupor with roaring and tolling in the right ear took place, such as was once observed from smelling chloroform. The pains increased more and more for fifteen minutes, so that she threw herself on the floor. Three chills as if cold water were poured over her within two minutes, then general heat with perspiration all over the body and cessation of the pains. The skin of the face had been exceedingly painful to the least touch during the attack, but could bear now a strong pressure.

10 $\frac{3}{4}$ A. M. Rumbling in the bowels, with urging to stool. Burning heat in the whole body with general perspiration and stupefaction continues.

3 P. M. Till now, every hour, burning heat with perspiration lasting fifteen minutes, with continued stupor. Rumbling in the bowels with urging to stool. Shortly after, two evacuations succeeding each other, the first hard, the second softer, though there had been the usual evacuation in the morning.

9 P. M. Great fatigue and stupor. The attacks of perspiration came on every hour till now.

April 4. The sleep last night was interrupted only a few

times. In the morning usual evacuation. Abdomen soft. Liver-region painless on pressure. Now and then flying heat at the upper part of the body without perspiration. Toward 4 P. M. rumbling in the bowels with bland evacuation which occurred once more in the evening.

April 13. The usual evacuation at 4 o'clock has not taken place, for the first time since April 4, otherwise the evacuation is regular in the morning and evening as before the influenza. Complete convalescence.

EPICRISIS.

Referring to the lastly described neuralgic attack it is not easy to decide whether the progressive aggravation of the pains after the application of *Lycopodium* is to be considered as pathogenetic or pathopœtic. The circumstance that at the previous inductions an increase of the pains which had called for them, has not taken place, speaks for the former view. Such an aggravation of symptoms I frequently observed after the 200th potency of certain remedies in certain persons, after each repetition of the dose. In our case an aggravation occurring in the beginning could take place much easier, since the affinity of the facial nerves of the right side for the morbid cause was not sufficiently exhausted on account of the attack five minutes before, so that *Lycopodium* could drive out this cause immediately. Thus, in the beginning two noxes acted simultaneously by which of course the pains were increased. The *Lycopodium* fever after fifteen minutes was the sign, that the greater affinity for *Lycopodium* had, in the struggle for the possession, assisted to gain the victory, by which the enemy was expelled without resistance at the same time from his fortress in the liver and colon where he had caused the hyperæmia of the liver and the obstruction of the colon. An attack of *Lycopodium* repeated three times had been necessary, in order to carry the obstinate influenza-poison out of the system, just as homœopathically the *vox populi* recommends:

Poison must drive out poison!

The foregoing case opens again a deep insight into the

kinetic process of the homœopathic cure, as I have developed it in my explanations on scientific principles.

This case confirms anew the assumption of the physiologists, that *the ganglionic nervous system receives conducted impulses of excitation and mediate motory phenomena by reflection or automatically.* Again the same ganglia have by their inductive excitation mediated motory processes similar to those which we have observed in induction with Lachesis and Phosphorus, and we thus have the satisfaction to see Hahnemann's doctrine of the dynamic influence of the noxes justified by the physiologists. We observed pathopœtic phenomena by means of the high sensitiveness of the patient which in common cases remain latent, but now have led to the discovery of the secret paths on which we can follow the agent step by step, and measure the rapidity of its entrance of the nerve-cells to which by its affinity it has been conducted.

COMPARISON OF THE INDUCTORY SYMPTOMS OF LYCOPODIUM CM.
WITH SIMILAR SYMPTOMS FROM PHYSIOLOGICAL PROVINGS.

By induction of the high potency.

After five minutes, sudden clonic spasms in the facial muscles which distorted the muscular groups alternately cross and lengthwise.

Spasmodic jerking in the right and once in the left shoulder.

Pain in the vertex with sensation as if the skull were driven asunder and a hole were in it.

Distortion of single muscles on the right side of the face, momentarily, several times.

In spite of an ample meal at noon, continual hunger. Sensation after supper, as if the stomach were quite empty.

By physiological provings.

Distortion of the face, first in its length, then in its breadth.

Involuntary jerking now in one and then in the other shoulder.

Headache, as if the head would be driven asunder.

Spasmodic jerking in the buccinator muscles.

Canine hunger at the midday meal with sensation as if satiation were impossible. Enormous hunger without satiation, even immediately after eating.

Painful drawing in three strings over the right eye as far as the vertex, in three successive jerks, with spasmodic closure of the eye each time.

Drawing-up of the skin of the forehead with dilatation of the eye-lids, then drawing-down of this skin with closure of the eyes.

On giving an order, she continually makes mistakes in speaking, so that she can not be understood. She must deliberately speak every word slowly, because otherwise she can not say what she wishes.

Making mistakes in speaking words and syllables. Difficulty of expression and of finding the fitting words.

Chills as if cold water pouring over her within two minutes, then general heat with perspiration all over the body.

Shaking chill and icy coldness. Alternating attacks of chill, heat and sweat.

With the exception of the fever-symptoms the pathopætic symptoms of *Lycopodium* by induction, correspond so exactly with the characteristic *Lycopodium* symptoms of our present physiological provings, that they cover each other, and remove every doubt, that they might not be entitled to be considered as physiological provings, since the idea to conceive them as influenza-symptoms is entirely excluded, which does not need any argument.

The *Lycopodium* fever has been observed in the physiological provings in so many shapes that the imperfect covering of the fevers symptoms can not be found strange, because the individuality as well as the disease act modifying upon it. But one symptom characteristic of *Lycopodium* which will cover exactly a symptom of our physiological proving, must decide.

OXYTROPIS LAMBERTI. ("LOCO-WEED")

WM. S. GEE, M. D., Hyde Park, Ill.

This plant, (a description of which may be found in Coulter's Manual of the Botany of the Rocky Mountain Region) belongs to the great bean family. It is found in California and New Mexico. Because of its perpetual foliage animals are attracted to it that would probably shun

it in summer. Its action on animals poisoned by it is described by stockmen as producing a kind of intoxication with incoordination of the legs—known as the “Loco,” because of the interference in “loco”-motion. While on a trip to New Mexico Prof. Hawkes heard of the plant and secured some specimens from which a tincture was prepared. To test the merits of this preparation a proving was made under his direction, but with only partial success.

During the last term of our collegè, with the kind help of our students, I made a subsequent proving with the results here given. No prover knew what he or she was taking, either drug or potency.

These symptoms were produced by the θ , 1x to 30x. Some reported “no effect.”

No. 1.—Mr. S. P. T——, 10 drops of θ .

No. 2.—Mrs. W——, 10 drops 3x.

No. 3.—Mr. G. H. A——, 15 drops 3x.

No. 4.—Mrs. P——, powders of 12x.

No. 5.—Mrs. L——, powders of 30x.

No. 6.—Same of 12x.

MIND.—Great mental depression.^{1,3} Cannot think or concentrate his thoughts.^{1,3} Forgetful of familiar words and names.³ No life.³ Disinclination to talk or study.³ Wants to be alone, to sit down and do nothing.³ A feeling as if I would lose consciousness.⁵ All symptoms worse when thinking of them.^{1,3}

SENSORIUM.—Sensation as though I would lose consciousness, or fall when standing.⁵ Sense of fullness of the head, and of instability when standing or sitting.⁵

HEAD.—Great pressure of the head, aggravated by moving eyes.⁴ Head hot.⁶ Unable to move about from the uncertainty and numbness, with prickly sensation in left arm and hand.⁴ Pain in the rim of the ear for two or three minutes, then pain commenced between the eyes and went in a straight line up over head to base of brain.² Pain in occipital region, as if drawn backward; stops at 3 P. M.² Head very sensitive, aggravation on side lain upon.³ Uncertainty of gait.

EYES.—Feel dull and heavy, blur, pupils dilated.^{3,4} Pain in the eye.⁴ Pain over the right eye.⁶

EARS.—Roaring in ears.³

NOSE.—Scabs form in the nose.³ Frequent violent sneezing with fluent coryza in the evening.¹ Alæ burn.¹ Pressure over bridge of nose.¹ Fluent coryza, somewhat bloody.¹

MOUTH.—Dry, mornings.³ Metallic taste, strangely marked.⁴ Gumboil on left lower jaw. Profuse saliva. Tenderness of all molars.¹

THROAT.—“Husky.”¹ Dry and sore.³

EATING AND DRINKING.—Appetite gradually increased.¹ Aggravation after eating, ameliorated after an hour.² Loss of appetite (“very unusual”).⁶

NAUSEA AND VOMITING.—Eructations as after taking soda water, with colicky pains and looseness of the bowels (was constipated before taking the remedy).⁵ Nausea with tired languid feeling all forenoon. Nausea aggravated lying down, ameliorated on rising, aggravated lying down again (not at night).

STOMACH.—Tenderness.¹ Pressing soreness.³ Cold during chill.²

ABDOMEN.—Lancinating pains all through, aggravated evening (but once).³ Sharp pain right to left across abdomen, ameliorated after stool.

STOOL.—Mushy stools which slip through the sphincter in lumps.⁵ Dark, brown, jelly like.³ Urgent desire ameliorated by passing flatus.³ Crawling sensation in rectum.³ Entire relief of pain in abdomen after stool.

URINE.—Profuse and watery.³ Very much increased.^{1,2,3,4} When thinking of urinating must go at once.³ The marked metallic taste gradually disappeared after a profuse flow of straw-colored urine.⁴

MALE SEXUAL ORGANS.—Complete impotence.³ No desire or ability (“I am naturally passionate”).³ Bruised feeling in testicles from right to left, on going to bed.¹ Pain in glans penis.¹

FEMALE SEXUAL ORGANS.—Grasping pain in left ovary.²

LARYNX.—Mucus, difficult to expectorate.¹

BREATHING.—Short and quick from full feeling in abdomen.¹

COUGH.—Dry, aggravated from exercise.³ Hacking, with tightness across the chest.² Oppression—9 P. M.¹

HEART.—Palpitation, aggravation on lying down at night.^{1,2}

NECK AND BACK.—Pain and stiffness of the muscles of the back of the neck.

UPPER EXTREMITIES.—Sharp pain with coldness from left shoulder down the arm, aggravated in shoulder joint, ameliorated after sleep.⁴ Prickling sensation in left arm and hand.⁴

LOWER EXTREMITIES.—Stitching pain in right leg and knee.² Pain inside of left leg from groin to knee.²

EXTREMITIES IN GENERAL.—Flesh on under side of limbs sore. Soreness of all the muscles of right side of the body.² All pains come and go quickly, but the muscles remain sore and stiff.² Frequent fine pains all over body until 3 P. M., when all disappeared.²

POSITION.—All pains better in open air, and when moving about.² Nausea, breathing, etc., aggravated by lying down.^{1,2}

SLEEP.—Disturbed.^{2,1} Twitching of muscles on falling asleep roused him.³ Dreams of a pleasant or lascivious character.³ Dreamed of spiders, bugs, of swimming, (unusual for her to dream).² Sad, weary, and despondent on rising.

CHILL.—At 11:40 A. M. Begins between shoulders, extends downward.² Stomach feels cold.² Pains over body during chill.² With the decline of the chill a "closing up" sensation in lungs and bronchi making breathing difficult. Chill lasts until 1 P. M., followed by perspiration of palms and soles. Pains cease at 3 P. M. Had a chill with same symptoms every seventh day for four weeks. The coldness of the back lasted eight weeks and was then removed by a dose of Gelsemium.

Notes by the provers:

No. 1.—"These symptoms disappeared so gradually that I could not tell when they finally left me: Pain in the testicles; copious urination; accumulation of mucus in the larynx; pain in the kidneys. One peculiar character of *all* those symptoms which lasted more than one day was:

thinking of them invariably made them worse, and that they were not markedly affected by position, motion, time of day, etc., except the palpitation and breathing, which were made worse on lying down. The symptoms were aggravated every other day without entire cessation."

No. 3.—"The mental depression became so great that I was compelled to discontinue its use."

No. 4.—"Previous to taking the remedy there had been a long standing condition of vertigo. Vertigo when sitting, lying, aggravated by people moving about. The attacks lasted two or three days at a time. None of this trouble has returned since taking the first powder. There has disappeared also the uncertain movement in walking, the severe pain in the head with the compression. The pronounced metallic taste disappeared after the profuse flow of urine."

No. 6.—"I was obliged to stop the powders as such mental depression followed that I feared I would be unable to continue my studies."

Great mental depression with vertigo.

Uncertainty of gait.

Aggravation: *when thinking of symptoms*; lying down.

Profuse urination of clear urine.

Metallic taste.

Amelioration: after sleep; open air; moving about.

These symptoms included the general sphere of its action.

Most of them I have frequently confirmed with the 30th potency.

AGGRAVATION AND VERIFICATION.

GEO. WIGG, M. D., East Portland, Oregon.

Carbo Vegetabilis.—August 1st, 1886, I was called to see P. F—, a married man, aged 36 years, who was on July 29, attacked with parotitis. In order to reduce the glands, he had his wife rub them with cold salt vinegar. The swelling left the face and neck, but was followed by metastasis to the head, stomach and left testicle. Three days of treat-

ment under Pulsatilla, and Hyoscyamus, brought no improvement. On the fourth day, his father said to me, "Doctor, he is all the time trying to vomit, yet he cannot throw up anything, and he has a bitter, and sometimes a saltish taste in his mouth."

I at once thought of charcoal, but having none with me, I went home and put one grain of willow charcoal to one hundred grains of sugar of milk, and triturated it well one hour. Of this I gave him one grain at 2 P. M. and left one grain to be given at 9 P. M.

At 2 A. M. on the fifth, a messenger informed me that Mr. F. was dying, at the same time requesting that I go at once and see him. When near the house, his mother—who was on a visit from Los Angeles—met me, and said her poor boy was dying; that he was paralyzed.

When at the bedside, I saw that his arms and legs were constantly jerking, and that he would tremulously stretch out his hand and make an effort to get hold of those who stood near his bed, the same as a child will do, when it awakes in a fright. Once in a while he would cry out, "Oh, my shoulders, my shoulders." I said, "What is the matter with them?" His reply was, that they were burning, and aching in a frightful manner, that the pain went up his neck, then into his head, and it seemed as if some one was cutting and pressing his brains out behind his left ear, and that the pain had made his nose bleed. I gave him a large powder of Sac. lac. and had him smell a few pellets saturated with Camphor.

I then asked myself this question: Can it be possible, that those two grains of Carbo veg. have done all this mischief, and is it really an aggravation?

While thus thinking, my patient said, "Doctor, that powder has gone right to the spot, the pain is being relieved. He was still smelling the Camphor. I left at 6 A. M., telling him that as the powder I gave him was so large, I would give him no more till my return, but he might smell the pellets every half hour.

I saw him again at 9 A. M. He said the powder had saved his life, for just before he took it he could feel in his stom-

ach that he was sinking away. He said his head and shoulders were not so painful, but his mouth tasted as if full of salt, and that eructations made it worse. It was a task for me not to give another dose, but remembering the advice of my preceptor, Dr. Churchill,—never to strike at the nail after it was driven home, because the head might fly off—I put five drops of alcohol into a glass half full of water. Dose, one teaspoonful every hour.

August 5, 6 P. M.—Still improving, He has had no more eructations. Headache gone. Little pain in shoulders, and a saltish taste in mouth. Left testicle not so painful, but as large as a goose egg. Limbs jerk no more. Continued the alcohol and water.

August 6.—Saw patient at 9 A. M. Found him free from pain. Salt taste gone from mouth. Testicle still in the same condition. Gave him four powders of Sac. lac. with instructions to take one every three hours. I went home and prepared the third trit. of Carbo veg.—which Hahnemann says is the highest that should be employed—and gave patient one grain at 5 P. M.

August 7, 9 A. M.—Testicle smaller, but left side of face and neck swollen.

August 8, 10 A. M.—Face and neck normal. Testicle reduced one half, and free from pain. Gave no more medicine. Patient continued to improve, and on the 20th resumed work.

Now, in Hahnemann's "Materia Medica Pura," under Carbo veg., we find the following symptoms:

"Cutting and squeezing headache above and behind the left ear.

"Great swelling of the parotid gland between the cheek and ear, to the angle of the lower jaw. In the morning, in bed, very severe epistaxis.

"Bitter and scraping eructations.

"Salt taste in mouth all day.

"Frequent inclination to vomit, and yet did not vomit.

"The stomach is heavy and there is as it were trembling in it.

"Burning on the right shoulder.

“Drawing pain in the right shoulder.

“Attacks of sudden faint weakness.”

Again, in Hering's *Materia Medica*, we have this symptom (22) under charcoal. “Swelling of the testicles from metastasis of mumps.”

Now I am of the opinion, that the pain in this man's head, shoulders, with trembling and jerking of limbs, the nose-bleed, and the sinking sensation in his stomach, were aggravations caused by the two grains of the 1x trit. of Carbo veg.; and the passing away of all symptoms after the one grain dose of the 3d cent. a verification that charcoal can, under the law “*Similia Similibus Curantur*” cure disease.

A COMPARISON.

APIS.

Mood:—Irrascible; irritable; hard to please; nervous; memory impaired. Jealousy (in women.)

Dread of death; thinks it about to occur.

Fear of apoplexy.

Bad effects of fright, rage, jealousy, hearing bad news.

Apoplexy more frequent than paralysis.

Diarrhœa usually painless.

Urine dark; diminished often-er than increased; urinates oft-ener than usual.

Retention of Urine.

Abdominal respiration.

Cough; awakens before mid-night and ceases as soon as the least particle is loosened, which is swallowed.

Expectoration difficult.

Affects left side predominant-ly.

Skin eruptions, especially ery-sipelas, go from left to right.

RHUS.

Mood:—Dejected; forgetful; difficult, dull comprehension.

Suicidal intent, wants to drown himself.

Fears he will be poisoned.

Consequences of vexation with fear.

Paralysis more frequent than apoplexy.

Diarrhœa usually painful.

Urine: light - colored, even pale; increased in quantity; fre-quently copious.

Urine passed involuntarily.

Thoracic respiration.

Cough; dry, teasing; from un-covering even a hand; from ly-ing or sitting still.

Expectoration not constant; chiefly in the morning.

Affects right side predomi-nantly,

All skin eruptions and *pain*, go from right to left.

APIS.

Erysipelas: parts pale red, swollen, puffy; pains, burning, stinging; characteristic œdema.

Affections of the ovaries from left to right; (Graph Lach.)

Very sensitive to pain, especially slight touch or light pressure.

Inclination for open air.

Hæmorrhages dark; blood non-coagulable.

Cutting pain in internal parts.

Burning, with piercing pain.

Heat, with inclination to uncover; uncovering gives relief.

Chill, of the affected part.

Thirst, wanting only during sweat.

Urticaria as chill passes off.

Predominantly sleepy.

Complementary: Natrum mur.

Follows well after Apis: Ars. Graph. Iod. Phos. Puls. Sulp. Stram.

Agg'n; swallowing food, especially drink; from the heat of the sun; warm room or warm applications.

Apis and Rhus tox. are incompatible, either before or after each other, and should never be used in alternation.

RHUS.

Erysipelas: parts bluish-red, of a deeper color; pains burning; intolerable itching; characteristic vesicle.

Affections of the ovaries from from right to left. (Bell. Lyc.)

Insensibility or sensation of numbness predominates.

Aversion to open air.

Hæmorrhages, light, watery; blood coagulates easily.

Cutting pain in external parts.

Burning pain with itching.

Heat, with aversion to uncover; yet uncovering agg. while wrapping up gives relief.

Sweat of the affected part.

Thirst, may or may not be present.

Urticaria during heat and sweat.

Predominantly sleepless.

Complementary: Byronia.

Follows well after Rhus: Ars. Bry. Calc., Con., Phos. ac., Mur. ac.

Agg'n; swallowing food or saliva; in the snowy air; cold air; cold applications; getting wet.

STANNUM: *Night Sweats*.—Dr. D. P. Cook, of Clay Centre, Ks., says: "I have in many cases of night sweats verified the wonderful efficacy of this remedy, which I think is too little used, or too often overlooked, in this condition. The sweats are usually the result of general debility from intermittent fever, pneumonia, phthisis, or similar causes. They come on after the patient has fallen asleep, are viscous in character, most profuse on neck and back, very debilitating, and as soon as the patient moves he is chilly on back and shoulders.

THE PHYSICIANS' PROTECTIVE ASSOCIATION.

Dr. Hier, in *Med. Investigator*, pronounces this plan a success. It certainly is worthy an honest trial in every town:

While we would not refuse the worthy poor the benefit of our professional services, we feel that we are justly entitled to remuneration from those who are able to pay; and, for the purpose of protecting ourselves against loss of fees, we agree to form an association, to be governed by the following rules:

1. The name of this association shall be "The Physicians' Protective Association."

2. The object of the association shall be to prevent loss of fees from such patrons as *could pay if they would*.

3. The officers of this association shall consist of a president, vice-president, secretary and treasurer. The election of officers shall take place annually on the first Saturday of October.

4. Any physician may become a member of this association by a vote of the majority of the members present.

5. Any member grossly violating the rules of this association may be expelled by a vote of the majority of members present at any meeting; provided, said member shall have had one month's notice of charges preferred.

6. Each member of the association shall keep a list of such persons as the association may from time to time declare to be unworthy of credit, and no member shall render any professional service in any case where a person whose name is on such list, is responsible for the fee, unless the fee for each visit or prescription is paid in advance, or satisfactory security is furnished for the same.

7. Whenever any person whose name is on the non-credit list makes a satisfactory settlement of all claims of members of the association for professional services rendered, the association may erase such name from the list.

8. The association shall meet at..... on the first Saturday of January, April, July and October, at 2:30 P. M.; but adjourned meetings may be held at other places, by a vote of a majority of the members present.

THE PHYSICIANS' PROTECTIVE ASSOCIATION.

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M.....

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reports a claim against you for professional services rendered, amounting to said claim is past due.

If satisfactory settlement is not made within thirty (30) days your name will be reported to the Association, to be placed upon the non-credit list.

By order of the Association,

.....
Secretary,

CLINICAL MEDICINE.

CHRONIC DISEASE OF THIRTY YEARS' DURATION
CURED.

E. W. BERRIDGE. M. D., London, Eng.

CASE I.—*Phosphorus*.—1885, April 15th. Mr. B——, aged 55, consulted me for the following symptoms: Thirty years ago he had typhoid fever, treated allopathically. Ever since then if he lies on his left side he has desire for stool; and if he persists, a loose stool is the result. A few weeks ago he was in Boston, U. S. A., where he caught cold during cold weather. He has a dry hacking cough on entering the cold air; the cough shakes him. No expectoration now, but at first it was yellow and sweet. When on board ship returning to England had much sweat on head, and the cough was worse when lying on back, better when lying on right side. Feels weak.

Diagnosis of Remedy.—Taking the most peculiar symptom, not as in itself an infallible keynote, but as a guide to the totality of the symptoms, I found in "Bell's Repertory of Diarrhœa:" Aggravations from lying on left side; *Arnica*, *Phosphorus*. Of these two, a reference to Lee's Cough Repertory showed that *Phosphorus* had all the cough symptoms. A further reference to the *Materia Medica* showed that *Phosphorus* also corresponded to the sweat on head and weakness.

I gave him *Phosphorus* cm. (F. C.) every 4 hours for 8 days.

April 29th. Has had no medicine for about a week. Is much better; cough almost gone; much less weakness; *and he can now lie, and even sleep, on left side, without the stool symptoms being excited.*

1886, Feb. 11th. Has had no return of the abnormal desire for stool till some weeks ago, since which it has persisted. He also complains of rather sharp frontal headache, beginning on awaking; with the headache, the mouth fills with saliva.

Diagnosis of Remedy.—Flow of saliva with headache belongs to Epiphegus (viscid), Hippom., Indium, Kalibichr., Opium, Phosphorus, Sepia. As the same remedy was again indicated I gave Phosphorus cm. (F. C.), twice daily, for 8 days.

March 30. Reports that the headache ceased soon after leaving my house. The stool symptoms also ceased before he had finished the medicine; and when I last saw him, May 8th, had not returned.

It seems to be at present a purely clinical symptom, but it is one of great value.

CASE II, ACUTE MYELITIS.—*Cicuta.*—1882, March 12th. Mr. —, aged 65, had had much worry in April, 1881. This, with exposure to cold east winds, brought on jaundice. He then consulted a pretended Homœopath who habitually alternates his medicines. This learned man diagnosed prostatic disease; he made no local examinations to ascertain the fact, but said “he looked like it.” No benefit following, he consulted another pretended Homœopath, who said that his colleague must be “a (theological word) clever fellow to diagnose prostatic disease by the countenance,” and prescribed a *mixture* of strychnine and two other medicines. The patient expostulating that this was un-homœopathic treatment, he pleaded in excuse that he “had to treat three different diseases in him.” (Such is Homœopathy in Great Britain. The names of both these men are in the so-called “Homœopathic” Directory, from which I have withdrawn my name in disgust, not liking my company.) The treatment did him no real good, and subsequently he resorted to Allopathy, and no wonder!

Nov. 5th, 1881. Involuntary jerking of feet came on, worse in right foot, disturbing sleep; this increased to absolute plunging of the right leg, to such an extent that the inguinal glands became swollen and painful; subsequently there supervened a rotatory motion of the body, chiefly during sleep. His Allopathic physician declared that it must end in paralysis. Treatment only gave him temporary relief.

March 12th. I found him in the following condition: Much worse. More jerking of right leg, with a return of the plunging thereof, which for a time had ceased. Lateral shaking of the body, chiefly during sleep, but also at times when sitting up during night. The jerking of the right leg was chiefly lateral, but also in other directions; sometimes the left leg jerked laterally. Standing stopped all the jerking at once. All along, the convulsive movements have been worse at night, whether sitting or lying. The jerking of leg is relieved by rubbing spine. Tender spot in middle of dorsal vertebra. The jerking commences during sleep, increasing till it wakes him; it now comes on also at times when sitting. The jerking of the leg is relieved by drawing up the leg.

Cicuta virosa, 1m. (Jenichen) every 2 hours.

March 13th. He says the medicine acted splendidly and had done him "incomparably more good" than any other. He fell asleep soon after the first dose at 12:20 p. m., slept much during afternoon, and fairly so during night; it has been the best sleep for a long time, with very little jerking, only one slight plunge, and no shaking of body. The medicine was now continued every 3 hours, and subsequently repeated at various intervals as the symptoms indicated.

On March 17th they were nearly gone, and on the 24th they had ceased, and he said this was the best night he had had since his illness. The medicine had to be again repeated on a recurrence of the symptoms, and on April 9th they finally ceased, and were *not* followed by paralysis as the Allopath had foretold.

Physicians who refuse to visit acute cases lose a great opportunity of demonstrating what Homœopathy can do; neither can their knowledge of Homœopathy be so perfect.

AN "INCURABLE" CASE OF PHTHISIS CURED HOMŒOPATHICALLY.—Mrs. J—, aged 21, consulted me March 10th, 1885. Had been under the care of an Allopath for some time, but got worse; and as he could do her no good,

she resolved to try Homœopathy. She had never been strong. Was married 2½ years ago, and has one child 16 months old. Since then has gradually lost flesh.

Present Symptoms: Very weak, especially in morning. Frequent clearing of throat, with occasional black mucus from throat. Always subject to headaches, worse since birth of child; they are in vertex and temples, sharp and throbbing, brought on by excitement, relieved by pressure. At times pains in lower left chest; worse by lying on it. Feet always cold, with itching chilblains. Appetite bad. Yellow streak down middle of tongue. Pulse very feeble. Sleeps with mouth open and with hands above head; sleep not good, but very sleepy in morning; horrible dreams, of poisonings and animals. At times, cramps in calves. Often feels as if the blood were all in head. Constipation; aversion to go to stool; stools hard, dark, difficult, with straining, sometimes too large, and sometimes with pain as if it would not pass. Menses always have been too late; now at intervals of 5 weeks; flow lasts from 4 to 7 days, usually profuse; dark clots, large at first then smaller, also stringy. Before menses, backache and headache, and little mattery pimples on face. During first and second days of menses, much pain in back and abdomen, relieved by warmth. Weakness during menses. Very profuse leucorrhœa, but less since birth of child; it is worse after coitus and causes irritation. Sexual desire has decreased ever since marriage and has now quite gone. Sinking feeling at stomach, worse at 9 a. m. When feet are very cold, they sometimes feel damp. Hair falls off. Vertex hot during headaches. For four or five years, varicose veins in left calf; they burn and ache unless she rests the leg. Auscultation showed heart weak, but otherwise normal. Dullness on percussion of right lung; some crepitation in left lung. Her mother is healthy, except that she has varicose veins. Her father died at age of 44, having suffered from some pulmonary affection. She eats a great deal of salt; drinks port-wine and stout. Always fond of sweets.

Diagnosis of Remedy.—In this case there was no one special symptom to be taken as a keynote and guide to the

totality; therefore I first examined the medicines corresponding to the chest symptoms, as the lungs were the organs most seriously affected.

Chest, worse by lying on painful side is under Bell., Borax, Cactus, Calc., Caps., Ign., Lyc., Nux, Sabad., Spong., Sulph., Tarax.

Chest worse by lying on left side has Acon., Amm. c., Angust., Bry., Calc., Canth., China, Ipec., Lyc., Nitr. ac., Natr. m., Phosph., Puls., Rhus, Seneg., Sep., Silic., Sulph.

This reduces the list to Calc., Lyc. and Sulph. Of these Calc. and Sulph. have relief of head by pressure. Dreams of animals is under Sulph.; dreams of poisons under neither of these two. Both have sleeping with hands above head; but neither of these sleeping with mouth open; this latter symptom is, however, under Sulph. iod. Black mucus from throat has not yet been recorded in the repertories. Emptiness in stomach belongs to Sulph. but not to Calc., though Calc. phos. has it at 7 p. m. Sulph. and not Calc. has the morning aggravation at 11 a. m., which approximates to the exact symptom in question. Calc. and not Sulph. has the damp feeling of feet, but this symptom was not a prominent one. Weakness in morning is under both Calc. and Sulph.; also varicose veins in legs. Chilblains is only under Sulph., which also has itching of chilblains. Both have cramps in calves. Yellow tongue is under neither. Calc., but not Sulph., has too large stools. Sulph. alone has menses too late, the characteristic of Calc. being the reverse symptom. Neither have clotted or stringy menses, nor loss of sexual desire, nor increased leucorrhœa after coitus. Both have heat of vertex.

On the whole, I decided that Sulphur best corresponded to the totality of the symptoms, though no remedy covered all, and I gave a dose of Sulph. dm. (F. C.) in water, night and morning for 16 days. I also ordered her to diminish the amount of salt, and to take the pure solidified Cocoa. The stimulants I did not feel it safe to diminish in her weak state.

March 24th. Weakness much less. No more clearing

of throat. Headache better. Feet still cold. Sleep better, and dreams much less horrible. Less constipated. Sinking in stomach gone. (This verifies Dr. Skinner's observation in *Homœopathic Physician*, VI. 115.)

February 1st had erysipelas in face, first on left side then right, bright red, lasting on and off for 8 or 10 days; today has the same on left face, but without the itching of the former attack. Pulse rather stronger. Has taken less salt, and also been able to lessen the amount of stimulant. Repeat medicine for 16 days.

April 7th. Erysipelas went in 3 days, much sooner than in former attack. Feels stronger. Throat symptoms not returned. Headaches rather more frequent. No return of pains in left chest, except when she lies on it, and then it is not so bad as formerly. Feet still cold, but no chilblains for last week, in spite of the cold weather. Appetite rather better. Tongue clearer. Pulse rather stronger. Does not sleep so often with hands above head, but still has bad dreams; yet the sleep is better, more refreshed and less drowsy in morning. Fullness of head continues. Still constipated, but has a daily stool. Menses returned, less profuse, but clotted and stringy; less pain during menses. Auscultation showed improvement in lung; less crepitation. Has taken no salt for a week.

Repeat medicine for 16 days.

April 21st. Stronger. No throat symptoms. Less frequent headaches, and only one bad one. Less pain in chest, and can lie longer on left side. Feet warmer (weather warmer.) More relish for food. Dreams, less bad. Congestion to head several times. Less constipated. Sinking has returned, but less than before. For a few days, noticed that hair fell off and is very greasy. Auscultation showed no crepitation.

Repeat medicine for 16 days.

May 5th. Menses returned 9 days ago, ceased yesterday; stringy, but fewer clots; much pain in back. Has felt weaker. Headaches less frequent and less severe. Can lie longer on left side. Not much appetite for meat. Sleeps better. Congestion to head unchanged. Less con-

stipated. Hair falls off and is still greasy. Sinking, better. Leucorrhœa after menses, causing great irritation.

Repeat medicine for 16 days.

May 19th. On 15th felt chilly out of doors and caught cold. On 16th had sore throat and uvula was inflamed and hung down. On 17th throat was better, and the cold seemed more in head; but for the last two days it is in chest. Has now, hoarseness; tightness across chest, with difficult breathing; cough worse by day; this morning wanted to cough, but could not; sputa black, thick, saltish in taste. Has felt much weaker since this catarrh. The tightness sometimes prevents her from speaking. Exhausting flushes of heat rising upwards. Stools fairly natural, though sometimes a little straining. Less leucorrhœa lately. Pain in left chest worse; it comes on from excitement or hurry, even without lying on left side. Still has rush of blood to head. Right chest tender. Cough exhausts her.

As some new symptoms had arisen from the catarrh, *and were persistent*, and even increasing, as shown by the attack going from the head and throat to chest, a new remedy had to be selected.

Diagnosis of Remedy.—Sputa salt and black: Bell., China, Kali. bi., Lycop., Nux, Puls., Rhus.

Exhausting cough: Lycop., Nux.

Pain in chest, worse lying on painful side: Lyc., Nux.

Pain in chest, worse lying on left side: Lycop., Puls.

Cough, worse by day: Lyc., Nux.

Catarrh from getting cold: Nux, Puls.

The choice so far seemed evenly balanced between Lycop. and Nux., which also seemed about equally to correspond to the remaining symptoms.

As clinical experience has shown that Nux follows Sulphur well, I gave Nux vom. 102 m. (F. C.) 3 times daily for 8 days.

May 26th. Has improved since 22d. Much less hoarseness; tightness nearly gone. Cough still troublesome; sputa unchanged in character, but more profuse. Stronger. Less flushes, but they still exhaust her. Constipation much less. Less pain in chest, but cannot lie long on left

side yet. Rush of blood to head not returned. Cough still exhausts her. Tongue clearer. Pulse stronger. Has had erysipelas on face, first left then right, very bright red, with much itching; lasting for several days off and on. Auscultation showed chest to be better.

On a re-examination of the case, I concluded that it would have been better had I stopped the Sulphur on May 5th, when the menses became more profuse and caused weakness. As the acute catarrhal attack was relieved by the Nux, I judged it best to stop medicine, that any possible over medicinal action might pass off.

June 9th. Much better. Cough less. Stronger. No flushes. (Flushes upward, causing exhaustion, is not given under Nux, and should be noted for further verification.) No constipation. Can now lie on left side without pain. No more rush of blood to head. Pulse stronger. Last menses commenced May 27th; backache before menses, scarcely any pain during; felt weak during and after menses.

No medicine.

June 23d. Has felt more languid for last week, but has much better spirits. Menses due to-morrow; has had backache for last 3 or 4 days. Cough better, no expectoration. Has had a flush to-day and on 21st. Rather more constipated. Appetite a little better. A little hoarse in morning. Once or twice, pain in left lower chest, like a slight stitch. Has only had slight headache occasionally. Sleep better; still dreams, but not so badly. Less leucorrhœa. Hair still falls off, but less, and is less greasy. Perspires a good deal in face, hands and axillæ. *Auscultation shows chest quite natural.*

No medicine.

July 7th. Still languid (weather very hot.) Menses rather more painful, clots and strings the first 3 days. No cough, only a clearing of throat in morning. One or two flushes. Constipation better. Sleep poor from hot weather. Much perspiration. Tongue brownish. Pulse still feeble. Still has leucorrhœa. Hair falls off less, but

it is more greasy, and clings together. Less hoarse. Acute, but transient pains in various parts of chest.

As the menstrual trouble was worse, and the hair was greasy, I concluded that a new medicine must be selected.

Diagnosis of Remedy.—Oily hair: Benzoin, Branca, Bry., Hydroph., Phos. ac., Plumb.

Tongue brown: Bry., Plumb.

Clots: Bry.

Gave Bryonia, 103 m. (F. C.) twice daily for 8 days.

July 14th. Has felt better altogether. Hair less greasy. Pains about chest not returned. Very little hoarseness. Still languid. Constipation gone. Less perspiration. Has slept better. Pulse stronger. Auscultation natural.

No medicine.

Aug. 11th. Cough gone. Hoarse in morning. Hair less greasy. Still easily tired. Sleeps well. Less sweat. Last menses 16 days ago, 5 days too late. Not much pain. Varicose veins in left calf have been sore and burning. Everything worries her. Tongue brownish. Has not felt so well for last week. Auscultation natural.

Lippe's Repertory gives varices in left leg, Fluor. acid; so I prescribed em. (Fincke) twice daily for 16 days.

Aug. 25th. Less hoarse. Hair no longer greasy. Less easily tired. Still easily worried. Pulse stronger. Veins no longer painful.

No medicine.

Sept. 4th. Rather more hoarseness. Hair greasy again and electric. Varicose veins ache and burn. On awaking, bad taste in mouth, and brown coating on teeth.

Diagnosis of Remedy.—Brown coating on teeth in morning: Natr. phos., Sulph.

Varices in legs: Sulph.

As Sulphur had corresponded to so many of her symptoms, and had not been taken for a long time, I gave a dose of dm. (F. C.) every other day for 16 days.

Oct. 9th. Hair less greasy. Brownish mucus on teeth and lips in morning. Hoarseness. (Has been to the seaside, where she caught cold). Stronger. More constipation the last week. Sometimes has headaches, the last one

worse by cold, though formerly they used to be relieved thereby. Still sleeps with mouth open and arms above head. Still has headaches, but last menses were less painful.

Sulphur, 2 cm. (F. C.) twice daily for 16 days.

Oct. 26th. Less mucus on teeth and lips. Hair less greasy (has had it shampooed). Constipated. Menses commenced on the 26th; not much pain. Not quite so strong the last week. Pulse better. Coldness of feet returned.

Repeat medicine for 16 days.

Nov. 9th. Had a very bad headache about ten days ago; they would come on just before or after menses. Less mucus on teeth. Hair less greasy; it is now beginning to fall off again. Constipation almost gone. Stronger, but easily worried and made irritable. Headaches relieved by strong pressure. Appetite poor. Tongue still rather brown. Pulse much stronger.

Repeat medicine for 16 days.

Nov. 28th. No more headaches. No mucus on teeth. Hair not greasy and does not fall off much. No constipation. Stronger. Appetite poor. Tongue still brown. Feels very well generally. As the improvement was now very marked, I stopped medicine.

Dec. 15th. Had a bilious headache on the 12th; otherwise free from them. Mind stronger. No more mucus on teeth. Hair more natural. Appetite poor. Tongue still coated.

No medicine.

Dec. 29th. No more headaches. Mind stronger. No more mucus on the teeth. Hair scarcely falls off and is not greasy. Tongue still yellowish-brown at back.

No medicine.

Jan. 12th, 1886. Has been to Paris, and feels much better and appetite improved. No headache. Tongue less coated. Has to clear throat when indoors and brings up a little phlegm; this is rather worse since going away to Paris. Hoarseness on speaking. The varicose veins have not troubled her.

No medicine.

Jan. 30th. Feels much better, better than for a long time. Appetite much better. Tongue still rather brown. The throat symptoms went, but have returned since catching cold. Stronger. No more trouble from varicose veins. Chilblains on right foot. For a long time right foot cold and left warm. The latter symptoms indicated *Hura Braziliensis* and *Lycopod.*; but as the improvement seemed to be still continuing I considered it best to let the Sulphur act. "When you don't know what to do, play trumps;" i. e., wait and hope!

Feb. 13th. Had a headache yesterday, relieved by brandy. Chilblains have been bad, and have now attacked left foot also. Right foot cold and left warm. The increase of the new symptoms showed that a new remedy should be selected, and the direction of symptoms from right to left reduced the choice of the two just mentioned to *Lycopod.*

I gave *Lycopod.* 3 cm. (*Boericke*) twice daily for 16 days.

March 3d. Feels very well. Chilblains quite gone; they soon went after last consultation, though the weather has been snowy and bitterly cold. Feet warmer and less difference in their temperature. Appetite better. No more cough or hoarseness. Varicose veins have not troubled her for a long time, and she thinks they are smaller; has worn no elastic stocking. Tongue still rather brown. Scarcely any menstrual pain now.

No medicine.

March 18th. No more chilblains: Right foot still a little colder than left. Appetite very good. Tongue better, but still a little brown in centre.

No medicine.

I did not see her again, but she wrote Sept. 16th that she never felt better in her life.

Hahnemannian Homœopathy has cured a case given up as incurable by Allopathy. [This is a brilliant and satisfactory cure, and while we do not feel competent to criticise so able a prescriber as Dr. Berridge, we fail to see any reason under Hahnemann's positive instruction for such a frequent and contined repetition of the remedy. Perhaps Dr. Berridge can explain.—ED.]

COMMENT AND CRITICISM.

ABOUT SEVERAL THINGS.

Editor Advance: Dr. Phil Porter has treated my short article in the October number of the ADVANCE in a gentlemanly manner, as far as he is concerned. But he has quoted nearly three pages from Dr. T. H. Hicks to help him out of trouble in regard to his electric currents, and to "assist Dr. Barnes" in considering "the direction of the current," "in settling the question of stimulation," etc. I have looked through the quotations with some care and have marked twelve fallacies of some importance which, of course, do not afford me any large amount of help. I do not care to point them out at present, however, since they would occupy considerable space, would not probably be of general interest, and I am not now in the mood for adverse criticism.

CIRCULATION OF THE BLOOD.—I choose rather to say a word in praise of the article by Dr. W. M. Decker on the "Circulation of the Blood." I think it admirably done and full of instruction. It may not be all true, but its foundation is doubtless correct, and its main points cannot be questioned.

MEDICAL ADVERTISING.—I have had thoughts quite similar to those of Dr. E. Hasbrouck on such advertisements as fill the covers, and sometimes, I regret to say, get *between the leaves* of some of our medical journals, but have considered them necessary evils. We must put up with them, or put up with no journals. I have had some experience in periodical publishing, and speak from the knowledge so obtained.

A "CASE FOR COUNSEL," by Dr. E. Beckwith, is pitiable. The poor old man referred to has lived himself through too rapidly. No prescription of medicines, according to the symptoms, either "key-note" or "totality," will be likely to cure him, unless the fast living which produced his troubles can be corrected. And then the question is

whether he would have vital force enough to rally from the shock of reform. I doubt if the one cigar after breakfast could ever be dispensed with. I think the brandy and all other stimulants might be. Narcotics, according to my experience, become woven more inveterately into the organism than alcoholics ever do. I think the old man's only chance for any degree of continued comfort, or much more life of any sort, depends upon leaving them off and upon a plain diet in general.

THE ORGANON.—Another noteworthy article in the same rich number of the ADVANCE is your editorial on "The Teaching of the Organon." No doubt our physicians and college professors know too little about the philosophy of this book. Every person in this free country and rapidly advancing age should be at liberty to reject, or at least not adopt, anything he cannot see to be true. But we should be thankful for what any man can help us to see. And a book that summarises the life work of him who founded our system ought surely to be carefully studied by all who profess to practice the system. And no less certainly should it be explained to medical students. I am myself not much inclined, as is somewhat known, to follow the dictum of any man as authority, even of Hahnemann; but *there is no work on medicine that makes me think so much, and leads me to so much insight, as the Organon.* Things that seemed preposterous at first, appear gradually to unfold themselves and after a while show their deep foundation in real fact. For instance, we ridicule each other about high potencies as "moonshine," or low potencies as "flesh pots" of the old shool; or we scorn the fixed number of "shakes" of Hahnemann, but the grand truth at the bottom of it all is the principle that attenuation or potentization of drugs is a great discovery—second only to the law of cure—in its far-reaching importance.

Many of us have repudiated the "psora" theory and supposed that when the itch insect was discovered it was all over with it. But the more we look around, reflect and investigate, the greater is our inclination to receive it as true. Call it *dyscrasia* and all is right.

The idea of "key-notes" has appeared to contradict the central idea of "totalities," and as applied to-day, no doubt, is often true. But the "key-notes" of the Organon, although not called by this name, are rational and instructive. We read (§ 153) "that the more *prominent, uncommon, peculiar* features of the case are especially and almost exclusively considered and noted." And (§ 212) that "the effect upon the state of the mind and disposition are the principal features of all diseases;" so (§ 220) "we may proceed to find a remedy of great similarity, especially with regard to the mental disturbance which it has the power to produce." Such, and not the little, unimportant points that some of our doctors bring forward, are the real Hahnemannian "key-notes," and these commend themselves to our rationality. Indeed the principles of the Organon, when deeply studied, shine forth as great originals, full of truth and blessing. Let them be taught, and let our students see and know at heart what they are. I do not say there are no errors, no false philosophy, in the book, but I am sure that no other work on medicine is equal to it—as a text book.

Why, therefore, can we not have a few fundamental lectures—a half dozen or so—on the philosophy of Homœopathy as taught by the Organon, prepared by some experienced and capable speaker, and delivered in the medical course of our colleges? The same man, thoroughly equipped in this way, might go to several institutions in the same season. Will our college faculties think of it?

L. BARNES, M. D.,
Delaware, O.

WHOSE FAULT IS IT?

This question is often asked, but under very different circumstances. When a train is wrecked the question is echoed; or when any deplorable condition is recognized which demands reformation, the natural inclination is to look for the cause. Physicians, above all others, are supposed to "remove the cause," but there is an inborn desire to shift *personal responsibility*.

Without taking too much space I desire to apply the question to homœopathic physicians. The report is abroad that Homœopathy does not accomplish the same results which characterized its work in Hahnemann's time. That there appears to be some foundation for this statement, few will deny. Others account for this "apparent" result by saying that Hahnemann's co-laborers were faulty diagnosticians, and that their cures were not of the diseases mentioned! Does it not seem unkind to cast such a reflection? Will any physician of the present day set himself up as a *peer* of Hahnemann or as being able to surpass him in accomplishments? If so, let him read carefully the history of that great man; let him follow him through those fifty or more years of careful investigation. Who now is willing to master eight languages, sit up every third night all night, for years, to prosecute experiments? Let him think a moment. I fear many comment unjustly on this great man's work, when, in fact, they have never carefully read his works, or even of his works.

Homœopathy, being based on a law of nature, does not degenerate, but its representatives may; and we can see reason for Hahnemann's remark to his friend that although there were many "Homœopaths," he could count his true followers on his fingers.

Let us go back for a moment and look over the past. Hahnemann was left to his own deductions to formulate the laws which govern, or *should* govern, the application of this science. All ideas were allopathic, and they were engrafted deep; were almost a part of the life of the individual.

After a time he became converted, through his own observation, and instructed others. While he lived, his followers had the benefit of his personal instructions, and in order to succeed were obliged to antagonize their inherent ideas. They *saw* the results and this "object teaching" was effective. He could not live always but he hoped his *teaching* would, and left a guide-book to his followers which bears the same relation to Homœopathy that the bible does to theology. His cures served to strengthen

the faith of his followers. The miracles of the bible were to show the power of the new doctrine.

His followers were left to work alone, with instructions given. In their work they were fallible, and, as it is human nature to think more of one's own ideas than those of another, soon there was clashing. They forgot the true way or strayed from it. They grew "liberal," and students came for instruction. They watched the daily work of their preceptors and took it for granted, as they were "Homœopaths," that whatever they did was Homœopathy. These students copied from their preceptors and very naturally copied the *virtues*, as well as the *faults*, of the preceptors—their failures—to comply with the law. These students had ideas which they put into practice, and, in turn students came to them. By and by colleges were formed from these students to the tenth generation. As one naturally copies from one he considers his teacher, is it any wonder that a great many *faults* should have been handed down? These colleges sent out graduates and they in turn sent back students, who copied their faults and added to them those of the college teachers, but ever drifting from the teachings of Hahnemann. Now, something has been omitted during these years, viz.: to direct students to study Hahnemann's writings. What would we think if ministers taught and lived as they pleased, and never read or taught the bible? I think the analogy can be carried to this point.

How may we know of this neglect? We need not confine ourselves to the results of the practice, but turn with shame and see that Hahnemann's Organon has only reached the "5th edition"! What about Chronic Diseases and Lesser Writings? That "5th" should be more like the 50th edition. Is it not a disgrace to the school? The sinner is always trying to climb up some other way, and the physician is ever trying to improve on Hahnemann's method. If he was the founder Homœopathy, who is better able to direct us in the practice of it? How can we know what Homœopathy really is until we read his instructions and *experiments*? As the boy who writes a

page copies the first line after the model, so each succeeding line as a rule is copied from the one above and the last on the page, instead of being best, is usually the worst. Is this not true of us? Were not the *immediate* followers of Hahnemann nearest to him in practice? Are we not copying from some one else rather than learning from him? What is the remedy? If the case has been well taken, the remedy is clear. Let every physician who wishes to be called a Homœopath read all of Hahnemann's writings, and especially the Organon, and then if a student presents himself, frankly tell him he must be *acquainted* with the Organon, and when that student goes to college he will be taught it if his teacher has shared in the work, and when he goes out he will not be obliged to meet his cases unprepared. The medical societies then will discuss topics and its members *agree*, and who can not predict the results?

WM. S. GEE, M. D., Chicago.

DYNAMIZATION IN THE CRUCIBLE.

In 1880 the "Milwaukee Academy of Medicine" undertook, in a series of elaborate experiments, to demonstrate the truth or falsity of the curative power of the potentized drug. So far as we know the demonstration amounted to *nil*: a war of words in the journalistic world being the only practical result. Those who previously were using the thirtieth and higher potencies with entirely satisfactory results, continued to use them still, and those who were satisfied that medicinal action ceased where science ceased to detect the drug in material quantity, continued to be satisfied still. But this is an age of progress, and the potentized drug is to be subjected to the test of clinical experience by those who doubt its efficacy. This time the field of labor is transferred to the East. New York State and Western New York Homœopathic Medical Societies are to grapple with the problem and we presume this much vexed question will now be set at rest.

At the annual meeting of the Homœopathic Medical Society of New York in February last, a committee con-

sisting of Drs. A. R. Wright, T. L. Brown and H. M. Paine was appointed to collect statistics to prove or disprove the efficacy of the thirtieth and higher attenuations. The committee has selected Apis and Rhus for the test and in reporting cases ask that the following conditions be observed :

First.—Leading symptoms and general condition of the patient.

Second.—The attenuation and repetition of remedy.

Third.—The time after administration when marked relief was first noted.

Fourth.—The duration of convalescence to complete recovery.

Reports to be forwarded to the chairman, Dr. A. R. Wright, 166 Franklin Street, Buffalo, N. Y.

The following is from the Western New York Society:

BUFFALO, September 1, 1886.

DEAR DOCTOR :—At a recent meeting of the Western New York Homœopathic Medical Society a committee was appointed for the purpose of securing, if possible, positive evidence, clinical or pathogenetic, as to the potency of attenuated drugs.

The fact was recognized, that from the early history of Homœopathy till the present day, a portion of the profession have attributed to attenuated remedies qualities which were not claimed for the material drug; while another large body of homœopathic practitioners have insisted that all curative power ceases, when by no known method can the drug substance be detected in the medium employed.

The desirability of a solution of the question of the potency of attenuated drugs was recognized by the society that their employment might, with justice be endorsed or condemned. In answer to the view which many hold, that the matter has already been demonstrated, and that published reports of alleged cures are accessible, the committee would say that the selection of certain clinical reports would be invidious, while others are by no means conclusive.

Without bias, therefore, the committee approach the question and invite your co-operation as in the solution of a purely scientific problem.

They would be pleased to receive from you reports of cases in which the following requirements have been met :

First—Reports of recoveries of self-limited diseases, in which 30th or higher potencies have been employed, in which the duration of the illness has been shorter than in those cases treated on the expectant plan.

Second—Reports of recoveries of diseases, the tendencies of which are not to spontaneous recovery, in which 30th or higher potencies have been employed.

It is further desired that not only the names of the diseases treated be given with the symptoms for which the remedy is employed, but as well the pathogenetic symptoms on which the diagnosis is based with any idiosyncrasies which may exist. The diagnosis shall be verified by at least one other competent observer if possible.

The committee would also be pleased to receive results of tests of attenuated drugs on the healthy, and to that end will furnish any who desire to experiment on those especially sensitive to any drug a 30th attenuation of that drug with five bottles of blanks, the vials to be marked in such a way that neither the one upon whom, or by whom the experiment is made shall know which contains the attenuated drug.

Trusting that we may receive your valued assistance in these tests, we are,

Fraternally yours,

F. PARK LEWIS, M. D.,
188 Franklin St., Buffalo, N. Y.
E. P. HUSSEY, M. D.,
493 Porter Ave., Buffalo, N. Y.
M. A. WILSON, M. D.,
North East, Pennsylvania.
COMMITTEE.

However, we venture to suggest to the committees that this is not a question of *belief* at all. It is a question of *fact* and will remain a fact in the world of science whether it be "endorsed or condemned" by either or both of these learned societies. The revolution of the globe was not materially affected by Galileo's recantation, neither will the efficacy of the potentized drug be seriously affected by the endorsement or condemnation of a medical society. Some men would not believe "though one were *raised from the dead*." At the meeting of the American Institute in St. Louis in 1885, Dr. Pemberton Dudley related a case in which a mother, apparently in the best of health, after a violent fit of passion, nursed her child. Soon after, the child was siezed with the most terrible convulsions and despite the best directed medical efforts death soon resulted. What was the cause of death? What potency did it? This is a fact capable of repetition, and acknowledged by the great majority of the medical profession not to depend upon *belief*. Like every other scientific fact, it is not

affected by the *belief* or *non-belief* of any one. Here is another fact taken from the *Medical Quarterly* :

A little girl in Watertown, N. Y., who was dying with scarlet fever, desired to send a kiss to a little playmate in another town. She kissed the letter which was sent by mail to the little friend, who, wholly unaware of the danger incurred, kissed the letter as a message from her friend. In a few days she, herself, died from scarlet fever contracted by that kiss.—*Medical Times*.

If this be true, and it must be or it would not have appeared in a medical journal, we would also like to have it included in the questions, that we may know the potency or quantity of this attenuated scarlet-fever poison sent or received by that fatal kiss. Our allopathic brethren are ready to accept this as a toxicological fact, and yet, are not quite ready to throw aside the question of dose which has hitherto blockaded the path of therapeutic progress. This fact is certainly not affected by *belief*. Perhaps the proposed experiments of our New York brethren may throw some new light on this subject. We certainly would like to see this scarlet-fever poisoning demonstrated to be an impossibility, if the demonstration would rid it of its disease producing action in the future. Would *belief* or *non-belief* or even the "endorsement or condemnation" of the society affect or seriously interfere with the dissemination of the poison? Let it be investigated and the facts published to *the world*.

Dr. P. P. Wells says: "In the prosecution of this purpose we remark, first, that this power to so affect the organism is wholly a matter of *fact*, and not in any part or degree a matter of opinion or belief. It is either fact or fiction, and this entirely independent of its acceptance or rejection, by one or many, of whatever authority these may be in other departments of knowledge. Acceptance adds nothing to its being or authority, while rejection can neither mar or destroy it. If a *fact*, it *is*, and cannot be otherwise. If a *fiction*, no advocacy can gain it either being or importance. There is no middle ground in the case. If the power be a *fact*, then by its existence it is raised above all possible vicissitude, from whatever of nega-

No medicine.

Jan. 30th. Feels much better, better than for a long time. Appetite much better. Tongue still rather brown. The throat symptoms went, but have returned since catching cold. Stronger. No more trouble from varicose veins. Chilblains on right foot. For a long time right foot cold and left warm. The latter symptoms indicated *Hura Braziliensis* and *Lycopod.*; but as the improvement seemed to be still continuing I considered it best to let the Sulphur act. "When you don't know what to do, play trumps;" i. e., wait and hope!

Feb. 13th. Had a headache yesterday, relieved by brandy. Chilblains have been bad, and have now attacked left foot also. Right foot cold and left warm. The increase of the new symptoms showed that a new remedy should be selected, and the direction of symptoms from right to left reduced the choice of the two just mentioned to *Lycopod.*

I gave *Lycopod.* 3 cm. (*Boericke*) twice daily for 16 days.

March 3d. Feels very well. Chilblains quite gone; they soon went after last consultation, though the weather has been snowy and bitterly cold. Feet warmer and less difference in their temperature. Appetite better. No more cough or hoarseness. Varicose veins have not troubled her for a long time, and she thinks they are smaller; has worn no elastic stocking. Tongue still rather brown. Scarcely any menstrual pain now.

No medicine.

March 18th. No more chilblains: Right foot still a little colder than left. Appetite very good. Tongue better, but still a little brown in centre.

No medicine.

I did not see her again, but she wrote Sept. 16th that she never felt better in her life.

Hahnemannian Homœopathy has cured a case given up as incurable by Allopathy. [This is a brilliant and satisfactory cure, and while we do not feel competent to criticise so able a prescriber as Dr. Berridge, we fail to see any reason under Hahnemann's positive instruction for such a frequent and contined repetition of the remedy. Perhaps Dr. Berridge can explain.—ED.]

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informs its readers that this Congress, "was attended by only forty delegates, of whom, seven were from America." This is not a commendable spirit in the editor of a metropolitan journal. There may be something disadvantageous in fewness of numbers. A mass meeting or a political convention, might find great virtue in a multitude, but surely Mr. *Record*, a scientific body could find no crime in a limited membership. A big crowd may be inseparable from an Allopath's idea of a convention, but a man of sense, can see that forty picked men, taken out of all the civilized nations of the world might do more for medical science, than could a thousand blustering, noisy, perhaps drunken men, though they met under the sanction of nobles and kings. A brass band and a loud hurrah, in our experience and observation, find genial companionship in an allopathic crowd. But the science and philosophy of medicine, like all other science and philosophy, seek the quiet, unpretentious fellowship of the earnest, intelligent and modest few. Perhaps the *Record* can tell its readers how much more, truth would have been advanced, had the number present at Basle, been a thousand and forty, instead of "only forty." Shame, on the spirit that has no nobler ideas of the needs of scientific investigation!

Again, when the *Record* says: "The sessions seem to have been largely occupied with persuading its members that Homœopathy is growing" it intentionally or otherwise misleads its trusting readers. With a thousand allopathic journals throughout the world, constantly asserting that "Homœopathy is dying out" there "seems" to be a necessity for some one to tell the truth, and to demonstrate it. This, the Congress at Basle did, but it did not do it "largely," Mr. *Record*, and you ought to know it.

The editor goes on to say: "We learn that in France, there are but two hundred Homœopaths; in Belgium about sixty; in Switzerland, twenty-three; in Spain, one hundred and thirty-seven; while in Germany and England they do not venture to estimate the number. Judging from the statistics given, it would be a large estimate to suppose that, in all Europe, there were [are, Mr. Editor]

one thousand Homœopaths. The real hope of Homœopathy appears, therefore, to be in this country." Many things besides Homœopathy depend upon this country, dear sir, and that fact is no disgrace to the things themselves, nor to this great and free nation. There is more intelligence among the people of America than among the people of any other country, and if that intelligence is joined to a larger love for Homœopathy, why, Jew, I thank thee for the word.

The editor of the *Record* knows as well as we do, that Homœopathy is of slow growth in European countries *because of the repressive and tyrannical laws of those countries passed and enforced by the direction of the allopathic school.* The tyranny of the Czar is not greater than is that of the allopathic school in Europe. "Here," says the editor—that is, in America, "it is stated, there are over ten thousand homœopathic practitioners," but he knows perfectly well that, had the multitudinous attempts of the allopathic doctors succeeded, there would not now be one left to tell the tale. Success against such odds, as have appeared against Homœopathy even in this country, is something of which we may boast.

In Europe, it has been a hundred fold worse. There, Homœopathy lives, because an enlightened, though feeble public sentiment, holds it up against the machinations of its arch enemy, the allopathic medical school.

The *Record* credits us in America, on the reports made at Basle, "with fourteen medical colleges, fifty-one hospitals, forty-eight dispensaries, one hundred and forty-three societies, twenty-two journals and thirty-three pharmacies." And with a coolness not to be excelled, it adds, that Homœopathy "appears to be one of the social disorders to which new countries are subjected, but it is one which despite the apparent showing of statistics, the United States is surely outgrowing." And all this in the face of the fact that, every year we steadily increase, as our carefully compiled statistics show. And, by the way, we could have reported one more asylum in the State of Michigan in the hands of the homœopathic school, if the allopathic doctors had not

asked it from us. Will the *Record* tell its readers all about this bare-faced robbery, and then ask them why *Homoeopathy does not grow more rapidly?* "It would take a brave heart," says this editor, "to find encouragement in the various reports presented." Yes, sir; for once you are right. A coward may well find his home where numbers and noise will protect and hide him, but it takes a brave heart to be a true Homoeopath even to-day. None other need apply.

T. P. W.

NEW PUBLICATIONS.

HELMUTH'S SYSTEM OF SURGERY. Fifth edition, enlarged, rearranged, revised, many parts rewritten, and much new matter added, is announced by the Hahnemann Publishing House for November.

Dr. Helmut, by universal consent, occupies the front rank in the Homoeopathic school as a surgeon. His experience and scientific attainments are too well known to need any comments. The author, we are informed, has occupied much time in this revision, and the reputation of the publishers is a guarantee that no pains will be spared to make the volume not only a credit but an honor to the school. The arrangement will consist of the following divisions:

Part I. Minor and Preliminary Surgery.

Part II. General Surgery.

Part III. Surgery of Special Regions and Tissues.

Part III. Original Surgery will contain so many additions and so much new matter, to bring the volume up to date, that those who have been fortunate enough to possess a copy of the last edition will scarcely know the new one. We shall anxiously await its appearance.

WILLIAM WOOD & CO.'S PUBLICATIONS.

We clip the following from the *New York Mail*: The firm of William Wood & Co. is one of the oldest in America. Mr. Samuel Wood, the grandfather of Mr. William H. S. Wood, of the present firm, was the founder of the house and was associated with many of the philanthropic enterprises of his time in New York. He began the bookselling and publishing business in 1804. In 1815 he associated with him two of his sons, Samuel S. and John, and the firm became Samuel Wood & Sons. Seven years later another son, Mr. William Wood, was admitted to the firm, and at the same time Mr. John Wood retired. Mr. William Wood had taken a great interest in medical works, and their store soon became the

resort of the noted men of the profession. In 1836 Samuel S. and William Wood bought out their father's interest and carried on the business with increased attention to medical works. In 1861 Mr. Samuel Wood died, and two years later Mr. William Wood admitted his son, William H. S. Wood, as a partner, and the firm became William Wood & Co. In 1868 Mr. William Wood retired and Mr. Alfred S. Griffiths, and Mr. Isaac F. Wood, another grandson of the founder of the house, became members of the firm. Three years later the interest of the latter was bought out by his partners, who continued the business until 1884, when Mr. William H. S. Wood became the sole proprietor, retaining the old name of William Wood & Co. In 1871 the medical department of the business had become so large that the firm decided to relinquish their wholesale trade in miscellaneous books and confine themselves to the publication and sale of medical books.

A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY. By E. A. Witthaus, M. D., New York, William Wood & Co.

This volume of seventy-five pages is a practical hand-book for the office or the laboratory, and we cannot give a better idea of its practicality, than by quoting in full its

GENERAL RULES FOR WORKING:

1. There is a place for everything, into which it must be put *immediately* after use.
2. The reagent bottles must be kept upon the shelves in the order of their numbers, and with the labels outward.
3. In replenishing reagent bottles from stock, fill them only half full.
4. If the reagent in any bottle becomes cloudy, filter it.
5. *Do not lay the stopper of the bottle upon the table.* Remove it from the bottle by grasping it between the little and ring fingers of the left hand, and hold it there, pointing outward from the back of the hand, until replaced in the bottle.
6. In liquid tests, use about two per cent. of the liquid to be tested in a test-tube; not more unless so directed.
7. Add the reagent in small quantity at first, and stop when the desired end is attained.
8. Prevent the last drop adhering to the lip of the bottle from flowing down its side, by catching it upon the stopper or upon the *clean* lip of the test-tube.
9. A separate portion of the original substance or liquid is to be used for each test, except when otherwise directed.
10. Before trying a reaction, read the description through, and then follow the directions literally. *Should the result not be that described, ask for an explanation.*
11. Let each piece of apparatus be clean before being put into its place, and let everything be in its place before you leave.

DISEASES OF THE STOMACH AND INTESTINES. A manual of clinical therapeutics for the student and practitioner. By Dujardin-Beaumetz, translated from the fourth French edition by E. P. Hurd, M. D. Illustrated. New York: William Wood & Co., 1886.

The entire work of Clinical Therapeutics of which the present is the first volume, has gone through four editions in France, and has been translated into Italian, Spanish, and Russian. The present work intended for the American profession, is from the fourth revised French edition which appeared in 1885, "somewhat abridged" as the translator says "to bring it within the space prescribed by the publisher." The work consists of twenty-five lectures condensed into 390 pages, and treats of the various diseases of the digestive tract. Lecture VI on Lavage and Gavage of the stomach, with the apparatus to be used, and the entire process of feeding by this method, is particularly interesting and alone worth the cost of the entire volume. The differential diagnosis of the various affections is clear, able, and will be referred to with advantage by the busy practitioner, when a careful comparison is required to be made.

DISEASES OF DIGESTION, URINARY, AND GENERATIVE ORGANS. Illustrated by one hundred and six fine wood engravings. Being Volume II, of the Hand-book of Practical Medicine. By Dr. Hermann Eichhorst Professor of Special Pathology and Therapeutics and Director of the University Medical Clinic in Zurich. This is Vol. VI. of Wood's library for 1886. New York: William Wood & Co.

This volume of Eichhorst is a companion of Vol. I, Hand-Book of Practical Medicine, Wood's library of standard authors for 1886. The diseases of the intestinal tract are well illustrated. The chapter on Helminthiasis is especially valuable. The illustrations and description of the various animal parasites of the intestines are so well given, that no practitioner can well afford to be without it. The author has no apologies to make. What he has to say is said in a clear and concise style, which, taken all in all, forms one of the most attractive volumes of this attractive series.

ELECTROLYSIS, its Theoretical Consideration and its Therapeutical and Surgical Applications. By Robert Amory, A. M., M. D., Member of the Massachusetts Medical Society, etc., etc. Octavo, 314 pages. Illustrated by nearly one hundred fine wood engravings. Supplied only to subscribers for "Wood's Library of Standard Medical Authors," for 1886 (12 vols., price, \$15.00), of which this is Vol. VIII. New York: William Wood & Co.

The author says in his preface "It is difficult to understand the action of electricity in biological and physiological relations without first properly understanding the principles of chemistry and physics, which control the manifestations of this physical force. Neither can we expect to grasp the great truths which underlie the action of electricity upon living tissues, unless a comprehensive view be presented of the laws which affect the construction and destruction of these living tissues." Here is a subject of which

the general practitioner requires more than a smattering knowledge. If he does not thoroughly understand the use of the various forms of electrical currents, different kinds of batteries, the number of cells required, the strength of the current, etc., etc., he had better relinquish his patient to an expert, or purchase Wood's Library for 1886, and master this difficult subject. The treatment of exophthalmic goitre by electrolysis and the number of cases reported in this chapter is worthy a careful perusal. Whether cures effected in this way will be permanent and the patient not suffer deteriorated health in other particulars is a question which has not yet been decided.

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tion, ridicule, sarcasm, or reproach, from whatever of ignorance or prejudice; if a *fiction*, it is equally beyond the power of advocates to give it life or influence beyond that which attaches to dead thoughts, which have perished for lack of truth."

CASE FOR COUNSEL.—*Editor Advance*: Dr. Beckwith's case on page 339 interests me a great deal. He has described it very accurately, and, by his earnestly expressed wish for advice, I am led to offer a few suggestions from my experience in similar cases.

Diagnosis.—Chronic Bright's disease, with secondary cardiac dilatation and probable emphysematous patches in lungs.

Treatment.—Merc. corr., 6x trit., a powder every three hours, will be found to cover the totality of the case. If uræmic symptoms are exhibited, such hydragogue cathartics as cream of tartar. at once; otherwise continue with the simillimum, Merc. corr.

Dietetic.—Buttermilk, two quarts daily, strong meat broths, roast beef, Murdock's liquid food and milk in moderation, with soft boiled eggs. Avoid butter, potatoes, bread (if possible), starchy foods, sugar and sweetmeats, the latter at all hazards.

Prognosis.—Death early in 1887.

The latter prediction does not prevent the doctor from doing his whole duty by his patient, thus giving him the benefit of every doubt.

Should allow the gentleman to smoke one or two cigars daily, but should certainly take away the brandy, substituting for that exciting cause of his illness, some light wine in small quantities. M. H. PARMELEE, M. D.

Toledo, O.

Editor Advance: In reply to Dr. Lilienthal's question as to the remedy for the case of neurosis, p. 257-9 of the September issue of the ADVANCE: the nearest to the peculiar conditions that I know of is Euphorbium—"violent sprained and lame pain in left side of pelvis, extending to thigh, on stretching the limb after sitting."

E. W. BERRIDGE, M. D.

The Medical Advance

AN ADVOCATE OF
HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M. D., Editor and Publisher.

VOL. XVII. ANN ARBOR, MICH., NOVEMBER, 1886. No. 5.

The Editor is not responsible for the opinions of contributors. Personalities, being foreign to scientific discussion, must be excluded.

To accommodate both reader and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

The date to which subscriptions are paid will be found on the address.

EDITORIAL.

HOMŒOPATHY AND PROGRESS.—The *Medical Record*, (allopathic), of New York, is in general a very honorable journal. It exhibits usually, a fair-mindedness, quite superior to many of the journals of that school. But, unfortunately, the *Record* has its lapses. The chief source of its trouble, generally lies in the doings of the homœopathic school of medicine. If the members of that school will only keep still and do nothing, or say but little, the *Record* is very complaisant and even patronizing toward the “silliness of attenuations.” But let the Homœopaths get together and do something worthy of their name, and fitting their opportunity, and the gall of this allopathic journal is stirred to its lowest depths.

In a late number, (Oct. 2), it sets forth its grievances in an editorial, entitled “The Progress of Homœopathy.” It graciously informs its readers, that “The Homœopaths have been holding an International Congress at Basle, Switzerland.” So far, good; for this is the only method by which many of the readers of the *Record* are likely to learn this fact. All they know about Homœopathy in general or particular, is such occasional and often distorted glimpses as are to be found in this journal.

Following this announcement, the *Record* sneeringly

whether he would have vital force enough to rally from the shock of reform. I doubt if the one cigar after breakfast could ever be dispensed with. I think the brandy and all other stimulants might be. Narcotics, according to my experience, become woven more inveterately into the organism than alcoholics ever do. I think the old man's only chance for any degree of continued comfort, or much more life of any sort, depends upon leaving them off and upon a plain diet in general.

THE ORGANON.—Another noteworthy article in the same rich number of the ADVANCE is your editorial on "The Teaching of the Organon." No doubt our physicians and college professors know too little about the philosophy of this book. Every person in this free country and rapidly advancing age should be at liberty to reject, or at least not adopt, anything he cannot see to be true. But we should be thankful for what any man can help us to see. And a book that summarises the life work of him who founded our system ought surely to be carefully studied by all who profess to practice the system. And no less certainly should it be explained to medical students. I am myself not much inclined, as is somewhat known, to follow the dictum of any man as authority, even of Hahnemann; but *there is no work on medicine that makes me think so much, and leads me to so much insight, as the Organon.* Things that seemed preposterous at first, appear gradually to unfold themselves and after a while show their deep foundation in real fact. For instance, we ridicule each other about high potencies as "moonshine," or low potencies as "flesh pots" of the old school; or we scorn the fixed number of "shakes" of Hahnemann, but the grand truth at the bottom of it all is the principle that attenuation or potentization of drugs is a great discovery—second only to the law of cure—in its far-reaching importance.

Many of us have repudiated the "psora" theory and supposed that when the itch insect was discovered it was all over with it. But the more we look around, reflect and investigate, the greater is our inclination to receive it as true. Call it *dyscrasia* and all is right.

The idea of "key-notes" has appeared to contradict the central idea of "totalities," and as applied to-day, no doubt, is often true. But the "key-notes" of the Organon, although not called by this name, are rational and instructive. We read (§ 153) "that the more *prominent, uncommon, peculiar* features of the case are especially and almost exclusively considered and noted." And (§ 212) that "the effect upon the state of the mind and disposition are the principal features of all diseases;" so (§ 220) "we may proceed to find a remedy of great similarity, especially with regard to the mental disturbance which it has the power to produce." Such, and not the little, unimportant points that some of our doctors bring forward, are the real Hahnemannian "key-notes," and these commend themselves to our rationality. Indeed the principles of the Organon, when deeply studied, shine forth as great originals, full of truth and blessing. Let them be taught, and let our students see and know at heart what they are. I do not say there are no errors, no false philosophy, in the book, but I am sure that no other work on medicine is equal to it—as a text book.

Why, therefore, can we not have a few fundamental lectures—a half dozen or so—on the philosophy of Homœopathy as taught by the Organon, prepared by some experienced and capable speaker, and delivered in the medical course of our colleges? The same man, thoroughly equipped in this way, might go to several institutions in the same season. Will our college faculties think of it?

L. BARNES, M. D.,
Delaware, O.

WHOSE FAULT IS IT ?

This question is often asked, but under very different circumstances. When a train is wrecked the question is echoed; or when any deplorable condition is recognized which demands reformation, the natural inclination is to look for the cause. Physicians, above all others, are supposed to "remove the cause," but there is an inborn desire to shift *personal responsibility*.

stolen it from us. Will the *Record* tell its readers all about this bare-faced robbery, and then ask them why Homœopathy does not grow more rapidly? "It would take a brave heart," says this editor, "to find encouragement in the various reports presented." Yes, sir; for once you are right. A coward may well find his home where numbers and noise will protect and hide him, but it takes a brave heart to be a true Homœopath even to-day. None other need apply.

T. P. W.

NEW PUBLICATIONS.

HELMUTH'S SYSTEM OF SURGERY. Fifth edition, enlarged, rearranged, revised, many parts rewritten, and much new matter added, is announced by the Hahnemann Publishing House for November.

Dr. Helmuth, by universal consent, occupies the front rank in the Homœopathic school as a surgeon. His experience and scientific attainments are too well known to need any comments. The author, we are informed, has occupied much time in this revision, and the reputation of the publishers is a guarantee that no pains will be spared to make the volume not only a credit but an honor to the school. The arrangement will consist of the following divisions:

Part I.—Minor and Preliminary Surgery.

Part II.—General Surgery.

Part III.—Surgery of Special Regions and Tissues.

Part III.—Original Surgery will contain so many additions and so much new matter, to bring the volume up to date, that those who have been fortunate enough to possess a copy of the last edition will scarcely know the new one. We shall anxiously await its appearance.

WILLIAM WOOD & CO.'S PUBLICATIONS.

We clip the following from the *New York Mail*: The firm of William Wood & Co. is one of the oldest in America. Mr. Samuel Wood, the grandfather of Mr. William H. S. Wood, of the present firm, was the founder of the house and was associated with many of the philanthropic enterprises of his time in New York. He began the bookselling and publishing business in 1804. In 1815 he associated with him two of his sons, Samuel S. and John, and the firm became Samuel Wood & Sons. Seven years later another son, Mr. William Wood, was admitted to the firm, and at the same time Mr. John Wood retired. Mr. William Wood had taken a great interest in medical works, and their store soon became the

resort of the noted men of the profession. In 1836 Samuel S. and William Wood bought out their father's interest and carried on the business with increased attention to medical works. In 1861 Mr. Samuel Wood died, and two years later Mr. William Wood admitted his son, William H. S. Wood, as a partner, and the firm became William Wood & Co. In 1868 Mr. William Wood retired and Mr. Alfred S. Griffiths, and Mr. Isaac F. Wood, another grandson of the founder of the house, became members of the firm. Three years later the interest of the latter was bought out by his partners, who continued the business until 1884, when Mr. William H. S. Wood became the sole proprietor, retaining the old name of William Wood & Co. In 1871 the medical department of the business had become so large that the firm decided to relinquish their wholesale trade in miscellaneous books and confine themselves to the publication and sale of medical books.

A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY. By R. A. Witthaus, M. D., New York, William Wood & Co.

This volume of seventy-five pages is a practical hand-book for the office or the laboratory, and we cannot give a better idea of its practicality, than by quoting in full its

GENERAL RULES FOR WORKING:

1. There is a place for everything, into which it must be put *immediately* after use.
2. The reagent bottles must be kept upon the shelves in the order of their numbers, and with the labels outward.
3. In replenishing reagent bottles from stock, fill them only half full.
4. If the reagent in any bottle becomes cloudy, filter it.
5. *Do not lay the stopper of the bottle upon the table.* Remove it from the bottle by grasping it between the little and ring fingers of the left hand, and hold it there, pointing outward from the back of the hand, until replaced in the bottle.
6. In liquid tests, use about two per cent. of the liquid to be tested in a test-tube; not more unless so directed.
7. Add the reagent in small quantity at first, and stop when the desired end is attained.
8. Prevent the last drop adhering to the lip of the bottle from flowing down its side, by catching it upon the stopper or upon the *clean* lip of the test-tube.
9. A separate portion of the original substance or liquid is to be used for each test, except when otherwise directed.
10. Before trying a reaction, read the description through, and then follow the directions literally. *Should the result not be that described, ask for an explanation.*
11. Let each piece of apparatus be clean before being put into its place, and let everything be in its place before you leave.

DISEASES OF THE STOMACH AND INTESTINES. A manual of clinical therapeutics for the student and practitioner. By Dujardin-Beaumetz, translated from the fourth French edition by E. P. Hurd, M. D. Illustrated. New York: William Wood & Co., 1886.

The entire work of Clinical Therapeutics of which the present is the first volume, has gone through four editions in France, and has been translated into Italian, Spanish, and Russian. The present work intended for the American profession, is from the fourth revised French edition which appeared in 1885, "somewhat abridged" as the translator says "to bring it within the space prescribed by the publisher." The work consists of twenty-five lectures condensed into 390 pages, and treats of the various diseases of the digestive tract. Lecture VI on Lavage and Gavage of the stomach, with the apparatus to be used, and the entire process of feeding by this method, is particularly interesting and alone worth the cost of the entire volume. The differential diagnosis of the various affections is clear, able, and will be referred to with advantage by the busy practitioner, when a careful comparison is required to be made.

DISEASES OF DIGESTION, URINARY, AND GENERATIVE ORGANS. Illustrated by one hundred and six fine wood engravings. Being Volume II, of the Hand-book of Practical Medicine. By Dr. Hermann Eichhorst Professor of Special Pathology and Therapeutics and Director of the University Medical Clinic in Zurich. This is Vol. VI of Wood's library for 1886. New York: William Wood & Co.

This volume of Eichhorst is a companion of Vol. I, Hand-Book of Practical Medicine, Wood's library of standard authors for 1886. The diseases of the intestinal tract are well illustrated. The chapter on Helminthiasis is especially valuable. The illustrations and description of the various animal parasites of the intestines are so well given, that no practitioner can well afford to be without it. The author has no apologies to make. What he has to say is said in a clear and concise style, which, taken all in all, forms one of the most attractive volumes of this attractive series.

ELECTROLYSIS, its Theoretical Consideration and its Therapeutical and Surgical Applications. By Robert Amory, A. M., M. D., Member of the Massachusetts Medical Society, etc., etc. Octavo, 314 pages. Illustrated by nearly one hundred fine wood engravings. Supplied only to subscribers for "Wood's Library of Standard Medical Authors," for 1886 (12 vols., price, \$15.00), of which this is Vol. VIII. New York: William Wood & Co.

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Animal foods;—general properties; methods of cooking meat; milk; butter; cheese.

Vegetable foods;—cereals and grains; flour and meal; bread; peas and beans; potatoes; other vegetables; starches; sugars; fruits; nuts; vegetable oils; condiments; tea; coffee; chocolate.

There is here much information on all these subjects, which cannot be found so well arranged and thoroughly discussed in any other work.

Dr. Sternberg was awarded \$500 for his monograph on "Disinfection and Individual Prophylaxis against Infectious Diseases," which is without doubt one of the best works extant upon this subject. The author is already well known for his scientific attainments, and his views on disinfection, to which he has devoted much time and thought, are exhaustively presented. It no doubt contains the latest researches in sanitation and for years will be the authority on these matters. It will be invaluable, in fact almost indispensable, in the library of every physician. When called upon for a scientific opinion on sanitary matters, either public or private, no homœopathic physician should be found wanting. We can greatly advance the vital question of public health by not only buying this small work ourselves, but by recommending it for general reading. It deserves a translation into German, at least, that the masses of the people may be able to profit by its instruction.

ANNUAL ADDRESSES BEFORE THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY, ETC., ETC.—The first of these was delivered by the veteran, Dr. S. M. Cate of Salem, in 1864, and the second by Dr. D. B. Whittier of Fitchburg, in 1879. Both addresses cover practically the same field, to-wit: *The value of objective symptoms in the treatment of disease* (Whittier); and *Correct observation in medicine* (Cate). It is well known, that an important advance was made in medical science, when Hahnemann taught us the true value of subjective symptoms. And we know also that, in spite of all that has been done in demonstrating the importance of such signs of disease, the allopathic school, true to their material instincts, cling with tenacity to objective symptoms, and give them in all cases, with few exceptions, precedence. Homœopathy, on the other hand, is distinguished for the care she takes in tracing out subjective signs. And it is equally plain, that there can be no true application of the law of Similia, except the observer notes in each case those symptoms which the Allopath would certainly discard. The genuine homœopathic pathologist, discards no sign; for with him, "the totality of the symptoms" gives the true picture of the disease. It is possible that, among some of us, an error has been committed, in giving either too much prominence to subjective symptoms, or of altogether losing sight of objective signs. If so, then both these addresses are timely. The correct study of dis-

ease, or rather of each individual case, is to no one so important as to the Homœopath. Upon this point, these pamphlets are full of valuable suggestions, and we commend their perusal to our readers; and especially to those who are young in the art of diagnosing. No doubt the authors as above named, might be successfully solicited for copies.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK, VOL. XXI, 1886.—This is a portly volume of 465 pages well printed and well bound in cloth, and contains some valuable articles. It has, as a frontispiece, a fine steel engraving of M. O. Terry, M. D., the President for 1886, and contains an index for volumes XII-XXI, 1875 to 1886 inclusive. A few complete sets of transactions of this society can be had of the treasurer, Dr. Coburn, 91, Fourth st., Troy, N. Y.

FACTS; THE PATHIES, ISMS AND QUACKERY. By Carl Horsch, M. D., Dover, N. H. This is another attempt by a professed Homœopath to "drop the name." He writes "an open letter to the American Institute" declining to become a member unless "Homœopathy" be dropped from its honored name, but when Polk asks for his status as a medical man, he consistently (?) wishes to be registered as a Homœopath.

DR. GUERNSEY'S "KEY NOTES" is now passing rapidly through the press, and will be ready sometime during the coming month. It will contain about three hundred pages, and will be a practical every-day working *Materia Medica*. Price, \$2.50.

SYPHILIS.—G. Frank Lodston, M. D. This little work published by A. M. Wood & Co., Chicago, Ills., is a fairly well-written account of the pathology and semeiology of syphilis, reliable and fully up to the latest teaching. There is nothing original in it, and it differs but little from the large number of similar works. As presenting the subject in a condensed form, it has a certain value, but those possessed of Bumsted, Otis, or Van Buren and Keys, will not find it a very valuable addition to their library. The ground taken in debatable points, or those that *have* been open to argument in times past, is fully in accord with the accepted teachings of the day, which would seem to be now almost out of the field of controversy. With the therapeutics we have nothing to do; it is presumed that they are satisfactory to those who have practical use for the work. Candor compels me to acknowledge, however, that I have been enabled to cure several cases of inveterate secondary and tertiary syphilis with large doses of

Iodide of Potassium, when all other remedies had failed; even the same remedy had done no good in other forms. There is no doubt that previous failures had been due to mistakes in my prescribing, but the fact remains that the patients were apparently finally cured, and remain so. While the book under notice may not be of much value to the specialist, yet those who desire a fair, intelligible, trustworthy and withal condensed exposition of the present state of knowledge on the subject, will find it eminently satisfactory.

J. G. G.

EDITOR'S TABLE.

W. D. COOPER, M. D., has located in Lansing, and will make a speciality of surgery. We are glad the doctor has permanently pitched his tent at the capital.

DR. E. A. LODGE leaves for Thomasville, Georgia, the first of November, where he will remain until May, 1887, and give special attention to diseases of the throat and lungs. Thomasville has a delightful winter climate.

MEDICAL SOCIETIES have been organized in Michigan during the past month in the following places: Jackson, Detroit, Lansing, Grand Rapids, Reed City and Saginaw. We hope in the near future to hear the results of their labors.

EDITOR ADVANCE.—If any reader of your journal has met with a case of Cocaine addiction and will send me the fullest details at his command, I'll thank him for the courtesy, reimburse him for any expense incurred, and give him full credit in a coming paper. J. B. Mattison, M. D., 314 State St., Brooklyn, N. Y.

WESTBOROUGH INSANE HOSPITAL.—“Applications for the position of male or female physician in the Westborough Insane Hospital, at Westborough, Mass., may be made on or before the 15th of November, 1886. Homœopathic practitioners, who desire one or two years of experience in this specialty, can apply in person, or by letter, to N. Emmons Paine, M. D., Superintendent, at Westborough.”

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—The opening exercises of the New York Homœopathic Medical College, were held in the college amphitheatre, Tuesday evening, Oct. 5th.

A large audience composed of the students of the college, numbering about two hundred, their friends, members of the faculty, and the profession generally, were in attendance.

The introductory address was delivered by Professor J. W. Dowling, the subject being, “Why we do not live out our three score years and ten.”

As WILL be seen by the following, nearly all our colleges report an increased class over last session:

	1885-86	1886-87
Hahnemann College, Philadelphia.....	148	159
New York Homœopathic.....	no report.	131
Boston University College.....		no report.
College and Hospital for Women, New York	22	24
Cleveland Hospital College.....		increase of 35 p.c.
Pulte Medical College.....	60	75
Hahnemann College, Chicago.....	169	176
University of Michigan.....	46	60
Chicago Homœopathic College.....	130	135
St. Louis Homœopathic College.....	31	44
University of Iowa.....	21	34
Minnesota Medical College.....	organized in 1886.	15
California Homœopathic College.....		larger class
Nebraska University College.....		no report.

We shall hold this for next month. Please give full reports by November 25.

AN IMPORTANT RESOLUTION.—A step in the right direction was taken at the recent convention of the senate of the University of New York, in which Chancellor Sims, of Syracuse, spoke in favor of giving the licensing of physicians to another body than the educating power, and with Regent Watson offered the following resolution, which was adopted:

Resolved, That in the judgment of this convocation the power to license physicians should be vested in boards of examiners different from faculties of medical instruction.

The following was also passed:

Resolved, That the following gentlemen, viz.: Regent William H. Watson, M. D., chairman, Chancellor Charles N. Sims, LL. D., Warden R. B. Fairbairn, Vice Chancellor Henry M. MacCracken, D. D., and Truman J. Backus, LL. D., be constituted a standing committee of the convocation on medical education and medical licensure.

DETROIT FREE HOSPITAL.—Gordon W. Lloyd, the architect, is hard at work on the plans for the new Homœopathic Hospital in Detroit, made possible by the munificent gifts of \$100,000 each from James McMillan and John S. Newberry. These plans are being prepared after a tour of inspection by Mr. Lloyd and Dr. C. A. Walsh, which included visits to all the important hospitals, asylums and sanitary institutions in the country, and it is hoped that by combining the many good features found here and there, an institution second to none in the country may be obtained.

The hospital building is to be located on the southeast corner of John R. street and Willis avenue, and is to be four stories high, the first story being of rough cut stone and the remaining stories of pressed brick with cut stone trimmings. It will be in the general form of an "L," with arms fronting on and extending along either street, but the main front or central design, as it were, will be on an angle fronting squarely to the corner. While the front elevations will be ornate in design it is the purpose to devote espe-

cial attention and the best efforts towards obtaining convenience, perfect light and ventilation, an abundance of sunlight for all wards and rooms and the highest forms of sanitary appliances. The building will be set back from the streets sufficiently to present a spacious lawn, which is to be ornamented with trees and foliage plants. The main entrance at the corner will be for the use of attendants, physicians, convalescent patients and visitors. A second entrance will be near the east end of the Willis avenue front, where patients will be received. A third entrance at the south end of the John R. street front will be used for the reception of materials used in the institution. There will be no balconies about the premises as they are considered bad about hospitals in that they shade the rooms and serve as places for the accumulation of dampness and other undesirable deposits. A feature of the establishment will be a garbage burner located in the basement where all refuse from the culinary department and all cast off bandaging and other medical dressings will be burned. All modern improvements in the line of steam heating, lighting by gas and electricity, water distribution (hot and cold), bath rooms, elevators, etc., will be provided. In brief it is to be as complete a hospital as can be built for the \$200,000 donated, and that means much. In this connection the following letter will prove of interest:

To James McMillan, Esq., and the Hon. John S. Newberry:
GENTLEMEN—We, the homœopathic physicians of Detroit, feel ourselves at a loss to suitably express our gratitude and admiration for your magnificent liberality. It enables us to realize a long cherished wish, the fruition of which seemed hopelessly distant. But not to ourselves is this gift the greatest good. Humanity in the persons of the worthy poor is the object to which you have given of your abundance. All true physicians feel it both a duty and privilege to give of their skill to the same end. When, by such munificence as yours, the opportunity is given them to exercise their skill, results are attained that no individual efforts on their part can ever reach. When to this is added your recognition of the principle of Homœopathy, so dear to us, can you wonder that we fail to find the words to thank you? Neither you nor we can estimate the value and influence of your act upon the future, but so long as Detroit shall remain a city, so long shall your names be cherished by suffering ones whom your gift has made it possible to relieve.

In accepting the trust on our part we pledge ourselves to faithful work, to an earnest endeavor to make the record of the Detroit Free Hospital equal to any in the world, to subordinate personal strifes and rivalries to the good of the institution, and, so far as in us lies, justify the confidence you have reposed in us.

With sentiments of profound gratitude and admiration we beg leave to subscribe ourselves.

Very respectfully yours,

C. A. Walsh, M. D.	C. C. Miller, M. D.
E. P. Gaylord, M. D.	J. M. Griffin, M. D.
H. P. Mera, M. D.	R. C. Olin, M. D.
E. R. Ellis, M. D.	F. X. Spranger, M. D.
W. M. Bailey, M. D.	O. Lang, M. D.
C. A. Hughes, M. D.	Phil Porter, M. D.
M. E. Hughes, M. D.	M. J. Spranger, M. D.
R. E. Gustin, M. D.	Thos. H. Hicks, M. D.
W. R. McLaren, M. D.	D. J. McGuire, M. D.
W. A. Polglase, M. D.	C. F. Sterling, M. D.

DETROIT, MICH., September 30, 1886. —*Tribune.*

DRS. T. P. AND HAROLD WILSON have formed a partnership and will continue to give special attention to diseases of the eye and ear. Office, 30 South Division street, Ann Arbor, Michigan.

BUSHROD W. JAMES, M. D., has opened a "surgery" for his eye and ear department, where cases requiring surgical treatment can receive the best sanitary surroundings. It will be supplied with matron and skilled attendants and will afford accommodation for general surgeons who may desire to operate and treat their cases under favorable surroundings. Address, northeast corner Eighteenth and Green, Philadelphia.

MEDICAL SOCIETY OF NORTHERN NEW YORK held its thirty-fifth annual meeting in Albany, October 27, and although the attendance was small the sessions were very interesting. Valuable papers were read by Drs. Robinson, Sullivan, H. M. and H. S. Paine, of Albany; Dr. Allen, of Waterville; and Dr. Terry, of Utica. Several new names were added to the list, which now contains the names of over one hundred physicians.

HAHNEMANN MEDICAL COLLEGE, of Philadelphia, can now boast of as complete a college building as is to be found in the United States. It was opened to the public September 20, and from the 20th to the 25th a series of exercises were held in connection with the opening. Vice-President McGeorge said, in receiving the keys and accepting the trust in behalf of the Board of Trustees: "This building is a monument of a united profession, and it is an honor to the united Homœopaths that they have made this building possible." Dr. J. C. Guernsey, on behalf of the heirs of his father, presented the college with an oil painting of Hahnemann, probably the best in America, if not the best extant. Among the prominent professional gentlemen from a distance we noticed Dr. J. W. Dowling, of New York, Dr. J. H. McClelland, of Pittsburg, and Dr. L. T. Talbot, of Boston.

PUBLISHER'S PAGE.

SUBSCRIBERS WILL CONFER A FAVOR BY PROMPTLY REMITTING.

SUBSCRIBERS should bear in mind that the prompt issue of a journal depends upon the prompt payment of the printers. If every subscriber would follow the "golden rule" and pay as he would wish his patrons to pay him, publishers would be happy.

THE COST OF INFANT FOODS.—One of the greatest objections that have been made to the use of the various prepared infant foods upon the market has been their high cost. As it will be a matter of interest to the entire profession to know the comparative costs of the various foods, a careful computation has been made.

The so-called milk foods or powders are found to be the highest, averaging to cost, when prepared ready for use, about nine cents per pint; next in cost is a class called Liebig's Food, which average six cents or more a pint; next in a class of farinaceous foods, which cost nearly as much as the Liebig Foods. Below all these is Lactated Food, which costs but four cents per pint, making it the most economical food the profession can use. A dollar package of Lactated Food will give an infant one hundred and fifty meals or sufficient to last about four weeks.

Dr. Wolf, Demonstrator of Chemistry Jeff. Med. College, Philadelphia, says:

I have been using Mellin's Food for the last two years both in my own family as well as in my practice. My success with it was so excellent that in all cases when artificial feeding of infants was required, I would use no other. My own child has prospered under its use beyond my fondest expectations and is the envy of many mothers who have nursed their infants. My good results in the treatment of infantile disorders of the alimentary tract, dates from the time I employed Mellin's Food as a substitute for milk, and I now undertake such cases with much less hesitancy than formerly.

In a series of comparative experiments as to the nutritive value of the different foods, as judged by the chemical condition of the fecal discharges, I found that the smallest amount of solid residue in equal periods was obtained by only two, one of which was Mellin's, and that the latter gave rise to less offensive discharges than all others, proving beyond doubt to me its greater nutritive value over all other artificial foods.

W. A. DEWEY, M. D., has returned to San Francisco and resumed practice at 36 Geary st.

S. R. GEISER, M. D., of Cincinnati, has been appointed medical examiner of the Home Life Ins. Co. of N. Y.

THE MEDICAL ADVANCE.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

VOL. XVII.

ANN ARBOR, DECEMBER, 1886.

No. 6.

ORIGINAL CONTRIBUTIONS.

A BRIEF REPERTORY OF MEDICINES AFFECTING THE POSTERIOR NARES, WITH COMMENTS AND SUG- GESTIONS *

E. A. FARRINGTON, M. D., Philadelphia,

It has become an approbrium of homœopathic practice that post-nasal and pharyngeal catarrhs are frequently not cured by internal medication. Specialists, treating nose, throat and ear affections, are daily receiving patients who have been dismissed by homœopathic physicians as incurable, or who have become disgusted with the general practitioner. I grant that one who devotes his exclusive attention to a given subject should be better qualified therein than those engaged in common practice. But the question is not one of comparative success in the employment of internal medicine; it is one of contrast between local applications and legitimate Homœopathy. If the system of Hahnemann is universally true, that is, if it is founded upon *law* and does not constitute a mere *rule*, it must as assuredly remove a post-nasal catarrh as a sore throat or a cold on the chest.

There are three modes of defence, one or another of which is invariably employed in defending Homœopathy against a charge of inefficiency; *first*, that if one can obtain the simillimum, the cure or relief will follow; *secondly*, a

* Trans. Penn. State Society.

local affection is always a part of a more or less latent constitutional dyscrasia, and therefore cannot be permanently cured until the latter is; *thirdly*, the failure is claimed to be due to errors in selection or in potency, in repetition or in the administering of drugs singly or in alternation.

To all such illogical positions, I emphatically object. I believe that the simillimum will help because I believe in the universality of the law; and consequently, I reject alternation of remedies. I accept the law because I think that it is logically deducible from revealed truth. If any one agrees with me here, my strictures do not apply to him. They apply to those who admit the truth of Homœopathy, because they have tested it and have been satisfied from experience; and this class includes nearly the entire medical profession. Having proved Homœopathy, then, in the same manner as did Hahnemann, the only reasonable position is that the system is effective because it cures. When, therefore, it fails, a consistent defence is not paucity of material and knowledge, but an earnest, painstaking and persistent series of experiments instituted as a crucial test.

With all due deference to specialists, they have not carried out this plan. Failing with the means at hand, they have felt compelled to preserve their reputations by resorting to collateral measures; for more is expected of them by the public than of the general practitioner. Specialists should spare no pains to institute provings. There are many unproved or partially proved plants and minerals, which are known to exert some sort of an influence upon the naso-pharyngeal passages. It is incumbent upon those most interested to thoroughly explore the subject and determine what this influence is in each drug. A few years ago we could not readily cure cases which now, since the introduction of Sanguinaria nitrate and Antimonium auratum, are easily relieved.

I propose to enumerate the remedies known to affect the posterior nares, and to offer some suggestions concerning a few not often employed.

The known drugs are:

<i>Aconite.</i>	Granatum.	Plumbum.
<i>Æsculus Hip.</i>	HEPAR.	PSORINUM.
Alumen.	Helianthus.	Phos. acid.
ALUMINA.	<i>Hydrastis.</i>	<i>Phytolacca.</i>
Anacardium.	Iodine.	<i>Penthorum.</i>
Ant. crud.	Iris vers.	Physostigma.
<i>Ant. sulph. auratum.</i>	KALI BICH.	Phosphorus.
ARGENTUM NIT.	Kali jod.	Pæonia.
<i>Ammon. brom.</i>	KALI MUR.	Rumex.
Baptisia.	Kreosote.	Rhus. tox.
Bryonia.	Lycopodium.	Saponine.
Baryta.	Mercury.	Staphisagria.
<i>Calcarea ost.</i>	Mer. corr.	Sumbul.
Calcarea sulph.	Mer. cyan.	SEPIA.
Carbo an.	MER. PROT.	SULPHUR.
Carbo veg.	MER. BIJOD.	SILICA.
Cepa.	Mag. carb.	Sinapis nig.
<i>Coral. rub.</i>	Mag. sulph.	SANG. NIT.
Coccus.	<i>Mezereum.</i>	<i>Spigelia.</i>
<i>Cistus.</i>	<i>Natrum ars.</i>	<i>Theridion.</i>
<i>Cinnabaris.</i>	Nat. carb.	THUJA.
Chlorine.	Nat. phos.	Tellurium.
Digitalis.	Nat. mur.	Ustilago.
<i>Eriodictyon.</i>	NITRIC ACID.	Vinca minor.
<i>Euphrasia.</i>	Nitrum.	Wyethia.
<i>Fagopyrum.</i>	Nux mosch.	Yucca.
Fer. phos.	Osmium.	Zinc.
Flouric ac.	Oxalic acid.	Zingiber.
Gallic ac.	Petroleum.	

Of these eighty or more drugs, some are so rarely indicated as to be of little value to the general practitioner, several are useful only in acute catarrh, and but a few offer the usual symptoms of chronic catarrh of the posterior nares. These few are:

Alumina.	<i>Hepar.</i>	<i>Psorinum.</i>
Amm. brom.	<i>Hydrastis.</i>	SEPIA.
<i>Ant. auratum.</i>	<i>Kali bich.</i>	SULPHUR.
<i>Arg. nit.</i>	KALI MUR.	Silica.
Calcarea ost.	MER. JODAT.	SANG. NIT.
Corallium.	MER. BIJODAT.	<i>Spigelia.</i>
Cinnabaris.	<i>Natrum ars.</i>	<i>Thuja.</i>
Fagopyrum.	NITRIC AC.	

The relative value of this group is indicated by the variety of type, reducing those of the highest value to the

two Mercuries, Sang. nitrate, and Kali bich. and mur.—a very small armamentarium for so stubborn a disease. But the list could be enlarged if specialists would test known symptoms and publish the results.

For instance, Phosph., Natr. mur., Cistus, Natr. ars., Alumina, have glazed or varnished appearance of the posterior wall of the pharynx. Why not use one or another of these when such a state of the membrane obtains higher up?

Alumina and Nat. mur. affect the mucous membranes, causing scanty secretions, the latter drug being distinguished by smarting sensation; why, then, may not Alumina be often used, especially as in addition it causes, scurf in the nose, plugging of the Eustachian tubes, snapping sound in the ears on swallowing or chewing; dropping of mucus from the posterior nares.

Kali mur. often relieves hawking of mucus from the posterior nares; why not note carefully its effect upon the catarrh itself and report results at a future meeting? Compare also Pæonia.

When the pharyngeal walls are varicose, Pulsatilla, Hamamelis, Vespa, Natr. ars., and Phytolacca, may be consulted. The first two have relieved the catarrh, though I have been compelled to follow Hamamelis with some other drug to effect a cure.

Vespa, like Natr. ars., produces œdema and varicosis; the first caused purulent catarrh of the middle ear, and also recurrent tonsillitis, and ought to be used; the second, with thickening of the mucous membrane, lasting for months, hawking of a thick mucus from the posterior nares, offers a valuable remedy for winter catarrh.

Fagopyrum pictures a common and very annoying form of the disease, one in which exposure is sure to increase the catarrh with rawness and dryness, formation of dry crusts, granular appearance of the mucous membrane and an intolerable itching and burning.

Sensitiveness to inhaled air is not especially important in acute catarrh but is in chronic. It calls for Arsenic, Natr. ars., Corallium, Hydrastis, Lithium, Osmium, Kreosote, and probably Fagopyrum.

Dryness of the posterior nares is not only in the latter remedy, but also in Alumina, Æsculus, Sinapis nigra, Wyethia, and a few others.

Æsculus, as well shown by Dr. T. F. Allen, suits colds extending from the posterior nares, adown the pharynx, with dryness, scraping and burning; at times secreted mucus drops low down and causes choking; patients are weak, with soft pulse, backache, constipation and piles. Why should we neglect this and devote our attention to the more familiar Nux? Æsculus would relieve more promptly and more permanently.

Sinapis nigra has cured dryness of the anterior nares, and has caused dry sensation in the choanæ and pharynx; why not try it when, in addition, there is the characteristic condition of the mucous membranes: dryness, with at most scanty chunks of tenacious mucus secreted.

Wyethia I have never used; it is claimed to have produced and cured pricking, dry sensation in the posterior nares. According to Hale it is useful in chronic pharyngitis, removing the granular appearance, and never failing to relieve *dryness of the pharynx and burning of the epiglottis*.

Penthorum seloides belongs to a class of plants that do not act very deeply; still by reason of their acridity they produce catarrh, skin symptoms, and, some of them, hemorrhoids. The Penthorum ought to be tried when there is a *continual feeling as if the nose were wet*, but without coryza. Sense of fullness in nose and ears. Posterior nares feel raw as if denuded.

Osmium rivals the more commonly employed Phosphorus. It is highly irritating to mucous surfaces, provoking coryza, sneezing as from snuff; nose and larynx sensitive to the air. Small lumps of phlegm are easily loosened from the posterior nares and larynx.

Like Phosphorus, it attacks larynx and lungs. Characteristic is *severe pain in the larynx, worse when coughing or talking*; hoarseness.

Ammonium bromidum is said to be effective when the patient hawks down a stringy, bloody mucus. Here it re-

sembles Sanguin. nitrate and Kali mur., but is far inferior to either:

If the mucus is of a lemon-yellow color, not very fibrinous, Sulphuric acid is almost sure to cure. It is only when it is tough and stringy that Kali bich. claims precedence.

When hardened clinkers are hawked from the posterior nares Kali bich., Cinnabaris, Sepia and Teucrium are serviceable. The latter, suggested by Dr. Walter Williamson, Jr., is needed when very large and irregular masses are hawked down. Cinnabar for dirty yellow lumps.

Saponine causes tough tenacious mucus in the posterior nares, extending into the larynx.

Quillaia, one of the plants from which Saponine is derived, has been quite extensively used in California by Homœopaths for a cold in the head, contracted during warm, damp weather. Here it rivals Gelsemium, both causing general lassitude and tiredness and weakness of the muscles—states of relaxation favoring colds.

Dr. August Korndœrfer has made some excellent cures with Spigelia, guided by Hahnemann's symptoms: profuse discharge of mucus through the posterior nares; nasal mucus passes off only through the posterior nares. I have not been very successful in using it.

But, after all, the majority of cases call for such remedies as Merc. jod., Sang. nitrate, Antim. auratum and Pulsatilla. And it is such accurately fitting remedies as these that I hope to see greatly increased in number by energetic provings, conducted by those whose ability to diagnose diseases of the nose qualifies them for the work.

Sanguinaria nitrate, given persistently—and nasal catarrh needs repeated doses—will often help when there are burning rawness and soreness in the posterior nares, and hawking of thick, yellow, sometimes bloody mucus.

Pulsatilla acts better if the mucus is thick, yellow-green and bland; and Merc. jod. when there is swelling of the glands of the neck and yellow coating on the dorsum of the tongue.

Antim. auratum, proved under the auspices of Dr. C. Neidhard, causes increased mucus-secretion. In one prover

it aggravated a chronic catarrh with increased discharge of a greenish-yellow mucus, more offensive than before. It is used by Dr. Hugh Pitcairn as a co-relative of the iodide of mercury.

Nitric acid follows when dirty, *bloody* mucus flows; and Mezerium in mercurialized patients when there are scraping, burning and rawness posteriorly; *thin, yellow, bloody discharge*.

In conclusion, I desire to say that, as many nasal catarrhs have a specific origin, no remedy, not active in influencing the cause, can materially relieve the catarrh. In addition to Sulphur, Kali jod., Aurum., etc., we should consider Theridion, confirmed by Dr. Korndorfer as an introductory drug in scrofulous cases—Thuja, well-known in sycosis, and invaluable when the discharge is *thick, green or bloody and green*—and Psorinum, despised by some, but fully appreciated by others as often superior to Sulphur.

For convenience I add a brief repertory, confining myself to the limited region under consideration.

NATURE OF THE DISCHARGE:

Yellow, thick: Arg. nit., Aur., Natr. ars., Hyd., Calc. c., Berb., Cinnab., (dirty lumps), Kali bi., Sulph. ac., Nit. ac., Puls., Spig., Sulph., Ant. aur., Sang. nit., Therid., Nat. c., Hep., Lyc., Phos., Kali sulph., Alumina, Rumex, Cal. sulph., Sumbul, Mez. (thin).

Green: Berb., Puls., Thuja, Kali bi., Nat. c., Phos., Sep., Merc.

Plugs, Clinkers, etc: Teucrium, Kali bi., Sepia, Cinn., Lyc., Mang., (yellow or green lumps), Mer. jod., (blood-tinged), Nat. ars.

Like tallow: Coral rub.

Irritating, corrosive: Ars., Ars. iod., Cepa, Kreos., Carb. acid.

Brown: Kali bich. (bloody and offensive).

Bloody: Canth. (and tough), Arg. nit. (yellow mixed with clots), Hyd., Nit. ac., Sepia (with yellow green shreds), Sang. nit., Kaolin, Kali bi., Lach. (bloody pus), Phos. (in streaks), Sulphur (in threads), Mez.

Offensive: Aur., Graph., Mer. (trickling mucus), Sulph., Thuja, Nit. ac., Nat. c., Elaps. (relieved a case for me marked by disproportionate fetor), Therid., Asaf., Lach., Kreos. (old people), Tell. (herring brine), Ant. aur.?

Stringy: Amm. brom., Sulph. ac., Kali bi., Cinnab., Hyd., Coc. cac., Yucca (and greasy-looking).

Scanty, tenacious: Sinapis, Alum., Osmium (large lumps), Nat. mur., Phos. Saponin (tough, tenacious), Phyt.

MEMBRANE DARK:

Lach., Phyt., Amm. brom., Yucca.

—— *Red:* Arg. nit.

SCALES, ULCERS:

Arg. nit. (with yellow scales) Kali bi. (punched), Alum., Cal. c., Graph., Lyc., Puls., Sepia, Silica, Zinc, Psorin., Thuja, Therid., Lach. (bloody), Baryta (and behind uvula), Kali carb. (foul crusts), Fagop.

CHOANÆ:

Too dry: Silica, Sepia, Fagop., Rumex, Sticta, Wyethia, Æsc. hip., Alum., Sinapis, Zinc, Sang.

As if too open: Flour ac., Iod., Nat. mur.

OBSTRUCTED:

Anac., Cal. sulph., Hyd., Iris. ver., Kali iod.

EARS AFFECTED:

Mer., Vespa, Phyt., Gels. (itching in Eustachian tube, also, pain in ears), Nux and Silica (both itching in Eustachian tubes), Kali bi., Rum. (ear feels stopped, voice sounds strange—relief in one, but not cure), Alum. (Eustachian stopped with mucus), Graph. (Eustachian stopped up), Iod. (catarrh Eus. tube), Lith. carb.

Crackling sound on swallowing: Graph., Hep.

Nitr. ac. (Eustach. obstruction) Petrol. (passages dry, whizzing in ears).

SENSITIVE TO INHALED AIR:

Ars., Nat. ars., Ars. jod., Coral., Hyd., Lith. carb., Osmium, Fagop., Kreos., Fer. phos.

NOSE FEELS WET:

Penthorum.

RAWNESS, SCRAPING, SORENESS:

Æsc. hip., Mer., Mer. jod., Mez., Nux vom., Sang. nit., Nit. ac., Chlor., Kreos., Hyd., Iris v., Nat. ars., Ars., Ars. iod., Fer. phos. (on inspiration), Mag. carb., Oxalic ac., Phos., Phos. ac., Osmium, Carbo veg. (on coughing or swallowing, soreness), Gallic ac., Penth., Sepia, Nitrum.

BURNING:

Æsc. hip., Arg. nit., Phos., Osmium, Ars., Ars. iod., Nat. ars., Fagop.

LIKE A FINE LEAF:

Baryta carb.

Like something hanging: Yucca.

 FUNDAMENTALS OF THE ORGANON.

LEWIS BARNES, M. D., Delaware, Ohio.

The nature of disease comes early to the front, and a cursory view from such careless reading as many seem to give the matter, often leaves the impression that disease, according to Hahnemann, consists in the symptoms.

But this is far from being the case. He says distinctly (§7). "The totality of the symptoms" is the "outwardly reflected image of the inner nature of the disease." "They constitute together the true and only conceivable form of the disease," because they are only what is discernible through the senses (§6). If neither physician nor patient could feel, see, hear or in any way discern anything amiss, there would be no conception of disorder.

What, then, is disease? It is something above that which can be discovered by the senses, these being able to discern the signs only—something beyond the domain of matter. It does not originate in the material organism at all. Its primary seat is not there. It belongs to something that has life; but matter is dead, and consequently without sensibility. "The material organism without vital force is incapable of feeling, activity or self preservation." Vital, means living. Vital force, therefore, is that which is alive, and hence, not material. For "this immaterial

being (vital force) alone, animating the organism in the state of sickness and of health, imparts the faculty of feeling, and controls the functions of life" (§10). Thus, it is not merely immaterial in an abstract, indefinite sense; it is an immaterial "being,"—another and higher positive existence. It is "spirit-like, self-acting," "omnipresent in the organism," and in sickness, is alone primarily deranged, (§11). Hence, "disease considered as a material thing hidden within, but distinct from the living whole, (§13) is a nonentity."

It follows that if disease is spirit-like and not material, a derangement of the spirit-like vital force "by the dynamic influence of some morbid agency" (§11), "our vital force, that spirit-like dynamis cannot be reached nor affected except by a spirit-like "dynamic process." "Neither can the physician free the vital force from any of these morbid disturbances, i. e., diseases, except likewise, by spirit-like (dynamic, virtual) alterative powers of the appropriate remedies acting upon our spirit-like vital force" (§16),—such as the "spirit-like power concealed in drugs" (§20).

All this was new doctrine to the world at the time of its promulgation. It is new still to most men. It is new, or not understood, or unheeded, or disbelieved by very many if not most homœopathic physicians. We live in an age so material that few persons can form an idea of anything beyond the existence of matter, and consequently deny such existence, or if they speak of the soul or mind as of something immaterial and spiritual, and of its connection with disease, they regard it as a power, greater or less, which may modify and perhaps induce material disorder in the material organism; but that disease itself is immaterial, seated in something spirit-like and vital, and that drug force must be immaterial in order to reach it—is not understood. And yet this doctrine lies at the bottom of the healing art as taught in the *Organon*. It is not my purpose here to argue concerning its truth, but to show that it is a fundamental idea in our system as originally given to the world. It might be shown indeed that the

whole fabric rests upon it. Every Homœopathist should, therefore, fix it in his mind. Every professed practitioner should at least look carefully into it. The distinction between matter and life, material organism and spirit-force, ought to be apprehended. We should not, with a prominent writer of our school, speak of the fineness and delicacy of the operation of *transforming food into blood and brain and then into thought.*" Such ideas controvert the whole tenor of the Organon. We may speak of food as transformed into brain, and of the brain as an organ of thought, which, or by means of which thought can appear in words or signs, while the real thinker is of a totally or discreetly different substance; but to say that the brain becomes thought is to confound the material and spiritual, is to repudiate the profound and primary distinction of the Organon in relation to the nature of disease.

There is one article in the *ADVANCE* for November, entitled "Electro-Magnetic Properties of Drugs," which would require considerable explanation to make it correspond with this primal doctrine of the Organon. I will not criticise it, however, since the author says to the profession, "If you have any remarks to make, please make them on other papers and let mine alone."

I expect to say more on the fundamentals of our system as originally expounded, but will confine myself mostly to showing what it is instead of contending with those who stand more or less in opposition.

SURGERY.

J. G. GILCHRIST, M. D., Iowa City, Ia.

SURGICAL SPECIALISM:—It may be safely assumed that there is no necessity for argument, at this day, to show the legitimate character of surgical specialism; none, whose opinions are worth anything, would question the proposition. Notwithstanding this, there seems to be some doubt in the minds of a few excellent men, as to the exact position of the specialist with relation to the general practi-

tioner, and on this point I wish to say a word or two. The question is suggested by a recent occurrence, one that is not unique, representative of many similar ones. A physician of the highest professional attainments, and of unblemished personal honor and integrity, one whose opinion on medical subjects is always valuable, and who never knowingly or willfully injures a colleague, became associated in the care of a case supposed to be impaction of gall-stones in the gall-bladder. The case became one of some urgency, and when speaking of it to one who may be considered a surgical specialist, he stated something as follows: "A specialist should have seen the case had an operation been permissible, but the patient, an intelligent woman, declined it, when its nature was explained to her, and of course there was nothing more to be said." The question was asked: "How did you come to propose it to her?" "Oh," was the reply, "when asked if something more than we were doing could not be done, we told her there *was* an operation sometimes made, but it would require two operations, one to make an opening down to the gall-bladder and secure its adhesion to the walls of the abdomen, and after some days then open the gall-bladder, and empty it out. The results, you know are not good, the patient either dying, or having to go through life with a biliary fistula. The operation was declined." Now when this instance was related the thought immediately arose, that this gentleman had singularly failed to grasp the idea of specialism. Surely surgery is not a purely mechanical art, and the surgeon a mere handicraftsman to be called in to execute the orders of the general practitioner! No surgeon could submit to such a degradation of his calling. The surgeon is called in to determine himself the question of the expediency or propriety of an operation, and it should be on his opinion that the decision of the patient should be based. It has never before been the case, so far as I know, that any other course has been pursued, and surely a moment's reflection will show that the practice is a reprehensible one from every point of view. Take this present instance as a case in point. In the first place the

manner of making the operation is not at all as described by the physician; and, in the second place, as far as death is concerned, the results are quite different. Thus it appears that undesignedly the physician did surgical specialism an injury, and also may possibly have withheld some advantage from the patient. Let us see. Not to multiply authorities, I will quote, sufficient to summarize the teaching of the day, from the article on Cholecystotomy, in the *International Encyclopædia of Surgery* (V. 1072, *et seq.*) by Henry Morris, M. A., M. D., and F. R. C. S., surgeon to Middlesex Hospital, London, England. He says: "The other plan is that carried out by Marion Sims, and followed by Lawson Tait. It consists in opening the gall-bladder, and stitching it to the parieties, *at one operation.*" The italics are mine. The method of Mounder, in which there was a double operation, was a *proposed* operation, reported in the *Clinical Society Transactions*, Vol. X., p. 14. That of Tait and Sims has been made many times, and is to be preferred by all operators. So much for the *technique*; now what of the results. "Mr. Tait," says our author (*ibid.*), "informs me that he has now operated on ten occasions; that all the patients have recovered, and that in every case, save one, the operation has been successful in its results. In these nine cases the cause of the distension was calculus, and the contents of the gall-bladder mucus, though in three cases suppuration was beginning." So as far as the preservation of life is concerned, the majority, yes, the *large* majority are successful. As to the biliary fistula being common, it may be that the Doctor confounded the results of cholecystotomy with those of cholecystectomy, a radically different opinion. Biliary fistula is a rare sequence, as the wound of the gall-bladder is sutured. Should there be impaction of a calculus in the duct, a fistula might, probably *would* result; even then, a fistula is better than death.

Now this somewhat lengthy exposition is given not with the intent to criticize the Doctor referred to as a *Surgeon*, because he is not one, nor does he claim to be. It is not in ill-nature, because the occurrence is not one in which the

writer is interested, and, furthermore, there are few men for whom he entertains a more sincere regard, or for whose attainments he has greater respect. It is solely for the purpose of emphasizing the fact that a surgical specialist should be permitted to pass his own judgment on a case of a *surgical* character, and not called in as a mechanic to do or not do what a non-specialist may decide for him. In other words, it is a protest against a degradation sometimes heaped upon a specialist. It may be that the surgeon in the case may not have commended himself to the physician in charge as one qualified as a specialist. This does not alter the case, as there are, presumably, other surgeons that would commend themselves as such. The fact has been frequently dwelt upon, that the encouragement of specialism is a direct benefit to the profession; the position surgery occupies to-day is solely due to the vast experience of specialists, trusted by the profession. The surgical experience of one man in medical practice is worth little, his opportunities being both few and infrequent. All this is of the nature of a truism, and yet the great mass of the profession continue to give special study and practice a grudging recognition. There is doubtless a wonderful change in this respect, in the past twenty years, a very encouraging omen for the future, yet there is enough and to spare of the old spirit remaining.

FRACTURE IN THE NEIGHBORHOOD OF A JOINT:—The discussion of this subject, noted in a previous issue of the *ADVANCE* attracted the attention of our old friend, Dr. W. H. T. Emory, of Toronto, Canada, and he kindly sends the following interesting report of a case:

On May 10th, was summoned to see John M.—, æt. 14 years. Found that while wrestling with a companion, he had fallen backward in such a manner as to fall upon his left arm which was twisted backward under him, so that the weight of his body and that of his contestant was superimposed. By careful examination under anæsthesia, the lower extremity of the humerus was found to be fractured, the line of fracture running from about an inch above the internal condyle in an oblique direction extending into the

elbow joint thus completely separating the internal condyle which by the contraction of the flexors of the forearm was drawn down fully two inches from its natural relations. The deformity was also increased as well as the gravity of the case complicated by dislocation of the head of the radius, with rupture of the annular ligament.

The dislocated radius was placed in proper position and held in situ by a bandage. The separated condyle was then brought into place with considerable difficulty by flexing and pronating the forearm and by direct force, and held in situ by means of an angular splint made of perforated zinc, at the angle of which there was a glenoid depression which was padded so as to grasp firmly the separated condyle. The roller was then applied with as great a degree of tightness as safely could be used, and the arm held in the before-mentioned position. The bandages were tightened every day when necessary, and on the 12th day all dressings were carefully removed, and while the injured parts were grasped firmly with the left hand, slight passive motion of the joint was made, and the dressings all replaced as at first. This process of passive motion was repeated every day thereafter for two weeks when the zinc splint was replaced by a leather one, from which the young man could remove the arm twice each day and flex and extend the forearm several times in succession. At the end of another fortnight, the splint was abandoned altogether with all other dressings, and the motions of the elbow joint were pretty free, the only difficulty being inability to extend the forearm to a strait position, which however was entirely overcome in another fortnight by holding weights in the hand varying from four to eight pounds for a minute or two at a time, so that inside of three months after the accident he had the *perfect* use of the arm and it would have taken a very accurate eye to discover any difference in the appearance of his elbows. I cite this case as a practical sort of argument in favor of passive motion which I firmly believe when carefully and judiciously made use of is of incalculable advantage in such cases.

EPICYSTOTOMY:—The ancient suprapubic operation for

vesical stone, has lately undergone a remarkable revival. On all hands we meet with reports of cases, and the results seem to be far better than from any other cutting operation for vesical calculus. Our own school of therapeutics has done its full share in the development of this method, in fact, in the case of Prof. Helmuth, we were early in the field. Certainly none who are familiar with the different methods of operating can deny the superior advantages of the high operation. The sole embarrassment has been in the danger of peritoneal injury, but in addition to the modern estimation of such injuries having robbed them of the former gravity and importance, the use of the rectal tampon and injection of the bladder has rendered such complications infrequent, if not wholly unnecessary. Where the bladder is much thickened, or bound down by adhesions, of course the peritoneum is exposed to injury, but the results under modern methods of treatment are quite satisfactory. But, at this moment, the question has another and more personal interest. Dr. J. M. Lee, of Rochester, N. Y., a former pupil of the writer, and a graduate of the Michigan University, publishes a record of two cases (*Phys. and Surg. Investigator*, VII, 273), which are given below as matters of general interest, and as an illustration of the *homœopathic* side of the question of surgical therapeutics. The writer is proud of this record, as it may, in some sense, be considered an outcome of his methods of teaching. And, by the way, inquiry develops the fact that Dr. Lee has attained a somewhat enviable reputation as an operating surgeon, having, among other capital operations, made ovariectomy six times without a death. The cases, to resume, of epicystotomy are as follows:

D. L. S., aged 67 years, came under my care during the current year, through the kindness of Drs. Hurd and Day-foot. He had been ill for five years. While returning from a business trip he noticed that he was not able to urinate in the usual way, but by getting over on his hands and knees he could pass water as freely as ever. Finally he was unable to relieve himself even in this way, and the water had to be drawn. Later large hemorrhoidal tumors

developed about the anus, which were operated upon; this afforded temporary relief. However, two years ago they returned and added materially to his sufferings. It was unusual for him to hold his water more than an hour at a time, and even then the last half was spent in acute suffering from tenesmus, both of bladder and rectum. The piles would protrude, and the only relief was found in drawing the water; the last few drops were often bloody. This condition continued with neuralgia about the hips, in the testicles, and down the thighs—of a shooting, lancinating character. Occasionally sharp darting pains passed from the bladder along the perineum, and centered in the glans penis, which were sufficient to compel him to start and groan. There was smarting, burning pain in the bladder; burning sensation in the soles of the feet, which was very annoying and caused him to lie with them uncovered. He remained in this condition until last January, when he consulted Rochester's oldest surgeon, a "regular." While catheterizing him the instrument came in contact with a calculus. He made five attempts, without an anæsthetic, to crush the stone, and succeeded in removing the greater part of it. During the last operation a fragment, about the size of an almond, was caught in the jaws of the lithotrite and drawn through the urethral canal, to within two inches of the meatus urinarius, where it became arrested. Of course the urethra was lacerated. While he was preparing to cut the fragment out it crumbled and disappeared. Within a few days he made another examination under ether, and decided that the stone had all been removed. Notwithstanding, after the usual time for convalescence had elapsed, the distressing symptoms remained and were intensified, probably from the excessive instrumentation. The patient, on inquiring as to the cause of his continued sufferings, was informed that they proceeded from a thickened state of the bladder, and that increasing quantities of water should be injected twice daily to overcome it. This, however, failed to afford the desired relief. He was confined to his room the most of the time, being able to walk for a short distance only. Many weary hours were spent

in sitting over the edge of a slop-jar, which assisted him to bear the tenesmus of both bladder and rectum, the latter of which was very severe as the piles were frequently strangulated. This position enabled him to go from one-half an hour to two hours without resorting to the use of the catheter.

When I was called March 27th, I made a careful examination with the following result: Prostrate gland enormously enlarged; double inguinal hernia; large prolapsed hemorrhoids; albuminuria; resistant stricture, three inches from the meatus; palpitation and abnormal heart sounds. On attempting to sound for stone, the searcher caught in a false passage, made by the patient in trying to catheterize himself, so the effort was discontinued. Knowing that some of the symptoms might be due to the stricture, and that its presence prevented a thorough examination, I decided to divide it. One week later, assisted by Dr. Dayfoot, I incised the meatus and stricture behind it to No. 40 f., after which a full sized conical sound passed easily. The wounds were kept open, and at the end of two weeks were considered healed. I then introduced the searcher and detected fragments of stone. On April 28th, assisted by Drs. Dayfoot and Bissell, I crushed and evacuated a portion of the pieces, by Dr. Bigelow's method. I now became convinced that this operation was impracticable for their complete removal. The patient was allowed to recruit for a few weeks, and on June 10th, assisted by the same gentlemen, I performed epicystotomy as practiced by Dr. Helmuth, with a few variations. The bladder, which was quite ammoniacal, was washed out night and morning for a few days previous to the operation, with a saturated solution of borax. The night before the operation a dose of castor oil was administered, and a thorough injection given the following morning. Just before giving the chloroform, which was preferred on account of albuminuria, the bladder was washed out until clean with a solution of calendula 1 to 100. The patient was then anæsthetized, and placed on the table, the sonde á dard introduced and seven ounces of calendulated water at a temper-

ature of 100° injected through it, which, though a very small amount, was all that we considered safe to use. An assistant placed the colpeurynter in the rectum and injected fifteen ounces of warm water into it, which caused exceedingly severe spasms of the abdominal muscles, etc., notwithstanding that the patient was profoundly chloroformed—even to sturtor. It was apparent that the operation could not thus proceed, and about three ounces of water were allowed to flow out of the rubber bag in the rectum. An incision, two and one-half inches long, was made in the linea alba, terminating at the root of the penis. When it was seen that the fold of peritoneum had not been elevated above the site of operation, and must be cut, the wound was enlarged towards the umbilicus to give room in which to work. The dissection was carried on carefully and the peritoneum divided. The spasms of the abdominal muscles referred to above and the unusual straining forced the intestines out, and Dr. Dayfoot, though at home in such places, had his hands more than full. The index finger of the right hand served to elevate the peritoneum and bladder, which tissues were previously secured by a loop of catgut, while the left hand guarded the opening in the abdominal cavity. The blood being sponged away, the grooved stilet was passed through the bladder, which was opened with a pair of angular scissors placed in the groove. Three sharp fragments of stone, varying in size from an almond to a pea, were removed by the finger, from a deep pouch behind the projecting prostate, and the bladder and wound cleansed. The incision through the bladder was sewed with fine catgut, using Glover's suture. The protruding intestines were replaced, and the incised peritoneum also closed with fine catgut, and continued stitch. The integument was brought together with No. 28 silver wire to within one-half inch of the lower angle of the wound. where a tent was placed nearly down to the bladder wall. Calendula dressings were applied with plenty of absorbent cotton, and finally a pad of marine lint, secured by a flannel binder, catheter retained. Within three hours reaction was established. Aconite was pre-

scribed and the patient showed no bad symptoms until the commencement of the second day, when there was enormous gaseous formation, greatly distending the stomach and bowels; nausea and frequent vomiting of a blackish watery substance. Although the utmost care was taken in selecting remedies, this troublesome and dangerous condition continued until the sixth day. It was not possible to administer any food by the stomach, and rectal alimentation was resorted to.

For some time previous to the operation his stomach had been in a catarrhal state, which I was unable to correct, and the irritation of the chloroform upon the gastric glands afforded the most dangerous and alarming symptoms during the progress of the case.

The urine flowed through the wound the greater part of the time until the eighteenth day, when the catheter was removed and the water drawn every two or three hours. The temperature was not above 100° during the progress of the case, and but for the weak stomach not a bad symptom would have been developed. At the end of the fourth week he was about the room, and the sixth week left Rochester, his old home, to visit his son in Richmond, Virginia, having good digestion and being quite free from urinary symptoms.

Case II.—July 16th, J. C., aged 67 years, was placed in my hands for operation, by Dr. E. J. Bissell, who, with Dr. J. W. Buell, assisted me. The patient was very much enfeebled from years of suffering with chronic rheumatism, which had secondarily affected the heart.

Operation same as above, but easier. Usual amount of water injected into the bladder and rectum without the slightest difficulty. Incision two inches long; peritoneum not seen; stone encysted and turned out with the finger. Bladder wound not sewed; integument closed with wire as usual, and tent retained in the lower angle of the wound. Catheter not retained—allowing the water to flow freely through the wound until the end of the fifth day, when it ceased for a time—then the catheter was fastened in the bladder. Bronchitis set in on the eighth day, and a little

later a colliquative diarrhœa. These diseases well nigh exhausted his remaining strength, and the healing process was apparently arrested for several weeks. Finally, he began to gain, and no urine passed through the wound after the thirty-ninth day. He is now about his business, and considers himself well. The highest temperature was $100\frac{3}{4}^{\circ}$, and this was present one evening only, after which it gradually assumed the normal point.

None of the popular antiseptic "daubs or squirts" were employed in either case, but Aconite, *Nux vom.*, *Ars.*, *Hepar sulph.*, *Rhus tox.* and *Carbo veg.* were given according to their specific indications.

It will be noticed that I did not sew the bladder in the last case; however, I think the tardy healing was in no way due to this, as the state of the patient was incompatible with the repair of wounds.

SYNOPSIS OF CLINICAL LECTURE ON SUPRAPUBIC LITHOTOMY.

BY H. F. BIGGAR, M. D.

Professor Clinical and Gynæcological Surgery, Homœopathic Hospital College,
Cleveland, Ohio.

This large phosphatic stone which is shown you to-day, was removed from a patient two weeks ago. Its presence made an invalid of him for several years. It has a peculiar history. The removal was successful. Its history and removal will be given in detail at my next clinic. To-day I wish to call your attention to suprapubic lithotomy giving its history, advantages, disadvantages, the early method of operating and the method of the present day.

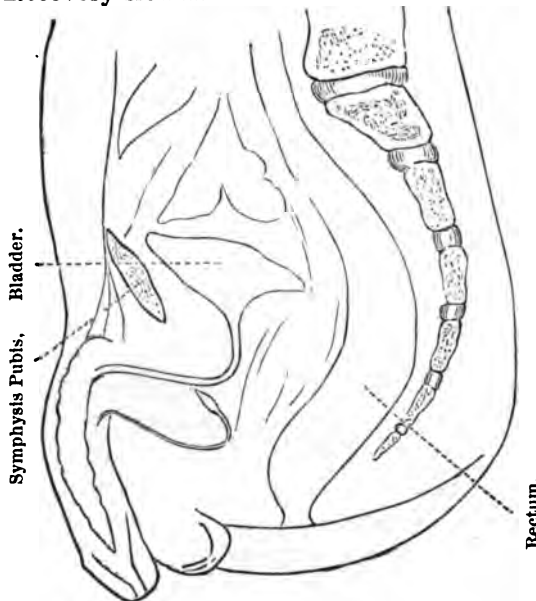
The advantages are:

- (a) A quicker and safer operation than perineal lithotomy or in many cases of litholopaxy.
- (b) Not so liable to hæmorrhage.
- (c) No injury to the prostate gland, bladder or rectum.
- (d) Encysted calculi can be removed more easily.
- (e) It does not emasculate as in perineal cystotomy.
- (f) All fragments may be removed more easily.

- (g) Applicable to female bladders.
- (h) In boys generally the most desirable operation.
- (i) All stones over two and a half ounces can be removed more easily.

The disadvantages are.

- (a) A diseased or thickened bladder, so that its fundus cannot be raised above the pubes.
- (b) Corpulency.
- (c) The distension of the rectum or bladder is not free from danger.
- (d) The ureters may be distended in place of the bladder.
- (e) Opening the peritoneal cavity.
- (f) Drainage of bladder is more unfavorable.
- (g) Urinary infiltration.
- (h) Recovery slower.



From Garson, showing position of organs in their natural condition.
(After Thompson.)

For the operation it is necessary to make the bladder an abdominal organ, thus removing the dangers of injury to the peritoneum. This is done by injecting the bladder and inserting a rectal pouch within the rectum and distending

the pouch with water. The cuts represent the relative position of bladder and rectum before and after filling.

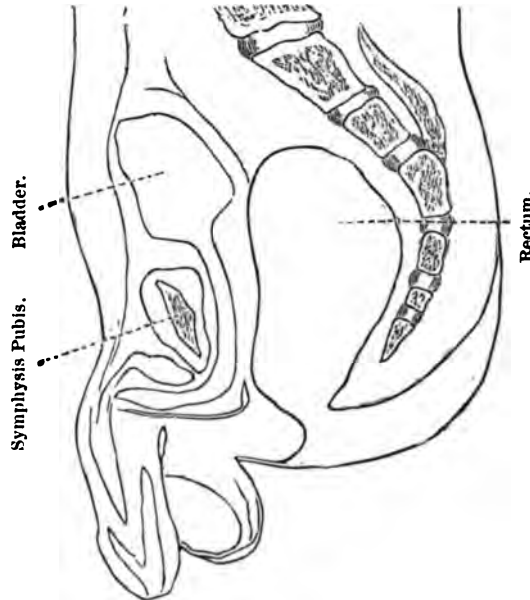
In giving the methods of operating, would state that suprapubic lithotomy of to-day is but the renewal of an old and discarded operation.

“The high operation was first described in 1556 by Pierre Franco. He performed it on a child two years old.”

“About the year 1719 it was first performed in England by Dr. Douglas.”

“Chelsenden published in 1723 an excellent brochure on the high operation for stone in the bladder.”

Dr. Gibson was the first to operate in this country, then Dr. McLellan.



From Garson, showing position of bladder produced by distension of rectum.
(After Thompson.)

THE EARLY METHOD OF OPERATING.

“Mr. S. Sharp, *an excellent practical surgeon in his time, after noticing with great impartiality the objections which were then urged against the high operation, says that he

*Cooper's Surgical Dictionary, Vol. II, p. 206, et. seq.

should not be surprised if, hereafter, it were revived and practiced with success; an observation which implied that he foresaw that the method was capable of being so improved as to free it from its most serious inconvenience.

"Côme operated in the following manner: he first introduced, through urethra, into the bladder, a staff which was then held by an assistant; an incision an inch in length was now made in the perineum, in the same direction as in the lateral operation.

Another incision was made in the membranous part of the urethra, along the groove of the staff, as far as the prostate gland. A very deeply grooved director was then passed along the staff into the bladder, and the latter instrument was withdrawn.

By means of the director, a *sonde à dard* or kind of catheter furnished with a stilet, was now introduced into the bladder, and the director taken out.

An incision was then made about three or four inches in length, just above the symphysis of the pubes, down to, and in the direction of the linea alba. A trocar, in which there was concealed a bistoury, was next passed into the linea alba, close to the pubes, and the blade of the knife then started from its sheaf towards the handle of the instrument, while its other end remained stationary. In this manner, the lower part of the linea alba was cut from below, upwards, and an aperture was made which was now enlarged with a probe-pointed curved knife, behind which a finger was kept, so as to push the peritoneum out of the way.

Côme then took hold of the *sonde à dard* with his right hand, and, elevating its extremity, lifted up the fundus of the bladder, while, with the fingers of his left hand, he endeavored to feel its extremity in the wound. As soon as the end of the instrument was perceived, it was taken hold of between the thumb and middle finger, the peritoneum was carefully kept up out of the way, and the stilet was pushed by an assistant from within, outwards, through the fundus of the bladder. The bladder being thus pierced, the operator introduced into a groove in the stilet a curved bistoury, with which he divided the front of the bladder

from above, downwards, nearly to its neck. He then passed his fingers into the opening, and keeping up the bladder with them, withdrew the *sonde à dard* altogether. But, as it was desirable that both his hands should be free, the bladder was prevented from slipping away by means of a suspensory hook, held by an assistant as soon as the opening was found to be already ample enough, or had been enlarged to the necessary extent.

Côme next introduced the forceps, took out the stone, and passed a canula, or elastic gum catheter, through the opening in the peritoneum into the bladder, so as to maintain a ready outlet for the urine, and divert this fluid from the wound in the bladder.

Sir Edward Home performed his new operation for the first time in St. George's Hospital, on the 26th of May, 1820. "An incision was made in the direction of the *linea alba*, between the *pyramidales* muscles, beginning at the pubes, and extending four inches in length; it was continued down to the tendon. The *linea alba* was then pierced close to the pubes, and divided by a probe-pointed bistoury to the extent of three inches.

The *pyramidales* muscles had a portion of their origin at the symphysis pubis detached to make room. When the finger was passed down under the *linea alba*, the fundus of the bladder was felt covered with loose fatty cellular membrane. A silver catheter, open at the end was now passed along the urethra into the bladder, and when the point was felt by the finger in the wound, pressing up the fundus, a stilet, that had been concealed, was forced through the coats of the bladder and followed by the end of the catheter. The stilet was then withdrawn, and the opening through the fundus of the bladder enlarged towards the pubes by a probe-pointed bistoury, sufficiently to admit two fingers, and then the catheter was withdrawn.

The fundus of the bladder was held up by one finger, and the stone examined by the fore finger of the right hand. A pair of forceps with a net attached, was passed down into the bladder, and the stone directed into it by the finger, the surface being very rough, the stone struck upon the

opening of the forceps, and being retained there by the finger.

A slip of linen had one end introduced into the bladder, and the other was left hanging out of the wound, the edges of which were brought together by adhesive plaster. A flexible gum catheter, without the stilet was passed into the bladder through the urethra, and kept there by an elastic retainer surrounding the penis.

The patient was put to bed and laid upon his side, in which position the urine escaped freely through the catheter." Sir Edward Home repeated his new method on a gentleman who went out in his carriage, with the external wound completely healed on the fourteenth day after the operation."

"THE PRESENT METHOD OF OPERATING.*

"I shall now consider the practical mode of performing the operation, detailing the steps which appear to me to be necessary in order to accomplish it safely and easily. I may say at once that it is a very simple proceeding and easy of performance; much more so than is lateral lithotomy.

"A good deal has been written, as it appears to me, with a tendency to *associate unnecessary complications* with the new method, to induce the surgeon to take certain needless precautions in the way of preparatory treatment in relation to the practical operative proceeding and to the after-management. No previous preparation of the bladder is necessary. Attempts to increase the capacity of the viscus by preliminary injection, which some surgeons have made, almost invariably fail to accomplish the object aimed at; on the contrary, they increase already existing irritation. Furthermore, a capacious bladder is by no means necessary. An empty condition of the rectum having been ensured by enema, the patient may lie on his back on a table, with his head and shoulders slightly raised.

"As soon as he is unconscious I roll the india-rubber bag into a cone, grease it well, and introduce it into the rectum, taking care that it shall be completely above the grasp of

*The *Lancet*, Dec. 5, 1885, Sir Henry Thompson.

the sphincter. Then, about twelve or fourteen ounces of water are gently thrown into the rectal bag in the case of an adult. I prefer to make this the first step of the proceeding.

“I next introduce a flexible catheter into the bladder, and inject slowly and gently six, eight, or ten ounces, feeling my way carefully, according to the resistance perceived in the act, and the degree of eminence observed above the pubes, almost invariably obvious to the eye as well as to the hand, taking care to avoid force. The rectal distension is essential; the vesical need not be considerable. The fluid used should be a mild antiseptic solution, such as one of boracic acid, which is often adopted.

“Employing carbolic acid solutions uniformly, for most purposes, I generally inject one not exceeding in strength one part in 1,000. The catheter being withdrawn, the base of the penis is firmly ligatured with an india rubber tube. Palpation above the symphysis now demonstrates the position of the bladder, most of it lying above the brim of the the pelvis in the form of a rounded ball.

“Having taken my place by preference on the patient's left side, a vertical incision of the skin and cellular tissues strictly in the median line over the salient bladder is made, about three inches long or a little more, overlapping the hard upper border of the symphysis below. The skin may be conveniently divided by transfixing a fold lifted up for the purpose; the precise method, however, is not material. This being done, I lay aside the knife and prefer to use only the right index finger nail for separating the tissues down to the linea alba, which is easily accomplished. A few fibres of this may be raised with the artery forceps and a small opening made with the blade of a scalpel so as to admit a wide flat director, to be carried beneath, on which to divide that structure upwards and downwards for about an inch and a quarter in each direction.

“The finger-nail is then again employed, separating the muscles, etc., in the median line until another fibrous layer is apparent, the transversalis facia, and it is divided on the director precisely as before. If the stone is large, the in-

sersion of a rectus muscle into the pubic ramus on each side may be divided to a small extent.

"The yellow fat covering the bladder now comes into view. This should be carefully separated in the middle line by scraping with the nail from behind the symphysis pubis in the direction upwards, so as to place the peritoneum out of reach, should it be near, until the prominence of the distended bladder is easily felt, and perhaps even the stone, as it is covered only by the vesical wall, beneath the operator's finger.

"Veins appearing hereabout may give much trouble by bleeding if the knife is employed, but for this, however, there is no occasion, by scraping with the nail upwards and downwards and pushing or drawing them carefully aside, they may be safely removed from the line of action until the fibres of the bladder are exposed. After due examination a small curved hook should be carried through the vesical coats, when a little fluid is seen to issue by its side, proving that the bladder has been fairly entered. Maintaining the hook elevated by the left hand, a scapel in the right makes a small puncture by the side of the hook (which still retains its hold) just sufficient for the index finger to be introduced and partially stop the overflow of the urine now rapidly issuing from the orifice. A few moments will suffice for the finger to determine the size, form and position of the stone, and to decide how large an opening is necessary for its removal.

"I make the opening by introducing the left index finger by the side of the right, separating the two fingers gently so far as may appear sufficient to accomplish the purpose, thus avoiding the use of the knife, and with it sometimes troublesome hæmorrhage. When a tumor has been present, I have passed a loop of stout silk through each margin of the vesical opening in the same manner as we have been accustomed to do in the borders of the cut urethra when opening it from the perineum in front of an impassable stricture. Each loop gently held up by an assistant on either side gives easy access to the bladder, which may be further aided by letting some of the liquid issue from the

rectal bag. For the large hard calculi for which I have chiefly adopted the operation, the use of silk is unnecessary. The extraction of the stone may be done in the usual manner by means of forceps, but I prefer to effect it, if possible, by using the two index fingers as blades; while the two hands are locked together by interclasping the other fingers of each. The bladder is ascertained to be free from other contents, and little else remains to be done.

“The open wound will give issue to the urine, and I have seen *no danger* of *infiltration* if the wound is left quite free for that purpose.

“The only attempt I have made to limit its extent has been by introducing one large suture about an inch below the upper angle through the abdominal wall; I have never used a single stitch in the bladder; and whether even the former is servicable or not may be questioned.

“I have thought it desirable to leave five or six inches of large india-rubber tube for twenty-four or forty-eight hours to ensure a free opening; and sometimes, also a soft full-sized catheter in the urethra. The patient has generally been relieved by the removal of these in two or three days. He lies on his back during the first forty-four hours, and then on each side alternately for six hours at a time, and all the urine runs easily in this way from the wound, and excoriation of the skin is prevented by one side only being wetted for that short period at a time. No other dressing than layers of lint soaked in weak carbolic acid solution, or in one of boracic acid, has ever been employed by me.

“Of all my cases one artery only was tied, and no torsion or other method was required, and there has been no venous hæmorrhage. This result I attribute to the substitution of the finger-nail for the knife in the division of all tissues except the three layers named—the skin, the linea alba, and the transversalis fascia.

“The nail not only serves to guard the veins as above said but to push up the peritoneum, should it be in the way at the upper angle of the wound; but this, I believe, it rarely can be if the rectal distension has been properly made. I

am not aware whether this valuable agent, the finger-nail, has been thus systematically employed for the purpose before my own first experience with it in the case of July 2d 1884, above referred to.

"The fact of its use then is recorded in this journal (Oct. 11th, 1884) in my account of that case. I have since designed a little ivory instrument to take the place of the nail, which I propose to describe shortly.

"Finally I am satisfied that the operation described is well adapted for tumors of the bladder when ascertained to be of large size, and when they are not merely simple poly-poid growths of a simple kind, which are easily removed through the perineal incision.

"I adopt, also, a modification of the proceeding for those cases in which a perineal exploration has first been made, and in which, therefore, the bladder cannot be distended; a modification equally applicable to the cases of women in whom the same condition practically exists."

INDOLENT ULCERS.—*Calcarea flourica*. Mr. A. S.—, sixteen years of age, consulted me August 22d, 1882; had previously enjoyed good health. His disease has now continued for three years, allopathic treatment by incisions and drainage, has improved it but little. The lower half of the left leg is red, and very much swollen, apparently about the ankle. There are three fistulous ulcers secreting a thick yellow pus, and have thrown off many splinters of bone. The pains appearing principally at night. Lungs normal. Appetite not good. Emaciation. *Frequent cough in the morning with thick yellow expectoration. Considerable weakness in the morning.*

Calcarea flourica 6x trituration, morning and evening, for eight days, alternating with intervals of four days without medicine. In five months, all cured. Externally, only Glycerine was used. I saw him six months ago, and he remained well. No enlargement of the limb was discoverable.—DR. HANSEN in *Alg. Hom. Zeitung*.

SANITARY SCIENCE.

"THE SANITARIAN" AND SANITARY SCIENCE.

The following correspondence needs no lengthy introduction. Our letter was addressed in good faith to the senior editor of *The Sanitarian*, with a faint hope that he would be brave and consistent enough to give it to his readers and fairly answer, if he could, its criticisms. That for lack of courage he failed to do so, is not at all surprising. As, therefore, he has rejected it and expects to find it printed elsewhere, we hope, in seeing this, he will not be disappointed.

ANN ARBOR, MICH., Oct. 15, 1886.

A. M. BELL, A. M., M. D., Editor *Sanitarian*.

DEAR SIR.—You have repeatedly requested me to subscribe for your journal, a thing I have so far neglected to do. I am to-day in receipt of another specimen copy of the same, enclosing a printed slip, urging me to patronize your publication on the ground that it is an important and therefore valuable organ of sanitary matters. Under your able guidance, it is ostensibly devoted to the search after disease producing agencies. It seems willing to point out every source of danger to health, and is professedly ready to help stamp out, and with an unsparing hand demolish everything tending to endanger and shorten human life.

It seems with equal promptness, to stand ready to give a helping hand to every organization devoted to the promotion of public health. But, Mr. Editor, in looking over the specimen copy before me, I find a large amount of space devoted to circular No. 2 of the Ninth International Medical Congress, which is to assemble in Washington, D. C., in 1887. Numerous official dignitaries are designated as patrons, and a very long list of official names follow, with an extensive program, so that it is not difficult to get at the real object of the proposed meeting. Omitting a few names, the program looks very much like that annually issued by the American Medical Association. It is in fact the circular of a medical convention, and differs from

many of a similar character, only in that, it includes the names of many distinguished foreigners; and the congress will doubtless be representative of the medical men, medical societies and other and many medical institutions, of most civilized countries.

Very well then, being a medical congress, having only medical officers and proposing to treat of only medical subjects, it is not therefore necessarily a sanitary convention. Indeed it is very surprising how little space in the long program is devoted to anything that is even remotely related to sanitary matters. Out of eighteen subjects, there is one assigned to "Public and International Hygiene."

I think, sir, you might well disclaim against so meagre an allotment of space in the program of so important a body. But it only shows you, or it well might, the truthfulness of what I am about to state.

Whatever your International Congress may claim to be, it is not a sanitary body, and I marvel that its circular finds space in a journal like yours. Medical men belonging to the class of medical practitioners represented by the members of this International Congress long ago abandoned all special pretensions to being able to cure any certain form of disease.* Their works on therapeutics deal largely in the treatment of patients, but, one can only infer, that all this treatment is intended to cure. It was Molière, I think, who said that, "the doctor amuses the patient while nature cures the disease." Medicines act, but nature cures, is about all these learned medical gentlemen would dare to claim for their art; and this, by their own showing, is notoriously uncertain.

It is this which has driven so many of them into the sanitary field, where they are reaping a golden harvest of reputation. They find the *prevention* of disease to be

* A recent editorial of the *Medical Record* (allopathic) contains the following: "The question has been repeatedly asked, 'What can we cure?' Our fathers believed in the positive effects of drugs. They administered them with a lavish hand. We have swung over to the opposite extreme, and outside of a few specifics, mutually acknowledge our inability to affect many morbid processes. We are skeptical in regard to the effects of our remedies. * * * We know that *topical* applications, where possible, can modify disease; but on the various *visceral lesions* we are able to exert very little direct effect."

something attainable. Sick and tired of attempting to heal the sick, they are glad to do something more certain, and so they become sanitarians.

But I have something more to say of them. Medical art as represented by these gentlemen—and by the way I see they are all gentlemen, not a lady's name appearing on the list, not even in "Obstetrics" or "Gynæcology" or "Diseases of Children," the special field in which medical women are supposed to excel—I say, medical art as represented by these gentlemen, is not, by their own showing, certainly curative of disease; neither is it preventive, else why have we a "Sanitary Science"? or why have we the American Public Health Association, while there exists the American Medical Association? No, on the contrary, the medical art of these gentlemen is notoriously *productive* of disease. Shall I quote that witty and wise saying of Holmes, which declares that, if all medicine were thrown into the sea, it would be all the better for mankind and all the worse for the fishes? Shall I give you proof to be found on all hands, that in the opinion of the wisest medical men, more injury has been done mankind by the use of drugs, even in the hands of practitioners, than can possibly be offset by all the good claimed by the use of them?

I wish, sir, you would ascertain how many tons of drugs are yearly disposed of by the great wholesale drug houses of this country. I wish you would estimate what enormous quantities of poisons, to say nothing of other drugs, go over the counters of the multitudinous drug stores, and into the stomachs of the people, every day. You cannot deny it, sir; we are a drug eating, drug cursed nation. Millions of people, in this country alone, in a single generation, shorten their lives by taking medicine.

If we were to take up but one drug among many, we could find a large number in every community whose lives are made a hopeless curse by the use of that drug alone. In any considerable town or city you can count the opium eaters by scores and hundred.

The *habit* of taking medicines of any kind is pernicious, and is directly productive of many forms of disease. Why

then do not you sanitarians, why does not your journals, whose end is the health of the people, enter upon a crusade against this great destroyer of human happiness and life? And why do you give space to this great International Congress program, when you know that the ultimate result will be to cause disease? This distinguished body of medical men has, collectively and individually, many elements worthy of commendation. I would not refuse it one of its true claims to excellence. But alas! it is wedded to this system of drug consumption. It is to these men, and their like, the world owes its drug eating proclivity.

The result of all this is the shortening of human life. The fact that death occurs daily from over-doses of morphine, chloral and other drugs, is not among the worst results, for these may not number more than a score or two, but the direct results are to be found among thousand upon thousands, who count their drugs more than their food, and who are defrauded of happiness and cheated of life by this destructive habit.

Can you, sir, as a sanitarian look upon all this costly and useless, and I may add, criminal waste of life, and do nothing to abate it? Does your journal represent intelligent sanitary science, while it fosters this evil? I presume, though I do not know, that you have through your pages, uttered repeated warnings against the pernicious use of drugs. But if you have done so, you have nullified those warnings by aiding the men who are the chief cause of the evil. And while you do so you cannot be commended as representing the highest and most intelligent views of sanitary science.

Fraternally yours,

T. P. WILSON, M. D.

THE SANITARIAN, 113 FULTON ST., NEW YORK, }
October 29, 1886. }

DEAR DOCTOR:—In reply to your note of the 25th inst. offering contribution herewith returned, I am surprised to learn that I have so repeatedly requested your subscription for *The Sanitarian*, as I am led to infer, by your opinion of it, to have well nigh disgusted you. I am aware of

having, much too generously for my purse, distributed *The Sanitarian* gratuitously, and promise myself to be less liberal in that respect in the future. But to your offered contribution, so unjustly criticising *The Sanitarian* and its editor's brotherhood, in *its own pages*, I hardly know at which to be most amazed—your opinions or your request.

[It is not exactly conventional to tell a man his faults in his own face, or to criticise an editor in his own paper; but for all that, it's a very sensible thing to do, and we make no apology for so doing.]

My own first spur to practical sanitation was gained in the exercise of my profession as a medical practitioner during the Mexican war, to prevent, as far as possible, the spread of yellow fever, as well as to do all I could to cure those sick of it who fell under my care. Fortune, good or bad, as you may consider, cast my lot for many years in some of the worst climates in the world, in the two Americas and Africa and the adjacent islands, as a *physician*, assistant and passed assistant surgeon in the navy. I *tried* to make use of my opportunities, and exerted myself to prevent sickness. In short, I have had much more extensive opportunities for making use of my knowledge *as a physician* for the *prevention* of sickness than I have time or inclination now to write out.

[It is quite probable that physicians were among the earliest of sanitarians. Priority, however, is a mooted question, and there are several other professions, whose claims, both in the past and present, cannot be ignored. Dr. Bell would have been a sanitarian though he had been brought up in any other profession or trade. In all his earlier life he, however, was an exception to the rule among physicians, and he cannot deny it. The American Public Health Association has among its members many noted men who are not and never will be physicians.

Moreover, if I were to venture on detail, the suggestions of your offered contribution are that my effort has all been wasted; that I have been and am yet out of my sphere in your point of view. To fraternize with doctors, especially such as those chosen to represent the forthcoming International Medical Congress, you appear to think so inconsistent with my pretensions as a sanitarian, as to have found the impulse to read me—aye, to make me read out

of *my own mouth-piece*—a lecture on my short-comings and inconsistencies.

[That is just what we said, and still insist upon it, that Dr. Bell as a sanitarian and *The Sanitarian* as a journal, devoted to the prevention of disease, has nothing to do with the International Medical Congress; and we have plainly stated our reasons; and we cannot find in Dr. Bell's answer any adequate reply to the stricture we have made. We have nothing against the Medical Congress or the American Medical Association, any more than we might have against the American Pharmaceutical Association. We say that the program of the Congress is unsuited to the pages of a sanitary journal. Our reasons for this have been given. Why are we not shown to be in the wrong?]

Surely, it is enough for me, as I do, to confess that when I have done, and promise to continue to do, all I can for the promotion of preventive medicine, that I fall far short of accomplishing all that I would in a field of labor so extensive. But of one thing, I can speak with certainty without presumption. I have never confined my efforts to any special association, clique or sect. Sanitation despises all such narrowmindednesses and jealousies, no matter whence they come, and for myself, my highest ambition is to be worthy of the title sometimes bestowed upon me, of being a *sanitarian*. Of the International Congress and its "official dignitaries," etc., as you are pleased to characterize them, we agree in the statement, that "it is not difficult to get at the real objects of the proposed meeting," though it is altogether probable that, from the tone and illogical character of your communication, we should greatly differ in our conclusions. Mine are, in short, for professional advancement in the *prevention* as well as the cure of disease. The executive committee and committee of arrangements could not suit everybody; could not cater to the opinions of Tom, Dick and Harry and be sure to give prominence to every jealous-minded Dick who knew of some other man or woman more competent for some particular designated place than the one chosen. Hence they must, of course, fall short of their duty. They have, at least, improved on the first committee's work—that of appointing themselves to the most distinguished positions

—which the association that you seem to despise (the American Medical) had the manliness to reject. It would, of course, be an easy matter for you, or any one else as familiar with sanitary science as you are, to suggest a multitude of other names quite as fitting as those selected to represent that or any other section. But, as judged by their works, I very much doubt whether you or any one else could select a more representative class of names for any section, number of sections, or whole category of preferred names than that with which you find fault. And I may be permitted to add, claiming equal respect with you for the sex in and out of the profession, I know of no woman in the United States who has made such advancement in any branch there named, as would lead me to suggest that she would be a better representative than any one of the chosen.

[From this it follows, good doctor, that a medical woman cannot hope for recognition amongst the learned gentlemen, until she becomes "a better representative than any one of the chosen" in the Medical Congress. Is such a standard of ability forced upon women, either manly or just?]

But of all your far-fetched criticism, that which implies that the International Medical Congress is for the promotion of the drug trade and consumption [of drugs] is the most preposterous!

[This is a cheap evasion of our charge. The truth is not so easily set aside. The pages of *The Sanitarian* can be filled any day with the proof of the truthfulness of what we have said. Dr. Bell would not dare to print it, however.]

And, alas, for your own cause, you quote the opinion of one everywhere esteemed by his fraternity—Dr. Oliver Wendell Holmes. I deem it an honor, sir, to have been one of Dr. Holmes' students. I retain many of his precepts, and right sure am I, if you were more familiar with them in the aggregate, you would never have so desecrated one of his tenets as to apply it in an argument so feeble as that under discussion.

[O, yes, Dr. Oliver Wendell Holmes is "in the aggregate," and, nominally, an allopathic physician. But if he ever practiced med-

icine, it was so long ago that he must have forgotten all about it. No, he is a poet, and his shafts of ridicule have found some sore spots in the medical art of his confrères. He has told not a few very naughty stories, not always to the credit of his brethren, and they have been painfully afflicted with the particular statement which we have quoted.]

Finally, permit me to request that if you conclude to publish the paper which you have, I know, with good but greatly mistaken intent, offered *The Sanitarian*, you will please publish this letter with it. Yours truly,

A. N. BELL.

T. P. WILSON, M. D., Ann Arbor, Mich.

With this request, as is seen, we have complied, although Dr. Bell, himself a veteran editor, sends us his communication written upon both sides of note paper. But to quote Dr. Bell's words, we hardly know at which to be most amazed, his opinions or his request—refusing us a hearing and asking one for himself. This might be called by some a specimen of pure cheek, but we are disposed to take it as a compliment. It presupposes that we have the courage to do what he did not dare to do. But can the reader see in Dr. Bell's reply, any attempt to answer the accusation we have made against the Allopathic school; that it is the destroyer of many human lives by its use of large quantities of drugs, and of drugs that suddenly kill, and through the habit of drug taking which it engenders among the people, and, therefore, *The Sanitarian* as a journal, and Dr. Bell as a leader in sanitary science, should have nothing to do with the International Medical Congress, except to point out its errors and attempt to reform the abuses? Small-pox, diphtheria, typhoid and yellow fevers and kindred contagious diseases, about which so much is said about stamping them out, and preventing them by law, are jointly not half so destructive to public health as is the taking of drugs, done by the orders and through the influence of the allopathic schools. A philosopher once declared that "through the art of drugging more harm had been wrought upon humanity than from pestilence and sword combined."

And yet *The Sanitarian* and its editors boldly promote this work, and are amazed that we offer any objection. Truly, consistency is harder than diamond. T. P. W.

THE FOOD FOR INFANTS.

A. A. ALLEN, M. D., Milwaukee, Wisconsin.

I desire to call the attention of those who have the care of very young children depending upon them, to the very gratifying success I have obtained from the use of Reed and Carnrick's Soluble Food, in the diseases peculiar to deranged digestion in this class of patients. In many severe cases of green or slimy discharges during dentition, cholera infantum, watery diarrhoea or vomiting of curdled milk, general debility and even cerebro-spinal reflex irritation or epidemic meningitis, I have been wonderfully and pleasantly surprised by the almost immediate and generally salutary effects of this food. So much so in fact that I have taken the personal responsibility of urging the manufacturers to immediately and greatly increase their efforts in placing the article before the public generally so that not only physicians but all who may ever have need of such an article may know of its beneficial action. I have used a number of articles destined to supplant the mother's milk in carrying young children through the stage of life between birth and full use of their first teeth, but none that have given the universally prompt, often long sought for, always gladly welcomed relief and generally permanent improvement that follows the use of this article of diet. In my opinion it is entirely a food and does not partake of the stimulating nature when prepared thicker or stronger than the printed directions, that some other prepared foods possess. The weakest and most irritable stomach it has been my lot to meet in years, retained and digested it from the first without rejecting a single meal, and improvement within twenty-four hours has followed its use in every case in which I have used it this summer. It is very palatable and taken willingly and often eagerly by the little invalids.

I have never been troubled by an apparent feeling of fullness being exhibited by an infant after taking this food, that has so often troubled me with other foods and which is generally attributed to the food being prepared stronger than directed on the box, but I consider said fullness only an ordinary symptom of indigestion, due, not only to the strength, but to the stimulating properties possessed by the food, and I have never been satisfied with anything of a stimulating nature in treating weak stomachs. I hope this recital of my experience will be sufficient to stimulate many others to pay more heed to the value of proper food as an adjunct to assist the properly selected remedy to relieve the suffering of this great army that is depending upon us for relief, and that their experience will be as satisfactory as mine has been, not only in proving the value of the food but in relieving misery and curing quickly and satisfactorily this class of diseases.

I hope those who need help with these troubles will try it and if they can not obtain it nearer send to Reed and Carnrick, New York, for a sample.

QUARANTINE DISINFECTION.—At a recent meeting of the New Orleans Board of Health, Dr. Holt reported that, "the new steam disinfecting chamber at the Mississippi Quarantine Station had been completed and is now in use. Steam charged with the atomized bi-chloride of mercury solution is turned into this chamber, in which have been placed the articles of wearing apparel and bedding to be disinfected, and the temperature is maintained at 226° Fahrenheit. So great is this heat and the penetrative power of the material used that clothing, saturated with the chemically charged steam, on being taken from the chamber is instantly dried. The most delicate fabrics and stuffs of every color have been treated without the slightest stain or injury."

CHEMISTRY QUIZZ.—"Is Mr. Ferguson present"?

"Mr. Ferguson, stand up."

"What is Prusic acid?"

"Well really, Professor, I have forgotton."

"Well, Mr. Ferguson, is it a weak acid or a strong acid?"

Mr. Ferguson, being coached by a mischievous student, "a weak acid sir."

No, Mr. Ferguson, it is a strong acid. If you would put two drops of it on your tongue it would kill a dog."

CORRESPONDENCE.

OUR FOREIGN LETTER.

EDITOR ADVANCE.—Some of your readers may find it useful to be furnished with a few particulars concerning the relative advantages and disadvantages of the various Riviéra winter stations. Mentone is decidedly the warmest and most sheltered of them all, and is indeed so much so as to be too relaxing and enervating for all but the most advanced invalids. Those cases of consumption belonging to the true tubercular variety who are incapable of sustaining the smallest amount of bracing should be sent there, and will do better there than any where else. As a rule it may be laid down as an axiom that consumptive patients should be subjected to the greatest amount of bracing of which they are susceptible. Thus very advanced cases in whom the slightest breath of cold produces pneumonic exacerbations should be sent to Mentone. After Mentone comes Ospeduletti; San Remo, Cannes, St. Raphael and Hyères, are distinctly cooler than the two preceding, though enjoying a warm and agreeable climate throughout the winter. For this reason they are better suited to those invalids who, while requiring avoidance of the rigorous English and American winters, are yet benefited by the mild amount of bracing they will receive in the four above named places. Among them Cannes should be selected by those who are fond of society and the gaiety of a large community; St. Raphael is situated amidst immense pine forests, a circumstance to which great importance is attached by some; Hyères is removed from the sea, and therefore suitable for bilious patients and those who cannot sleep in the immediate vicinity of the ocean (Hyères is not in the island of that name, but some distance inland); San Remo is in Italy. The prices are more moderate and, of course, Italian is spoken, whereas French is the language of the three other places named; this will be an advantage to some and a disadvantage to others. Nice and Cimier I cannot recommend to any bona fide consumptive; the con-

junction of an icy wind with a broiling sun being extremely dangerous to such persons; but they are suitable to elderly people and those who only require change and sunshine. Nice is like Paris on a smaller scale, and possesses all the advantages and disadvantages of a large town. Bordighera is a pleasant, rustic retreat, situated on a tongue of land running into the sea, and therefore not sufficiently sheltered for consumptives, though excellent for other persons who only require a warm sunshiny winter in a picturesque spot. No one nowadays need dread the journey even from America—eight days from New York to Liverpool, four and one-half hours from Liverpool to London, and thirty hours thence to Cannes, the only change required being on and off the Calais boat.

The weather here is charming; the autumn rains, which should have fallen in September, were delayed till the 18th inst., coinciding with the depression which has recently traveled over Europe. The mean temperature at 9 A. M. for the last week has been 65° F. Driving through Grasse a few days ago I saw fields of roses, jasmine, tube-roses, and carnations in full flower; they are cultivated for sake of the scent, which is prepared at Grasse in immense quantities and distributed all over the world. Few visitors have as yet arrived here beyond the chaplains of the various churches and chapels with which Cannes is well supplied, almost every sect and shade being represented. The Rev. H. Percy Smith, of Christ's Church, is a follower of Robertson, and a good representative of the broad section of the Episcopalians, while Mr. Brook, of Trinity, and Mr. Wallaston will satisfy those who lean to the evangelical and the high church parties respectively. There are also meetings of the Scotch Presbyterians, of the Plymouth Brethren, and two French protestant and one German church, besides Italian missions, and of course Romish churches.

Cholera has now entirely died out in Italy and has made its appearance in Vienna, Buda-Pesth, etc. It is curious to note how prudence seems to desert medical men when they approach the difficult problem of the diagnosis and

treatment of this scourge. Anglo-Indians who have passed their lives in the midst of it, express themselves much more cautiously than European physicians who have, perhaps, never seen a case. Prof. Koch, the eminent pathologist, after a sojourn of a few months in India, considered himself competent to locate the virus of cholera in the comma bacillus, a species of bacteria plentifully found in the rice-water stools, and professed to be able to produce the disease by inoculations of his cultivated virus. Prof. Klein, an equally eminent pathologist, not only inoculated himself with but also swallowed an indefinite quantity of Koch's cultivation fluid without any effect whatever. A Spanish medical man read a paper before the French Academy of Science, in which he stated that he had succeeded in inoculating ninety nuns with a preparation from the rice-water stools of cholera patients, and in proof of the success of the operation he alleged the fact that *all* the nuns had died. This triumph was loudly applauded by the assembled savants, but it may be doubted whether the convent authorities were equally pleased, considering that the reason why the nuns submitted to the inoculations was that they might be able to go among cholera patients without fear of taking the disease themselves.

No doubt you have read the violent altercation in which the public are freely taking part on what is called the laparotomy epidemic. The operation of removal of the ovaries and tubes first discovered in America, fell into disuse there, but has lately been revived by Mr. Lawson Tait, of Birmingham, with great success, at all events financially. Dr. Emmet, of New York, states that in his lengthened experience he has only met with two cases in which the operation was indicated, that neither of these would submit to it, and that they both completely recovered subsequently without operation. Lawson Tait rejoined that these two patients afterwards came to him, that far from being cured they were in a desperate condition, and that now, thanks to his skillful mode of performing laparotomy, they are in perfect health. Indeed the loud and brazen manner in which Mr. Tait blows his own trumpet cannot but remind

us of the late Sir James Simpson to whom he bears a close but unavowed relationship. The latter certainly contrived to arrogate to himself the discovery of anæsthetics, though he was perfectly aware that the true discoverer was an American. With regard to laparotomy, it now transpires that in the Women's Hospital at Liverpool, out of a total of 349 patients admitted during the year, 111 had this operation performed by the enterprising Dr. Imlach without consulting with his colleagues on the staff. Naturally the public and the profession are alike shocked and indignant and an inquiry is loudly demanded on all sides. Apropos of Liverpool, the Homœopathic Hospital recently endowed by the munificence of Mr. Henry Tate, the sugar refiner, is, I am told, progressing apace. Such institutions are greatly needed, there being only one other in Great Britain, i. e., in London. It is unfortunate that in England the medical youth must be educated at an allopathic college where they hear nothing but sneers concerning Homœopathy, and are frequently deterred by the gibes of their companions from the straight and narrow way that leadeth to homœopathic practice. It is hoped that some day the state will grant licensing power to homœopathic colleges as it does in America.

A. E. DRYSDALE, M. D.

CANNES, FRANCE, Oct. 25, 1886.

MINNESOTA MEDICAL MONTHLY, JULY.—“It is suggested that, in every school there should be a professor of physics, whose duty it would be to make a minute examination of each student, and see that their health is properly looked after.”

This is pretty rough on the King's English, but harder still on the professor. Down this way, a professor of physics is not a medical man, and he knows as much of the question of health as the professor of Astronomy, and no more. The idea sought to be expressed in the above, may seem to some quite plausible, but we protest that it is absurd. If there is such a thing as “meddlesome midwifery,” we may stigmatize this, as meddlesome sanitation. And there's a deal of it in vogue just now. Every fellow is seeking to outdo every other fellow in carrying sanitary matters to a vanishing point. Ideas have their seed time and their harvests, just as does vegetation, and in matters of hygiene, the thoughtful observer will not fail to see, that some of it has already gone to seed.

T. P. W.

GYNECOLOGY.

CONGENITAL ABSENCE OF THE UTERUS.

C. G. SPRAGUE, M. D., Omaha, Neb.

A case presenting all the features of congenital absence of the uterus, recently came under my observation—and being the only case of the kind which I have ever met with, either in print or practice—I beg leave to lay it before the readers of the *ADVANCE*.

CASE.—Jennie S.—, æt. about 34, consulted me regarding her approaching “change” as she termed it; during the interview she stated that she *never had menstruated*, neither had there ever been any symptoms looking to that physiological function. As a girl, she stated she had always enjoyed the very best of health, except at such times as when she was under treatment by her family physician for the purpose of establishing that important function—and at such times, she stated, she had been made so very ill from the effects of excessive medication, that she was frequently confined to her bed for several days at a time. She had been taught by her medical attendant that the menses *must* be brought on, or she could never be strong and well—hence, she submitted to the “forcing” process at different periods for several years, but without satisfactory results. At the age of 24 she was married, and continued to live with her husband for about six years; during that period, she states, there was free indulgence in sexual intercourse, which at times was carried to excess; she finding as much pleasure in the act apparently as her husband. Mutual dissatisfactions at last began to develop—each accusing the other of being the cause of a childless home, until a separation was agreed upon, since which time she has been employed at general housework—and now, at the age of 34, seeks medical assistance to guide her during what she regards as “her change.” The unusual history of her case led me to advise an examination per vagina—which was acceded to, and which developed the fact that there was not the slightest trace of a uterus. Examination

per rectum was made on two separate occasions, and without the least indications of the presence of either uterus or ovaries. Of course the presence or absence of the uterus is so much easier determined than that of the ovaries, and while I am as absolutely certain that the uterus is not present, as I can be of anything else under like circumstances, I cannot speak so positively regarding the presence or absence of the ovaries. The mammary glands are developed to about the same degree as is usually found in females of her physical development, that is, she being somewhat on the "lean" order—the mammæ are but slightly developed.

In the previous consideration of her case, I had formed the opinion that there might be a lack of development of that organ—but was not prepared for a total absence of that important appendage. The vagina terminated in a blind pouch at about four inches from the vulva, beyond which there was not the faintest semblance or indication of the existence of a uterus. Here, truly, was an anomaly which might well be called perplexing. Here was a woman who, to all external appearances had been created with all the organs and functions of her sex, who had fulfilled the requirements of a wife, except in that of reproduction, had reached the age of 34 years, had never menstruated, nor had any effort ever been made to account for its non appearance. The examination was repeated some four or five days after the first interview, as I thought I must have overlooked some important indication—but the same result was reached, although conducted with the utmost care.

Now, I would ask, can there be a development of the ovaries, and none whatever of the uterus? From the fact that the woman is in possession to a marked degree, of sexual instinct and sexual passion, it would seem to me that such must be the case. Sexual excitement is easily aroused as was evidenced at the time of examination, by contact with the clitoris; indeed, evidence of the habit of masturbation existed in the slightly enlarged condition of that organ—although the habit was emphatically denied by the patient.

I can scarcely believe it possible to have ovarian development without the uterus, as I have always regarded it as necessary that where *one* existed the other *must also exist*, either in full or partial development, and more particularly so where sexual appetite is present. But, some may ask, if the presence of ovaries are necessary to the function of menstruation and maternity—and these two important functions are performed *without the slightest venereal appetite*, why cannot the opposite condition prevail? I am strongly inclined to take this view of the matter myself—believing that in the case under consideration there is an imperfect development of both ovaries and fallopian tubes—but an entire congenital absence of the uterus.

The case is of such interest to me individually, that I am trying to arrauge for an examination by several others of my associates here, and shall be happy to report result.

MAL-POSITION OF FŒTUS.

W. J. HAWKES, M. D., Chicago, Ill.

* * * It has been said that the remedy indicated by the sum of the morbid phenomena of the expectant mother, has been the means of correcting the mal-position of the *fœtus in utero*. I indorse the statement. In a misapprehension of the true function of medicine, I have heard teachers and others ridicule the statement that “Pulsatilla had turned the child in the womb.” This involves a mis-statement as well. The normal position of the child is the right occipito-iliac anterior. Any deviation from that position is wrong, and was caused by something not right in the mother. The science of therapeutics takes cognizance of this wrong, and, by adopting a proven remedy to the totality of her symptoms, corrects it. But nature is never-ceasingly endeavoring to have all things exactly right in her economy; and after she has been relieved of the incubus which had hampered her action, is enabled to correct even greater wrongs than the mal-position of the *fœtus in utero*, floating, as it is, freely in the *liquor amnii*. It is

not supposed, and it was never intended to say, that a fraction of a drop of the 3d, 30th or 200th of Pulsatilla or any other drug went directly to the child, seized it by the heels and turned it bodily right side up. It is hardly conceivable that such an absurd notion could have found lodgment in a graduate's brain. I have seen premature labor pains promptly arrested, and a change in the position of the foetus, which was observed by others besides myself, caused by the administration of the clearly indicated remedy. But nature did the arresting and changing of position. The medicine simply cleared the decks.

[This is undoubtedly the homœopathic method, the only true method of treatment, for the abnormalities of pregnancy. But Dr. Hawkes might have gone much further. The time, of all times, in which to eradicate the constitutional ailments of the child is while still in utero, and the totality of the symptoms of the mother both before and during pregnancy is a safe and sure guide for the curative remedy.—ED.]

A PRIOR DISCOVERY.

The medical world is prolific in controversies over prior discoveries in medical and surgical methods, and we presume it will continue to be so till man shall have reached that stage of development in which his physical system will be impervious to decay. Gynæcology has been particularly fruitful in this respect. History shows that two men, in different parts of the world, may follow the same line of thought and reach the same conclusion without knowledge of each other. We believe, also, that it is a recognized law of courtesy, that to the one who first publishes his deductions belongs the honor of priority. This does not, however, as we understand it, discredit the work of the later investigator, so that in calling the attention of the medical public to the subjoined comparative data, it is only to place on record, and give due credit to, the originator of this method of perinæorrhaphy.

From the *Medical Current*, Jan., 1886.

METHOD OF PERINÆORRHAPHY.

JOHN W. STREETER, M. D.,

Professor of the Medical and Surgical Diseases in the Homœopathic Medical College, of Chicago.

Reported for The Medical Current by the Editor.

The method of performing the operation for repair of lacerated perineæ as devised by Dr. Streeter, is to my mind superior to any I have ever seen others perform or figured in books.

The patient is placed upon her back, the legs flexed upon the thigh and the thighs upon the abdomen. The operator having decided how much of the aperture to close, makes an incision along the muco-cutaneous juncture, through the mucous membrane. Then with a scalpel, but preferably a pair of blunt pointed scissors, dissects up the mucous and submucous tissues in the form of a triangle, the base being at the outlet and the apex at the inlet of the vagina, leaving the margins which form the sides of the triangle and the apex intact. No tissue whatever is cast away, as in the ordinary method of operating. The divided tissue is now lifted up toward the symphysis pubis and the wound closed with silver sutures as in the ordinary manner. To hold the muco-cutaneous margins together, two superficial stitches of silk, one on either side of the united perineal walls, are used.

To summarize its points of excellence we would say:

1. There is no delay for fear of non-union on account of capillary oozing.
2. The separated tissue of the vaginal floor acts as a bridge to the wound and thus prevents any vaginal or uterine discharge coming in contact with the raw surfaces, thereby delaying or entirely preventing proper union.

I*

From the *Canada Medical Record*, June, 1886.

A NEW METHOD FOR RELIEF OF RUPTURED PERINÆUM.

At a recent meeting of the Medico-Chirurgical Society, of Montreal, Dr. Trenholme read a paper on this subject. He describes it as follows:

I denude the surfaces to the fullest extent of the parts injured. This denudation is accomplished by the removal of the covering of the parts to be denuded, i. e., the cicatricial surface in one piece. For this purpose the first incision is made at the upper part where the edge of the skin coalesces with the cicatricial surface; the knife is entered at the highest on the right side, and the incision brought down to the lowest part of the fourchette, where it is met by a similar incision on the left side. The lowest part of the angle is then seized with the forceps and carefully dissected upward, taking special care to remove the whole surface without incising the flap; this dissection is carried on till the surface represented by the original wound is uncovered.

[Here the Doctor gives instruction about inserting the sutures, which, with the exception that he uses shield sutures, does not materially differ from the ordinary method.]

The edges of the wound are co-apted by horse-hair sutures, and the upper part of the flap and around the right and left side are secured by catgut sutures; this leaves the united surfaces in the shape of the letter T. The vaginal surface is perfectly covered, and in no way can a drop of fluid enter the wound or interfere with union by first intention.

* * * *

The objection to all other operations was that it left the vaginal incision open, which

3. The care of the patient is much lessened, catheterization and vaginal douching being absolutely unnecessary.

sometimes, therefore, interfered with union by first intention.

* * * *

The following points are gained: Perfect union; perfect restoration of the perinæum; no loss of substance, and no after-fever worthy of the name.

That Dr. Streeter has practiced and taught this method to his classes for the past ten years, the students' note books and the records of his dispensary and hospital cases will show.—*Medical Current.*

BUREAU OF SANITARY SCIENCE.—Subject: *Climatology*.—In accordance with the rules governing sectional work, adopted at the last session of the Institute, the following plan of work for this Bureau is submitted, with the belief that every member will enter into it heartily, and make his particular department as complete as possible:

1. "Ocean and Seashore Climate." Bushrod W. James, M. D., Philadelphia, Pa.
2. "The Relation of Flora to Climate." E. U. Jones, M. D., Taunton, Mass.
3. "Relation of Climate to Disease." R. F. Baker, M. D., Davenport, Iowa.
4. "Health Resorts." W. B. Chamberlain, M. D., Worcester, Mass.
5. "Individualization of Climate." A. K. Crawford, M. D., Chicago, Illinois.
6. "The Study of High Altitudes in Relation to Disease." A. S. Everett, M. D., Denver, Colorado.
7. "Observations on Florida Climate." H. R. Stout, M. D., Jacksonville, Florida.
8. "Influence of Climate in Catarrhal Affections." D. H. Beckwith, M. D., Cleveland, Ohio.
9. "Influence of Climate in Bronchial Affections." Charles E. Jones, M. D., Albany, New York.
10. "Influence of Climate in Pulmonary Affections." Joseph Jones, M. D., San Antonio, Texas.
11. "Influence of Climate in Disturbances of the Nervous System." William Owens, M. D., Cincinnati, Ohio.
12. "Influence of Climate in Diseases of Alimentary Canal and its Appendages." G. H. Wilson, M. D., Meriden, Connecticut.
13. "Influence of Climate in Disturbances of Circulation—Secretion and Excretion." George M. Ockford, M. D., Lexington, Ky.
14. "Facts and Fallacies in Climatology." H. E. Beebe, M. D., Sidney, Ohio. H. E. BEEBE, M. D., Chairman, Sidney, Ohio.
C. E. JONES, M. D., Secretary, Albany, New York.

CLINICAL MEDICINE.

CONSTITUTIONAL SYMPTOMS.

W. S. GEE, M. D., Chicago, Ill.

Adjunct Professor of Materia Medica and Clinical Medicine, Hahnemann College.

Every healthy individual has certain distinguishing peculiarities which give him an individuality. While in general contour he is similar to other members of his race, he has in addition some exceptional points or traits which show an unmistakable difference between him and his fellowmen. These peculiarities in health he retains when he is sick. In whatever sickness he may have, a few of his old peculiarities will be present. These we may call constitutional symptoms. These symptoms serve us to more readily detect disease in the variation from the healthy standard of that individual.

When Hahnemann declared to the world the result of his most profound study of disease and especially of chronic disease, we learned that in the constitution of most individuals existed one or more underlying influences which he termed "miasms." These miasms existed in some degree without causing decided interference with health except when aided by exceptional conditions such as the presence of acute diseases, change of life, etc. This is true to-day. That is to say, the constitutional miasm may be *latent* or *active*. It remains latent when no symptoms are present which mark a deviation from health. This is seen in growing children and even in adults so long as the vitality of the person predominates. It becomes *active* by the presence of acute disease, known by making simple diseases unusually severe and prolonged; or, as at the decline of life when the vitality of the individual diminishes, we have tumors, malignant growths, etc. It is also seen in the increasing severity of recurrent attacks of disease. After Hahnemann had recognized the facts, his next work was to make available remedies which would cure these difficulties. As a result of his work we have the deep and long acting antipsorics.

We are directed to give the remedy preference which best corresponds to the present symptoms. This is a safe rule; but there are many cases which do not present plain indications and the remedy is not apparent. For these cases we deduce this rule:

When the present symptoms do not, with a reasonable degree of certainty, indicate a remedy, search for pre-existing constitutional symptoms.

Carroll Dunham wrote, in illustration, that two lines each an inch long might appear parallel, but the fact was not so apparent as when the lines were extended. So in the selection of the remedy the "extended lines" into the history of the patient often decides the choice of the simillimum.

He has given us a few instances of the value of *drawing long lines* and prescribing for pre-existing symptoms.

On pages 462 to 464 of "Science of Therapeutics" we may find a careful record of a case of "Nervous Deafness" of thirteen years standing cured with Mezereum, given because it covered the totality of the symptoms when the patient had milkcrust—the suppression of which was immediately followed by the deafness. The most careful examination of the case revealed no present symptoms except a "membrana tympani white, opaque, and evidently thickened."

On page 56, of Part II, "Lectures on Materia Medica" by the same author, is a record of a case of headache in winter cured by Aloe, given because the attacks of summer diarrhœa indicated that remedy.

A case of epilepsy was given Platina, because of previous strong passion and peculiar disposition, imperious and high stepping.

A case of uterine disease was cured with Agaricus, given because of *aching in the heels* and marked family tendency to spinal meningitis.

These cases illustrate the value of *drawing long lines* when present symptoms do not make the remedy apparent.

CASE I.—Mr. G. C. H.—, æt. 50, applied for the cure of nasal catarrh. He presented no marked symptoms upon

which to select a remedy and a careful history revealed the fact that he had taken a cold bath 36 years ago, and his trouble dates from that time. The cause of the disease suggesting *Rhus tox.*, cm. (F.) and later one dose of 30, a farther study confirmed the selection and he received the remedy with decided relief within three days. He took cold twice during the time of treatment and needed more of the remedy. For later symptoms of an acute character he received *Sticta pulmonacea* 4x, and is to-day free from the disease. This he has not been able to say in 36 years. He received his first prescription in August last.

CASE II.—Mr. Mc.—, æt. 25, consulted me for an attack of diarrhœa. He had received treatment from several physicians without benefit. His present symptoms were not sufficient to make clear the remedy, but his history aided with these facts did: Four years ago he lifted paper in a printing office and vomited blood afterwards. Since that time he has been troubled with a *weak, "all-gone" feeling in the region of the stomach, especially about 11 a. m., relieved by eating.* He has had recurrent attacks of diarrhœa which came on *after midnight with urging. Stools loose and yellow, with burning in anus after stool.* He received Sulphur 1m. and was cured in a few days.

CASE III.—Mr. B.—, æt. 25, complained of a pain in his knee. No distinguishing features being present an appeal was made to the "anamnesis" or previous history. He had suffered one whole year from rheumatism some years before and was unable to leave the house. The features of the attack pointed to *Rhus tox.* and that remedy, in the 1m potency, cured his knee.

CASE IV.—Miss L.—, complains of sore throat with no deciding symptoms. Her history reads: Has had an attack of "quinsy" every year, for several years. The disease *always began on the left side.* The throat was *sensitive to touch on the outside, with sensation as of a lump internally, which went down on swallowing but immediately returned.* She received Lach. cm. one dose. The attack disappeared without suppuration and she has again past the season without the yearly return of the trouble.

CASE V.—(No. 14,013 in our Saturday clinic) applied for relief from nasal catarrh. There being no decided symptoms for a remedy, her history was carefully recorded. She has been sick since 15 years old, (now 36). Had recurrent headaches. *Headache relieved by the flow.* Had *cramps before the flow and is relieved when the flow begins.* *Troubles left-sided.* *Catarrh in left half of nose, sore throat on left side, must have clothing loose on left side of body.* Constipation with inability to have a movement, because *the anus seems to be closed* and she has not power to expel the stool. She received Lach. em. one dose. She reported last Saturday, Nov. 6, by request, not having reported since receiving the medicine on Sept. 9. The relief was almost immediate.

CASE VI.—(No. 13,152, in Dr. Hawkes' clinic) is a man aged 63. He was a sorry spectacle when he presented on Sept. 9. His present symptoms pointed more toward Lycopodium, but he had received that remedy without benefit. The history dated the trouble to have originated 24 years ago in exposure to dampness. Rhus tox. 1m., one dose, was given him, as present symptoms confirmed the selection and he is slowly improving. He is now in Prof. Hawkes' clinic.

CASE VII.—Marion H.—, a little girl of five years, was taken seriously ill with remittent fever. The temperature ranged from 103 to 104 and above for several days. The best selected remedies did not seem to act. The history was more carefully examined. When a baby she *perspired very much about her head.* Was troubled with *cold damp feet.* Stomach and bowels were easily disturbed. She was *slow getting her teeth and in learning to walk.* With this help Calcarea ost. 1m. was selected and a great change was soon apparent and recovery was rapid.

CASE VIII.—Willie E.—, æt. 7 years, was taken sick Oct. 14. When first seen he complained of pain in back of head and neck. He had but slight fever for several days but there was a decided increase until the temperature was about 103 in the morning, and 104 to 104.4-5 in the evening. The variations were but slight for several days. He

was quiet, uncomplaining, and when asked how he felt replied: "Very well, thank you." When closely questioned, he spoke of an aching pain in the back of his head, which was much worse with the increase of the fever and diminished with it toward morning. Several remedies had been given but our little patient was fast gliding away with but little evidence of sickness, except the fever. Some loose offensive movements of the bowels occasionally broke the monotony and, although quite offensive, gave no sufficient clue to the remedy. A very careful history elicited these facts: Before the pregnancy which resulted in the birth of this boy, the mother lost two children. During the term of pregnancy she was in deep suppressed grief, because of this loss and kept away from friends, did not visit, but led a lonely sad life during the whole term. When Willie grew to some size she noticed that he did not play as did other boys. He was imposed upon without resistance on his part and if wronged said nothing, but later gave vent to his suppressed grief in tears when alone. If for any trivial offense she reprimanded him, he said nothing, but perhaps some time later she found him alone and crying. Even during this illness he *preferred being alone* all day. If for any reason she left his room, on her return frequently found him crying. Whether atavism is mythical or not this history led to Ignatia, and within twelve hours after taking it a decided change for the better was made. His recovery has progressed without further medication.

¶ If these illustrations will help any one at a time when there is "a painful absence of symptoms" our desire will be realized.

CATARACT—A NEW METHOD OF OPERATING.

R. D. TIPPLE, M. D., Toledo, Ohio.

I send you a report of three cases of senile cataract, operated upon and treated successfully, by a method somewhat different from that generally prescribed and followed by oculists. A description of one case will suffice for all

as they were all treated in the same way, and with like good results.

Mrs. H— was operated upon in August last, Mr. G— in September, and Mr. Z— in November. I operated by making my incision with Von Graffe's knife in the sclero-corneal junction, followed by an iridectomy and laceration of capsule as is usual (previously having instilled into the eye Muriate of Cocaine, two per cent. solution, at intervals of a minute or two for ten minutes). I then with one of Bowman's narrow flexible scoops, bent in the proper shape, delivered the lens intact, with ease, being careful not to bruise the iris or cornea, after which I closed the lids of both eyes and transfixed them with isinglass plaster only, using a strip for each eye about three inches long by one inch wide, extending from the brow to the cheek. I applied no other dressing, and directly placed the patients on a couch where I kept them the first day after the operation with their heads elevated, after which I allowed them to sit up in a room with the light subdued, but not darkened to such an extent that the attendant could not see to go about the room readily. After the fourth day I increased the light in the room gradually, until it was sufficiently light for a person with ordinary vision to be able to read when sitting in the vicinity of a window. The patients got along with but little inconvenience, and made a rapid recovery. I consider, from my experience, that scoop extraction is decidedly the safest method of removing the lens, especially when the operation is performed under the local effects of the Muriate of Cocaine (as that drug has a relaxing effect upon the coats of the eyeball impairing their elasticity for the time being, by its effect upon the vaso-motor nerves), thereby rendering pressure for the removal of the lens more or less hazardous. The danger resulting from loss of vitreous, choroidal hæmorrhage, bruising of the ciliary body, iris, etc. Dr. Chisolm, who reported a number of hospital cases treated after operating by simply applying the isinglass plaster, says that there was no lachrymation, photophobia or after-pain worthy of mentioning. His experience in that corresponds with

mine, although he does not report having used the scoop. My three cases above reported made a much better and more rapid recovery than any preceding cases treated by me, according to the old method of bandaging and confining in a dark room in bed for days. Time and space prevents me from entering into the details of the after treatment. It is sufficient to say that with me the end justifies the means.

PULMONARY HÆMORRHAGE—AN UNUSUAL CASE.

M. N. AVERY, M. D., Niles, Mich.

Mrs. W——, colored, aet. 48, dressmaker. Previous to 1883, good health; robust. During the last three years has been afflicted with hæmoptysis at irregular intervals of one, two, or three months, or oftener, according to the amount of exercise taken. Violent exertion, reaching or lifting, nearly always would result in an attack of hæmorrhage, accompanied with coughing and severe lancinating pain in left infra-mammary region, extending through the chest to the back. This hæmorrhage and cough would last two or three days and gradually subside. During the intervals between the attacks patient felt quite well, with the exception of the pain, at times recurring from over-exertion or deep inspiration; also a dry, hacking cough, but only at times.

During the last year the pain has been gradually approaching the cutaneous surface of the chest, till one evening last week, while rubbing her side, she felt something prick her hand; close examination revealed the point of some sharp substance protruding, which was at once removed with the aid of a pair of tweezers. This foreign object proved to be a needle, minus about three-eighths of an inch of the eye end. Patient now remembers that three years ago, after having worked hard all day, she fell asleep in her chair in the evening, with a needle in her mouth. After sleeping awhile she awakened, coughing and choking; was frightened and thought she

had swallowed the needle. However, the cough ceased and as she found the eye end of the needle in her mouth, and as no immediate trouble followed, she thought all was right, although she never found the other part of the needle till she extracted it as stated.

This patient has taken much medicine from many doctors; has been treated for consumption, heart disease, change of life, etc., etc., all without benefit, of course. Since the removal of the needle the pain has disappeared, no difficulty being caused by violent exertion, and a complete recovery is expected.

CURE BY OSCAR HANSEN, M. D., COPENHAGEN, DENMARK.

TRANSLATED by A. MCNEIL, M. D., San Francisco.

CONSUMPTION.—*Phosphorus*. Mr. S. L.—, age 26, consulted me June 12, 1880. Has been hoarse for six months; allopathic treatment without any benefit.

Status præsens: weakness, emaciation, hoarseness, dryness in the throat, shortness of breath, short, dry, fatiguing, cough; sensation as if something *adhered firmly in the trachea*. Cold sweat in the evening, and at night, *cough worse morning and evening, and when in cold air*. In the right infra and supra-clavicular regions, inspiration is jerking, expiration harsh and prolonged.

Phosphorus 6x, two drops night and morning.

June 29th. No material change, slightly worse. Phosphorus 30, five pellets night and morning.

July 26th. Cough entirely gone, hoarseness inconsiderable, all other symptoms disappeared. Continued the Phosphorus for sixteen days, then ceased. (Why, when all the symptoms had disappeared, should the Phosphorus be continued sixteen days longer? Translator).

August 16th, very well.

April 13th, 1881, he returned with the same condition. Auscultation discovered nothing wrong in the lungs. Phosphorus 30 cured him in three weeks.

February 18th, 1882, he returned again. He had been hoarse four weeks. The lungs were normal, and he said the hoarseness was not as bad now, and the last time, as it was the first. I gave him Phosphorus for nine days. In five days more he was well, and so remains.

SCARLATINA.

J. M. PEASE, M. D., San Francisco, Cal.

CASE.—Gracie B.—, aged ten years, of large development for her age, extremely florid complexion, was taken Thursday morning with symptoms as follows: Nausea and vomiting, high fever, pulse 150, skin very hot. Throat sore on right side and tonsil covered with ragged grayish exudate, breath foetid, etc. As considerable diphtheria had been prevailing it was at first thought it might be that disease. Lycopodium 200th was given. A few hours later a second visit was made when other symptoms were noticed. The fauces presented an extremely red and shining appearance, the exudate more extensive, the tongue slightly coated, with numerous red papillæ showing through the coating looking like the projecting seeds of a strawberry; the skin was very red especially on the neck and upper part of the chest, light was unpleasant to the eyes and the conjunctivæ red. Pulse very sharp, but quite easily compressed and beating 160 per minute. She complained of the mouth feeling dry and hot but had no special thirst except for lemonade; but it hurt her more to swallow liquids than solids. She was inclined to be sleepy, and when dozing would start up as if frightened or try to get out of bed, but as soon as awake would lie down and cover herself closely. Belladonna 200th was given.

On the following morning the skin was red over the whole body, pulse 140, throat looking about the same.

There was not as much photophobia as the day before and the temperature did not seem as high, but having broken my thermometer a day or two before was unable to learn the exact amount of heat.

At the evening visit symptoms were better, pulse 120.

Saturday morning: Fever much less, throat has less membrane, pulse 108; no second visit made that day.

Sunday morning: Membrane nearly gone, throat less sensitive in swallowing, redness of skin decidedly diminished; no photophobia; asked what she could have to eat.

Monday: Membrane gone, throat only slightly red. Pulse 102, skin dry and harsh, no redness.

Tuesday: Pulse 90. Is hungry and thinks she is being starved; desquamation has commenced about the neck.

Wednesday: Desquamation begun over the whole body, she feels well, pulse 86. As there seemed no further need for the doctor's services the case was dismissed in just six days from the onset of the disease, no remedy except as first mentioned was given; the doses being once in three or four hours during the height of the fever, and Sac. lac. being substituted.

That this case might have been a bad one there seems little doubt, more especially as the mother and younger sister were attacked with diphtheria a few days later.

INTERMITTENT FEVER.

C. B. GILBERT, M. D., Washington, D. C.

[These three cases occurred in three children in the same family, all sick at the same time and presumably from the same exciting cause, but each calling for a different remedy. It certainly is not an argument in favor of the universal indication for Quinine or any other remedy.—ED.]

Phosphoric acid.—Chill at 9 p. m. with great prostration, which continues all through the paroxysm; fever all night with frequent passing of large quantities of clear watery urine; not much thirst; side on which she lies is painful.

Nux moschata.—Continuous fever, with red face and frontal headache; sleeps most of the time, but wakes whining about her head; thirst; does not want to be covered (July); later fever became intermittent and chill began in feet, followed by fever and drowsiness with less headache; eyes itched.

Arnica.—Chill in the morning, 8:30 or 10:30, with shak-
ing and severe headache; head hot, body cold; skin of
hands and arms mottled blue; complains of bed; great
thirst, followed by vomiting—first sour, later perhaps bit-
ter; fever very high with sleep and less thirst; at last
sweat; then gets up to play, but not very vigorously.

NUX VOMICA.

—S. E. CHAPMAN, M D., FOREST HILL, CAL.

Probably there is no remedy in our *Materia Medica* that has oftener proved a “friend in need” to me, than *Nux vomica*. This is one of our best known remedies, and I will only attempt a few verifications.

CASE I. *Vomiting of Pregnancy*. Was called to see a young married woman. She was in the fifth month of pregnancy, and had been vomiting about five weeks, during which time little or nothing had been retained by the stomach. She was reduced to the last degree of emaciation and prostration. Allopathy had done its best for her, and now gave an unfavorable prognosis.

There was great sensitiveness to pressure over the stomach; bowels obstinately constipated; pulse 100 per minute, and exceedingly weak; complained of great heaviness of the head, etc.

I left a few powders of *Nux 3x* to be given every two hours. She never vomited again after taking the first powder. She rapidly gained in strength and flesh, but during the seventh month I was called to attend her in confinement. I then encountered the only case I have ever seen of absolutely dry labor. *There was not a drop of amniotic fluid*. She made a good recovery.

CASE II. How many have seen and prescribed for this symptom: “Fluent coryza by day, and dry coryza by night?” A young man consulted me for the following symptoms: Three weeks previously he contracted a “cold in the head” from cooling off too suddenly while perspiring, from which there resulted one of the worst cases of

acute nasal catarrh I have ever seen. The tissues about the nose and eyes were much swollen, and the discharge of thick white and yellowish mucus from the anterior nares was something enormous. He assured me that the discharge began in the morning the moment he assumed the erect posture, and started as suddenly and fluently as though a flood-gate had been opened. This continued during the day until bedtime, and ceased the moment his head touched the pillow. The schneiderian membrane then became perfectly dry, attended with a severe burning pain. There was a constant heavy dull pain at the root of the nose. There were also concomitant symptoms that pointed to *Nux vomica*, such as indigestion, constipation, etc.; but I took the symptom mentioned above for my "key note," and gave *Nux vomica* 3x, a powder every two hours. I have never seen anything more magical than the action of *Nux* in this case. Relief came immediately and permanently.

CASE III. *Bile*. The profound hypochondriasis peculiar to *Nux* is seldom wanting in a case requiring that remedy. How often have I seen the "blues"—particularly in those suffering from chronic ailments and of sedentary habits—dissipated by a few doses of *Nux*. The morbid view such a case takes of his surroundings, we will attempt to portray in the following doggerel:

BILE.

O world, thou vast and aching void!
Hast thou one pleasure unalloyed?
If so, 'twas never mine.
I've walked thy surface forty years;
Well art thou called "a vale of tears,"
Thou sea of scalding brine!

Vain Earth! hast thou one thing that's good?
What though I seek the deepest wood
For rest from sight of sin;
The birds on ev'ry bush and tree
Scream and fight most viciously—
Distract me with their din!

The flowers bloom; they only bring
Forth odors that are poisoning,
Causing stomachic qualms.

Vendors of them upon the street
 Full twenty times a day I meet—
 One way of begging alms!

Widows and orphans fill the land,
 Foul crime and sin on ev'ry hand—
 Red war and desolation!
 Where'er I go I always see
 Squalid want and poverty—
 Gaunt hunger and starvation!

Of death alone can we be sure.
 Thousands our ills, but rare the cure;
 Legion our aches and pains.
 Often when strongest, sickness comes,
 Then in our long and silent homes
 They lay our cold remains.

And I am sure that's much the best,
 For there alone is found a rest;
 There only is—but pshaw!
 My doctor walks in, looking wise,
 Reads this poetry and cries,
 "Sir, take Nux Vomica."

SOME RECENT CASES.

A. M. CUSHING, M. D., Springfield, Mass.

As the Homœopathic Medical Society of New York, and the Western New York Society are to attempt to prove or disprove the power of attenuated drugs to cure disease, and ask for contributions, I send the following reports. But, as I do not recollect and have not the notes of many cases treated with Apis and Rhus, the remedies with which they are to begin, I send some recent cases.

CASE I. *Apis*. Mrs. S—, aged 50; face, limbs, and feet swollen, and œdematous for some weeks. Urine scanty; not feeling well. Inclined to erysipelas. Gave Apis 200, one powder. Three days later swelling all gone, feels nicely, and asked if I expected it would effect her kidneys, said the urine was *profuse*.

CASE II. *Apis*. A child aged three, feverish, with inflamed throat; dirty, grey diphtheritic patches on tonsils; œdemat-

ous appearance of fauces.. Apis 200, and in two days throat nearly well and urine very profuse.

CASE III. *Rhus*. Mr. —, aged 57, left foot lame on inside of instep, much worse on rainy days. During an attack of pain on a wet day gave *Rhus tox cm*, and in ten minutes the pain was in the ball of great toe, and ten minutes later pain and lameness all gone.

CASE IV. *Phosphorus*. Mrs. N—, aged 36. Ten years ago post-partem hæmorrhage. Since then *profuse menses*, has to lie in bed from six days to two weeks each month. Her husband says the blood "just pours away from her." The flow intermits; is worse at night; dark, large clots; gushes out; is *weak, pale, emaciated*; chilly, thirsty, worse from warm drinks; nervous, ringing in ears; vertigo; hands and feet cold; palpitation of heart; white canker sores in mouth. Is tall and slim. Has had many doctors, and her mother died of similar symptoms at about her age. Gave *Phosphorus 200*, one powder. For six months menses *normal*, all symptoms much better, gained flesh and felt well. Then from over-exertion the flow was increased, but was immediately relieved by the same remedy.

CASE V. *Borax*. Mrs. L—, aged 28, tall, slim, light complexion, had cough and throat trouble for three years. Her father, brother and two sisters died in one year of consumption. She has had leucorrhœa several years; has been treated by homœopathic physicians in Boston, New York and Washington without benefit, and had decided to pay out no more money for that trouble. The discharge was white, not very thick, and feels like *warm water running down her limbs*. I gave one powder of *Borax 200*, and in ten days her leucorrhœa was all gone, and she had no trouble with her throat. Six months later she had no return of either trouble, and could walk two miles in a heavy fog or on a rainy and snowy day without any return of any of her old symptoms. She had formerly moved about twice each year for a change of climate, but has now remained in the same place for two years.

CASE VI. INTERMITTENT FEVER.—*Natrum mur*. Mrs. E—. Chill every other day at 9 or 10 A. M.; lasts a long

time; is *very severe*. Begins in hands and feet, which are very cold. Fever severe and long, with headache which lasts all next day. Sweat profuse; is weak and debilitated. Has had it before and been treated by both schools in this country and Europe; has been *fed salt* and always got Quinine. I gave Natrum mur. 1m. Next day slight chill for about fifteen minutes, and had no more at all.

CASE VII. Mr. E—, husband of above, had very severe chill after eating, worse in arms and pit of stomach; with dry, hot skin; bursting, frontal headache and red face; no thirst. Feet icy cold. Belladonna seemed indicated, which I gave in the 200 potency, and not another chill.

CASE VIII. Miss B—, chill every day, sick in bed, has been treated by old school two weeks and is no better. Chills begin in back with *severe pain in back*. Gave Capsicum 30, and not another chill.

CASE IX. Mr. F—, chill every afternoon, with *great thirst* during chill. Head and back ache. Fever in evening. Sweats all night; no thirst during fever or sweat. Gave Ignatia 1m, and not another shiver.

CASE X. *Insanity*. Miss —, aged about 24. Four years ago was disappointed in her marriage expectations; followed by typhoid fever. Since then has been insane. Treated by old school and eclectics till quite recently; has had homœopathic treatment, receiving Gelsemium one day for fever, and the alternate day brandy for debility. Was gradually getting weaker, and the physician feared she would die soon. She would lie in bed picking the bedding with her fingers, mutters or talks to herself; laughs to herself occasionally. Takes but little food; discharges from bowels and bladder passed in bed. I gave one dose of Phosphoric acid, which I obtained, supposing it was about 1m, but later learned it was the cm. She had a more quiet night and ate more breakfast, and improved daily. On returning to my home I studied the case carefully and decided Pulsatilla was better indicated, and sent a powder of Pulsatilla 16m, to be given if necessary. It was given on its receipt, about one week after the Phosphoric acid. She

took no more medicine, and in thirty-one days from first prescription went home, able to care for herself, and do light house work.

A PECULIAR EPIDEMIC.

O. J. LYON, M. D., Sabetha, Kan.

Sabetha, Kan., with a population of 1,800 or 2,000, is situated on an upland with fine undulating prairies surrounding, and with no water course nearer than the Nemaha river, seven miles away. We have a very exacting Board of Health and our town, as to cleanliness, is in a fine sanitary condition, and but for the drug stores and regular (?) medicine very few entries would be made in the cemetery. Our people are chiefly from New England, and (except the almost universal habit of drugging) are possessed with a fair knowledge of hygiene, which they practice. At this season of the year we usually have more or less of malarial (?) affections, but so far this year are comparatively free.

About October 10 the first case to which I was called, was attacked suddenly in the morning after rising with an intense vertigo on least motion, attended with a hammering in one or both ears, weakness and prostration. They have wandering pains in chest and shoulders and respiration is slower than normal, but the pulse is unchanged. In some cases there is delirium at night, but no marked febrile excitement at any time. The vertigo is the most distressing and persistent symptom and is only relieved by lying prone. The attack lasts about a week and convalescence is slow and tedious. Is it a mild form of "spinal fever?" It appears to resemble in some respects the so-called "milk sickness" which prevailed in Indiana, Illinois and Ohio some years ago. What is it, and what is the remedy?

SCORE ONE FOR THE DOCTOR.—"If I were so unlucky," said an officer, "as to have a stupid son, I would certainly make him a doctor." "Well," said a doctor who was present, "you think differently, sir, from your father."—*Medical Record.*

MATERIA MEDICA.

PROVING OF LAC CANINUM.

By LAURA MORGAN, M. D.

[Day-Book: Copied for THE ADVANCE from the Prover's MSS.
by E. W. Berridge, M. D.]

First Proving. Laura Morgan, M. D., aged 24, *being in sound, vigorous health*, took three doses of 32nd centesimal potency on March 13th, 1871, six doses on March 14th, and nine doses on March 15th.

March 14th, (2d day). Tongue very red, and coated white. Taste in mouth as if she had been eating spoiled meat; increased by anything sweet; lasted all the morning. Increase in quantity of saliva, which is slightly viscid. Some redness of left side of throat but no sensation of soreness. Pain in right ear lasting only a few minutes. Headache in upper part of forehead, with the sensation of a broad band pressed firmly across forehead from one temple to the other. Raw sensation in the chest, as if it had been scraped. Upper eyelids very heavy, could scarcely keep her eyes open; very sleepy. Felt very short in evening, while walking.

March 15, (3d day). Tongue very red and coated white. Putrid taste in mouth. Aversion to anything sweet. Redness of throat increased. Pain in right ear for a short time. Orange-red spots on face and hands, appearing and disappearing suddenly; small in size, irregular in shape, not elevated nor having any sensation. Considerable expectoration of slightly viscid mucus. Frontal headache, with the sensation of a band across forehead. Felt very short during evening. Very sleepy, could scarcely keep awake.

March 16, (4th day). No bad taste in mouth. Tongue clean. Frothy mucus in mouth, increased by going into open air and after eating. Slight pain in right ear. Headache; band across forehead. Redness of throat increased, with a slight sensation of soreness on right side thereof. Burning of left side of face, lasting about an hour. Catarrh of both nostrils.

March 17, (5th day). Tongue coated white. Fluent catarrh from both nostrils, with sensation of fullness in upper part of nose. Constant discharge of thin, watery fluid, which slightly excoriates edges of nostrils. Throat slightly sore on right side. Constant inclination to swallow. Throat feels raw. Headache. Voice sounds changed, is very rough. Mucus in mouth, increased after eating, and also in open air. Cold and chilly all day, till 4 p. m., when she became suddenly very warm with flushing of left side of face. Backache nearly all day between scapulæ, worse after she became warm, somewhat relieved by leaning back. Leucorrhœa lasting all day, but ceasing after 6 p. m.; worse when standing or walking. Considerable sneezing. Frequent and ineffectual urging to stool, with much straining, but neither constipation nor diarrhœa.

March 18, (6th day). Woke up just before daylight feeling almost suffocated, had to go to the open window. Oppressed for breath all day, only comfortable while in open air. Nausea while in bed, worse by motion; lasted all morning. Rumbling and gurgling in left lower abdomen. Sharp pains in all directions on left side of pelvis, worse by pressure. Diarrhœa, very watery discharges, with much pressure at anus. Constant pricking sensation at anus, lasting all morning. Intense headache, entirely relieved by cold water application, but soon returned, not however, as severe. Backache between scapulæ. Throat better. Mouth constantly full of frothy saliva, but lips dry and parched. Leucorrhœa. Eructations of tasteless gas. Felt perfectly well in afternoon. Fingers extremely cold, but not rest of hand. Sleepy during evening.

March 19, (7th day). Felt well all the morning. Slight coating of tongue. Throat sore in afternoon and evening, on right side. Constant inclination to swallow. Leucorrhœa all day, but none at night, even after taking a long walk. Slight excoriation and itching of external labia. Frequent inclination to cough from a tickling sensation in upper anterior part of larynx, worse in the house and while talking. Frontal headache. Feet swollen and very sore, causing considerable pain while walking. Very sleepy during evening.

March 20, (8th day). Tongue slightly coated white. Putrid taste in mouth. Throat feels raw and sore on right side. Aversion to anything sweet. Leucorrhœa during day. Headache. Itching of vulva. Urine frequent, scanty, high-colored. Urination causes intense pain in vulva wherever the least drop of urine comes in contact with it. Backache between scapulæ. Tickling sensation in throat. Wants to drink very cold water all the time, only in very small quantities. Sore on lower jaw, behind last right molar tooth, almost well next day.

March 21, (9th day). Tongue coated brown. Raw sensation in back of throat. Tickling and sense of constriction in upper part of throat, causing constant, dry, hacking cough. Headache. Slight lameness of left shoulder. Pain in right ear. Considerable thirst.

March 22, (10th day). Throat almost well. Headache. Painful stitches in right big toe when walking. Wrists and knees lame. Cough from tickling in upper anterior part of larynx, worse when talking, and also when lying down. Pain in right ear. Slight lameness of left shoulder.

March 23, (11th day). Headache and nausea on waking, lasting all the morning. Pain in right big toe when walking. Cough from tickling sensation. Pain in right ear. Wrists lame.

March 24, (12th day). Tongue coated white. Throat inflamed and painful. Sore grayish-yellow patch on right side of throat, just above tonsil. (The throat was examined by two allopathic physicians who pronounced it to be diphtheria, and advised immediate cauterization, which of course was not done.) Mouth constantly full of mucus, no expectoration, but a constant inclination to swallow, which causes pain. Cough from tickling in pharynx. Fine stinging pain at middle of sternum; very superficial, lasting about half an hour, but returning during evening. Throat relieved by eating. Pain in urethra during urination and lasting for a short time afterwards. Leucorrhœa all the afternoon. Sudden creeping chills in lower limbs. Pains in abdomen caused by leaning forwards. Appetite increased. Considerable nausea. Headache; band across forehead. Wrists

very lame, especially the right, which has sharp pains passing from thumb to little finger.

March 25, (13th day). Tongue coated white. Putrid taste in mouth. Roof of mouth and back wall of pharynx coated with a grayish yellow deposit, the greater part of which soon disappeared, lasting only about an hour. Throat very sore on right side. Constant inclination to swallow. Throat very much better by noon; deposit had nearly disappeared, but worse again by night. Headache first on one side of forehead and then on the other. Sharp pains under 4th rib of right side, when taking a deep inspiration. Abdomen very sensitive to pressure. Burning sensation in lower part of abdomen and pelvis, passing from side to side. Sharp, shooting pains in abdomen and pelvis, worse on left side. Riding in a carriage seems to jar her, and increases the abdominal pain; while walking does not influence it in any way. Clothes feel very heavy. Slight pressure in abdomen from within outwards. Pain in right ear. Pain in right popliteal space. Right wrist lame and painful. Urination causes intense pain in urethra, soon passing off. Very hungry all day, cannot eat enough to satisfy herself; feels as hungry after eating as before. Pain in sacrum. Dry, hacking cough. Slight leucorrhœa.

March 26, (14th day). Nausea on first rising. Tongue red and coated white. Throat slightly sore. Dry, hacking cough. Cannot satisfy her hunger. Intense pain in right ear. Wrists very lame. Pain in right popliteal space. Burning sensation in pelvis, with pains in all directions. Pressure from within outwards, as if the contents of abdomen would be forced outward laterally just above pelvis. Pain under 4th rib of right side when taking a long breath. Headache first on one side, then on the other. Pain in sacrum, increased by riding, not by walking. Pain in abdomen caused by leaning forward. Slight leucorrhœa.

March 27, (15th day). Throat still slightly sore. Menses commenced three days too soon. Flow very scanty and intermittent. Abdomen and pelvis extremely hot. Pains in uterine region all day, having no particular direction except down inner side of thighs, half way to knees. Abdomen

hard and sensitive to deep pressure. Headache. Pain in right ear. Sharp pain passing from right shoulder to second joint of third finger. Pain passing from right popliteal space to back part of ankle. Backache between scapulæ. Menses bright red; when blood is put in water, it forms in long strings which soon dissolve; passage of several small pieces of thin, white transparent substances having a distinctly organized structure, but extremely delicate.

March 28, (16th day). Throat slightly sore. Headache. Pain in right ear. Pain between scapulæ when leaning forwards. Pain in uterine region, and particularly in region of left ovary, extending down into thigh. Abdominal pains relieved by leaning back. Abdomen swollen and hard. Pains in abdomen intermittent. Menses more profuse, and the blood natural in character.

March 29, (17th day). Throat well in morning, but a little sore on right side in afternoon. Sensation as though there was a lump in right upper part of throat. Backache between and just below scapulæ when leaning forwards. Pain in pelvis, principally in right ovarian region. Abdomen swollen and sensitive to deep pressure, which also causes nausea; the nausea passes off when the pressure is relieved. Sensation while walking, as if abdomen would burst. Frontal headache. Dry, hacking cough. Pain in right ear. Intense sharp pains in left side of abdomen with nausea, caused by leaning forward.

March 30, (18th day). Headache over left eye on first waking, and great pain in pelvis, most marked at right ovary. Abdomen very hard and feels as though it would burst. Throat slightly sore. During afternoon, burning sensation all across pelvis, particularly in left side, with considerable pain. Feeling of tension in left groin; does not want to walk or stand as it increases the sensation; relieved by placing the leg on abdomen. Urination frequent and scanty. Constant inclination to swallow. Lips very dry but no thirst. Mouth constantly full of slightly viscid mucus. Pain in forehead during afternoon, first on left side, then on right.

March 31st, (19th day). Headache over left eye on first

waking. Frequent urination. Throat slightly sore. Very hungry, could not eat enough to satisfy herself. Menses ceased. Pains and tension in left groin. Great thirst for very cold water in small quantities, which cause teeth to ache. Outward pressure in abdomen and pelvis. Dry, hacking cough. Pain in right ear. Very sleepy during evening.

April 1, (20th day). Headache on left side of forehead on first waking, soon passing off. Throat slightly sore. Very sleepy all day long, could scarcely keep awake. Constant inclination to urinate. Backache between scapulæ and sacrum. Burning in left side of pelvis. Great pressure in abdomen from within outward. Slight leucorrhœa during day, worse when standing or walking. Wrists lame and painful, especially the right. Pain in bend of right elbow. Pain in right popliteal space, relieved by stretching the limb out and everting the foot. Walks lame. Right leg seems one or two inches too long. Very thirsty. Pain in inner and forepart of left knee. Bruised sensation in right side of chest when taking a deep inspiration. Very distressing dreams about cats.

April 2, (21st day). Pain on left side of forehead on first waking. Pain in head during day, first on one side then on the other; seems perfectly unbearable; relieved on first going into open air, but soon grows worse. Throat slightly sore. Constant inclination to urinate. Very sleepy all day. Appetite natural. Pain and burning in left side of abdomen and pelvis with weight and dragging on that side; clothes feel very heavy. Contents of abdomen and pelvis seem as though they were coming out just above pelvis. Tension in left groin relieved by drawing leg up to body. Pain in inner and forepart of left knee. Pain in under part of right knee, relieved by stretching out the limb and everting the foot. Wrists lame. Pain in right hand, passing from thumb to little finger. Very cross and irritable while the headache lasted. Right leg feels longer than left. Slight pains in right ear.

April 3, (22d day). Throat slightly sore. Pain in right ear. Pain in back just below right scapula. Headache.

Cross and irritable. Pain in left side of pelvis. Feeling of tension in left groin. Pain in knees and wrists. Weight and dragging in left side of pelvis. Pain in right side of pelvis; while it lasted there was no pain in left side. Cough from tickling in throat. Thirst. Teeth sensitive to cold water. Urine frequent, scanty, high-colored, red sediment. Pain in eyeballs when looking upward.

April 4, (23d day). Throat slightly sore on left side. Headache, and while it lasted felt very cross and irritable. Pain in left side of pelvis; weight and dragging on that side. Teeth sensitive to cold water. Thirsty. Pain in right ear. Urine frequent, profuse, light-colored. Pain in eyeball when looking up.

April 5, (24th day). Throat slightly sore on left side. Headache. Cross and irritable. Pain in left temple, passing from it to left ear, and then to molar teeth of left upper jaw. No earache to-day, but instead a ringing in the ear. Urine frequent, especially at night.

April 6, (25th day). Throat slightly sore on left side. Nausea from leaning forwards. Headache. Pressure and pain in left side of pelvis. Wrists lame. Ringing in right ear.

April 7, (26th day). Throat nearly well. Burning of ball of left big toe. Headache. Severe pain in right ovarian region, completely relieved by a flow of bright red blood, which lasted for about an hour and did not return. Ringing in right ear.

April 8, (27th day). Throat well. Headache. Severe pain in right ovarian region, completely relieved by a thick, leucorrhœal discharge. Burning of inner side of left big toe. Ringing in right ear.

April 9, (28th day). Slight headache for a short time. Leucorrhœa at night, none in day. Frequent urine, light-colored and profuse.

April 10, (29th day). Sore on right side of septum of nose. Leucorrhœa at night. Frequent urination. Swelling of right submaxillary gland, with considerable soreness. Pain in left ear.

April 11, (30th day). Slight headache. Gland almost

well. Urine frequent and profuse. Sharp, shooting pains in ball of right thumb. Pain in left ear. Sensation after urinating as though the bladder were still full. Emission of a drop or two after urinating. Nose sore; constant inclination to pick at it and get the scab off.

April 12, (31st day). Swelling of left submaxillary gland, with much soreness. Pain in left ear.

April 13, (32d day). Gland still sore and swollen. Pain in left ear.

April 14, (33d day). Severe shooting pains in abdomen and pelvis, passing in all directions. Rumbling and gurgling in abdomen, with escape of flatus. Very watery diarrhoea, only in morning. Headache only in afternoon, extending from right temple to right malar bone. Pain in back just below right scapula. Pain in both ears. Very sleepy during evening.

April 15, (34th day). Headache on right side of forehead. Throat slightly sore. Tongue pale red, coated white. Pain in upper and outer part of breasts. Leucorrhoea only while standing. Nose still sore.

April 16, (35th day). Constant pain in nipples. Breasts seem very full. Nose very painful to touch.

April 17, (36th day). Constant pain in breasts, they feel very sore when going up or down stairs. Scab came off nose, leaving it as well as ever. Headache on right side of forehead. Pains in abdomen and pelvis.

April 18, (37th day). Tongue coated white. Mouth and throat covered with dark yellow spots. Throat slightly sore. Headache from right temple to right malar bone. Entire relief from all urinary trouble. Coryza, constant watery discharge from nose, excoriating nostrils and upper lip. Right side of nose seems stopped up. Cough, with pain and oppression of chest; it jars her all over. Cough from tickling under middle of sternum. Menses commenced seven days too soon; flow came in gushes, scanty, intermittent, bright red and stringy, preceded by much flatulence from bowels. Abdomen swollen and very hard. Pain in left ovarian region. Pain passing from crest of left ilium to left ovarian region. Sensation of extreme

heat in left side of abdomen and pelvis, not confined to any one spot, but general. Pains in abdomen relieved by leaning back. Cutting pain in lower part of abdomen. Pain in back below right scapula. Pressure in abdomen from within outwards. Pressure of arm or hand, increases the abdominal pain. Breasts very painful and sore; feel as if full of very hard lumps, very painful when going up or down stairs. Head feels heavy, dull and stupid, as though it would be impossible to make the least mental effort. Feels as though she had not a friend in the world, and could cry any moment; there seems to be nothing in the world worth living for; would like to die any time. Very restless; cannot concentrate her thoughts or mind to read; wants to leave everything as soon as it is commenced.

April 19, (38th day). Woke up at daylight, feeling that she was a loathsome, horrible mass of disease, disgusting to herself and to every one else: could not bear to look at any portion of her body, not even her hands, as it intensified the feeling of disgust and horror: could not bear to have any one part of her body touch another, had to keep even her fingers apart from each other: felt that if she could not get out of her body in some way she should soon become crazy: could not think of anything but her own condition: in a short time fell into a slight slumber, from which she woke free from all mental, but not physical, symptoms. Sharp pain in left anterior superior spinous process of ilium, during expiration. Pain in left ovarian region, and all across lower part of abdomen. Breasts very sore and painful. Pain in left side of abdomen and pelvis all the morning. Breasts very painful, but no lumps; the pains are caused by the least jar; has to hold breasts firmly when going up or down stairs. Sharp pains in right side. In afternoon, sharp pains in right ovarian region, not constant, but intermittent. Breasts worse toward evening, so that the pressure of her arm in its natural position causes considerable pain. Abdomen painful from the least weight of arm or hand. During evening, pain in back between scapulæ and sacrum. Menses more profuse, but not as much as is natural, somewhat stringy.

April 21, (40th day). Wrists lame. Pain in back below right scapula. Very sleepy during evening.

April 22, (41st day). Biceps very sore at lower part, only felt during motion, not from touch. Pain in evening in region of 7th and 8th ribs of right side, caused by deep inspiration.

April 24, (43d day.) In evening, pain in both knees; slight relief by stretching the limbs out straight. Pain in back below right scapula.

April 25, (44th day). In evening, abdomen very hard and swollen. Pain in lower part of abdomen and pelvis on left side, increased by pressure of arm or hand.

April 26, (45th day). During evening, pain in region of 7th and 8th ribs, during deep inspiration.

April 28, (47th day). Very sleepy during evening.

May 2, (51st day). Pain in evening in region of 7th and 8th ribs, caused by deep inspiration.

May 3, (52d day). Constant inclination to urinate; urine profuse, natural in color.

May 4, (53d day). Constant inclination to urinate.

May 5 and 6, (54th and 55th days). Slight frontal headache.

May 8, (57th day). Sore spot on right side of right breast, about size of a silver dollar, very sensitive to touch or to the jar caused by going up and down stairs.

May 9, (58th day). Very sleepy during evening.

May 11, (60th day). Sore spot similar to that of May 8th, on left side of right breast.

May 12, (61st day). Constant inclination to urinate.

May 13, (62d day). Menses commenced four days too soon; scanty, but otherwise normal. Slight frontal headache on waking. During evening, slight sensation of pressure in abdomen and pelvis from within outwards. Slight pain in left side of abdomen and pelvis, lasting only a few minutes.

May 14 and 15, (63d and 64th days). Slight headache on first waking,

May 16, (65th day). Constant inclination to urinate,

the inclination does not abate by urinating. Headache nearly all day.

May 25, (74th day). Breasts very sore; sensitive to the least pressure; dull, constant aching pain in them all the evening.

[END OF FIRST PROVING.]

THE TWO TARANTULAS.

DR. GEORGE MARX, Washington, D. C.

In reply to the question: "Can you explain to us the cause of the difference in the physiological action between the Tarantula of Europe and that of America?" I have to say that, as a medical man, I know nothing about Tarantula as a therapeutic medium, but from an arachnological standpoint, this question is easily answered by stating the fact that the European Tarantula is an entirely different creature from the one of the same name in America.

The Tarantula of Europe is the oldest known and described spider, and it received its name from the city Taranto, in southern Italy. It was in the middle of the sixteenth century that the inhabitants of that city were alarmed by the sudden appearance of vast numbers of large, dark-colored, hairy spiders in their gardens and vineyards. These fearful looking animals were hiding under every stone, in every crevice of the walls and rocks, and many gardeners and soil tillers were bitten in hand or foot by this new fiend. The terror-stricken (more by the horror and fear of the animal than by the actual pain of the bite) sought the aid of the doctors, who decided that, to remove the poison from the system, the patient had to undergo a powerful diaphoretic cure, and recommended constant and continuous dancing as the best-suited medium. The trembling victim was led to the public dancing ground, the guitar, trombone, and clarinet resounded in prestissimo measure, and he was seized by one of the swift-footed girls and whirled around until she was breathless, when quick another daughter of the village took her place, and so on until the poor fellow, bathed in perspiration and perfectly

exhausted, fell swooning to the ground. After a couple of hours of sound sleep he was pronounced cured. This dance they called Tarantella.

Ferrande Imperato wrote the first account of this spider, and his son published it in 1599. He says: "These spiders are called Tarantula because they infest the environs of the city Taranto; the inhabitants called them also Solofizzi, and fear them very much for their venomous bites, which produce great pain and a tremor through the whole body. The effect of the bite reappears the same time every year as long as the unfortunate victim lives, and the only cure is a powerful perspiration and exhaustion, which is produced by continuous dancing."

Writers who followed Ferrande were not satisfied with this description of the effect of the bite of the Tarantula; they exaggerated the symptoms and enhanced the terror until these reached the ridiculous. "The tarantulati" (victims), says one, "laugh, cry, dance, sigh, scream, and perform a thousand extravagances; they cannot bear to see the blue or black color, but they rejoice in the red and green," etc.

The superstition about the bite of the Tarantula prevails in some districts to the present day, and the naturalist Hoffman gives an interesting narrative of how, in the neighborhood of Naples, the lazzaroni were utilizing this superstition in order to obtain wine or money from the credulous, "for they suffer themselves to be bitten purposely by the Tarantula; then they raise a big hallo through the streets, and the charitable population give them wine for the pretended cure; they drink it in immense quantities, and then commence to dance amid the encouraging and joyous shouts of the people."

Ludovico Valetta wrote, in 1706, a treatise on the habits of the Tarantula, which he found also in the northern part of Italy. Pallas describes the identical spider from southern Russia. Olearius found it in Persia; Dufour in Spain and Portugal, and Brullé in northern Africa.

The Tarantula of Europe and the eastern hemisphere belongs to the family Lycosoidæ or wolf spiders, genus

Lycosa or *Tarentula*. The members of this family make no web to live in, but hide under leaves and stones, and catch their prey running; they carry their egg cocoon along, fastened on the under side of the abdomen by strong threads, and in some genera the young ones, when first hatched, domicile on the back and the legs of the mother, giving her a hideous appearance. Linnæus called it *Aranea Tarantula*. Its present name is *Tarentula fasciventris* (Dufour).

Who has ever travelled through the West India Islands or southern Texas and Florida and has not met with the unavoidable darkey with a *Tarantula* in a box or bottle, offering this curiosity for sale? They—the darkey and the *Tarantula*—are found everywhere, at steamboat-landings, depots, hotels, etc. Examining *this Tarantula* we see at once that an entirely different-looking spider presents itself here under the same name.

This American *Tarantula* is found in all countries of the western hemisphere below the 37th degree of N. latitude, and it belongs to the family *Theraphosoidæ*, a family which deviates from all other *Araneida* by having four instead of two lungs, and their mandibles possess movable claws with vertical motion, whereas in all other spiders these claws move horizontally. The largest spiders of the tropics belong to this family, and their poisonous bite is greatly feared by the inhabitants, and certainly with more right than the comparatively harmless *Tarentula fasciventris* of Europe and the East. Not only that the bite or sting of any animal heals under greater difficulties in a hot climate, but the poison gland of this spider is of such formidable size that if its contents should be introduced into a wound it would certainly show its venomous character in an alarming state.

I must here, however, state that I have never heard of any authentic case of a serious result of spider bite, and I myself, although having been bitten accidentally and purposely by spiders of considerable size many times, never experienced any greater consequence than considerable local inflammation not much worse than the sting of a bee.

However, the intensity of the symptoms will of course vary with different individuals. The American Tarantula belongs to the genus *Thaleromata* (Auss.).

There is a group of Arachnides closely related to the scorpion family, the *Pedipalpi* or *Tarentulæ* (Fabr.), and here we have *the third Tarantula*.

Is it now to be wondered at, that mistakes and misunderstandings may happen when we speak of the Tarantula and neglect to mention which one of them we mean? and now is it clear to the reader why the physiological action of the European spider differs so decidedly from that of the western hemisphere?

The *résumé* of the foregoing is: The zoologist knows of only one Tarantula, that is the Tarantula of Fabricius, or that related to the scorpions. The tourists with a scientific tendency knows two, the European *Tarentula fasciventris* and the American *Thaleromata*, but the richest in knowledge is the Texas cowboy and the Southern negro, who call every long-legged, dark-colored, hairy "critter" a Tarantula.—*Recorder*.

NOTE.—The splendid proving of Dr. Nuñez places Tarantula in the list of chief remedies for deep-seated affections of the nervous system; not only chorea and hysteria, but many forms of insanity. In the beginning of insanity patients sing, dance and cry, but without fever. Paroxysms of insanity, with raging delirium; restlessness, complaining, threatening words of destruction. Taciturnity and irritability; desire to strike himself and others; cross, tendency to get angry and to speak abruptly; obliged to constantly move the limbs. Sudden, fox-like and destructive efforts requiring the utmost vigilance to prevent damage; followed by laughter and apologies.

A CASE.—A lady aged 33, of fine physique, enjoying the best of general good health, has suffered terribly for four years with hyperæsthesia of tips of fingers of both hands. At times unable to dress herself or child without gloves. The irritation would at once produce a sensation in her teeth "*as if set on edge by a strong acid*." The pain was not in the fingers, but in the teeth. *Asarum*, *Gelsemium*, Sulphuric acid, failed. Tarantula has afforded relief for six months or more.

COMMENT AND CRITICISM.

OUR MEDICAL JOURNALS.

The Clinique, October, 1886. Prof. Leavitt gives us a lecture on "The Medical Profession and the People." It seems to have been previously *delivered* by the obstetrical professor to his students in Hahnemann Medical College. If it served as an introductory to his course, it strikes us as a clear case of *premature delivery*, for the subject is as ill suited to a class of medical students as would be a discourse on marriage to a primary public school. If the relation of the student to the people is properly to be considered by the student during his medical course, then we may safely say that this lecture is a case of *breech presentation*.

But the subject matter of the lecture is equally curious. It reminds us of nothing so much as it does of a fellow, who has been for a long time on a hard spree, and is now attempting to sober up by giving a temperance lecture. The Professor treats of people and doctors with an abandon that shows he is thoroughly mellowed for the occasion. He certainly gives his friends away with a lavish hand. The "Confessions of an Opium Eater" are child's play to the confessions of our Chicago professor, which, however, he is careful to put in the second and third person. Other people's sins he unmasks with an unsparing hand, and he leaves few of their foibles unnoticed. Now and then he generously includes himself in the term "we."

An outsider, reading this lecture, and noting its severe arraignment of the "doctors," might well exclaim: "What a precious bad lot!" We have space to give only a few specimens. "Medical skepticism" of the people, he declares to be due to the "extravagant confidence of the physician in his own skill and the remedies which he prescribes." This seems much like the man who objected to angels on account of their wings. He thought they could fly better if they were not so burdened. The old dramatic gag of "just enough but not too much," seems in

the Professor's mind applicable just here, but, alas for the thinking student, who listens to such a lecture! He must inevitably become himself a "medical skeptic." But, no; we are mistaken, for we are told "the young practitioner leaves his *alma mater*"—the old Hahnemann, of course—"with a conscious ability to cure every ill which affects mankind." Here is something confessedly wrong in the teaching of that school. As Prof. Leavitt is guilty of no such crime as teaching students to have confidence in themselves and their remedies, it must be a dead give away on his distinguished colleagues. It is they, and not he, who have "so clearly delineated" the "powers and indications" of "his"—the student's—"remedies." But we are told that this student subsequently, "looking at things in a more subdued light * * * makes no promises and offers no encouragement." He drops down, in fact, from the arc-light of a too much illuminated education in college, to the tallow candle of real practice.

The Professor then discourses on "dishonesty" among physicians and he makes a sad showing for "those other fellows" who live and practice and make great gain in Chicago. The Professor and his friends are not included in this list, of course. He does not say "we." What he says of "want of exactitude" in medical practice, is all quite true. He then turns his attention to "the remedies" for these evils.

First, he declares "the trouble is, there are so many of us." In other words, he would have the students get their medical education and graduate, but not settle in Chicago. And then he exclaims, "doctors proverbially disagree." This shows what early education does for a man. When a boy he doubtless often heard this saying repeated, and now he is willing to tell his students that, among doctors, "union is out of the question." Such teaching is both false and unfortunate. It can only have an evil influence on the students.

The Professor then proceeds to say, "As preceptors and professors, we ought to make more rapid improvement in facilities and methods. Instead of spreading before our

students, year after year, the same pathogenetic and clinical symptoms, some of them, in ambiguous and senseless terms, with little abridgement and few additions, and these in stereotyped alphabetical order, we should surely cull out the grain and blow out the chaff." Certainly, Herr Professor, if you and your colleagues have been guilty of some of these things, it is high time you reformed.

If your faculty lacks in improved facilities and methods, make no delay in your reformation. If you have been using senseless and ambiguous terms, you cannot too soon mend your ways. If you have been giving your students chaff mixed with your grain, you should no longer continue the fraud. It must have been very humiliating, however, to tell all this to your students.

But, pray, what crime is this that you are guilty of in spreading the same pathogenetic and clinical symptoms, year after year, before your students? What would you? A new pathogenesis every year? Must you have new clinical symptoms for diseases that are as old as history, and as numerous as—as the inhabitants of Chicago? And who, among your learned faculty, can point out the chaff, and who raise the wind to blow it out?

Now that we are asking questions, we are impelled to inquire why you are so anxious that "students should also be taught that there are certain emergencies which simple remedies will not satisfactorily meet, and for which certain adjuvants and expedients are essential"? What can you mean by "simple remedies"? Do you mean "the indicated remedy"? Do you mean what my allopathic neighbor calls, relying on "little pills," when "the case demands something powerful"?

You say, further: "Childlike reliance under all circumstances on strict homœopathic remedies, unaided and alone, is what, in some quarters, has made people so doubtful of the efficacy of our mode of cure." O, learned Professor, will you tell us what is "our mode of cure," if it be not just that? Would you have us believe that he who persistently violates the great law of cure makes most converts to it? This is clearly a case of *false conception*, natural enough, perhaps, to an obstetrical professor.

Leaving out many statements we have no space to notice, we come lastly upon this: "A new remedy occasionally shines forth in the medical heavens and is hailed with most unfeigned delight. Magi follow its light and a host of simple ones run on behind. But soon it gets dim and either passes entirely out of sight or becomes a star of no magnitude. Such were [are] Salicylic acid, Cundurango, Phenic acid and many others, while, last of all, comes Cocaine. New theories of disease and hence new methods of treatment, have likewise led us astray."

This last statement is fully explained by the first. It isn't profitable to go whoring after strange gods. And the astronomer, who turns his telescope away from the clear heavens of science, to hunt for stars in puddles of mud, will find both his stars and his science reduced to very small magnitudes. No true Homœopath is ever misled by such *ignes fatui*. No homœopathic student, properly taught, will be in danger of running after such phantoms. But, surely, Professor, your condemnation of drugs is neither discriminating nor just. Cundurango you may perhaps condemn to limbo, but the other three you have named have taken their places in the armamentarium of the surgeon, and they will stay there whether Prof. Leavitt consents or not. Surely none of his colleagues would venture to make such a statement. If the Professor were as sound in therapeutics as he is in obstetrics, he would challenge the unqualified admiration of his hearers and readers, but, as it is, he seems to be in a state of *arrested development*.

T. P. W.

Editor Advance: The enclosed letter from Dr. Carr explains itself. It was written in reply to an inquiry, in which I stated I had not been as fortunate as I could wish in some bad cases of diphtheria, and reminded him of an article on "Experience in Diphtheria," of which he was the author, published in the *Investigator*, Vol. IX., page 135 (new series), in which he says: "This autumn and winter I have treated one hundred cases of genuine diphtheria, in its various forms, from the lightest to the most

malignant type. *Loss none,*" etc. This was in 1879. I was anxious to know if he had met with the same success since. This is his answer:

HINTS ON MALIGNANT DIPHTHERIA.

GALESBURG, ILL., Oct. 28, 1886.

Dear Doctor: Your "Macedonian cry" came this morning, and I will try to send you a few hints for severe cases. I can truly say that for the last seven years my success has been equal to, if not better than during, the preceding years, now about seventeen, in which I have used the high potencies. In this time I have met with every recorded type of this disease and never failed to cure, save in *one case*, which being convalescent, undertook to play with her toys, and *rising up quickly*, dropped back dead; a sudden cardiac paralysis having taken place. I have since then, by being on guard, avoided such terminations. This is my only death, and this not strictly from diphtheria.

Nasal types of a severe form are usually well met by Bromium, Lac caninum, Lachesis, Lycopodium, Sulphur, and sometimes Mercurius Cyan., but rarely the last. In the majority of cases I have never had to look further than Lachesis or Lac caninum. Croupous forms must be met by Bromine or Lac caninum; sometimes Lachesis or Sulphur, the two latter especially in the hæmorrhagic type. When your last and gravest complications arise: constantly and steadily sinking, cold skin, cold sweat, stupor, no reaction, Sulphur every time. In many of the worst, even gangrenous types of this disease, we find the patient coughing a little, short, suppressed cough and absolutely free from pain, save in the *pit of stomach*. Children will put their hands on their bellies and say, "hurts." These cases *always die* unless you interpose a dose or two of Sulphur. These are the most dangerous complications I have ever seen in this malady. Of course, in other times, other functional disturbances may take place, calling for other remedies, but in the gravest type Sulphur is the "king" of remedies. Four years ago I obtained Diphtherin cm. (Swan), and in every epidemic since I have furnished my patrons with this remedy, one or two doses per week. *I have never had a case of diphtheria when this remedy was used in advance as a preventive.* I have certainly given it in one thousand different cases and *it has never failed.* The inference is plain, that prevention promises the best results. I also use Diphtherin cm., or cmm., when no other remedy* is strongly indicated; of late years I use the cmm. entirely, as from it I obtain the quickest and most satisfactory results. When other complications, such as post-diphtheritic affections, arise, which sometimes happens, the proper remedy, one or two doses, is generally, I might say always, all-sufficient. Yours fraternally,

E. B. NASH, M. D., Cortland, N. Y.

G. H. CARR, M. D.

DOVER'S POWDER HOMŒOPATHY.

EDITOR ADVANCE.—Dr. Beckwith's "Case for Counsel" has called out a prescription which I regret to say is neither scientific nor homœopathic and far from creditable, to use no harsher term, to our school of practice. Where in the world can Dr. Parmelee find any homœopathic authority for his "hydragogue cathartic" and by what stretch of the imagination can he make Mercurius Corr. the simillimum for this case? "Prognosis; death early in 1877." Not a very encouraging outlook after due use of the simillimum. Now in my humble judgment this man may live for years, if he keep clear of "Dover's Powder Homœopathy."

A very brief examination of this case reveals the following: "He is advanced in years; corpulent; suffers from nightly attacks of dyspnoea; great restlessness, must move from place to place or walk about to obtain relief. For this train of symptoms a superficial observer would at once prescribe Arsenic, of which he has had enough. But here is his *prominent, peculiar, uncommon* symptom which is not found under Arsenic: "Sudden starting when falling asleep from want of breath, will sit up and take *long, deep breaths.*" Who ever saw an Arsenic patient do that? Moreover his "skin troubles make him almost wild, he wants to yell," and "his pulse is very weak all the time." When, with these, you put the symptoms in secondary relation to these characteristics, you have a very good case with which to go to the *Materia Medica*. Every one of these symptoms are found under Aurum Met.; it even covers his whiskey and tobacco habits, and if this patient will take an occasional dose of Aurum every four, six or eight weeks until a loud call is made for some other antipsoric, I see no reason why he may not reach his allotted "three score years and ten," and die of something else than "fatty degeneration of the heart," notwithstanding the prognosis. And in all kindness permit me to advise my colleague to "stop fooling" with "hydragogue cathartics," "Dover's Powder," etc., etc., in the name of Hahne-

mann and Homœopathy, study his cases and prescribe for them after the plan of Hahnemann, and he will have fewer prognoses of that kind to make. Such prescribing is little less than a caricature on Homœopathy as taught and practiced by Hahnemann and Dunham, and the success corresponds with the practice.

G. H. CARR, M. D.

GALESBURG, ILL.

“DYNAMIZATION IN THE CRUCIBLE.”

Editor Advance: As far as the comments under the above heading in the November number of THE ADVANCE are directed to the Western New York Society, they show a strange misunderstanding of the object of the committee. It is *not* an attempt to “subject the potentized drug to the test of clinical experience by those who doubt its efficacy.” What we—many of us using potentized drugs daily in our practice—want, is the results of the experience of those who *do* believe in and use the potentized drug. We want *facts*, of a kind that will be incontrovertible evidence to those who do not believe.

The circular, with careful reading, ought to explain itself. It seems hardly necessary to attempt to elucidate it, or to make a re-statement of self evident facts. There is not a point in it but should meet the assent and receive the co-operation of every lover of Homœopathy.

That there is any efficacy in the potentized drug is improbable to those who do not *know*; and the improbability is undoubtedly the reason so many of the medical profession are without this knowledge; they have not received sufficient convincing evidence, and they will not follow Hahnemann’s precept, and do exactly as he did.

That it is worth an effort to reach these unbelievers and convince them that the improbable is true, is acknowledged by the valuable space given in our best journals to writings upon the philosophy of Homœopathy and reports of cases cured, from the pens of the best men in our ranks; and by the several brochures which have appeared from

time to time. These are all doing their work, and their influence is great. But argument seldom convinces.

Many of the reports of cases lack the very elements needed to make them convincing to a skeptic; and as the circular states, the selection of particular cases would be invidious. With the exactions of the present times, no more effective, convincing work can be done than in the direction of the provisions of this circular. And of particular importance is the last proposition it contains. Dr. J. T. Kent, in his address to the Central New York Society, well said: "The skeptical experimenters in provings made with attenuations, forgot that a special predisposition is frequently necessary for contagion [Organon, §31] and that this predisposition cannot be made to order, but must be utilized when found, which affords a propitious opportunity for the pure experiment through which we discover the sick-making power of drugs." It is for these special predispositions to the effects of particular drugs, which we offer the marked attenuations—not for experimenting upon the sick. We all meet with these sensitives occasionally, and it is a matter of surprise that they have not been systematically utilized.

I believe the knowledge of the efficacy of high potencies is the vital point of Homœopathy, and of the therapeutics of the future; and until it is more universally recognized we shall never take the place that is ours among the exact sciences. There are undoubtedly those who "would not believe though one were raised from the dead." The world has always had them. We do not expect to reach such; it would be a waste of effort to attempt it; but if any man is seeking light, those who have it should not withhold it.

Don't criticise our "endorse" and "condemn" too severely. Any one who has attempted to formulate a conservative circular, or set of resolutions, knows something of the difficulty of expressing the exact intention, and avoiding collision with every one's protruding angles. Without doubt the idea that we hope to aid others as well as ourselves as a society, to solve the question, could have

been better expressed. An agnostic position is the only one which we could with fairness assume, and is the only one in which true experimental research can be conducted. Unquestionably, work by a mixed society, like the Western New York, will command more attention from the average mind than similar work by a society composed wholly of men who are already committed in the matter. Let us work together in anything that will advance the knowledge of the truth, and combine our experiences until, together with matter not covered by the work of this committee, we shall produce a campaign document which shall be a power for Homœopathy.

E. P. HUSSEY, M. D.

BUFFALO, N. Y.

EDITOR ADVANCE.—I have just finished Dr. Hasbrouck's complaint on the inconsistency of "medical advertising," in the October ADVANCE. That feature of the eight medical journals for which I subscribe, does not disturb me half so much as, with one exception—the *Homœopathic Physician*—they all seem to consider it their duty to publish an account, more or less perfect, of the proceedings of the American Institute meetings. I enjoy reading these notices, but when each journal, as it puts in an appearance, contains the same thing, after a time it becomes slightly monotonous. But like Christmas, it only comes once a year, and I suppose I ought not to complain.

J. J. STURGUS, M. D.

OLATHE, KAN.

FACIAL ERYSIPELAS. *Rhus tox.* One dose of *Rhus tox* 30 cured a severe case of facial erysipelas, with marked constitutional symptoms. It began on the left cheek and spread to the right; small vesicles; livid-red color; great restlessness, etc. In twenty-four hours it was receding from right to left, across the nose, and the constitutional symptoms nearly all gone. The following day the patient declared himself well, and the cuticle was coming off clear and dry. Perfect recovery in forty-eight hours.

ROBT. FARLEY, M. D.

The Medical Advance

AN ADVOCATE OF

HOMŒOPATHIC MEDICINE.

H. C. ALLEN, M. D., Editor and Publisher.

VOL. XVII. ANN ARBOR, MICH., DECEMBER, 1886.

No. 6.

The Editor is not responsible for the opinions of contributors. Personalities, being foreign to scientific discussion, must be excluded.

To accommodate both reader and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

The date to which subscriptions are paid will be found on the address.

EDITORIAL.

THE ADVANCE FOR 1887 will have two volumes of nearly 600 pages each, beginning in January and July, thus making it the largest magazine published in the homœopathic school. For the kind words of encouragement and approbation received during the past year and the prompt remittance of subscriptions, we are under many obligations. But, while the "sinews of war" are absolutely necessary in the publication of a medical journal, we do not forget our obligations to our contributors, without whose practical aid it would be impossible to publish 96 pages per month, and by whose help in the future we shall endeavor to not only maintain its excellence but to increase its usefulness and value to the general practitioner. Wishing our readers a "Merry Christmas" and *abundant success in their collections*, we shall endeavor to do our part to make THE ADVANCE for 1887 the best in the history of the magazine.

THE POLYTUMBLERITE.—Said a physician of the dominant school, who has seen twenty years' experience: "There has always been a mystery about homœopathic practice which I have never found a Homœopath able to explain. If Homœopathy be the 'Science of Therapeutics,' as ex-

pounded by Dunham, and if each remedy be first proved *singly* on the healthy as a guide to its administration in disease, what earthly excuse can the polytumblerite have for the alternation of remedies? If the polypharmacy of my own school be unscientific, how does the same practice make Homœopathy the 'Science of Therapeutics'?" It certainly would be much more consistent if we would practice what we preach. If any of our readers care to unravel the mystery our columns are at their service.

WHAT would it profit us as a school, if we gained the whole world of regular (?) medicine and lost our own beloved Homœopathy? How does the millenium, the union of the schools, look from this standpoint?

LAC CANINUM.—In response to repeated enquiries as to "where can I obtain a proving of Lac caninum," we publish in this issue the day-book of Dr. Laura Morgan, and in our January issue shall give the entire proving under its rubrics. If any of our readers will promptly send us verifications, we will be glad to add them. We are well aware that many of our physicians do not and will not use Lac caninum, asserting that they "do not believe in" or "have no confidence in such preparations." Fortunately for science and the welfare of humanity, the action of the remedy is neither dependent upon, nor in any way affected by, our belief or unbelief in its curative power. Put it to the clinical test, and publish its failures to the world. The same objections, possibly by the same objectors, were made to Lachesis, even after Hering's magnificent proving. Hydrophobinum, Psorinum, Sepia, Tarantula and others have met the same fate, and survived. Like these, Lac caninum has come to stay. Its splendid record in malignant diphtheria and malignant scarlatina, where it occupies a field which no other remedy can fill in the saving of human life, would certainly warrant its retention. At least ridicule and prejudice should not banish it. The century is too far advanced for such unscientific work.

EDITOR'S TABLE.

DR. GILLARD'S SANITARIUM, at Sandusky, Ohio, offers a fine opportunity for the treatment of chronic diseases.

B. EINARSON, M. D., of White Cloud, Mich., has left for a year's visit to Europe, taking in his former home in Iceland. Dr. H. B. Reynolds (U. of M., '86) succeeds him.

PHIL PORTER, M. D., of Detroit, has been elected a Fellow of the British Gynæcological Society. This honor has been conferred on only one other Homœopath, Dr. Edward Blake, of London. We congratulate our confrère.

MARRIED.—Dr. Wm. H. Leonard, Minneapolis, and Mrs. Josephine C. Kehoe, daughter of Dr. J. A. Wakeman, Centralia, Ill., at the residence of her brother, E. B. Wakeman, 928 Sixth avenue, south.

DR. WM. E. KEITH and Miss Mahala Batchelder were married Sunday, October 10, at San Jose, Cal.

BRADLEY-HOUSE.—At Cincinnati, Ohio, Nov. 23, '86, by Rev. Dr. I. W. Joyce, Dr. Benjamin A. Bradley to Miss Magdalene N. House.

FOR SALE.—A copy of Boeninghausen's "Therapeutic Pocket Book," by Hempel, and a set of the "Chronic Diseases." Apply to C. B. Gilbert, M. D., 1222 New York Ave., Washington, D. C.

S. MILLS FOWLER, M. D., of St. Augustine, Fla., writes: "As a health resort this place is unsurpassed by any in the state for certain diseases; but owing to its situation, it is subject to the sudden thermal variations always found at the sea shore, and for that reason very delicate persons, unless they can be surrounded by every comfort afforded only in our best hotels or a well appointed home, would be better off in the interior of the state. We now have five large first-class hotels that will open as soon as needed, and when the new and magnificent "Ponce de Leon" is finished there will be accommodations for more than 6,000 guests at one time, in the city."

DR. J. P. DAKE, JR. (U. of M.,) died at the residence of his father, Nashville, Tenn., Nov. 14, 1886. He received his education in the Nashville high school, the University of Tennessee and the University of Michigan, graduating in the class of 1879. He had been associated in business with his father and brothers in Nashville, and with his brother, C. M. Dake, M. D., in Hot Springs, Ark., but from poor health was never able to do much hard work in practice. He had visited various health resorts in this country and in Europe, with but only temporary benefit. The family will receive the sympathy of the entire profession in their bereavement.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.—Under the present rule of the Association, all applications for membership must be in the hands of the Chairman of the Board of Censors, Dr. J. A. Biegler, Rochester, N. Y., six months before the time of next meeting. This time expires Dec. 25, after which the Chairman has no discretion, and all coming in after that date must go over to the next year.

J. T. KENT, M. D., President.

NEW PUBLICATIONS.

L'UNION HOMŒOPATHIQUE; public par le Dr. Boniface Schmitz. Canal des Recollets, 19, Anvers, Belgique.

We congratulate our confrère, Dr. Schmitz, whose able contributions to *La Revue Homœopathique Belge* it has been our privilege to peruse, upon the spirit of enterprise which he manifests in publishing a new journal in a kingdom where so many already exist. Homœopathy is spreading fast in Belgium, and doubtless there is room for another publication of this character. The aims and aspirations of *L'Union* are laudable, and we wish it a long and prosperous career. In its programme it announces that it will publish reports of the proceedings of the different homœopathic societies of importance, both domestic and foreign, that it will give careful review of the best homœopathic publications, and that its clinical department will be made most interesting by valued contributions from the pens of leading Homœopaths. Dr. Schmitz makes a strong appeal to his confrères of Belgium to league themselves together and by concerted action to obtain admission to the hospitals of the country as medical attendants, and other official recognition. He suggests the formation of a society similar to that of the American Institute of Homœopathy, or the British Homœopathic Society. We welcome most cordially our new confrère to the ranks of homœopathic literature.

A DECALOGUE FOR THE NURSERY. By S. J. Donaldson, M. D. Boston: Otis Clapp & Co., 1886.

When an author gives to the world a new thought or groups and crystalizes old ones so as to render them available, he does a real service to his kind. We have just had the pleasure of reading "A Decalogue for the Nursery," by S. J. Donaldson, M. D., of New York, every line of which is suggestive. In all that has been written I have found nothing so complete and helpful. We wished we might hear the author talk more in detail of infant clothing, but the ears of too many mothers are more open to the edicts of fashion than to the teachings of the physiologist. The chapter on

infant feeding will repay perusal. When the author interprets to us the meaning of infant cries and infant postures, he shows a wonderful appreciation of the child nature. In delineating diseases he is peculiarly happy, and the chapter on drugs should be read by every parent in the land. What he says on bathing will awaken the intelligent mother to better thinking in this matter. I am quite sure that the mother who has read to some purpose the previous chapters will hardly need the one on dentition, for her little one will cut its teeth unconsciously. In the intervals of a busy practice each chapter has been a recreation, and I have wanted to take the author by the hand and thank him for the gratification afforded. As Homœopaths we might criticize his treatment of croup, convulsions, etc., but many of us would have to confess to similar expedients. It is admirably adapted to popular reading and an excellent book to put into the hands of young mothers. It will prove a blessing to the little ones. L. C. G.

PAMPHLETS RECEIVED.

ANNUAL REPORT OF THE EYE AND EAR DEPARTMENT. City Dispensary, Buffalo, N. Y.

CATALOGUE OPHTHALMOLOGICAL INSTRUMENTS. By Jas. W. Queen & Co., Philadelphia, Pa.

EMPHYEMA. TWENTY-FOUR CASES OF THE RADICAL OPERATION. By Herbert C. Clapp, M. D., Boston.

THE LATEST SYSTEM OF MEDICINE. By H. E. Beebe, M. D., Sidney, Ohio. Presidential Address, 1886.

REPORT ON THE BILOXI FEVER. By New Orleans Board of Health. Joseph Holt, M. D., President, Sept. 1886.

ETHICS OF FEMALE STERILITY. By A. R. Jackson, M. D. Reprint. *The Physician's Magazine*, Vol. I, No. 3, Philadelphia.

WHAT IS HOMŒOPATHY? A lecture by Ad. Lippe, M. D., before the Woman's Homœopathic Association of Pennsylvania.

SPRAY IN THE TRACHEA. By Otto Fullgraff, New York. Reprinted from the *New York Medical Times*, for December, 1885.

PRACTICAL NOTES ON THE TREATMENT OF SKIN DISEASES. By G. H. Rohe, M. D., Baltimore. Press of Thomas & Evans, 1885.

SURGICAL LESIONS OF THE BRAIN AND ITS ENVELOPES. By Nicholas Senn, M. D. Reprinted from *Medical News*, August, 1886.

CONCERNING OPHTHALMIA NEONATORUM. By Charles Sterling, M. D. Reprinted from *North American Journal of Homœopathy*.

ELECTROLYSIS IN GYNECOLOGY. By F. H. Martin, M. D. Reprinted from the *Journal of the American Medical Association*, July, 1886.

PROGRESS OF ELECTROLYSIS IN SURGERY. By Robt. Newton, M. D. Reprinted from the December number of *Gaillard's Medical Journal*.

CATARRH OF THE UPPER AIR TRACT AND ITS EFFECTS ON THE EAR. By Samuel Sexton, M. D. Reprinted from the *Medical Record*, January, 1886.

AN ADDRESS TO ALUMNI ASSOCIATION, DEPARTMENT MEDICINE AND SURGERY, UNIVERSITY OF MICHIGAN. By Charles J. Lundy, A. M., M. D., 1886.

INTUBATION OF THE LARYNX FOR DIPHTHERITIC CROUP. By E. F. Ingals, M. D. Reprinted from the *Journal of the American Medical Association*, July, 1886.

SOME RECENT EXPERIENCES IN CLINICAL SURGERY. By Donald Maclean, M. D. Reprinted from the transactions of the Michigan State Medical Society, 1886.

CLINICAL LECTURES ORTHOPÆDIC SURGERY. Delivered at the Philadelphia Hospital. By A. S. Roberts, M. D. Reprinted from the *Medical News*, March, 1886.

LIMITATION OF THE CONTAGIOUS STAGE OF SYPHILIS. By F. N. Otis, M. D. Reprinted from *Journal of Cutaneous and Venereal Diseases*, March and April, 1885.

FIFTH ANNUAL REPORT OF THE STATE HOMŒOPATHIC ASYLUM FOR THE INSANE, at Middleton, N. Y., 1886. This is a valuable report and deserves a careful perusal.

KUHLMAN'S ILLUSTRATED CATALOGUE OF SURGICAL INSTRUMENTS: 1886. This contains cuts of nearly every surgical instrument, which can be obtained as cheaply from Detroit, quality considered, as from any maker in the country. Send for a copy.

HOMŒOPATHIC LEAGUE TRACTS No. 5. STATISTICS OF HOMŒOPATHY. These statistics contain comparative results of treatment, both in hospitals and private practice; the comparative mortality of pneumonia, cholera, dysentery, yellow-fever, etc.; the statistics of the spread of Homœopathy in the Old and New World, and altogether forms a very readable tract.

No. 6. PERSECUTIONS OF HOMŒOPATHY. Under the following headings are to be found some hard facts in the history of our

school, which our practitioners of to-day will find good reading, viz: Persecution of new truths, of Hahnemann, of Trinks, of Hornburg, of Baumgarten, of Rapp, of Kallenbach, of Quin, of Horner, of Henderson, of Tessier, and the famous resolutions of the College of Physicians and Surgeons of Edinburgh, Ireland and London.

LOCOMOTOR-ATAXIA. A REVIEW OF THIRTY-EIGHT CASES. By Clarence Bartlett, M. D., Philadelphia. This is a very well written monograph of fourteen pages, but the author evidently makes the mistake of treating his cases instead of his patients; of prescribing for generalities, or he never would have written the following: "Argentum nitricum is the remedy which I administered when no other remedy was markedly indicated." "I have tried the bichloride of gold and sodium twice, as recommended by Bartholow, but saw no good from it." A Homœopath should never *try* a remedy unless it covered the totality of the symptoms of his case, on any man's recommendation, not even Bartholow's.

THE DECEMBER CENTURY.—The topic in the War Series is "The Second Day at Gettysburg," treated by Generals Henry J. Hunt and E. M. Law, the latter with special regard to "Round Top and the Confederate Right." The thoroughness with which this series is being carried through is perhaps nowhere better exemplified than in the papers devoted to Gettysburg. The announcement that less space will hereafter be devoted to the War Series has brought the Editor numerous letters from veterans expressing the hope that the report is incorrect; such, however, is not the case.

THE CHRISTMAS ST. NICHOLAS.—The most striking feature of this number, is the article on "How a Great Battle Panorama is Made." It is written by Theodore R. Davis, who was interested in the production of one of these popular exhibitions, and is copiously illustrated with sketches by the author, and with reproductions of photographs. The entire process of producing the marvelous effects obtained is described so as readily to be understood.

CORRECTIONS IN MEDORRHINUM, ADVANCE, 1886, pp. 352-5.

Symptom 1—Add comma after "subjective."

Symptom 18—For "flash" read "flush." Also, symptom 30, for "flashes" read "flushes."

Symptom 23—For "feet" read "face."

Symptom 38—For "restfulness" read "restlessness."

Second *clinical* symptom—for "6 p. m." read "4 p. m." and insert "tasteless" before "eructations."

Lastly, the proving should have been credited to Dr. Swan; I have merely arranged the fever symptoms in order. E. W. B.

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THE Medical Advance

"Its law is progress; a point which yesterday was invisible is its goal to-day and will be the starting point to-morrow."

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