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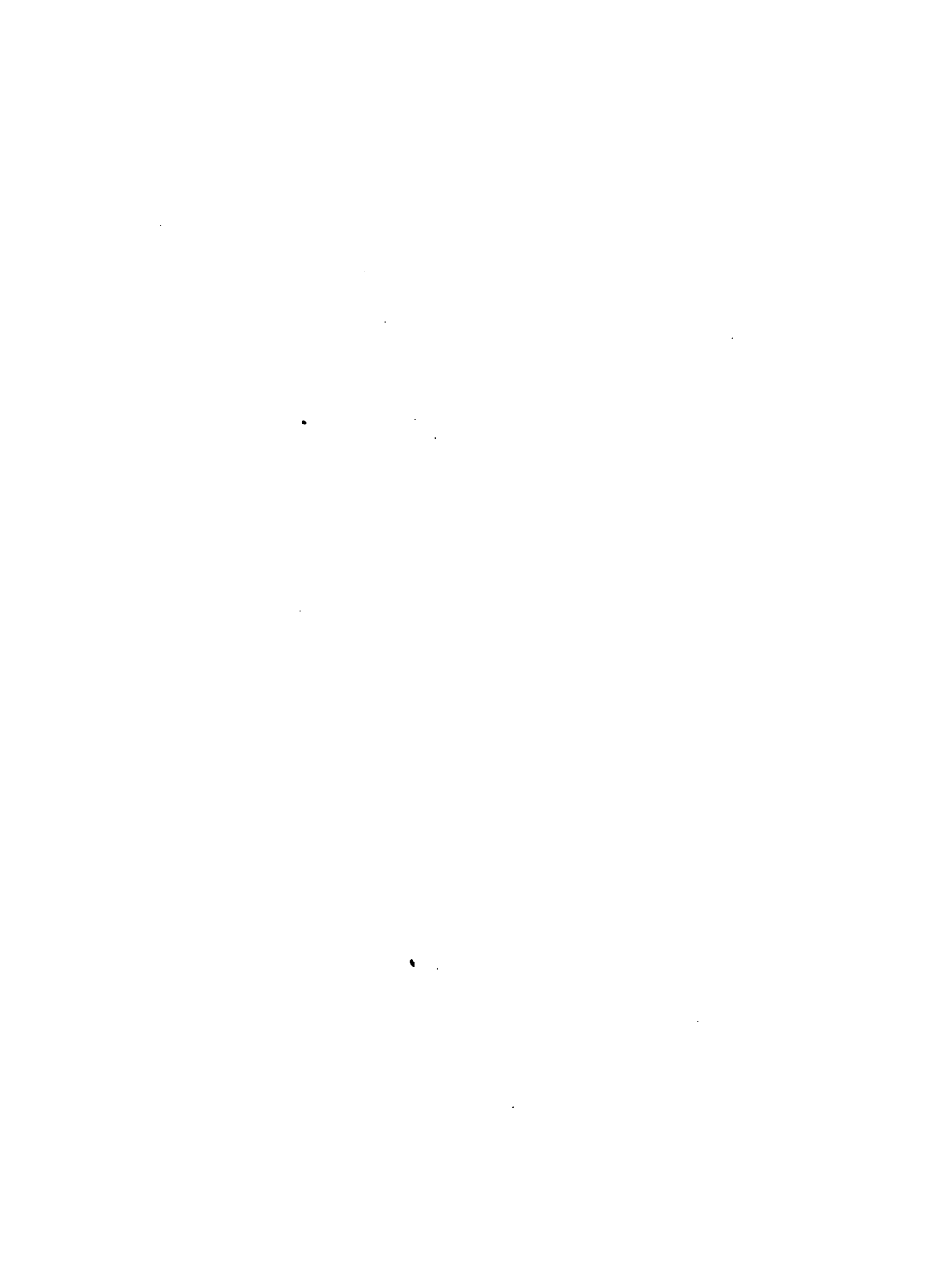
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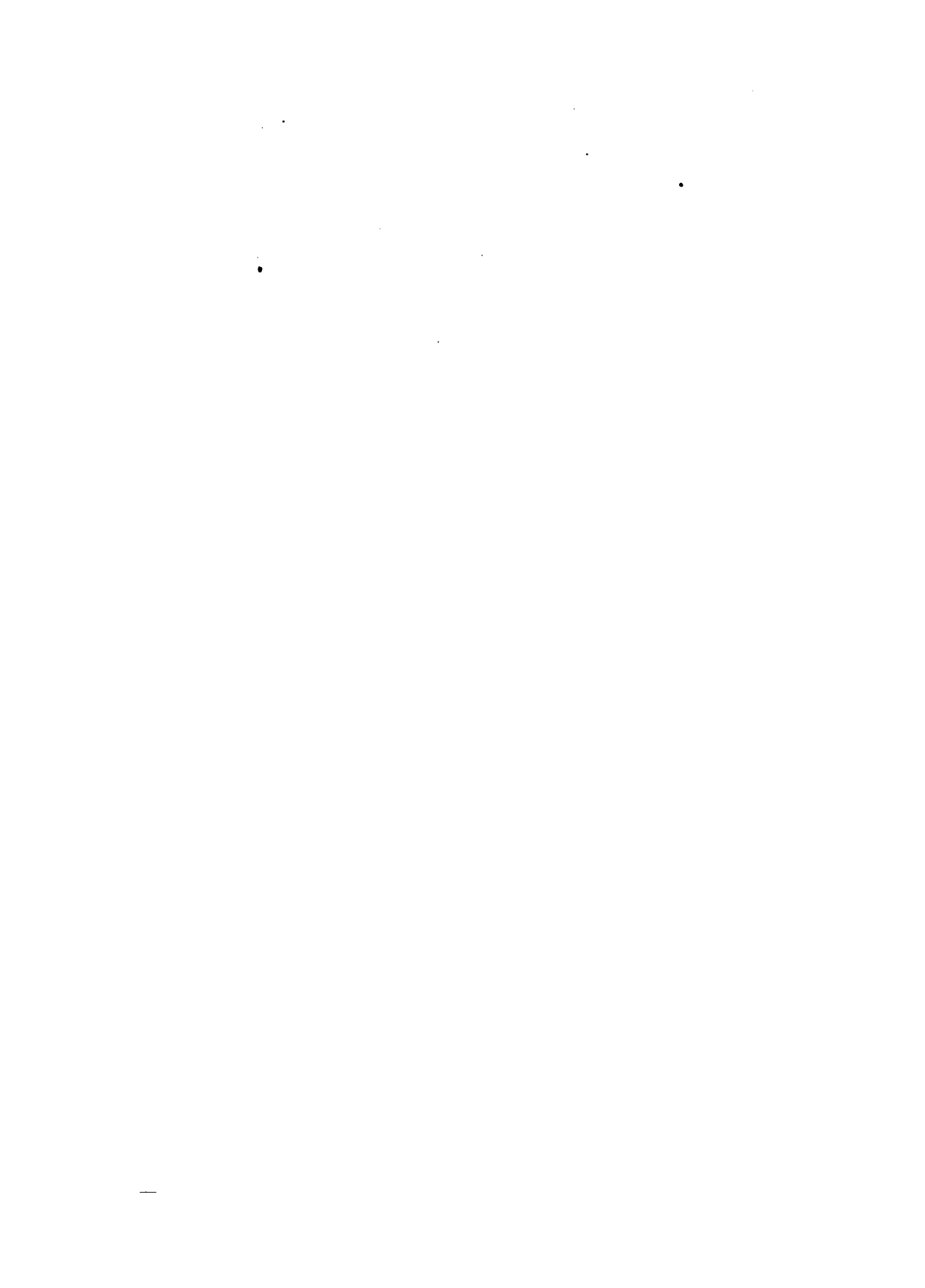












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VOLUME II.

T. P. WILSON, M. D., General Editor.

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THE *Medical Union* is out in a new dress. It is ably conducted.

THE *Ohio Medical and Surgical Reporter redivivus*. It was not dead but sleeping. Dr. W. A. Phillips and Prof. H. F. Biggar have it in charge. We hope they will be patronized, as they deserve it.

“FOR medicinal purposes.” And they really think they have us in a tight place when we are pledged to that. Nonsense! that door is big enough to drive a whole distillery through. You must close it up, ladies, or you’ll never succeed. Doctors have no more conscience or intelligence on this question than other people.

May 1

1

BOSTON UNIVERSITY SCHOOL OF MEDICINE closed its first session on the 4th of March, graduating five (one woman and four men). In the class were thirty-one women and forty-seven men.

Dr. CONSTANTINE HERRING again protests. This time it is a denial that he was ever a pupil, or that "he has striven earnestly for the *ipsissima verba*" of Hahnemann; he denies that he has spread Homœopathy over the United States. He asserts that he was "the first to propose triturations and dilutions in the centesimal scale;" that he "was the first to prove plumbum, notwithstanding Hahnemann had written Staph that it ought not to be proved then."

BY WAY of explanation (for we never indulge in apologies) we take this opportunity of saying that we have lapsed a couple of months and our second volume dates, as is seen, from May. Reasons therefor are thick as blackberries in autumn, but they would not interest our readers. Despite the traditional habit of starting journals with the year, we are of the opinion that the month of May is every way preferable. We may be open to the charge of making a virtue of necessity, but as we have modestly forborne to speak of our necessities, we may be pardoned if we feebly trumpet one of our many virtues. *Vive la May.*

THE editor of the *North American Journal of Homœopathy* is usually accurate, but when he says the tendency of the Cincinnati MEDICAL ADVANCE is to become rather a popular journal than only for the profession," he misses the animus of our journal just a little. We have published very little not addressed solely to medical men and women. Outside of Cincinnati we haven't now, and never expect to have a single non-professional reader. But it is a pet idea of the ADVANCE that medical science in practice and teach-

ing has fallen into a rut that is narrow and deep. Inherently the most beautiful of all sciences, comprehending in fact a whole galaxy of sciences, the beauties of which are addressed to every sense we possess; medicine is yet made to appear

“Stale, flat and unprofitable,”

Save to the medical man. And to him much is made strangely repulsive. Now we think no higher mission need be undertaken than to redeem medical science from this condition of misapprehension and abuse. Clothe it in its own beauty; divest it of needless complexity; purge it of childish superstitions, ignorant fancies and let it stand forth in its truthfulness and simplicity and it will not fail to inspire its practitioners and to charm the world.

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## Theory and Practice.

---

**Homœopathic Cures for Yellow-Fever.** By Lucius Morse, M.D.,  
Memphis, Tenn.

EDITORS APPEAL—There was handed to me a few days ago, a pamphlet containing an article from advance sheets of the New Orleans *Medical and Surgical Journal* for May, 1874, entitled “Observations on the Yellow-Fever Epidemic of 1873, in Memphis, Tennessee.” This communication, written by a physician of our city, contains matter of so remarkable a character as bearing upon the medical practice of the day, that it demands the careful attention not only of the profession at large, but of the general public. Having perused the article with so much interest and satisfaction, and hailing it as a most valuable

contribution to the published experience of others in yellow-fever, I beg leave to notice a few points worthy of especial consideration.

After casually mentioning the several epidemics of yellow-fever which have visited Memphis, their centers of infection, progress and fatality, and dwelling some length upon the aid to diagnosis derivable from the thermometer, in which he corroborates the experiences of previous observers, the writer says:

“When called to a case of yellow-fever within the first few hours of its commencement, I ordered a warm mustard *pediluvium* placed in the bed, under the bed clothing, and permitted the patient’s feet to remain in it for fifteen or twenty minutes, while the covering was well packed around his neck and body, so as to get his skin moist and acting well. After this, I had him comfortably covered with moderate covering, in a room with a thermometer hanging on the wall and marking from sixty-eight to seventy degrees. I desire the skin to be simply soft; excessive perspiration is weakening, and certainly can not prove ultimately beneficial, because the patient will have need for all of his powers of resistance when the febrile stage has passed, and the great prostration of the system calls loudly ‘Help me Cassius, or I sink. \* \* \* \* \* If my patient’s bowels are constipated or stomach full, they were emptied—the first by very mild or salient aperients, and the other by tepid-water emetics. Then commenced my treatment for the febrile stage to control the circulation and prevent congestions of the internal organs, by giving Fleming’s tincture of aconite in from two to five drop doses every two to four hours, as necessities and ages of patients required. This aconite was given in neutral mixture, made fresh and rendered more palatable by the addition of simple or orange peel syrup. \* \* \* \*

I am of the impression, without positively knowing it, that aconite judiciously administered in these cases for its effect, will shorten and lighten the febrile stage, and lessen the chances of visceral complications. In a number of cases I noticed a modified circulation within the first twelve hours of treatment, and a great lessening of headache and backache. I gave my



patients to drink a little lemonade or water and crushed ice, when much tendency to nausea existed. The Creole method of filling the stomach with warm orange leaf tea, etc. never struck me as being based upon sound practical observation. During the febrile stage nourishment is not urged upon the patient, but, if desired, a little fresh butter-milk, given at short intervals, will be found grateful and palatable, and will be frequently eagerly sought by the sufferer, as the mild acidity of it helps to allay the constant and annoying thirst which exists. About from the fiftieth to the eightieth hour of the febrile stage the pulse drops to or below the normal standard, and your patient expresses himself as feeling better, yet greatly prostrated: begins, generally, not always, to turn yellow. At this time my course was to stop the aconite mixture and commence a gently supporting plan with rich, well-made beef tea and milk toddy, given alternately in small quantities, at regular intervals; the amount of this support to be regulated by the strength and frequency of the pulse and range of the thermometer as observed at the morning and evening visits. I added a little lime water to the milk and whisky when the stomach seemed inclined to fret, and applied mustard sinapisms over the abdomen. \* \* \* At this stage, if there was sensation of much fullness about the abdomen, warm water enemata were resorted to, gently emptying the lower bowel, which frequently induced an action from the whole canal. \* \* \* I frequently quieted very irritable stomachs by giving twenty drops of chloroform in a teaspoonful of glycerine. In two cases when irritability of stomach was very annoying, I gave five drops of Fowler's solution [of arsenic] in a teaspoonful of rose-water, and in another case tincture of nux vomica, in four-drop doses, seemed to act equally well."

The system of treatment recommended above is certainly excellent, and that it was wonderfully successful in the cure of patients we shall presently see. But the point to which we desire the attention of the reader specially directed is the fact that, leaving out a few non-essentials, such, perhaps, as the lime water and the purgatives, it is, as far as it goes, *strictly homœopathic*. In proof of this we refer to the works of Jahr, Heim

Hughes, Holcombe, Raue, Marey and Hunt, all standards in the literature of the new school. The doctor (an allopathist) may not have noticed this coincidence when administering his aconite, arsenic and nux vomica, but it is on that account none the less instructive.

Homœopathy differs from and takes ground in advance of the old system of physic by acknowledging a great guiding law in the selection of remedies. This law is expressed in the formula: *similia similibus curantur*—likes are cured by likes—that is, a given set of symptoms in disease is removed by a drug which administered to healthy persons, is capable of producing *similar* symptoms. For example, *veratrum, album* and *cuprum* taken in large doses produce symptoms closely resembling those occurring in cholera, hence they become most valuable remedies (administered, of course, in smaller doses) in the treatment of this terrible scourge.

As this is a subject really of such vital importance, let us see a little more in detail how the treatment recommended by the author of the article under consideration agrees with the homœopathic principle of *similia*. The four drugs recommended by him (but let not the reader for a moment infer that this meager list comprises the resources of Homœopathy in yellow-fever), are:

Aconite, arsenic, nux vomica, chloroform.

The hot foot-baths to the already fever-heated patients is so palpably "like to like" that we shall not pause to discuss that.

Aconite is one of the most powerful drugs in the *materia medica*, and a prominent symptom produced by doses not even dangerous to life is violent fever. It is this property of the drug—its ability, in large doses, to produce fever—a property discovered by Hahnemann, the founder of homœopathy, which rendered it in small doses so efficient in the first stage of yellow-fever not only in the hands of the writer we are discussing, but in those of myself and other homœopaths who practiced here during the recent epidemic.

Again, one of the prominent symptoms noticed in cases of poisoning by arsenic is gastric irritation; even to high state of inflammation, attended with nausea and vomiting. The reader

need not be surprised, therefore, to learn that the five-drop doses of Fowler's solution of arsenic should have subdued this condition occurring in yellow-fever. Arsenic is set down in all works of homœopathic practice as one of the oftenest indicated remedies in the second and third stages of yellow-fever, and especially of the dreaded black vomit.

As to *nux vomica*, every homœopathic physician is familiar with its power of controlling certain forms of gastric irritability; and every one who has witnessed, as I have done, over and over again, in the surgical wards of hospitals, as well as in private practice, the terrible nausea and vomiting sometimes produced by chloroform, will see, in the light of our previous remarks, how it becomes homeopathic to similar symptoms manifested in disease.

What were the particular indications, in any given case, which called for the administration of one drug in preference to another, as for instance, arsenic instead of *nux vomica*, for this gastric irritability, we are not informed—an omission which detracts materially from the value of the article; but fortunately the lack may be fully supplied by reference to any of the larger works on homœopathic practice and *materia medica*.

That the writer of the article in question administered doses of his drugs somewhat larger than the majority of homœopathic physicians have found, in similar cases, amply sufficient makes no difference as to the point under consideration, there being, in reality, no such thing as a "homœopathic dose."

But now we come to the most startling point of all, the result in practice claimed for the treatment we have been considering. Let the writer speak for himself. He says:

"I treated in my private practice during this epidemic, one hundred and eighty-seven cases of yellow-fever; have tabulated seventy-three of them, including the ten which died. It will be seen from the above that my loss was about five and one-third per cent. of those treated.

Could anything be more satisfactory? La Roche in his exhaustive work on yellow-fever gives the mortality in a great many epidemics, the lowest being twelve per cent., the highest

about ninety per cent. It will be remembered that Dr. Blackburn, who had charge of the Walthall infirmary during the recent epidemic here, was complimented upon his successful treatment, and yet he lost more than forty-five per cent. of the patients under his care, in that institution."

With the treatment recommended by the author of the article under consideration (and he assures us that he has stated simply the results of his own personal observation at the bedside), yellow-fever loses its terrors. The death rate is less, indeed, than from our usual billious and remittent fevers, and far below that of dysentery, pneumonia and pleurisy, under allopathic treatment.

Whatever may have been the success, in this instance, over and above that which attended the practice of a majority of Memphis physicians in the late epidemic, I claim for homœopathy, "Honor to whom honor is due."

Homœopathy is practically the same, whether its principles be used by an acknowledged homœopathist or by an allopathist; whether the medicines employed are obtained from a homœopathic pharmacy or pass over the counter of an ordinary drug-store; whether the results of treatment are detailed in a homœopathic journal or blazoned to the world upon the pages of one which claims to be strictly "orthodox." It is exceedingly instructive to see how the old "heroic" system of practice is being modified wherever it comes in contact with the new; how the massive doses of quinine, calomel, opium, tartar-emetic, jalap, iron, castor-oil, and purgatives generally, are giving place to a more humane, enlightened and successful treatment, and how yellow-fever, justly considered one of the most dreadful diseases, which, heretofore, was thought to demand the most active measures of bleeding, blistering, purging and sweating, has come, at last, as we have seen, to be treated with a few drops of tincture of aconite, nux vomica, Fowler's solution, etc. It is time that the public mind was impressed with the fact that Homœopathy offers for the treatment of all diseases a system safe, gentle, and efficacious.

**Hysteria.** By A. K.

We see that Prof. Owens classes hydrophobia among the diseases of the imagination sustaining his ground by staunch authority and corroborative observation. If this much dreaded disease, which has so successfully battled against cups, cauteries and pills, is indeed a phantasy we may with much more reason place hysteria among the morbid actions of the creative power, make it a disease of itself instead of a symptom, even though there be synchronous uterine disorders, and say that it and imagination travel *pari passu*—the hysteria wholly dependent upon a diseased fancy.

The greater number of cases coming properly under the head of hysteria, may at the same time present any of the various affections of the reproductive system. The fact however remains unquestioned that it does exist idiopathically—as independent of any organic or functional derangements of the sexual organs, as palpitation of the heart.

If you are called to treat a case of hemorrhoids, with a hypochondriacal disposition as a symptom thereof, and succeed by any remedy in reliving that mental disturbance, you will find an improvement in the causes of the disease corresponding with the relief given. Or, raise a patient from syphilitic cachexia to apparent health, and that which produced the cachexia goes with it, though it be but to return the following month. In short, when the physician succeeds in allaying any one set or class of the prominent symptoms of his patient, his success is indicated, not by their cessation alone; but also by the removal of their cause.

If hysteria, then, is but a symptom when manifesting itself where displacements, or other derangements exist in the sexual tract, we do not see how this most distressing attendant is to be eradicated without a like favorable effect upon the fountain of supply. Yet that it has been, is the experience of many physicians. We have now in mind a case of prolapsus, with hypertrophy, co-existent with hysteria, in which the latter was radically cured with no improvement of the former.

Why should not cause, and effect in the human economy be amenable to the same reasoning which governs them in physics ?

That this disease is frequently developed by affections of the uterus or ovaries, there is no more doubt than that *suppressio mensium*, may develop phthisis. But who thinks of calling phthisis a symptom ? It is none the less a constitutional disease, because preceded by *amenorrhœa*, than when directly awakened by an attack of measles.

Hysteria being a disease *per se*, no one will question our locating its cause in the nervous system, whether preceded by undue excitement from grief or pleasure, a severe cold, psora or uterine complaints. We go a step deeper than this, and assume that, like Prof. Owen's hydrophobia, it is always born in the imagination, nurtured by fancies, which grow morbid from a low state of the nervous system or hyperæsthesia, and suddenly becoming master of the situation assumes its realm upon the highest pretext, and holds high carnival with the motors and affections, and rolls balls up and down the trachea at will. To convince the sufferer from this dire malady, that she is a prey to an abnormal imagination, is simply impossible ; she treats man and woman with profound scorn who endeavor to advance a thought against the reality of the thing in her particular case. We remember a lady who refused to consult with us until a promise was made that we would implicitly believe what she said. After an humble acquiescence on our part, she said, there was something in her which looked exactly like the yolk of an egg ; and so long as it stayed in the region of her liver or stomach, she didn't mind it, but that sometimes it worked up to the throat, which nearly choked her ; and at other times wended its way up to the right or left shoulder, where it caused so much pain, that she was obliged to call aid to rub it back to its kennel. She was so sure of the reality of this, that she was willing to declare under oath that it "pushed the skin out," and that she had often moved it with her hand. A few doses of *ignatia* cured her permanently, and not for a month did we assure her, that her egg yolk was a myth. Another lady, unmarried, with perfect genera-

tive organs, was subject to severe convulsions, sometimes crying, sometimes laughing and closing with spasmodic muscular contractions. Medicine seemed valueless, and finally a teaspoonful of pepper was ordered for the next attack, with the assurance that she would have a remedy indeed. When the accepted time arrived, an attendant administered the dose—the fire and anger produced by this peculiar method of appropriating condiments proved effectual. She had but one more light attack which the sight of the cruet, cut short.

A widow lady, who had suffered with this dire disease for some years, in connection with prolapsus, was suddenly left impecunious. When she learned, that her relatives would not allow her to patronize their homes on account of her “fits,” they almost immediately left her, and her trouble, thereby limited to the prolapsus.

We might cite other instances, but enough has been given to establish this as a disease dependent entirely upon morbid conditions of the imagination, and which should be treated as such.

None the less care should be used in examining the heart, reproductive system, social surroundings, and aught else likely to produce such a condition of the system, as to render the body a prey to this morbid phenomenon of the creative faculty.

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**Milk as a Curative Agent.** By Geo. M. Ockford, M. D.,  
Hackensack, N. J

By observing that children affected with bowel difficulties and other diseases invariably recovered better when nursed by a healthy mother than when otherwise nurtured, led me to ascertain, if possible, the cause; and I finally came to the conclusion that the milk must form an independent adjunct, at least. Following this, I was led to prescribe milk quite frequently in cases of diarrhœa and dysentery, in conjunction

with the indicated remedy; and the results surpassed my most sanguine expectations. Relief was experienced in every case and my patients made more rapid recoveries with its use than without it.

In dysentery, especially, the result was most satisfactory. My manner of giving was to prescribe in adults a tumbler full every two hours, and children in proportion to their ages, giving it about blood-warm, and giving the indicated remedy on the hour between; and under this treatment I saw some of the worst cases of dysentery make rapid coalescence. As examples I quote from notes taken last summer and fall:

Minnie—, a little girl aged 7, was attacked with dysentery, and when called I found her delirious; pulse weak and 160; passing chocolate-colored, very fetid, bloody discharges every 20 or 30 minutes. There were also present great exhaustion, thirst for small quantities, tongue coated and dry, face expressive of great anguish, great restlessness, excessive pain before stool and burning afterwards, fetid urine,—all the symptoms being worse about midnight. ℞ arsenic 6th, a powder every half hour. There was no relief in twelve hours, when I directed milk to be given every hour alternating with arsenic, which was clearly indicated. But the stomach would not retain the milk, so I gave nux vom. 30th, which controlled the nausea, but did not check the dysenteric discharges. Then I persisted in giving the milk, leaving a few powders of lac. sac. to be given in a cup half full of blood-warm milk every hour, and, owing to the great exhaustion, gave china 6th with it. From the time she could retain the milk, the improvement was gradual but sure. After taking it, relief was experienced immediately, and the bowels gradually assumed a natural fœcal discharge and the patient recovered, having had psoricum, sulphur and one or two other remedies during the convalescence; but I think it was the milk that performed the cure.

Another case, that of a man of nervo-bilious temperament, about 45 years of age, was attacked with dysentery, and to whom I gave acon. 30th and merc. sol. 6th, as they were indicated, as well as nux. vom., without benefit, when I pre-



scribed milk warmed to about 98°, a tumbler full every two hours, with immediate improvement.

Another case, that of a woman of a mild, yielding disposition, who was taken with diarrhœa, which soon changed into the characteristic dysenteric discharge, with the cutting pain in the bowels, etc. As there were high fever, dry skin, etc., I gave aconite and left some powders of sac. lac. to be given in a glass of warm sweet milk every two hours. The effect was like magic. The disease was controlled in less than 24 hours and patient had no more trouble.

I might enumerate a great number of other cases of dysentery and diarrhœa in which milk was prescribed with benefit invariably; but let these suffice. If there are any who have not tried this treatment, let me ask them to give it a trial, for I am positive of its great value in the treatment of disease.

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**Clinical Notes—*Valeriana Officinalis.*** Translated by J. Pettet, M. D.

Valerian is a kind of specific against that form of intermittent fever in which the chill is almost wanting, and in which the heat exceeds considerably in intensity and endurance—followed later by perspiration.

Two cases of this kind contracted in Africa, where they had resisted strong and prolonged doses of quinine and arsenic. In one, the disease disappeared for two years from change of climate alone, but afterwards reappeared with singular intensity, while the other had persisted.

Two other cases of the same fever existed in the climate of Paris and have been presented to my observation at different intervals. These four cases have yielded invariably and immediately to the action of valerian 30th. The first attack after the administration of the remedy was less intense, second almost imperceptible, then disappeared permanently.

Fifteen years ago I had also the opportunity of prescribing valerian successfully under the following circumstances:

A young woman, having contracted a severe cold, which brought on violent cephalalgia, with great weariness, high fever, etc., and the posterior cervical region was the seat of unbearable rheumatoid pain, especially during motion. Three doses of helleborus niger ʒoth, given in rapid succession caused the pain to disappear in less than three hours, the skin becoming moist. But at the same time an analogous pain, which was very intense, appeared in the lumbar region. Then I prescribed valerian ʒoth, which, after a few doses and in three or four hours, stopped the pain and brought a prompt resolution of the phenomena which accompanied them.—*Fr. Paul Pitet, Bib. Hom.*

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SHOT-GUN PRACTICE is still in vogue and no doubt thought by some very scientific. The *Indiana Journal of Medicine* in a recent number gives the following as treatment for *phlegmasia dolens*.

“First prescription: Quinine and morphia combined, each two hours until rest was secured, then quinine alone. Local application, mustard draught over the region of the spleen; lubricated the abdomen with turpentine and lard.”

Second prescription: “Two doses of chloral combined with Dover’s Powders, followed by epsom-salts; lubricated the thighs with equal parts of hartshorn, turpentine and olive oil.”

Third prescription: Quinine, port wine, with local application of the hartshorn liniment.

It is a wonder that this patient showed any signs of convalescence, which it is fair to say she did. But it is no wonder that she suddenly relapsed with brain symptoms, and died “thirteen hours and forty minutes after the” relapse began. In these days a doctor should blush with shame to confess to a practice so utterly without rhyme or reason.

AT THE last meeting of the Eclectic Medical Association of Missouri "the subject, Specific Action of Belladonna, was taken up and discussed. Drs. Dunn, Sharp and others participated. It was the general opinion that the specific action of belladonna or any other remedy depended much upon a correct diagnosis and an appreciable dose of the medicine."

Could anything be more absurd? How long will these gentlemen continue to betray such utter ignorance of the subject of the specific action of drugs? As well say the name of the patient or the size of his family determined the action of the remedy. Gentlemen, you are in the dark.

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## *Surgery.*

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**Iodide of Potassium in Syphilis.** By Wm. Owens. M.D.

"The value of mercury in syphilis has been so amply vindicated by Mr. Hutchinson that we may be excused from looking longer on this side of the picture; but there is another which is of equal or greater interest. As well pointed out by Mr. Hutchinson, syphilis is a malady more or less approximating to the characters of an eruptive fever, and tending like these to terminate of its own accord, with the evolution of certain symptoms. What Mr. Hutchinson lays down as regards mercury, and what in another column Dr. Wilks corroborates, is that mercury distinctly interferes with the evolution of these symptoms, cuts the various stages short, and acts as an antidote to the specific poison which gives rise to the symptoms in question. But whether the due

course of the malady be interfered with or not, it tends to limit itself and come to a spontaneous end. But when the end has come, the individual does not cease to be liable to suffering; he ceases to be a source of danger to others, for the disease in this stage can no longer be propagated by him—except, indeed, we accept the theory recently advanced by Mr. DeMe'rie, that a simple sore in such a patient is capable of propagating syphilis. But he becomes liable to certain evils of no mean importance, such as periostitis, disease of bones, deposits of gummy matter in nearly all the organs of the body, rupia and spreading ulcers of the skin and other parts, to say nothing of the waxy degeneration of many different organs. Now, these evils are directly consequent on syphilis, yet they are not, strictly speaking, due to syphilis; they are sequelæ, and must be treated in a totally different fashion from syphilis itself. During the period of syphilitic eruption it is questionable whether iodide of potassium is of the slightest value, whilst mercury undoubtedly exercises a most important influence on the evolution of the disease; but in this stage, which is commonly spoken of as the tertiary stage of syphilis, the value of iodide of potassium is just as unquestionable as is the value of mercury in the earlier phases of the malady. It is a very important question for us to settle—if settle it we can—What is the value of mercury in this a'ter stage of syphilis? Suppose we see a patient with well-marked rupia, with periostitic pains, and other signs of tertiary syphilis, who, nevertheless, has not taken mercury, what should we do? The first thing to note is that such symptoms, though usually sequelæ, may occur in the active stage of syphilis; and as long as syphilis is active, mercury will be of use; but as soon as the active symptoms have passed away, and the so-called tertiary stage begins, we must abandon the attempt to cure by mercury—we must give iodide of potassium. It is not always easy to say where the one stage ends and the other begins, but, broadly speaking, tertiary syphilis, or the sequelæ of syphilis, may be laid down as beginning with the stage of gummy deposits; and wherever these exist, iodide of potassium, and not mercury, should be given.

“There is one matter of great interest with regard to the giving of iodide of potassium in such cases. Under ordinary circumstances, if we give a patient a dose of fifteen grains three times a day, we shall soon have him running at the eyes and nose, and with a rash all over his skin; but in the sequelæ of syphilis we may give twenty, thirty, or even sixty grains every four hours, and only benefits accrue. There is no rash and no other symptoms of iodide of potassium is not the only remedy to be given in such cases. Iron and quinine are always of service, as we might almost conclude *a priori* from the pallid and anæmic look of such patients; but cod-liver oil seems often of even greater value, as it is in chronic rheumatism. But, over and above these, sarsaparilla is of undoubted efficacy. Many people think little of its effects and are inclined to sneer at its use, This most frequently arises from the mode in which it is given, for the decoction should be given, not by the ounce, but by the pint; and, so given, its value is great.

“It is therefore of the first importance to be able to recognize the stage in which a patient is at the time when seen. Whatever the nature of the symptoms of syphilis, if the disease is in process of evolution, mercury will do good; but if that be past, and only the sequelæ left, it will as certainly do harm. Then is the time for iodide of potassium and sarsaparilla.”

**REMARKS.**—There can be no doubt that the above statement, taken from the *Medical Times and Gazette*, is a correct presentation of the relations of mercury and iodide of potash to the treatment of syphilis and sequelæ. The doses, however, of the potash are much too large; one grain doses answer quite as well as twenty, thirty or forty grains, and should never be pushed beyond the development of catarrhal symptoms, then it should be suspended until these symptoms subside, when it may be resumed again, and at the first indications of coryza, it should be suspended.

Bone pains; rheumatism; periostitis; gummy deposit; spasmodic contractions of the muscles; hemiplegia; paraplegia;

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violent tearing, rending or lacerating pains, aggravated during rest, relieved in the open air,—are, if the sequelæ of syphilis or mercurial poisoning, relieved very promptly by iodide of potash, in grain doses twice a day.

The homœopathic physician effects a cure according to a law, and is therefore enabled to dispense with the large doses usually administered by our allopathic friends, and thereby avoiding many of the evil consequences that result therefrom.

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**Esmarch's Bloodless Operation.** By Wm. Owens, M. D.

This eminently practical and humane method of operating, has now been used here many times with the most satisfactory results. It consists in the very simple process of reducing the blood in the member to be operated, upon as much as possible, this is accomplished by means of an elastic bandage applied to the limb from below upward, with such firmness, as to at once arrest the flow of blood into the limb, and expel that already there. The blood by this bandage is carried to a point above that at which the intended operation is to be performed—where it is retained until another bandage or cord is passed around the limb, and the enveloping bandage is then removed, when the operation is performed in the usual manner.

The following reported cases will serve more fully to describe the use of the bandage and method of operating :

“On the 16th of February the patient was brought before the class, chloroformed, and Esmarch's elastic bandage applied by my friend, Dr. Kastenbine, from the fingers to the mid-arm. Immediately above the bandage a rubber cord was wound tightly several times around the limb to compress the afferent vessels, and tied. The bandage was now removed and the

usual incisions made. Not a drop of blood followed. The operation was in all respects as easy and as quick of execution as though done on the cadaver. The tissues were almost of a waxy whiteness. The sac was exposed, opened, and its contents turned out; the wound in the artery was brought clearly into view, the vessel itself being entirely empty; a ligature was thrown above and below the puncture, and all without soiling my fingers or the knife. The rubber cord was now removed, when the limb, before completely blanched, quickly flushed, and blood began to ooze from the cut surfaces. The torsion of a few vessels, the elevation of the limb, and a cold sponge or two quickly stanching the blood. The ligatures used being carbolized and their ends cut short, the edges of the wound were sealed with the view of securing immediate union. This, however, did not take place, but whether this was due to the operation or to other causes I do not know. The sac was dense and lined by several layers of fibrin. The extravasated blood was firmly coagulated. The opening in the vessel was about the size of a darning-needle. It was my wish to apply the bandage, allow it to remain for some minutes, remove it, and note the effects on the aneurism; but to this the patient positively refused to consent. I shall certainly try it on the first suitable case. The patient left for his home, in a distant part of the state, the third day after the operation, with a healthy suppurating wound.

A little girl, five years old, struck the left tibia twelve months ago against a stone; necrosis followed, and when admitted to hospital a year afterwards a sequestrum could be felt in the tibia inclosed by a considerable thickness of new bone. Whilst the patient was being chloroformed, Mr. McCormac applied pretty tightly an ordinary elastic bandage from the toes to the middle of the thigh. The bandage was two inches wide and five yards in length, and thus applied, the bandage forced all, or nearly all, the blood from the limb into the body. When the patient was fully narcotized, a half-inch India-rubber rope was wound around the thigh immediately at the upper border of the bandage, and sufficiently tight to obstruct all the afferent vessels. Hooks previously attached to the extremities of the rope furnished a ready means of fastening it, as

well as of removing it at pleasure. The bandage first applied was now unrolled, when the limb presented a blanched appearance. The operation was then commenced ; some new bone removed, so as to get at and take away a considerable sized sequestrum. During the entire time not a single drop of blood appeared in the wound ; a sponge was not once required, and the facility with which the operation was conducted and finished requires to be seen to be realized. The tissues were divided, so far as bleeding was concerned, just as they might have been on the dead body. This operation was performed in St. Thomas's Hospital on August 16th in the present year, Esmarch's method for producing local anæmia being then practiced for the first time in Britain. Since the operation the little patient has progressed very favorably, and although carefully watched, no peculiarity which might be attributed to the use of the apparatus has been observed either in the wound or in the limb.

Since then other operations for necrosis have been performed, and an excision of the knee lasting thirty-five minutes, also an amputation of the thigh, and in no instance has one single drop of blood been lost. The advantages of such a plan Mr. McCormac writes, are so palpable as not to need much insisting upon. The generality of hospital patients can ill spare a serious loss of blood, and such a loss often proves inevitable during operations for extensive necrosis of bone. In amputations the greater part of the blood of the lost extremity is preserved, to the advantage of the patient. The duration of operations will be much shortened, as there is neither blood nor the constant dabbing of sponges into the wound to remove it to interfere with the surgeon's sight. No accident or ill consequence at all appears to follow the use of the apparatus. In cases where amputation require to be performed for gangrene, or where there is a deposit of septic material in the limb about to be operated upon, there might be a risk of the elastic bandage forcing some portion of the septic material into the circulation. In the further use of the apparatus this possibility must be kept in view. Any one will be surprised, in trying it upon his own arm, to find what a



small amount of pressure of the India rubber rope will stop the pulsation of the radial artery, and the femoral can also be stopped with no great exercise of force. Doubtless the history of surgery abounds with many attempts to empty limbs of blood previous to amputation, and to arrest hemorrhage during their performance. Stromeyer, in 1853, as he remarks in his 'Maxims,' adopted a plan precisely similar in principle, in an operation on a brachial aneurism. He bandaged the limb to a point just above the aneurism, and then applied a tourniquet. The loss of blood was very small during the operation. Bilroth mentions that when he was assistant to Von Langenbeck, in 1853 and 1854, a somewhat similar plan was tried in the clinic in Berlin. Vanzetti, of Padua, relates in the *Italian Medical Gazette* that Mr. Silvestri, in Vicenza, has employed bandaging and the India-rubber rope compression above it in amputation, but notwithstanding, to Professor Esmarch must be attributed the credit of making known a most simple, practicable, and efficient plan for wholly preventing loss of blood during operations, of whatever kind, when performed upon the extremities of the body."

REMARKS.—Mr. W. H. Crupp, of St. Bartholomews Hospital has suggested that which he claims as an improvement on Esmarch's bandage. It consists of an elastic cord or tube, three-eighths of an inch in diameter, and from eighteen to twenty-five inches in length, with the ends united and tied with a string, forming an elastic ring, which is then passed around the limb three or four times quite firmly, and is worked from below upward by means of a reel, until a point is reached above that at which it is designed to operate.

This simple arrangement serves both purposes, that of removing the blood, and restraining it from return to the part while the operation is going on. M. Demorquaz says in reference to this plan before employing it, that he had some fears which, however, were satisfactorily dissipated.

First, he convinced himself of the absence of pain which he was inclined to ascribe to the presence of the bandage, by applying it for twenty minutes to the limb of a woman suffering with varicose veins.

Secondly, that the fears he entertained that throwing all of the blood of the limb back into the general circulation would have a prejudicial effect upon the system, but this was not the case; for Esmarch operated upon two limbs of the same party, and had both limbs compressed at the same time without any mischief resulting.

Thirdly, whether the arrest of the circulation in the limb for the period of thirty or forty minutes would not have a detrimental effect upon the operation itself, and whether the presence of the India rubber tube would not injure the large vessels. Happily all these questions were decided in the negative.

Dr. Arnst, of London, in reporting same case dwells upon four points for consideration in the use of either of the foregoing methods.

1. As to the possibility of sloughing from the use of these constricting bands, and the length of time they may be with safety retained.
2. The effect on the circulation of the limb after their removal.
3. The difficulty of using the method without chloroform.
4. Under what circumstances the method might wisely be dispensed with.

And concludes that, in cases of septic abscess and gangrenous condition of the parts, they should be omitted; and in cases where the veins are occluded by clots of blood, they are of questionable value; and suggest that great risk of apoplexy might be incurred in aged persons, in whom the arteries are often very brittle.

While Erichson objects to Esmarch's claims, and says that it has no merit above the Edinburgh plan of elevating the limb and stroking the blood out of it, and then applying a tourniquet, the same "bloodless" result being secured in each method.

## Miscellaneous.

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### A Plea for a Popular Medical Science. By T. P. W.

It needs no argument to make it plain that intelligence on the part of the people regarding the sciences of anatomy and physiology, and of the nature of disease and the best methods of curing it, would in the end render certain the tolling of the death-knell of *empiricism*. Quacks could then make no excuse current but to hang themselves.

As owls creep into the nest of prairie dogs and feed and fatten there, defying expulsion, so empirics have always safely burrowed in the domain of medical art, and the power of the profession has been wholly inadequate to eject them. They have grown vigorously upon the very ground where educated medical men have literally starved to death. Men of the profession have long and loudly complained of a want of appreciation on the part of the public. Much of our honor and our incomes have been ruthlessly stolen away by a race of quacks. Against these usurpers of our rights we have in vain protested. Our declarations in public and private, our resolutions in convention assembled, have not checked their progress nor abated their influence. Like Canada thistles, they have rather spread the more they were cut up.

But medical science once popularized, once made the property of the people, and there would soon be written over the door of every base pretender in our art those potent, prophetic words which foretold and determined the fall of Babylon. They would be weighed in the balance and found wanting.

Write it down, then, that our scheme insures this one grand, desirable result—the *extinction of quacks*. And, as a very natural and necessary sequence, we would surely attain this other equally desirable end, the elevation of those worthy and well qualified to practice our profession. Merit would not only be recognized and appreciated, but it would be rewarded; while at the same time the profession would render itself still more worthy of the confidence of the people.

These are not fanciful pictures. I never saw a medical man whose mind was not painfully impressed with these things—I mean the prevalence of empiricism on the one hand, and, on the other, the failure of medical men to hold that high and influential position in society which is justly their due. No man worthy to be a physician is fully satisfied with the position he is compelled to sustain in society. He may be in enjoyment of extensive patronage; the rich and poor may alike crowd to his door for relief; he may ride like a lord in his costly carriage; he may live like a prince in his elegant mansion; he may have a library crowded with rich stores of thought; he may have at hand all the valuable and varied instruments of modern medical and surgical art; honor and wealth may conspire to raise him as a man to the highest point compassed by human ambition: yet will he have an unmistakable longing for a better and higher destiny for his profession.

Now what is the remedy that has been suggested? Why, from every quarter the wind can blow, the cry comes up, *We must elevate the standard of the medical profession*. Our hope of success must lie in our achievement of excellence. When we become wiser and more skillful, the world will give us due honor. We must place our science and art so high that quacks will be abashed at the thought of imitating us.

Now, I'm not Chancellor of the Exchequer, nor Secretary of the Treasury; but I think I could suggest a principle in finance that would startle a Gladstone, or a Boutwell. These learned gentlemen have long been puzzling their heads on

the best means of preventing counterfeits. So far, they have tried the plan of making the genuine too perfect to be imitated, and of course failed; whereas the only true plan is, to educate the people; make them all good judges of money, and you have the work accomplished.

So of medicine: it may be far from perfect, and doctors may be none too wise or good; but, bless you, in the present state of public intelligence, the better you make them the more difficult it will be for the people to judge of their worth. We are all passable judges of bituminous coal, but how few of us are posted on diamonds.

“We must educate,” says old Dr. Beecher, “we must educate, or we must perish.” But how stupendous the folly for medical men to repeat the error of the political and religious leaders of the past, in educating the few at the expense of the many! No man can be judged wholly as an individual; no set of men can be viewed as isolated in any of their relations. We are but integral parts of one great whole, which is man. And any predominance in excellence of individuals or classes is but an expression of what lies deep in the hearts of the people. Every great man and every superior class are but focal points of elements that inhere in the masses. You can not impoverish the people, and enrich their leaders. He that is greatest among us is the servant of all, and the servant is not above his master.

In religious and political matters these things have been fully demonstrated. The divine right of kings and the inherited privileges of a race of nobles are completely exploded in our democratic government. But in medical matters the severest autocracy prevails. In ages gone, 'tis said Heaven sent forth the fiat to man, Know thyself; but the command has not yet reached earth. Better say the dispatch was intercepted and kept hid from those to whom it belonged by a class of interested persons. Better say the birthright to humanity was surreptitiously withheld from the people. And the result of the wrong has been to recoil upon the heads of the wrong-doers. If the medical art has been

cursed by a set of ignorant practitioners, it is because those practitioners have been made or kept ignorant by ignorant patrons. Or, to state it in other words, they have simply been all their patrons desired them to be.

But we have not done with the argument, and shall give more of this anon.

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#### **A Chapter on Food.** By Louise S. Hotchkiss.

Everything exterior to man seems to exist in shape possible for analyzing, systematizing and putting into harmony with natural law. But man himself does not fall into line of comprehension and order so easily. Science has studied the material man diligently and laboriously since his creation. Science studies the material horse a quarter of a year, and gains knowledge sufficient to control all diseases of this quadruped for half a century. Granted that man has a soul and the horse has not, does the action of thought, the sentiment of affection, the attributes of taste, hope, and ambition, so affect the nerves, membrane, and blood of the body that it must needs be subject every year to a new form of disease so complicated that medical skill is baffled, and at its wits' ends to know how to cope with this newly developed monster?

The horse eats his food, and is seldom sick. Man partakes of nearly everything that grows out of the ground, lives on the earth, flies in the air, or swims in the sea. Enter any of our large hotels, and looking over the bill of fare, we find there advertised some unknown animal, or some known animal with an unknown name, that has left its own happy home in the brook or mud-puddle and come hither; or some botanical plant that has ceased to beautify the face of the earth; and is now to stuff the greedy stomach. Behold, some

ingenious Yankee has risked his life in the experiment, eaten of the article and lived; got out a patent for it, sold it to the hotel keepers, pocketed twenty thousand dollars, and here we have it,—*pate de lily, frog, or snake*. At the progress we are making in the art of eating, it can not be long before every plant and animal will have its day in the stew-pan; and man himself may be happy if he escapes this gormandizing period. I do not wish to credit the horse with more strength of character than he is worthy of; undoubtedly if he had a tongue he would not be content with his limited bill of fare, but would ask for beefsteak, roast beef, and mutton-chop, with a little wine to savor his cup of cold water. This speechless organ is doubtless his physical salvation. One can speculate that this is the missing link that separates the animal creation from the human—the tongue to speak, the food to eat, and thus onward in the scale of civilization. Men act as though this were their creed: that to become highly human they must eat everything, and eat continually; that Mother Eve's way to get knowledge was to eat for it; that she was in the right, after all, and her example they were bound to follow. When dyspepsia becomes too conspicuous, in sallow faces, sunken eyes, and drooping spirits, there bursts forth an army of dietetic reformers in great gusto; but none of these agree in their *modus operandi*. Meat is too animal, says one; vegetable diet is too feeble, says another; wine is too stimulating, says a third; wine in moderate quantity is invigorating, says a fourth. So the poor, distracted dyspeptic runs from one prescribed dish to another, groaning louder and longer over every theory he follows, and ends in condemnation of water cures and health journals as severe as ever were lashed upon quack pill boxes and patent medicines. Meantime we keep eating; and experimenting in new dishes, and wishing we enjoyed better health.

I am acquainted with a woman who has thoroughly fitted herself for medical practice—who has been abroad and spent large sums of money to obtain a professional education. She returned and began her work. In less than a year she shut up her office, and threw away her medicines, as she said, to-

tally disgusted with the business of patching up health laws that people were constantly breaking by over-eating and ignorant living. If all the doctors would make such a noble sacrifice of themselves, is it not likely this sick world would soon be well? for who would be so foolish as to run the risk of breaking laws, when there was no one to mend them? Is it not probable there would be as many broken necks as there are now broken arms and legs, were there as sure a method of repairs for the former as the latter?

If not all the sin and crime in the world arises from unlawful eating and drinking, yet so large is the proportion that the remaining causes would be exceedingly few in number. The blood that is fed from unhealthy meat, strong drink, scrofulous pork, half-cooked dough and vegetables, from stomachs overloaded with food, indigestible because of quantity, frequency of eating, and improper hours, goes coursing through the veins, carrying its black and poisonous matter to the brain. Here this vile stimulant is lodged, and sets up its frightful images of murder, theft, and licentiousness. Often result these terrible crimes; quite frequently cross words, the sudden blow, the abuse of all the passions, the blasted home. All the governing faculties are enfeebled; the hand is weak, the will paralyzed, or crazed; the independent man is lost in the sickly material that encompasses him, and he is obliged to depend upon exterior force to control his actions. Bad blood delights most in bad deeds, is the universal law. But what a multitude of words are wasted in moral exhortations, because of the absolute ignorance of this primary principle of well-being.

"Be pure in heart, and love the Lord," entreats the minister from his desk on a beautiful Sunday morning—his audience stupid and half asleep under the influence of baked beans, that have wallowed for twenty-four hours in pots of greasy pork fat. "Live a pure life," says the mother to her son, as she bids him good-by on his way to yonder college, the blood of his system stimulated with richly seasoned meats, highly spiced cake, and strong coffee—food that has been his constant diet from his childhood, prepared by her hand. "Be



modest and lady-like," the same mother says to her young daughter (blood in the same condition,) as she goes down town to her private school, there to flirt with the young men across the way, and spend half her time, and all her thoughts, in writing love notes of questionable contents.

I believe that Nature has spread her table for man with a great abundance and vast variety of food; that the wholesome meats, rich fruits, and even pure wines, are all for him to enjoy, and by which he may be benefitted; and that he has the inalienable right to choose of which he will partake, provided he acquaints himself first with the law that the blood of the body must be pure and healthy; that it must flow in regular currents through the system, that the nerves may be in normal action, and the brain, which is under control of the blood, capable of governing the appetites of the man. Not all the seducing viands of the earth would tempt a man to rub poison into the pores of his hands, even though the process were as agreeable as the fasting of these viands would be to the palate. The effect of the poisonous matter upon the exterior surface would be at once apparent, and the process visible to the naked eye. Let the vast network of interior physical laws and their relation to intellectual and spiritual life be as well understood, and though the land overflow with milk and honey—or rum, gin, and brandy—man will take care that this house he lives in is not poisoned or injured by any of these. Temperance societies and liquor saloons alike will both quickly disappear, for there will be no business for either.

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**The Magic Lantern as an Aid to Instruction in Chemical and Physical Lectures.** By Prof. Hermann Vogel.

Two years ago I called the attention to the use of the magic lantern in lectures, as has long been the custom in America in large and small educational institutions. The instrument

permits small figures, whether pen sketches, wood cuts or photographs, from nature, two inches square, to be enlarged to four or five feet, so that in this way almost every wood cut in chemical and physical text books may be converted into a sort of wall chart, which can be conveniently exhibited to large audiences.

The construction of the instrument is very simple. It consists of three principal parts: First, the source of light, which in large lanterns consists of an electric or calcium light, in smaller ones of a petroleum lamp. Second, a condenser, as it is called, consisting of two plano-convex lenses of short curvature with the curved sides towards each other, D C. Their only use is to concentrate the light upon the object magnified, for the stronger the illumination the more it will bear enlarging. Third, a system of magnifying lenses, usually a portrait objective, such as is employed by photographers.\* This throws an enlarged picture of a small original, which is placed just in front of the condenser, on a screen formed of white paper or white muslin calsomined. The electric light is too troublesome for general use. The calcium light is more convenient, for the oxygen may be prepared before hand and preserved for weeks in rubber bags. Petroleum furnishes the most simple light, and, with a suitably arranged apparatus, is intense enough for a lecture room holding 50 to 70 persons, provided the pictures do not exceed 1 1-2 meters square. The petroleum lamps formerly used were unsatisfactory, but Talbot, 11 Karlstr., Berlin, has introduced a lantern with a petroleum light which surpasses all those previously constructed. The light was so intense that I was able to obtain an objective spectrum, eight inches long. For using this apparatus in the day time it is necessary to have tight shutters or thick curtains which can be closed.

The pictures for the magic lantern I have prepared either by photographing larger pictures or by fastening wood cuts printed on silk paper, or drawings made on such paper, directly to the glass by means of negative varnish (shellac dis-

\*The usual portrait lens consists of two double convex crown glass lenses, corrected by plano-concave flint lenses placed between them.

solved in alcohol). The varnish is poured on a glass plate held in a horizontal position and the wood cut laid upon it, care being taken to avoid air bubbles, and held firm while the varnish flows off. When dry the plate is slightly warmed and again flowed over it, the plate being turned round as the varnish runs off. Suitable impressions of wood cuts can now be obtained only of the publishers of scientific works, but on the general introduction of the lantern they would soon come into market.

Not only can pictures be exhibited but certain interesting experiments shown, such as the rise of the thermometer in a solidifying solution of hyposulphite of soda, and the fall of temperature in a mixture of sulphocyanides and water. To prevent heating the solutions by the lamp, a cell containing water, or better an alum solution may be interposed.

The diagrams shown at the meeting of the Chemical Society on the 9th of November, by the aid of Talbot's lantern were partly photographs of Bunsen's diagrams, partly wood cuts from Roscoe's spectrum analysis, obtained from Fred. Vieweg and Son, in Braunschweig, partly the so-called relief prints on glass, made by Woodbury's photographic printing process, and partly original photographs from the spectrum itself.—*Journal of Applied Chemistry.*

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### **The Production of Iodine in France.**

From Prof. Beilstein's report on the Great Chemical Industries at the Vienna Exposition we extract the following in regard to the manufacture of iodine and its compounds:

The crude material which is used in France for obtaining iodine is sea weed, which grows on the low lands of the

coasts of Normandy, Brittany, Ireland and Scotland, which are under water at high tide, but out of water at low tide. These weeds are collected twice a year, in March and October. Owing to the scarcity of fuel in these parts, the weeds were very early used for heating purposes, as also for fertilizers. Toward the end of the 17th century a systematic burning of the weeds began, which was done then as now, twice a year, in round or rectangular pits in the open air on the sea-shore. The wrack soda, or kelp, thus obtained was employed for making glass until the discovery of another method of making soda. Another use was therefore sought for kelp, and in 1798 a manufactory conducted by Couturier was started at Cherbourg, for the purpose of separating the different kinds of kelp, in order to furnish the glass makers with a better material. In 1811, a saltpetre manufacturer in Paris, named Courtois, discovered iodine in the mother liquid of these salts. In 1824, Tissier, of Cherbourg, founded the first works for manufacturing iodine. Soon after, in 1827, he erected a second manufactory there for Couturier, and in 1829 the two were united under the firm of Couturier et fils. In 1830, Tissier founded an iodine factory in Conquet, which is now the most important of all, the annual production being sixteen to eighteen tons of iodine and iodide of potassium. Since that time the number of factories has increased to nine.

The nine firms mentioned annually consume 12,000 tons of crude kelp, obtained from 540,000 tons of green sea weeds, and produce 2,400 tons of saltpetre, 2,000 tons of chloride of potassium, 1,800 tons of common salt, 1,520 tons sulphate of potash, 120 tons Glauber salt, 40 tons pure iodine, 4 tons bromine and 15 tons sulphur. The residue, when dry, contains 22.4 per cent carbonate of lime and 9.4 per cent sulphate of lime, and is employed as a fertilizer.

The improvements claimed by the exhibitors in this department are, calcining the plants in continuously-operating, closed furnaces, and the precipitation of iodine by means of the oxygen of the air.—*Jour. of Applied Chemistry.*

**Proceedings of the Montgomery County Medical Society. Held  
in Dayton O., Nov. 12, 1873. \***

The society held its twenty-sixth regular session in the Beckel House parlor, according to its old established custom.

The meeting was called in order at 10 A. M., by Dr. J. B. Owens, the president in the chair. After prayer by the chaplain Dr. J. Geiger, the roll was called and minutes of previous meeting read and approved. After which Dr. J. E. Lowes brought before the society a pathological case of considerable interest; a young man with chronic abscess of long standing. Dr. H. F. Baker of Xenia was elected a member of the society.

The election of officers for the ensuing year, being in order, the following persons were elected to serve one year, viz:

J. B. Owens, M. D., President; J. E. Lowes, M. D., Vice-President; W. Webster, M. D., Secretary; W. D., Linn, M. D., Treasurer; F. W. Thomas, M. D., C. W. Stumm, M. D., and J. Geiger, M. D., Censors.

Reports from regular committees came next in order; and Dr. J. M. Parks reported on *optics*.

Dr. C. W. Stumm reported on Cholera Infantum—giving its peculiar symptoms, and the best remedies for the same.

He uses arsenic, ipec, nux vom., veratrum, alb., antimon., crude, china and carbo veget. The latter for watery, offensive and painful stools.

**AFTERNOON SESSION.**

The meeting was called to order at 1:30 o'clock, P. M. the president in the chair, discussion of Dr. Stumm's paper resumed. Dr. Stumm recommended rice water and milk fresh from the cow as a diet for infants. Dr. W. D. Linn uses graham flour boiled in water one hour, strained and sweetened. Dr. Owens uses the same preparation, but strains it twice. Dr. Stumm's report was accepted.

\* The manuscript sent us promptly by the Secretary, was lost and only just brought to light again. Matters of interest, which it contains impel us to give it even at this late date—Ed.

May-3

Dr. J. Geiger made a report on the adaptation of low potencies.

Dr. Parks uses all the potencies, from the lowest to the highest.

Dr. Stumm uses from the third to the thirtieth ; had no success with the five thousandth.

Dr. Owens formerly used very low potencies, but has discarded them altogether, and now uses high attenuations exclusively, both in acute and chronic diseases. He uses from the forty thousandth to the eighty-five thousandth.

He related a case of spasms in a child which were promptly relieved by the use of bell., the forty thousandth potency. He makes one exception, in the case of gelsemim, which he uses from mother tincture to the thirtieth potency because he has no proving of a higher potency.

He considers gelsemim a superior remedy in irregular labor pains. If worrying pains about the umbilicus he uses nux vom., one dose generally removes the whole difficulty at once. Dr. Linn thinks we often overlook applications and give the credit, improperly, to the high potency.

Dr. Parks denies that any virtue exists in the high potencies of metals.

Mrs. Ada L. Adams, M. D., read a highly instructive essay on Uterine Diseases. \*

Report accepted, and Mrs. Adams requested to furnish a copy for publication.

Dr. F. W. Thomas read an interesting report on Dysentery, as it prevails in military camps and the civil practice, report accepted.

Dr. Wolf reported on Chronic Ophthalmia. He has had no good results with low potencies in this disease. He uses the thirtieth attenuation with fine effect. Generally relies upon arsen. 30th, and sulph., 30th.

Dr. Linn reported an interesting case of Gonorrhœa Ophthalmia in a child, and asked counsel of the members, as to the best mode of treatment. The society recommended the

See Nov. No. 1873.

higher potencies of sulph., arsenic, bell., calc., carb. and merc., iodotus.

On motion the society adjourned to meet in Dayton on the first Thursday in May, 1874.

W. WEBSTER, M. D.  
*Secretary.*

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**Trial for Malpractice.** A. SHEPHERD M. D. Glendale, Ohio,  
Defendant.

This case has excited considerable interest and we regret that we are able to give only a condensed statement of it. The doctor was charged with ignorantly treating a lady for cancer of the womb and that she proved to be pregnant and was delivered of a dead child in the month of March, 1870, and subsequently died in the following December.

Damages laid at five thousand dollars.

The defendant in his answer did not deny that the patient was pregnant but asserted that it was also true that she had carcinoma (cauliflower) of the cervix uteri; that it was that which caused her to abort and afterwards occasioned her death.

The question before experts was chiefly this: Could a woman with such a disease become pregnant? Dr. Richardson testified as to the generally fatal character of cancer. May run a course of four or five years generally not longer than eighteen months. A woman pregnant and having such a disease would probably, if not certainly, miscarry. There is no reason why a patient having cauliflower disease of the womb might not become pregnant. Dr. W. B. Davis said, cauliflower excrescence could not be mistaken for pregnancy. A condition of pregnancy is possible with such a disease but

not likely to occur in the latter stages. Cauliflower occurs at the mouth and neck of the womb. Its growth is variable. The discharge is offensive. The growth has a granulated gristly appearance, easily broken, and bleeds profusely. It is not always easy to determine a condition of pregnancy. The best physicians are sometimes deceived. Dr. Comegys said, such a disease would cause the womb to enlarge at the neck and the body also if attacked. The only infallible test of pregnancy is the sound of the fetal heart. Milk in the breast not infallible. The tendency of the cauliflower growth would be to destroy the child; still it might not.

Dr. Vattier said, a physician of ordinary skill would not confound cauliflower excrescence with pregnancy. The health of the fetus would be affected by the disease when co-existent. It would not discolor the fetus. The disease is almost sure to be fatal. The pains of cancer are sharp burning lancinating. The pains of labor are dull or hard and strong. If fetus dies it will in a few days become discolored if not delivered.

Dr. Freeman testified: cases of cauliflower excrescences if not malignant could be saved. A diagnosis could be made by means of touch or by the aid of the speculum the former is preferable.

Dr. John A. Hubinger testified, that he visited the patient with Dr. Shepherd some time before her death. Made digital examination, found cauliflower excrescence. As to pregnancy did not consider that an important question as if there was a child there it would be dead. I was present—Dr. Shepherd being absent elsewhere—and delivered the child. There were four or five ladies present. No attempt was made at concealment. The labor was about twenty minutes, I performed the autopsy. The cause of death was clearly cancer.

We have not the minutes of the other physicians who testified in the case. They all joined in exonerating the defendant from all blame. And the jury in a few moments after the case was submitted to them brought in a verdict of no cause of action. Messrs. S. C. Carpenter and S. F. Hunt, Esqrs. ably conducted the defense.



### **A Row among "The Regulars."**

It is pleasant to see the brethren dwelling together in unity. It would make "Aaron's beard" look unctious, could it be applied to that ancient patriarch's hirsute appendage. Dr. Maley, the coroner of Cincinnati, arrests Dr. Craig, on charge of abortion, at the instance of a woman. Having been duly heralded through all the city papers, the case comes into court and is not sustained, the woman's testimony not confirmed, and she being of easy virtue and not open to the charge of telling the truth.

Then the Academy of Medicine in the interest of Dr. Craig, proposes to expell Dr. Maley for making the arrest "without even presumptive evidence of guilt." Dr. Reamy then came to the front and said: "He did not see how Dr. Maley could be expected to know the character of the woman who applied to him, or that the man who had come with her was unreliable. It was a serious matter for a physician to be wrongly charged with committing a crime; and he deserved sympathy, but, at the same time, they must not shut their eyes to the prevalence of abortion. There were too many medical men to-day whose hands were soiled with the wicked crime—men who are in fair standing in the community—in fair standing in every thing but that. It was not only Dr. Maley's duty, but it was every man's duty to bring to the attention of the police persons on whom that guilt was believed to rest."

Dr. Murphy then took the floor. "He wanted to know what Dr. Reamy, meant by his words. Who were they in the profession, who stood so fair and so high, who were in the habit of practicing abortion? What were their names? Would he have everybody believe they were all in that habit? The community was always ready to believe evil of any man. Dr. Reamy had soiled his own nest in thus speaking of the doctors."

"Dr. Reamy believed that the members of the Academy were as free from the sin as the members of any other Acad-

emy on earth ; but it was no use to deny the fact, that abortions were committed on married women as well as single, and the doctors winked at it—doctors who stood otherwise high in the profession. Abortion was the crime of the christian age. It was the darkest stain on the record of the American nation ; a darker one than all the intemperance in the land.”

Considerable discussion followed, and then Dr. Maley was suspended for six months. The following week, the Academy again met, and an attempt was made to bring Dr. Reamy to trial for using language that was “wantonly slanderous of the regular medical profession.” It is needless to say the contest was sharp, but neither short nor decisive. The whole matter was given to the committee on ethics, and we hope they may be able to find out if the “regulars” are all or only in part “regular” abortionists. Perhaps the matter might be given into the hands of the women and a crusade inaugurated, which would certainly be desirable if it be really true ; that it is a crime “darker than all the intemperance in the land.”

It might be a matter about which the ladies knew more than they do of whisky selling. We press this point from this consideration that one of the woman who brought us the pledge, and who is a ferocious crusader is now pregnant, and she declares she will produce an abortion on herself, only she wants a little help, and this she will doubtless procure as soon as she gets a discharge from the whisky war.

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### **Our Pickwick.**

“How old is that horse, my friend?” inquired Mr. Pickwick, rubbing his nose with the shilling he had reserved for the fare.

“Forty-two,” replied the driver, eyeing him askant.

“What!” ejaculated Mr. Pickwick, laying his hand upon his note-book. The driver reiterated his former statement. Mr. Pickwick looked very hard at the man’s face, but his features were immovable; so he noted down the fact forthwith.

“And how long do you keep him out at a time?” inquired Mr. Pickwick, searching for further information.

“Two or three weeks,” replied the man.

“Weeks!” said Mr. Pickwick in astonishment—and out came the note-book again.

“He lives at Pentonvil when he’s at home,” observed the driver, coolly, “but ve seldom takes him home, on account of his veakness.”

“On account of his veakness?” reiterated the perplexed Mr. Pickwick.

“He always falls down, when he’s took out o’ the cab,” continued the driver, “but when he’s in it, we bears him up werry tight, and takes him in werry short, as he can’t werry well fall down, and we’ve got a pair o’ precious large wheels on; so ven he does move, they run after him, and he must go on—he can’t help it.”

Mr. Pickwick entered every word of this statement in his note-book, with the view of communicating it to the club, as a singular instance of the tenacity of life in horses under trying circumstances.—*Posthumous papers of the Pickwick club.*

DEAR ADVANCE:—Have we a “Pickwick” amongst us? Is there not something from him in our *Materia Medica*?

And have we not the “characteristics and key-notes” of his fellows in the Pickwick club, “Mr. Tupman,” “Mr. Snodgrass” and “Mr. Winkle?”

When may we look for the publication of the valuable gatherings of fifty years, from the Pickwick Medical “noble-book?”

Will it be posthumous or antehumous?

Yours in the pure faith,  
Enquirer.

## COMPARATIVE VIEW OF COLLEGES

In order to obtain a ready understanding of the Medical Colleges in their various relations and to save our readers, especially students, a large amount of trouble in ransacking annual announcements, we present herewith a condensed statement of the leading items that pertain to Homœopathic schools.

It may be safely said, just here, that this, after all, does not represent a comparative value of the schools as there is always in the faculties of those schools much that can not be represented in print or on paper. There is an *esprit de corps*, a tone, an indescribable inspiration, or the lack of these, about a medical college that is not measured by the number of professors or their reputation or the price they charge. Only an intimate acquaintance will show the very important difference there is in this particular between various colleges. The objective points we can easily set forth in the following manner:

COLLEGE.	Established	No. of Prof.	FEES.			No. of Sts. Graduated last term.	No. of Regular Graduates last term.
			General	Graded	Graduation		
Pulte College, Cincinnati,	1872	16	\$ 60	\$125	\$30	50	14
Boston University,	1873	19	100	160	30	79	7
Hahnemann Medical College, Chicago,	1868	16	100	160	30	76	21
Hahnemann Medical College, Philadelphia,	1848	10	100		30		27
Homœopathic Hospital College, Cleveland,	1850	13	60		30		31
Homœopathic College, Detroit,	1870	8	20 & 35			54	23
Homœopathic Medical College, New York,	1860	16	100	160	30	105	32
Medical College and Hospital for Women, New York,	1862	13	70	150	10		
Homœopathic Med. College of Missouri, St. Louis,	1859	13	50		30	43	24

**Requirements for Graduation.**

PULTE MEDICAL COLLEGE, Cincinnati. Twenty-one years of age—moral character—two courses of lectures, the last in this college—written examinations.

BOSTON UNIVERSITY. Twenty-one years of age—moral character—three years study—two full courses, the last in this school—an original thesis. Women admitted.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, Chicago. Twenty-one years of age—moral character—one course in this college—a thesis. Women admitted.

HAHNEMANN MEDICAL COLLEGE, Philadelphia. Twenty-one years of age—moral character—sufficient preliminary education—attended two full courses, the last in this college—studied medicine three years and been a student with a private practitioner two years—one course of practical anatomy—an original thesis.

HOMŒOPATHIC HOSPITAL COLLEGE, Cleveland. Twenty-one years of age—moral character—two full courses, the last in this college—studied medicine three years under some reputable physician—written examinations—reputable English education. Women admitted.

HOMŒOPATHIC MEDICAL COLLEGE, St. Louis. Twenty-one years of age—moral character—studied medicine three years—attended two full courses, the last in this college—an original thesis. Women admitted.

HOMŒOPATHIC MEDICAL COLLEGE, New York. Twenty-one years of age—moral character—studied medicine three years with a qualified physician—one course of practical anatomy, a thesis.

MEDICAL COLLEGE AND HOSPITAL FOR WOMEN, New York. Twenty-one years of age—moral character—two courses, the last in this college—good English education.

**Observations.** By S. R. Kirby, M. D., New York.

A man goes through a strange experience often when he knows it not; and his most exalted moments are when, what seems to be that isolation from authorities of the learned.

Man may never know how closely he is allied to all nature. On every side there is drawing one upon another, and all closely connected to God. How futile and how absurd are those theories which make men think that they create and control circumstances.

I wish I could trace through the distinct and separate existences of matter the attraction which is of the spirit, and the gravity which belongs to matter, I would like to take up an atom of any kind and quality and tell everything connected with it.

How wondrous is that power of thought which flashes out a reality from the spirit, before it has had time to go through the body, here is a point, it is the intellect that deprives thought of its power, and allows it to be adulterated by the scum of false education.

Physicians will have to note the effects of thought upon the body, and see how far it undermines health. It puzzles me to know how so many manage to exist and live out their days under such strange conditions; for instance, those whose affections have not one single chance or possibility of being natural.

God manifests love every where all the time, and every one should be a messenger of love. Love sees and feels all things. There is nothing that comes within its range which is not adjusted by wisdom and hope. How wondrous is love and how much there is to understand in connection with it and its workings in the human heart. The simplicity of the laws which operate for and against human happiness is the greatest of all possible studies.

## **Book Notices.**

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### **Transactions of the American Institute of Homœopathy 1872. BY R. J. McCLATCHEY, M. D., Secretary.**

This is by all odds the best volume that has yet been issued. In matter and arrangement it is something to be quite proud of. Both the secretary and the official stenographer of the Institute (Dr. C. R. Morgan) have done themselves great credit. In looking over its ample and well filled pages, we have this to regret; that it is not possible to place a copy of the transactions in the hands of every member of our school. There is only one way in which this can be done, and that is, for every one of them to join the Institute. Those who have enjoyed the yearly meetings, and who know how much real good (barring many things about them not so enjoyable) comes out of these annual gatherings, will seriously miss any meeting they may not be able to attend; but it is a far greater loss not to be able to place these annual volumes in one's library. A synopsis of all the good things to be found in the volume, would overflow our pages. It is the best evidence we have of the steady growth of our school.

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### **Repertory to the Materia Medica—Eyes.—BY E. W. BERRIDGE, M. D., Alfred Heath, London.**

This is a neat volume of 325 pages, printed and bound with care, which is more than we can say of all the works that present themselves for criticism. Dr. Berridge attempts to classify all the eye symptoms found in "the Homœopathic

Materia Medica ;" whether all of the works on Materia Medica, or a part only are included, he does not explicitly say. He says, page 11, "C. Hering's Materia Medica, which is the most complete in arrangement and execution of any yet published, has been used so far as it has extended, (i. e. up to *Formica*) as the basis of this Repertory, but I have added some additional symptoms from later provings."

Whose provings we would be glad to know! And then he says: "I have added many valuable symptoms from cases of poisoning reported in Allopathic journals." And this is all the information vouchsafed to us as to the sources from which he has compiled his work.

We do not propose to call in question the excellence of the work done by the author. Assuming his "basis" to be correct, he has done a noble thing; and if it fails to become a work of great practical value, it will be because his Materia Medica is unsound. But until we settle the intrinsic value and thorough reliableness of our symptomatology, it seems premature to spend so much time and labor in arranging it into so elaborate a repertory. The book before us is only part of the work the author is preparing of the entire Materia Medica. This part, devoted to "eyes," possesses a considerable interest to us and we have given it unusually careful examination. We have no doubt the general practitioner, unacquainted with the pathology of the eye, will search the rubrics with interest; but the specialist, having in mind the real nature of the morbid affection, whatever may be the symptoms by which it is manifested, will be sorely puzzled to apply all that he may find laid down in the book. Under "Lens" we have 70 remedies enumerated. What they are able to do with the lens is not stated, there nor elsewhere, except 38 of them put down under certain indications which we shall mention. Under "Cataract" we have the 70 remedies repeated, but whether any or all of them have ever been known to cure or modify cataract, is not stated, and we are left to conjecture. "Reticulated" cataract has two remedies. A "Black" lens 23 remedies. "Green," "Gray" and "White" lenses have a few drugs assigned them. And the "Fundus" oculi; with all



its wonderful pathology and its multitudinous changes of color and shape, has just two drugs assigned it. These constitute a serious drawback ; and while it is easy to see how they occur, it is none the less deplorable. The book seems to us a fine superstructure on a sandy foundation. Still we have it in daily use at our eye clinic, and hope to discover and utilize its value if it has any.

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**On the Reproductive Organs and the Venereal.** BY JOHN M. SCUDDER, M. D., Cincinnati Ohio.

Every new text book brings with it the question : What better is this than its predecessors and contemporaries ? No author has the right to trouble us with such a book unless the book contains valuable improvements. Writing books in order to make money, is not out of the question, but we have no time to examine such books and no heart to commend them to the public.

A true author writes because he sees a necessity for just such a book as he is able to make. And in a medical way this want may pertain not to the profession at large but only to a particular school. A work may be entirely suitable to the class of readers it addresses and entirely unsuitable to another class.

Dr. Scudder writes for the Eclectic school. No man knows what that schools wants better than he. We are sure no author in the Allopathic school would put forth such a work as he has written. We are equally sure the Homœopathic school has outgrown the use of works of this sort though they are yet being written and will be so long as any one can be found willing to buy them.

The literature of the Eclectic school has not yet reached a very high point. So long as one man can write text books on all sorts of subjects ; first on *Materia Medica*, then on *Practice*, and then on *Surgery*, not forgetting to issue a work now and

then on some specialty and so long as such books are accepted as the standard works of a Medical school, the literature of that school must occupy a relatively low place. It cannot be so unless that school lacks in men of ability, lacks in men devoted to special departments and who are able out of their large, varied individual experience to create a text book of a high order.

It is not the fault of any man that he is willing to write books that his school will buy. Every school has to go through this phase of development viz., one or two men creating its literature. But it is time the Eclectic school demanded and was able to command works in all departments of the highest order. While conceding to Dr. Scudder abilities of a high order, it is but just to say that he attempts too much as a writer of text books. His work on venereal and the reproductive organs is full of valuable suggestions, and may be studied with profit; it is nevertheless elementary and tentative. It shows haste and incompleteness, which a second or third edition will doubtless rectify. We have no space here to point out its many excellences. In the light of our brief criticism we commend it to all our readers.

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## Editor's Table.

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A COPY of this number of the *ADVANCE* will be placed in the hands of every homœopathic physician in the State of Ohio. We earnestly request that every one of these will make a complete list of the address of every practitioner of our school known to them and residing in the state. We are in need of a complete directory and we can get it in no other way so well. The lists should be sent to the society at Springfield care of the secretary or to this journal.

THE last annual report of the Cincinnati Hospital shows that the yearly expenditure for "Drugs and Medicines" was \$5,961,85. There were used 38 gallons of brandy, 11 gallons

of catawba wine, 72 gallons of sherry wine, 23 gallons of port wine, 216 gallons of whisky, 132 gallons of alcohol, 940 dozens of ale, besides rum and gin. And this very considerable amount of liquor cost the neat sum of over \$2,000.

We are not disposed to complain of the general results of the hospital practice, but it is plain that here is a matter that might be remedied.

The use of stimulants to such an extent in medical practice is in many ways a serious evil. It is in the first place a constant temptation to the medical and surgical staff and to the internes and the nurses all of whom have easy access to the liquor supply. In the second place if the liquors were all pure they would still disastrously effect the patients given in such quantities, but when we consider what is the real nature of the villainous compounds given under the name of brandy, sherry and port wine, we are convinced that the doctors are only adding the poison of drugs to the poison of disease and for no good purpose.

In the third place a large number of medical students go to the hospital for the purpose of learning the best method of practicing medicine and if they are taught to give stimulants with such dangerous freedom they can be only damaged by such instruction. It is needless to claim that this is a necessary part of the hospital practice. The claim can not be substantiated by uniform medical testimony. We might not go to the extreme of utterly abolishing stimulants, but intelligent physicians should use alcohol and its compounds with a sparing hand. In a public institution like our hospital, abuses will sometimes creep in unobserved but here is a glaring evil that should receive serious attention.

The Bureau of Diseases of Children has selected the following subject for consideration and discussion at the Niagara Falls meeting of the American Institute:

Cholera Infantum: its nature, causes and treatment.

This young Bureau is very desirous of obtaining the views, observation and experience of your many readers residing in all parts of our common country. T. C. Duncan M. D., Chairman, 287 W Randolph St., Chicago.

Kentucky Homœopathic Medical Society next annual meeting in Louisville, Tuesday, May 26. A large and interesting gathering is expected. Dr. W. L. Breyfogle, President, Dr. J. W. Kline, Secretary.

Homœopathic Medical Society of Ohio meets in Springfield, May 12. A large number of committees have been appointed to report. We look for a large turn out. Dr. J. D. Buck, President, Dr. H. H. Baxter, Secretary.

The Society of Homœopathic Physicians of Iowa meets at Fairfield, Iowa, May 20. Dr. Geo. H. Blair, President, Dr. G. H. Patchen, Secretary.

Indiana Institute of Homœopathy next annual meeting at Indianapolis, the 13th and 14th of May. Dr. J. B. Hunt, President, Dr. Wm. Eggert, Secretary.

Montgomery County Homœopathic medical society meets at Dayton, on the first Thursday in May, 1874.

Dr. L. DRAIS having returned from a year's sojourn in Europe among the Hospitals, has opened an office for practice in this city.

Drs. HOWARD AND Goss have opened in the Poli-Clinic a department for Diseases of Females. They will be found in the clinic rooms every day at 1 o'clock P. M.

Dr. KATE M. Goss, recently of Cleveland, a young lady of excellent acquirements, well read in her profession and full of enthusiasm, has commenced practice in Cincinnati, at 165 Elm street.

A. C. RECKER M. D., a graduate of Pulte Medical College, has been appointed Resident Physician to the Dayton Free Homœopathic Dispensary. The institution is under the care of the Women's Christian Association and is in a very flourishing condition.

OUR old friend the veteran Dr. A. O. Blair, one of the first men to practice Homœopathy in the State of Ohio and who for years has been the foremost teacher of our system in the West has retired from general practice and settled on a farm at Westerville, Ohio. He writes that henceforth he will make "cows, pigs and poultry a specialty." We heartily wish him many years of quiet happy life.

THE  
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All business communications, relating to the publication or to advertising, should be addressed to **DR. T. P. WILSON, S. W. Cor. Seventh and Mound Sts., Cincinnati, Ohio.**

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**ALL ABOARD** for the American Institute of Homœopathy, which meets at Niagara Falls, June 9th.

THE “Transactions” of the last meeting of the Institute are ready for all who have paid up their dues. So saith Secretary McClatchey.

THE “Surgical Clinic” of the B. U. School of Medicine is a curiosity. H. M. Jernegan, M. D., seems to be the figure head, and F. W. Payne, M. D., does the reporting and performs all the operations. The first three cases are, two of pterygium and one of trichiasis. Why they are reported is difficult to see, unless to show that “Dr. F. W. Payne” operated. There is n’t a single novel feature about them except the close relation existing between the reporter and operator.

*Allen's Encyclopedia of Materia Medica* promises speedily to make its appearance. Messrs. Boericke and Co. have given us a sample by way of the pathogenesis of aconite. This solicits from the profession both subscriptions and criticisms. We have besought several gentlemen, distinguished in that branch, to give their views on the sample presented. They have failed to respond. As several of them have signalized themselves by opposing such a materia medica, we hope they will not be bashful in speaking out their minds just now. The labor bestowed upon the present work is immense, and we congratulate the author and publishers and co-laborers on the success they are likely to attain.

A FRIEND from the North sends us a circular issued by certain parties in this city setting forth the marvelous virtues of a certain instrument called the "Eustachian Vibrator." We are assured that it is "the result of years of study and experiment;" that it is an instrument which "will produce results almost miraculous"—"the only instrument which will enable the deaf to hear at church and public assemblies."

The years of study and experiment spoken of have enabled the inventor to obtain the following knowledge:

"The mechanism of the ear is exceedingly complicated. Although many minute parts compose this organ, yet the seat of diseases are few. The membrana tympani, the most delicate portion, is situated near the middle of the Eustachian tube, which extends from the external opening in the ear to the nose and throat, and forming a partition in this tube, the air on one side reaching the membrana tympani from the ear, the other side from the nose and throat. The process of hearing is as follows: The vibrations of the air are conveyed through the eustachian to the membrana tympani, which is thereby thrown into vibrations, and these are transmitted by the chain of bones to the more internal ear,

on which the nerves are expanded and convey the impressions to the brain. The vibrations of the membrana tympani are also communicated to the innermost cavity of the ear, which is called the cochlea. Deafness is caused from scrofula, catarrh, ruptures, severe cold in the head, risings and discharges from the ears, spotted fever, effects of quinine, and from various other diseases."

The inventor assures us that the instrument fits into the ear and "is not perceptible."

"It is made of different materials, so as to perform the functions of the diseased parts. It gives a clear canal for the passage of air, and condenses and concentrates sound, thus giving to this small instrument all the power of increasing sound, possessed by the most powerful ear trumpet."

Possessed of such rare knowledge the inventor is well fitted to take in his "five dollars a pair"—for his vibrators; but it is not clear that his instrument will fit many cases of deafness. A fellow in Madison, Ind., is selling "Artificial Ear Drums," and there is a strange similarity between the circulars issued by both parties. They are in fact using the same instrument which is only an instrument now almost wholly discarded by intelligent aurists. While these fellows fraudulently offer them as a cure for all sorts of deafness, they were never useful except where the membrane was perforated, and are now superceded by better appliances.

And all this only serves to point the moral in our demand for a better knowledge of medical science among the people.

Since writing the above, we have seen our instrument maker and he assures us, that for these parties he makes hundreds of these instruments, for which he charges 75cts., and they in turn charge their victims the modest sum of five dollars.

## Surgery.

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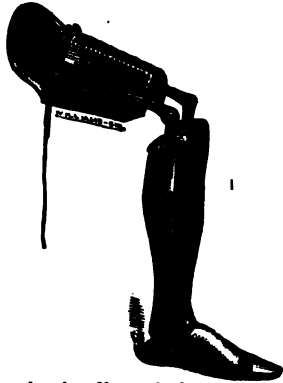
### **Inguinal Hernia.** By F. B. Sherbourne, M. D., Bellefontaine, O.

Mr. D., aet 83, native of this country, general good health, never was sick in his life, was feeling as well as usual this morning. At noon felt a slight pain in his stomach and abdomen, while lying on the bed water ran from his mouth to the amount of half a pint. The pain soon became more severe, of a cramping nature; vomiting soon set in which lasted more than an hour.

Some two hours after the attack, I found him with very severe pain in stomach and bowels, with much nausea but no vomiting, also an oblique inguinal hernia, right side (which had troubled him slightly for several years). The rupture had not troubled him for some time, until the vomiting set in, which brought the gut down larger than ever before. Size, length 5 inches, breadth 3 inches, and very painful; had never pained him but little before, and never used a support of any kind. Treatment: nux. and colo., in alternation, every ten minutes, for cramping in the stomach; in the course of an hour the pain left, but with an increase of pain in the hernia: for reducing it raised the hips, used taxis steadily for more than an hour with no benefit. The operation produced great suffering; decided to let him rest a few hours before another trial. Gave nux every half hour, and applied hot fomentations to the tumor, changing every five or ten minutes; kept him on his back, with the foot of the bed raised six inches. Eight hours from first trial by taxis, the gut went back without assistance. He is now fully as well as usual, with the exception of weakness.



### **Artificial Limbs.**



We have received several letters of inquiry regarding the best make of artificial limbs. We have the pleasure of laying before our readers a representation of an artificial leg made by Mr. Wm. Autenreith, of this city. It is chiefly valuable on account of its extreme lightness, great durability and comparative cheapness. The heaviest weighs but 5 lbs., and the lightest 3 lbs. 6 oz. The cost is from \$75. to \$100. The material is

principally sole leather, stiffened and made impervious to moisture.

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### **Syphills.**

An able and exhaustive paper upon this subject was presented by Dr. Geo. H. Blair at the last meeting of the Iowa Society. After briefly referring to the history of the disease and carefully defining the characteristic appearances of the hunterian chancre and the simple chancre or chancroid he goes on to say:

“It is not deemed necessary to sub-divide these ulcers into the various forms adopted by writers who enter minutely into the consideration of this subject. The two varieties just described constitute, in fact, the source of all others; and hence

the phagedenic, the sloughing, and, indeed, all the other described sores of venereal origin are but modifications or complications with other vitiated conditions arising from the two forms. Indeed, to be precisely correct, we may attribute the remote source of *all* forms of Syphilitic ulcer to *true chancre* alone, since the distinctions are of comparatively recent date.

Ricord has stated that, for the first five or six days of its existence, chancre may be always considered a strictly *local affection*, and the opinion is undoubtedly correct. Hence, local treatment should be resorted to, with a certainty, if promptly and energetically applied, that no secondary results will follow. Were we absolutely certain of the nature of the primary sore we might possibly leave it to take care of itself, if a simple one; but since it frequently is complicated in its nature, and occasionally might deceive the most skillful diagnostician, it were best to use an indiscriminate treatment in all forms of chancre. For this purpose, in the case of an individual of largely scrofulous or strumous diathesis, one in whom the lymphatics are easily agitated and irritated, the use of the knife is earnestly advised—complete extirpation of the ulcer, including the additional surrounding tissue to a breadth at least equal to the diameter of the surface of the ulcer, unless there should exist an abnormal hæmorrhagic tendency, when cauterization should be preferred. In the ordinary forms of ulcer the remedies to be employed for their removal are—relatively to their importance—*Nitric Acid, Nitrate of Silver, Paste of Sulph. Acid and Charcoal, and Caustic Potash*, always bearing in mind the importance of a thorough and deep application, one sufficient to penetrate to the sub-cellular mucous tissue, which is the base of the chancre. The highly lauded *Vienna Paste* has proved in my hands very unsatisfactory, for the reason that, forming a crust over the top of the ulcer, does not allow a knowledge of the extent to which it has penetrated; and if we wait for its removal and successive applications, too much time is lost for purposes of safety. One thing, however, must especially be borne in mind: *That no energetic treatment for the speedy destruction of the ulcer should be resorted to after well-defined induration is*

*present*, as this is a certain indication that the disease has already become constitutional.

The lesson to be impressed is this: Whether the sore be either chancre or chancroid, its quick removal may prevent secondary results, and in any event can prove of no disadvantage. Those who through ignorance, for it can be called nothing else, oppose local treatment, not only protract the disease, but endanger the health and the lives of their patients.

After the reproductive process commences, evidenced by granulations, exudation of healthy un-inoculable pus, simple dressings of lint, saturated with pure water are sufficient, unless, indeed, the progress should seem somewhat indolent, when a weak solution of some stimulating application, as the Sulphates of Copper or Zinc, may be used with advantage.

As before remarked, the primary indication or early stage of chancre, needs but a local treatment, but lest a possible mistake in diagnosis may occur, an anticipatory or preventive means may be properly encouraged, inasmuch as under no circumstances can any bad result follow under our system of medication. A low regimen, frequent bathing, entire freedom from sexual excitement and the administration of the proper remedies, should not be neglected. In individuals of scrofulous diatheses *Hepar Sulph.*, *Cal. Carb.*, *Silicia*, or *Sepia* may be given; but in the majority of cases the different preparations of *Merc.*, particularly the *Iodide* and *Biniodide* will prove of most value. More will be said of the different phases of ulcer when we come to treat of remedies and the indications for their use.

We come now to consider the more serious aspects of this often-times frightful disease as manifest in its *second* or constitutional stage. If not controlled in its first or inceptive period within the limited time suggested—say five or six days—the poison becomes absorbed by the lymphatics—not by the veins as formerly supposed—and is first evidenced by the formation of *Bubo*. This manifestation may proceed from either the true or the simple chancre; indeed may result from gonorrhœa or other irritating causes; but when appearing in connection with, or following a primary sore, their nature is,

of course, easily determined. In men, the inguinal gland, if from inoculation of the penis, is the ordinary seat of bubo. In women, as frequently, it may be found situated between the labiæ and the thighs, or round ligaments. But wherever manifesting themselves or whatever the point of inoculation, the treatment should be the same—always taking into consideration, however, the character of the virus from which they spring. Considering then, that the bubo arising from *simple chancre* or *chancroid*, as our modern writers term it, is the termination and ultimatum of the disease, it were better perhaps, if possible, to disperse it before suppuration takes place, inasmuch as no further ill consequences will ensue. For this purpose pencillings with *Iodine Tinct.* or the application of *Iodine ointment*, together with the administration of the same remedy internally, in dilution, will ordinarily suffice, provided always that its application is *early*. If, however, the abscess progresses to an extent where fluctuation may be distinctly felt, our object should be to promote suppuration as speedily as possible, until the point of safely using the lancet is reached. *Silicia*, *Hep. Sulph.*, or *Apis*. claim a consideration here, together with the use of warm emollient poultices. But if the progress of the bubo be particularly slow, with much swelling, involving the surrounding parts, it will be advisable to give outlet to the deep seated and scanty pus, by means of *Caustic Potash*. Particularly if there be reason to suspect ramifications into cellular and sub-cellular tissue, will this prove the most available, as well as most satisfactory means of evacuation. *Pressure*, under these circumstances, by means of adhesive straps, is also an advisable auxiliary in expediting a cure.

In my estimation it is neither desirable nor proper to attempt the suppression of bubo where a consecutive of the *true chancre*. On the contrary, every endeavor should be made to hasten its consummation, that the virus may have in part a means of escape, without expending its full force throughout the general circulation. The means to be employed are identical with those employed for promoting suppuration in the other form of bubo; but whereas in chancroid abscess a

speedy effort should be made to heal the wound, if languid and indolent, we should on the other hand probably favor the long discharge of pus in the bubo arising from true chancre. In this connection it may be mentioned that the pus of either variety of bubo is inoculable, each transmitting its own peculiar virus, and hence care should be exercised in its contact."

"We come now to the consideration of the graver stage of the affection, wherein the general constitution has become poisoned, and technically termed *Lues Venerea*. Most authors have divided this into a *Secondary* and *Tertiary* stage—the latter of which should more properly be called the *Mercurial* stage, inasmuch as I undertake to say that nearly every symptom connected with it, is either the direct result of mercurial poisoning alone, or its complication with, or aggravation of the original disease. Out of the multitude of cases passing under my immediate observation, I have yet to see one unconnected with a system thoroughly saturated with mercury, even affected with periosteal inflammation which might not have arisen from other than a Syphilitic cause; nor under an enlightened Homœopathic treatment exclusively, have I met with a single instance of nodes, caries, or necrosis.

Usually, secondary symptoms develop themselves in from three to six weeks, although there are both earlier and later exceptions. As a general rule, no manifestations of an unusual character, except the light febrile disturbance which frequently attends all abscesses, as well as bubo, are the precursors of its existence. In my own experience the throat has given the earliest indication of the general taint, though perhaps the skin is as often the index. The throat, tonsils and fauces take on but little of the soreness and inflammation which commonly precede the formation of an ulcer—indeed the full development of ulcer being sometimes the first observable sign of any affection of the parts. Generally, however, the tonsils assume a pale or dark appearance; there is a slight exudation of mucous over the surface, the center of which grows rapidly darker, and terminates in an ulceration, the secretion from which is of a peculiarly *sticky* character.

In some instances of a virulent nature, sloughing takes place and even gangrene, occasionally, though rarely, may follow; but this seldom results unless complicated with scrofula, struma, and more often with mercury. Following the throat affection or coincident with it, eruptions of the skin make their appearance, and in so many and diverse forms as to almost defy description without means of ocular demonstration. However, for the sake of partial completeness, some of the more prominent manifestations will be mentioned, leaving a more diversified description to be embraced in the symptoms which call for the appropriately selected drug remedies.

Ordinarily the skin, especially in the neighborhood of the penis and vulva; between the thighs and nates; under the arm-pits, and in other protected parts becomes affected with small mucous papules. They are of a copper caste, slightly elevated and usually granulated. Over the general surface of the body, but more particularly the chest and forehead, they assume the appearance of small, hard lumps, exuding a secretion which dries quickly, is easily rubbed off, and is again reformed. They are generally circular in form, small in size, and as a rule, terminate without serious painful annoyance, although they occasionally ulcerate, and sometimes degenerate even to sloughing. They are known under the name of *mucous tubercles*.

In the milder forms of constitutional taint, roseola pemphigus, herpes and the lesser manifestations of exanthema and erythema develop themselves, and nothing but a knowledge of the history of the case would lead to a suspicion of their venereal origin. In fact it is questionable whether they be the direct or indirect results of syphilitic virus.

Of the various forms of lichen, lepra, psoriasis and even of vesicular eruptions, it were impossible to speak at length in this article.

Aside from the actual knowledge of the early history of the case, perhaps the most prominent indication for a suspicion of the true nature of the disease is the almost universal presence of the *copper color* attending. Even Hahnemann at-

tached so much importance to this peculiar coloring, that he regarded its disappearance as a diagnostic sign of a speedy, if not already radical cure. Alopecia, induration of the testicles and pulmonary syphilis are conditions of so questionable a nature as being the direct result of specific virus, as not to merit present consideration. As before remarked, the so-called *tertiary stage*, being the effect of mercurial abuse, will also be ignored in the examination of syphilis proper; but the complications evolved will be considered when we make our selection of remedies."

We hope to make further extracts from this paper in a subsequent number.

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### **Hydrophobia.** By Wm. Owens, M. D.

We have already published several articles upon this topic. We have practically taken ground against the idea of the existence of the disease as ordinarily understood; and we now present the following in confirmation, in part, at least, of the views we have advanced.

*"Is there Evidence sufficient to warrant us in connecting the Group of Symptoms which we term Hydrophobia with the Bite of a Rabid Animal?"*

Many will, no doubt, consider this question superfluous, and some will think it absurd. I venture to submit the following considerations as at least justifying its discussion.

1. The period of incubation which the received theory assumes—a period ranging from a few weeks up to twelve months or more—being entirely without parallel in the history of disease, demands very strong evidence for its acceptance.

2. In the infinite variety presented by spasmodic nervous diseases of idiopathic origin, cases occur which can not be easily distinguished from hydrophobia. For proof of this I refer to the second of the two cases recorded in Watson's Practice of Physic, of which it is said that "several medical men of much sagacity and experience" believed the patient to be suffering from hysteria.

3. Authority on dogs are not agreed as to what disease it is which, when engrafted upon man, develops into hydrophobia. Witness the recent controversies in the *Times*. Generally we are told that rabies in the dog produces hydrophobia in man. Not at all says Grantly Berkeley; it is hydrophobia in dogs which produces hydrophobia in man. Canine rabies and canine hydrophobia are, according to Mr. Berkeley, two distinct diseases. The former is common, not attended with dread of water, capable of easy cure, not communicable to man. The latter is rare, marked by horror of water, communicable to man, and absolutely mortal to both man and dog. Mr. Berkeley, no doubt writes from his own observation when he insists on the innocence and curability of rabies. In his views respecting canine hydrophobia, one may be allowed to suspect an unconscious mental compromise with the popular theory.

4. There must be in the community a very large number of persons, who within the previous twelve months have been either bitten or licked by a dog or cat; and these persons, no less than others, will be liable to idiopathic nervous disorders.

5. The idea of the connection between hydrophobia and the bite of an animal having once taken hold of the mind, evidence of a bite, if it can not be discovered, will generally be invented. Every one knows how constantly facts are distorted to fit preconceived notions.

6. Notwithstanding the operation of the two last named causes, cases are every now and then reported in which it is audited that no evidence of a bite could be supplied by either the patient or his friends. The first of the two cases which Sir Thomas Watson relates may fairly be said to come within this definition. The back of the patient's head had been "struck"



by the teeth of a terrier, but the testimony is positive that no wound had been inflicted.

7. In a large proportion of cases of hydrophobia, there is no proof whatever of the animal which gave the bite having been mad. In many cases it was a strange dog, of which nothing further was known. In others, the dog was undoubtedly ill, but was destroyed before the nature of the illness could be determined by a competent authority. It is worthy of note that in neither of Sir Thomas Watson's two cases is it shown that the dog was mad. In the first case, the point is not referred to. In the second, the only evidence is that of the "mob of boys" who had been pelting and chasing the luckless hound.

8. The late Mr. Youatt was many times bitten by mad dogs, yet never contracted hydrophobia. He may, it is true, be insusceptible to the disease, or the precautions which he took may have protected him. These considerations, however, while they weaken, do not destroy the value of the argument derived from his exemption.

9. It is in accordance with observed facts to hold that the force of imagination might be sufficient to develop the symptoms of hydrophobia in persons of a nervous temperament, who, having been bitten by an animal supposed to be mad, had been thereafter haunted by the apprehension of the terrible consequences believed to be impending. The occurrence of several cases in the same district about the same time might be so explained, and would be no more wonderful than many of the epidemics of imitative nervous disease with which the records of medicine abound.

10. In a discussion on the etiology of disease, it can not be out of place to insist on the tendency of the human mind, in all times and places, to assign to every malady some outward and palpable cause. Epileptics were formerly "possessed of a devil." Witchcraft, in later times, has been made responsible for most of the ills that flesh is heir to. The untrained mind abhors a vacuum, and can not endure not to know. Hence it happens that progress in pathology is marked not less by the exposure of old fallacies than by the development of new truths. In our

own day some reputed causes of disease have been, or are being abandoned, and perhaps others are destined to share the same fate."—*Brit. Med. Journal.*

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## Theory and Practice.

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**On the Diffusion of Typhoid by Means of Drinking Water.** By Austin Flint, M.D.

We condense from the *Buffalo Medical and Surgical Journal* the following:

“1. Typhoid fever is rarely, if ever, communicated by means of emanations from the bodies of patients affected with the disease.

2. Isolated cases of typhoid fever are numerous, occurring in situations and under circumstances which preclude the possibility of the disease being due to contagion.

3. Outbreaks of typhoid fever have repeatedly occurred in houses and public institutions in consequence of morbid emanations from sewers, cess-pools, or drains, and from their contents either exposed upon the surface of the ground or permeating the soil.

4. Certain outbreaks of typhoid fever are evidently dependent on the importation of cases of the disease, the circumstances being such as to furnish logical proof that the outbreaks are due to the diffusion in some way of a contagion.

These four propositions are submitted as embodying fundamental facts which can be fully established by logical proof.

The scope of this paper will not permit me to adduce the proof which might be brought forward for the establishment of each of the propositions. I must, therefore, take it for granted that the facts embodied in the propositions can be fully substantiated. Assuming this, it follows that typhoid fever may or may not be contagious.

Between it and typhus fever there is this difference, namely, typhoid fever is not, like typhus, communicable by means of impalpable emanations from patients affected with the disease. At least, if it be ever communicated in this way, the instances are rare exceptions to the general rule. As a rule, when typhoid fever occurs in isolated cases, there is no proof of its having been caused by contagion—in this respect differing from typhus fever. Typhoid fever may be produced by elements derived from healthy persons, which we have no reason to believe is ever a source of typhus fever. But typhoid fever is capable of producing a contagium by means of which the disease is diffused, herein affiliating with typhus fever. Typhoid fever thus may occur sporadically, endemically, and epidemically.

I come now to inquire as to the source of the typhoid fever contagium. If it be not contained in emanations from the body it does not, of course, proceed from either the skin or the air passages, and there is certainly no palpable product containing it on the surface of the body. We are, therefore, brought, reasoning by way of exclusion, to seek for it in the alvine dejections. If it be contained in these, by what avenue does it gain entrance into the system? If the dejections containing contagium are conveyed from the dwelling by soil pipes, we can understand that it may pervade the atmosphere of houses, in consequence of defective provisions against the escape of sewer emanations, and if excrementitious matter be deposited on the surface of the ground, the atmosphere within a certain area may be polluted by emanations therefrom, which contain the contagium. But there is logical proof of the diffusion of the disease by contagion under circumstances which render it vastly improbable that the

contagium is inhaled; and, therefore, reasoning again by way of exclusion, we are brought to consider the alimentary canal as the avenue through which the contagium enters the system. Thus we are rationally led to the conclusion that drinking water is a medium by which typhoid fever may be communicable.

I have spoken of this conclusion as a late discovery. The supposition or theory that drinking water is a vehicle by which the typhoid contagium is carried into the system is not of very recent date. It was enunciated by Canstatt, in Germany, in 1847, and it has been inculcated since an earlier date by Prof. Von Gielt, of Munich. Riecke, also a German, author of a treatise on special pathology and therapeutics, published in 1852, reported several outbreaks that were traceable to drinking water polluted with sewage. More recently observations have been contributed by British writers, and especially by Dr. Wm. Budd which seem to furnish demonstrative proof of the communicability of the disease in this way.\* Budd, however, and others, have contended for the existence of a contagium in the typhoid dejections received into the system either by means of drinking water or atmospherical emanations, as exclusively the cause of the disease. They claim that the dejections contain a virus not less specific than that of small-pox, and that typhoid fever is never produced otherwise than by the introduction of this virus into the system. Facts render such a doctrine untenable. If the propositions which have been stated are correct, communicability through a contagium in the alvine dejections will account for the connection in only a certain proportion of instances.

The discovery of the communicability of typhoid fever by means of a contagium derived from the alimentary canal, while it furnishes a striking point of distinction from typhus fever, yet shows an interesting point of analogy to the latter disease. In typhus the contagium is doubtless contained in the emanations from the body, either in the breath or in the exhalations from the skin or perhaps both and typhus may be caused irrespective of contagion, by a morbid matter produced in concen-

\*My authority for these statements is Murchison. Vide work on Fever, second edition, 1873.

trated emanations from healthy bodies. In typhoid fever, the contagion is in the dejections, and this fever may be and generally is, caused by a morbid matter produced in decomposing excrement from healthy bodies.

As regards prevention, the diffusion of typhus contagion is to be avoided by the isolation of cases in respect of those who are susceptible, conjoined with the freest possible ventilation. The spontaneous occurrence of this disease is to be avoided by guarding against overcrowding dwellings or apartments, together with complete ventilation. The diffusion of typhoid fever by contagium is to be avoided by the disinfection of the dejecta from typhoid patients, and by ample protection against the pollution therewith of water or air. The spontaneous occurrence of this disease is to be avoided by complete protection against the pollution of water or air by the dejecta from healthy persons. This involves safeguards, especially in cities, relating to sewers, drains, cesspools, soilpipes and the waste pipes connected with the latter, as well as to the final disposition of the excrementitious material. These safeguards, in the City of New York, are largely disregarded, and therein is a source of not only typhoid fever, but probably other diseases, the causative connection of which with this source is not as yet so well established.

Within the past few months, the interest and importance belonging to the subject of this paper have been curiously exemplified by the diffusion of typhoid fever through the agency of milk. Several outbreaks in England have been imputed to infected milk; but in the recent instance referred to, the proof of this having been the source seems sufficiently conclusive. This outbreak was in one of the healthiest parishes in the West End of London. About 500 cases of typhoid fever were distributed in 104 families in this parish. Of these 104 families, ninety-six were known to have used milk from the same dairy; the facts with regard to the milk supply in the remaining eight families not having been ascertained. It was ascertained that, in one of the farms belonging to this dairy, there had been cases of typhoid fever, and the sanitary conditions were exceedingly bad. Other details, which I do not intro-

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duce, corroborated the conclusion that the diffusion of the disease was due to the milk supply, and no other source was discoverable.

The infection, or the contagium in milk is, of course, derived from the water used in washing the milk-cans, and, perhaps, in the dilution of the milk. The diffusion of the disease in this way therefore, is through the medium of drinking water.

The discovery of the causation of typhoid fever through this medium naturally has led to the inquiry whether other diseases may not be traced to drinking water which either contains viruses of contagion or is polluted by divers kinds of morbid matter. The facts to which it has been the object of this paper to call attention, have opened up a new field for investigation in etiology, and further researches in this direction may shed much light on the causation of numerous diseases. Already, in the opinion of many, there is ground for assuming that epidemic cholera is diffused by means of a contagium, derived from the alimentary canal, with which drinking water is liable to become infected. This opinion is based on analogical reasoning rather than on logical proof. That water polluted by any kind of morbid matter may prove an exciting or an auxiliary cause of an attack of cholera, during the epidemic prevalence of the disease, is highly probable; but that the disease in this or any other way is communicable, seem to me to be a question concerning which the most to be conceded is, that it admits of discussion. To enter upon such a discussion would not be a small undertaking, and I have already occupied as much time as I have a right to appropriate.

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### **The Allopathic Materia Medica.**

We find in the *Druggists' Circular* the following views of the present state of the materia medica of the old school. It must be quite disheartening to look at the subject in this light.

Pity these gentlemen couldn't better acquaint themselves with what has been done and is being done by the homœopathic school, in the matter of obtaining a more perfect knowledge of our drugs. In the light of our provings what "our grandmothers and aunties" know seems of little worth.

"The Medical Botany of the United States comprises a very large class of herbs, plants and trees, which possess medicinal properties, and which could be often advantageously adopted in place of the imported ones. The number of indigenous agents, however, used in regular practice is comparatively small, the profession seeming content to rest on the experience of their predecessors, and halting at the boundary of research already reached. This is indeed unfortunate, and permits a rich field of knowledge to lie uncultivated, in which the researches of the explorer would be indeed amply compensated. At present there exists a more extensive knowledge of these materials outside of the profession than in it; among our grandmothers and aunties a great many valuable hints might be gathered, and we could also profit by the experience of irregular practitioners. The difficulty, however, in obtaining reliable information from these men, they being so very prone to exaggerate the merits of these and claim results not obtained by regular physicians, has destroyed confidence in therapeutical assumptions emanating from that source. Formerly there was an indisposition in the medical profession to accept anything as orthodox in medicine that originated outside of its authority, or that trespassed beyond the boundary it had predetermined. I am positive, nevertheless, that the prejudices and dogmatical spirit so prominent a few years ago have no existence with the progressive and intelligent physicians of the present day. Even the proscriptive treatment shown towards every improvement and all progress, no longer meets the one who dares to question the experience and laws of his predecessors. The time was, when it was regarded an unpardonable professional sin to doubt the use of the lancet or the wholesale abuse in the use of mercurials, and this within the period of my professional experience; but these are things of the past. 'The science of guessing' has been succeeded by a rational and in-

ductive system of medicine, broad and liberal in its views, seeking to embrace in its domain every fact in pathology and physiology, every agent obtained from whatever source, which can be applied to the cure of disease and the amelioration of human suffering."

This is commendable candor. It will if sincerely followed lead these parties to see the value of our homœopathic materia medica. The idea that we do all the exaggerating, as implied, is amusing, when we consider what has been done in that line by our allopathic friends. Do they forget the history of cod liver oil, the hypophosphites, chloral and the bromides? It wont do gentlemen to throw stones while you live in glass houses.

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## Ophthalmology.

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**Ophthalmology and Other Modern Sciences.** By T. P. Wilson  
M. D.

Isolation is an obsolete term. At least it ought to be, for there is no such thing in nature or art. It is because we are short-sighted and uninformed, that we can not see the relation which everything bears to everything else. The tiny needle of the compass which gives a trembling answer to the cyclones that sweep across the face of the sun, is only a visible manifestation of that inscrutable sympathy that binds in unbroken cords all parts and particles of the known universe.

Poets and orators in their impassioned bursts of fancy have always claimed just what every new fact in science makes more and more plain, viz: that truth in all its diversified forms



is one and the same. We may not always see it, but the fact stands all the same, that nothing is so small or hidden or peculiar that it does not affect or is not affected by every other existence.

There has always been an attempt made to isolate medical science from its surroundings. It has been held as having nothing to do with matters exterior to it. As a profession, as an art, as a system of truths, it has been kept apart from other systems, arts and professions. The reason of this is clearly in the pride, selfishness and ignorance of its practitioners.

But the spirit of modern times is breaking down these factitious barriers and opening into the broad fields of universal truth, wide doors of ingress and egress and he is the man truest to his calling who makes subsidiary to his wants the largest part of the universe.

We used to talk of the "collateral sciences," meaning thereby two or three subjects that seemed to ally themselves to medicine. But even these to the student were optional, because in effect, they were more ornamental than practical. Now we have new departments of science created and the old sciences have been re-created and the whole world is alive and bristling with new forms of truth. And none of them stands isolated from medicine. They may hold a varied relation but they are indisputably related.

Astronomy might seem a subject altogether too far removed from medicine to be worthy of the physician's attention. But when we consider what has been revealed to us of late concerning the origin of some of the great epidemics of disease, when we come to know how far these things are under solar and lunar influences; we may well push the question, What have planetary and stellar influences to do with them? and what benign or baleful influences do comets and meteors exert over the earth and its inhabitants?

This is no reversion to ancient superstition, but it shows us how true after all was the instinct of the primal unlettered man. What he vaguely guessed and what his posterity scornfully rejected, science is now demonstrating to be true. Our

profession is to-day fighting some of its hardest battles. On the one hand it is guarding from the attacks of a bitter foe, and on the other it is pushing forward to victory. It behooves us therefore to make a compact for both offensive and defensive purposes with what are called the modern sciences. For we will ultimately stand or fall by tests which these sciences will apply to our doctrines and practices. We can no longer isolate ourselves and build up and elaborate a system heedless and in defiance of other systems. Biology, sociology, psychology, anthropology, possibly geology, botany, astronomy, and for aught I know theology and paleontology present facts and principles with which our theories and practices must be made to square themselves.

And all this is introductory to this particular statement I desire to make and briefly illustrate. The statement is this: The comparatively recent departments of Ophthalmology and Otolology which have been established and acknowledged as integral parts of medical science are more than any other departments closely related to general scientific subjects. On this side of medicine, we reach out into vastly wider fields of investigation than we do on any other side.

Amid the chaos and confusion of mingled error and truth, which filled the world and blinded and misled, astronomy stood forth and became the pattern science in giving right methods of investigation, and in showing how phenomena could be traced to well understood causes. So Ophthalmic science, yet in its infancy, is giving laws to medicine. It is teaching the anatomist, the surgeon, the pathologist and the physiologist how best they can get an accurate insight into the puzzling problems that confront them.

First of all in our investigation of Ophthalmology, we enter upon the study of light. And he who masters this, holds in his hands the product of the labor of many centuries. He holds the key that is able to unlock the mysteries of astronomy, that is able to unlock the secrets of geology, that can open the door that shuts from our understanding the wonders of botany; I may add ethnology; and it might puzzle us to say

what department of science it would not open and illuminate.

This done, we enter upon a study of the structure of the visual organ. We know that here as no where else, nothing was made in vain. Every part bears a vital relation to the design had in view at its creation. And for systematic mode in study, we may ever hold to the anatomy of the eye as the highest known model. Both topographically and histologically, it is the eye that must take the highest rank.

Then we come to the study of the functions of the eye. The function of the brain is not to-day a more inscrutable mystery than was the function of the eye not many centuries ago. True, we have not solved all the functional problems of eye, but only see what has been done toward this within our recollections! May we not hope that such patient investigations as have yielded us such a goodly result in the study of sight, will yet give us noble results when applied to the phenomena of mind?

The next step in our course of study carries us into the domain of psychology. We come to deal with perception of sight and have for factors the objective phenomena already alluded to, viz: the eye and light and their mutual interaction, these on the one hand, and, on the other hand, we have the subjective cerebral phenomena, by which these outer manifestations are transmuted into perception and thought.

Physiologists have long been searching for the "Northwest passage," by which the world of matter below could be definitely connected with the world of thought above. Might we modestly suggest, that it is through the long neglected avenue of sight this desired end can ever be reached. So far, these investigators have sought for entrance by way of the spinal nerves and cord. Since the time of Sir Chas. Bell they have never ceased to search for an open sesame through medulla oblongata and cephalic ganglia into the domain of mind. How far they have fallen short of their hopes I need not stop to tell.

But now if we turn to the admirable lectures of Helmholtz on "The recent Progress of the Theory of Vision," and then

study the chapters on the eye in Stricker's Histology, and are thus enabled to follow the ray of light as it sweeps through the refracting media—confessing its vassalage by its obsequious bending—until it strikes upon the outward termini of the rods and cones of Jacob, we find ourselves standing before the hitherto veiled mysteries of thought, with but another step to make before we are in the “holiest of holy” and are able to comprehend the action of the mind.

But the subject of Ophthalmology presents itself under another and more practical aspect. It is not a study merely pleasing or instructive in its character, but of widely beneficent use. Nothing is complete here until we have mastered the pathology of the eye. Only he who has essayed the task knows of its variety and complexity. And thank Heaven! we can, nevertheless, say of it what can be said of no other department of medicine: it is not often involved in obscurity. It is not left for a tardy post mortem to make a revelation all too late for the welfare of our patients.

There is no design on our part of setting up for this science an unwarranted claim of perfection. It is only when we compare the more precise and successful methods of Ophthalmology with the ruder methods of other departments of medicine that we can fully appreciate its special excellence. Judged only by itself or brought to the test of a reasonable ideal standard of excellence, we find much remains to be done in placing this science and art at the wished for point of perfection.

In illustration of the statement made a moment ago, that Ophthalmology held a special kinship to the general sciences, I desire to call your attention to the subject of

#### LIGHT.

God, who spreads out to our view and our understanding the universe, forever hides himself from our sight. So light the great revelator is never itself revealed. What is light? has been the one great puzzling question of the ages. We may never know what it is. But we have to-day a very reasonable hypothesis which gives us a very satisfactory so-

lution to the question. So long as it holds good, when applied to all known phenomena, we may rest content until we have a better hypothesis presented.

Waves of water seem simple enough to be readily understood. Still, as a scientific question, they have vexed wiser heads than ours. A child may make or break them with a pebble, but it might task a philosopher's mind to comprehend them. Let us represent them by a waving line like this:



Any substance whose particles are easily displaced when suddenly agitated, will move in this manner. There will be a succession of rising and falling from a given line.

Agitate the air and you have the same result. Set it in motion and it instantly assumes the to and fro, up and down action. Let us comprehend another fact: The gentle ripple that creeps like a shudder over the placid stream, and the mighty waves

"That thunder strike the walls  
Of rock built cities, bidding nations quake  
And monarchs tremble in their capitals,"

The half born sigh that 'scapes the lips of the sorrowing soul, and the vengeful blast that uproots forests and devastates the city are representative of forces similar in kind, but differing in quantity. That is to say they are all waves only unlike in their size and velocity. And in their results they are correspondingly different.

Now to bridge over from these comparatively simple phenomena to the complex phenomena of light, is an easy matter if you do but allow us to make a trifling assumption. The coarser the medium the coarser the waves. We can not get sound out of water, for it is too gross and clumsy. Air will easily make sound, because it can be made to vibrate with sufficient rapidity. But we could as soon transmute granite into diamond as make light out of air. But we know of no substance lighter than air and its analagous gases.

Besides, this air, is of the earth earthy; beyond, in the regions of space, we know there is no air. Hence, our assumption of an imponderable omnipresent ether which knows no

limit save the boundary (if there be any such) of the universe. And if we say light is this ether set in motion, we can readily compare it with the motions of water and air and so come to a pretty clear understanding of its character.

Therefore, what we have given to represent waves of water answer quite well representing waves of air and we have in it, also, a view of the waves of ether. It is proper to say that as these substances—water, air and ether, differ in their natures, so their waves are unlike. Practically this has no effect upon the point we have in view and I venture to ignore it.

Light presents a complex idea. We have the agitating agent the substance agitated and the multiform results. It is not light which travels along the ether. There is no such thing as an active principle called light. First, we have the force; this force sets ether in motion and then under certain conditions we have light as the result. What we are cognizant of is the effect produced upon the brain.

We catch waves of water with our hands; we catch waves of air with our ears and we can catch waves of ether only by the most delicate of all known anatomical instruments the eye. But our hands do not feel, our ears do hear, nor do our eyes see. They all catch a peculiar impulse and send, not that impulse, but only a corresponding sensation to the brain.

Ears that are deaf to all ordinary sounds that have no objective perception, yet roar like the ocean, ring like fire bells and give to the brain sounds like trumpet blasts. Eyes that are blind and upon which the vibrating ether falls resultless do yet see all the colors of the spectrum. Nay, if you do take the eye ball wholly out, you have but to irritate the optic nerve and you have veritable light. A blow, a scratch, an electric current will give us sensations of light, quite as easily though not so faultlessly as waves of ether.

There is no color to ether when either quiescent or active. What we deem colors have no objective existence—they are simply our conscious modification of brain structure.

I hesitate to carry the statement further lest I trespass on the domain of psychology. I only wish to insist upon this: that, as scientific men, we must possess ourselves of this ab-

stract idea of light, and whenever we do, we find the subject stripped of many of its popular fallacies.

All vibrations of the air are not audible to the ear. All vibrations of ether are not visible to the eye. That is to say, there are sounds we can not hear and there is light we can not see. These vibrations have to come within certain limits before we are conscious of them in a given way. To speak only of light; the largest waves of ether we can become conscious of are 36,918 to the inch and the smallest are 64,631 to the inch. Between these points are all the colors of the spectrum. And each color is determined simply by the size of the wave or what is just the same, the rapidity of the wave, or in other words, the number of waves to the inch.

So far, I have only touched incidentally upon a few of the topics that spring out of this interesting subject. I must leave it, however imperfectly I have treated it, for your own investigations to complete.

The ancients worshiped the sun. Doubtless the Persian Fire Worshiper of to-day, bows in adoration before the mighty orb, as his chariot wheels mount up the Eastern horizon and falls in supplication as they roll down the Western verge of heaven. But that which a blind superstition leads him to do, we, who perchance are wiser, might well do in the light of the revelations of modern science.

If the sun be not God, he is truly god-like. He warms, vivifies and enlightens throughout a universe, which neither the eye nor the mind of man can fathom. He beats the invisible ether with his shining wings and bids it brighten and flow in endless streams of light. These multitudinous waves strike the Earth's dull face and waken from its cold clods the wondrous creations of the vegetable world. And day after day its beating pulses thrill and animate all the fair surface of our great world.

It is well for us that these waves are not so vast and irresistible as the waves of the ocean, else we would have been long ago beaten to dust. It is well for our eyes that these ether beats are not so material as those of the air, or our

retinas would under the ceaseless impact, have lost all semblance of organic form.

It is well for us that there exists this wondrous adaptation of man's complex organism to the operations of nature's laws. It is this which gives beauty to the eye and music to the ear, which fills all the universe with glory and the soul of man with happiness.

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## Physiology.

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### **The Heart's Action.** By J. D. Buck, M. D.

The heart is sometimes regarded as a force-pump; sometimes as a reservoir, and again as a receptacle for the separation of the venous and arterial blood. As the central organ of the circulation, it is frequently regarded as the sole cause of that phenomenon. Involved as it is, either directly or indirectly, in many pathological lesions, if not in all, it becomes a matter of importance to ascertain what are its precise relations to circulation.

In this relation two facts are worthy of consideration, viz: first, that circulation not only takes place entirely independently of the heart's action, as in capillary and lymphatic systems, but continues for a considerable time after the heart has ceased to act, or has even been removed from the body; and, second, that the heart's action may continue after circulation has ceased, though the organ be removed from the body, or may be excited even after it has been quartered.



The phenomena of the circulation, then, involve the action of the heart, the action of the circulatory vessels, and the circulating fluid. The mechanism of the heart, or its valvular structure and action, we shall not here consider, but rather its impulse and rhythm. That the impulse of this organ is referable to the sympathetic ganglia lodged within its substance, and to which attention, I believe, was first called by Prof. Foster, of Edinburgh, may be easily demonstrated by section, when that part most liberally supplied with these little magazines of force will be found to respond most strongly, and for a greater length of time to the applied stimulus.

As "magazines of force," these ganglia sustain the heart's action, while the strength and frequency of its pulsations are under control of the pneumogastric nerves. As the invariable effect of dividing these nerves is to increase the frequency and diminish the force of the heart's action. M. Marey's experiments show that "the heart always performs an amount of work sensibly uniform (the innervation remaining constant) its beats being rare when each of them has to overcome considerable resistance, and frequent, on the contrary, when the resistance diminishes. The resistance is the pressure of blood in the arteries." The force of the pulsation is always in an inverse ratio to its velocity. With regard to the propulsion of the blood through the vessels, there is a division and an adjustment of labor between the heart and arteries. The heart originally appears as a dilation of the circulatory vessels; both heart and arteries being composed of muscular and serous tissue, and supplied with nerve filaments.

The direct force of the heart upon the column of blood has been estimated at about 13 lbs., which suffices to fill the arteries and distend their coats, while the contraction of the arteries drives the blood to the extremities and produces the phenomena of the pulse. When from a pathological condition, as for example, arterial congestion, the resistance to the heart's impulse is increased, we find a corresponding increase in the force and decrease in the frequency of its pulsations. When, on the other hand, the resistance to the heart's impulse is decreased, as from anemia, the force of the heart's action is decreased, while its pulsations are increased.

This relation of arterial resistance to the heart's action is not only seen from many pathological conditions, but has been demonstrated after the removal of the heart from the body.

"In order to study the effects of varying arterial pressure, in a heart detached from all exterior nervous influence, he (M. Marey\*) removed the heart of a tortoise and fitted to it an artificial circulatory apparatus, formed of caoutchouc tubes in which circulated fresh calf's blood. From a raised reservoir, the blood was brought by a siphon into the veins and the auricles; passing from the ventricles to the arteries it was forced into the elastic tubes which conveyed it back to the reservoir. These last tubes represented arteries and small vessels; and various apparatuses could be applied in order to study the physical phenomena of this circulation.

Notwithstanding a high temperature, the circulation continued over five hours, and the following experiment was frequently repeated: Whenever the pressure of blood in the arteries was increased, either by contracting the orifice of outflow, or by raising it, the heart's movements were retarded; whenever the pressure was diminished, the beats were accelerated."

There is, then, upon mechanical principles, a definite relation between the action of the heart and the resistance offered by the blood in the arteries. With regard to this resistance, aside from local congestions and the like, innervation has very much to do. There are cases of frequent occurrence in which the heart's action is very much disturbed, and which are diagnosed and treated as cardiac diseases, in which the heart is not involved primarily at all, but in which the resistance to the heart's impulse offered by the arteries is so altered from the normal standard as to deceive the physician, and especially him who regards symptomatology as the sole basis of treatment.

One case will illustrate the point. A dispensary clinic applied last winter for treatment, who had been for two years an inmate of the penitentiary, and during that time deprived of nourishing food and proper exercise; sleeping in a poorly ventilated cell; he had also been a masturbator. The pulse was habitually 100; the heart's action being rapid and feeble, its

\*Half-yearly Compend., vol. xiii. p. 16

tumultuous action the principal complaint of the patient. The true indication for treatment was here the physiological condition. Increased nutrition, stopping of masturbation, and the supply of the phosphites in which the system was deficient, was regarded as the proper mode of treatment, rather than the administration of remedies to reduce the heart's action. As nutrition and the general tone of the system improved and greater resistance was offered to the heart's action, its pulsations decreased. Stopping the loss of seminal fluid and improved nutrition acted here like ballast to a vessel, which, when light freighted, rolls and tumbles with every passing wave.

Many cases are treated as organic disease of the heart, diagnosed as atrophy or hypertrophy, when that organ is entirely healthy, and when the disturbance present is referable solely to other and remote causes, and general rather than local lesion. Many cases of hysteria are so regarded, and an irritable, congested or ulcerated uterus will be found responsible for the disturbance of the heart's action.

A symptomatology which regards only the local manifestation, and which leaves out of account those general and predisposing causes, which an accurate knowledge of physiology alone can comprehend, is not a safe basis for medical practice. There is however a wide difference between the practice based on either symptomatology or physiology alone. A symptom is but the sign of distress, pointing to the localized lesion, yet so often of a reflex or sympathetic character as to mislead diagnosis, and often hinder recovery. To attempt the removal of this without further consideration is like shooting down the flag of distress which a ship hangs out at sea, and then sailing by under the delusion that the necessary relief has been afforded. While, to disregard the symptom signal and attempt relief on general principles, would be like coasting around in the dark in search of a sinking ship which is quite as likely to be run down and sunk as piloted to safety.

Physiology and hygiene—the natural functions of the body and the maintenance of health by observance of its laws, must go hand in hand with therapeutics. The administration of drugs in either large or small doses will not take the place

of such observances. Nor can physiology offer one suggestion as to the administration of drugs, and here comes in the symptom as an indication, aided by actual experiment. Physiology and therapeutics, then, are by no means conflicting or antagonistic, but supplementary. Were the patient compelled to choose whether he would be treated by a physician who knew nothing of medicine save symptomatology, or by one who knew everything else and disregarded the relation of drug to symptom, he should not long hesitate in choosing the former. But he is not compelled so to choose, and there is no excuse for the physician who ignores either the therapeutic law, or the collateral departments of medicine.

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## Miscellaneous.

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### Vital Force.

Vital force is transformed into physical and chemical forces; but it is not on that account identical with physical and chemical force, and therefore we ought not, as some would have us, discard the term vital force. There are two opposite errors on this subject: one is the old error of regarding vital force as something innate, underived, having no relation to the force of Nature; the other is, the new error of regarding the forces of the living body as nothing but ordinary physical and chemical forces, and therefore insisting that the use of the term vital force is absurd and injurious to science. The old error is still prevalent in the popular mind, and still haunts the minds of many physiologists; the new error is apparently a revelation from the other, and is therefore common among the

most advanced scientific minds. There are many of the best scientists who ridicule the use of the term vital force, or vitality, as a remnant of superstition; and yet the same men use words gravity, magnetic force, chemical force, physical force, etc. Vital force is not underived—is not unrelated to other forces—is, in fact, correlated with them; but it is nevertheless a distinct form of force, far more distinct than any other form, unless it be still higher forms, and therefore better entitled to a distinct name than any lower form. Each form of force gives rise to a peculiar group of phenomena, and the study of these to a peculiar department of science. Now, the group of phenomena called vital is more peculiar, and different from other groups, than these are from each other; and the science of physiology is a more distinct department than either physics or chemistry; and therefore the form of force which determines these phenomena is more distinct, and better entitled to a distinct name, than either physical or chemical forces. De Candolle, in a recent paper, suggests the term vital movement instead of vital force; but can we conceive of movement without force? And, if the movement is peculiar, so also is the form of force.—*Popular Science Monthly*.

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### Origin of Species.

Spontaneous generation represents one phase of the "theory of evolution." The other is: given a typical plant, or a typical plant and animal, all plants and animals proceed therefrom by infinite permutation, extending over indefinite periods. In other words, the highest plants proceed from the lowest by a series of gradations; the highest plants and lowest animals merge into each other, and from the lowest animals the highest are ultimately produced. The latter doctrine is partly, but only partly, true. Plants and animals once created,

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endowed with vital powers and capable of reproducing themselves, may, under varying conditions and within certain limits, alter their several forms and even their constitutions. I say within certain limits, for the variation is in no case indefinite. A horse remains a horse, and a dog a dog, whatever be the size, shape, and temper of those animals. While a horse and an ass are fruitful, their product—the mule and hinney—are invariably barren. An animal may not depart from its original type indefinitely, and hope to perpetuate itself. This would introduce endless confusion. In reality, the limits within which reproduction is possible are exceedingly circumscribed; and confined in all cases to specific differences. The generic peculiarities remain always exactly the same under all circumstances. Civilization is based on the capacity for variation within certain limits. Education proceeds on the possible progression of the individual.

The doctrine of evolution has had an unusually able advocate in Darwin, a gentleman whose industry and learning are only equalled by his integrity and courage. Darwin, with infinite ingenuity and quite a plethora of fact, has endeavored to show that: given one or more fundamental forms, the innumerable tribes of plants and animals may proceed therefrom by natural selection and by infinite permutations in infinite time. In other words, separate acts of creation are not necessary to produce species, and it is just possible not even genera. Darwin's colossal does not necessarily clash with that of a creative agency—it simply regards creation as a progressive rather than a finished work.

External conditions, in Darwin's opinion, modify in the fulness of time both plant and animal, and both advance in the scale of being—i. e., plants and animals improve upon their former selves, the fittest always surviving. Darwin's law of the "*survival of the fittest*" affords another illustration of the interaction of the natural forces, for it shows that climatic, geological and other physical changes modify the form and functions of plants and animals—in other words, modify and alter within certain limits the form and constitution of organic beings.

Darwin's hypothesis has thrown much light upon the complicated questions of natural affinity, the homologies of organs in various animals; and the recurrence in the embryos of the higher animals of structural peculiarities found in the lower ones. It has connected as by a silver thread the various paleontological forms in time and the several faunas and floras in space. It has endeavored to establish an actual genealogy and consanguinity of organisms. As time advances fresh links binding apparently irreconcilable types together are found, and in the old geological records of the past the actual transitional form may be traced.

Few in the present day will doubt that many of the forms regarded by naturalists as distinct species of the same genus were originally derived from the same primitive form; but the major question is still *sub judice*. It is not yet determined that "all mammals are derived from one original marsupial, all vertebrates from a primitive lancelet, and all plants and animals from the slimy protoplasm of a protiston." If, however, this should be proved at some future period to be the case, it will simply have the effect of reducing the number of separate creations; it will not obliterate our belief in a First Cause. It will neither impeach nor impugn the power of the Creator; still less will it disprove his continued operation through eternal and immutable laws.—*Med. News.*

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**How Dr. Livingstone's Remains were Identified.**—Sir William Fergusson in the London Lancet.

It has fallen to my lot to have the honor of being selected to make the crucial examination to this end [identification of the remains,] and I have accordingly performed that duty. From what I have seen I am much impressed with the in-

gen'ous manner in which those who have contrived to secure that the body should be carried through the long distance from where Livingstone died until it could reach a place where transit was comparatively easy, accomplished their task. The lower limbs were so severed from the trunk that the length of the bulk of package was reduced to a little over four feet. The soft tissues seem to have been removed to a great extent from the bones, and these latter were so disposed that by doubling and otherwise, the shortening was accomplished. The abdominal viscera were absent, and so were those of the chest, including, of course, heart and lungs. There had been made a large opening in front of the abdomen, and through that the native operators had ingeniously contrived to remove the contents of the chest as well as of the abdomen. The skin over chest, sternum and ribs had been untouched.

Before these points were clearly ascertained, some coarse tapes had to be loosened, which set free some rough linen material—a striped colored bit of cotton cloth, such as might have been an attractive material for the natives among whom Livingstone traveled—a coarse cotton shirt, which doubtless belonged to the traveler's scanty wardrobe, and in particular a large portion of the bark of a tree, which has formed the principal part of the package—the case thereof no doubt. The skin of the trunk, from the pelvis to the crown of the head, had been untouched. Everywhere was that shriveling which might have been expected after salting, baking in the sun, and eleven months of time. The features of the face could not be recognized. The hair on the scalp was plentiful, and much longer than he wore it when last in England. A mustache could not be recognized, but whiskers were in abundance. The forehead was in shape such as we are familiar with from memory, and from the pictures and busts now extant. The circumference of the cranium, from the occiput to the brow, was  $23\frac{7}{8}$  inches, which was recognized by some present to be in accordance with such measurements when alive.



In particular the arms attracted attention. They lay as if placed in ordinary fashion, each down by the side. The skin and tissues under were on each side shrunk almost to skeleton bulk, and at a glance to practiced eyes—there were five, I may say six, professional men present—the state of the left arm was such as to convince every one present who had examined it during life that the limb was Livingstone's. Exactly in the region of the attachment of the deltoid to the humerus there were the indications of an oblique fracture. On moving the arm there were the indications of the ununited fracture. A closer investigation and dissection displayed the false joint which had long ago been so well recognized by those who had examined the arm in former days. The Rev. Dr. Moffat, and in particular Dr. Kirk, late of Zanzibar, and Dr. Loudon, of Hamilton, in Scotland, at once recognized the condition. Having myself been consulted regarding the state of the limb when Livingstone was last in London, I was convinced that the remains of the great traveler lay before us. Thousands of heads with a like large circumference might have been under similar scrutiny; the skeletons of hundreds of thousands might have been so; the humerus in each might have been perfect; if one or both had been broken during life it would have united again in such a manner that a tyro could easily have detected the peculiarity. The condition of ununited fracture in this locality is exceedingly rare. I say this from my personal professional experience, and that such a specimen should have turned up in London from the center of Africa, excepting in the body of Dr. Livingstone, where it was known by competent authority to have existed, is beyond human credibility.

### On Localization of the Cerebral Functions.

M. Fournier, in a recent communication to the Academie de Medicine, translated in the *London Medical Record*, summarizes the results of his investigations in an interesting paper, illustrated by the accompanying diagram.



No. 1 denotes the region of the nerves of impression, that is to say, the nerves which convey to the brain the result of an impression received, and which are situated in the posterior part of the spinal cord. These nerves end in region No. 2, known under the name of the optic thalamus, and which is mostly composed of nerve-cells; fibres start from this centre like rays, and communicate on one hand with region No. 3, which is composed of cells, and called the cortical layer of the brain; and on the other, with region No. 4, which is also composed of cells, and called the corpus striatum. From this latter part the motor nerves are given off, which occupy region No. 5, the anterior part of the spinal cord. These five regions represent the majority of the facts as to localization hitherto ascertained by science. It remains to determine their func-

The following is Professor Ferrier's summary of his very important "Experimental Researches in Cerebral Physiology and Pathology," which appeared originally in the *British Medical Journal* for April 26, 1873, and subsequently, with a full account of the experiments, in the *West Riding Lunatic Asylum Medical Reports*, vol. iii. There is no doubt that those experiments open up a most important field and mode of research. To be able to stimulate directly limited parts of the brain in a living animal is a great step in advance of anything as yet attempted in investigation of cerebral function. It is not only what Professor Ferrier's experiments prove, but what they suggest, and will undoubtedly lead to, that gives them their superlative interest to all students of brain function.

1. The anterior portions of the cerebral hemispheres are the chief centres of voluntary motion and the active outward manifestation of intelligence.

2. The individual convolutions are separate and distinct centres; and in certain definite groups of convolutions (to some extent indicated by the researches of Fritsch and Hitzig) and in corresponding regions of non-convoluted brains, are localized the centres for the various movements of the eyelids, the face, the mouth (and tongue,) the ear, the neck, the hand, foot and tail. Striking differences corresponding with the habits of the animal are to be found in the differentiation of the centres. Thus the centres for the tail in dogs, the paw in cats, and the lips and mouth in rabbits, are highly differentiated and pronounced.

3. The action of the hemisphere is in general crossed; but certain movements of the mouth, tongue and neck, are bilaterally co-ordinated from each cerebral hemisphere.

4. The proximate causes of the different epilepsies are, as Dr. Hughlings Jackson supposes, discharging lesions of the different centres in the cerebral hemispheres. The affection may be limited artificially to one muscle, or group of muscles, or may be made to involve all the muscles represented in the cerebral hemispheres, with foaming at the mouth, biting the tongue and loss of consciousness. When induced artificially in animals, the affection as a rule first invades the muscles

most in voluntary use, in striking harmony with the clinical observations of Dr. Hughlings Jackson.

5. Chorea is of the same nature as epilepsy, dependent on momentary (and successive) discharging lesions of the individual cerebral centres. In this respect Dr. Hughlings Jackson's views are again experimentally confirmed.

6. The corpora striata have crossed action and are centres for the muscles of the opposite side of the body. Powerful irritation of one causes rigid pleurosthotonos, the flexors predominating over the extensors.

7. The optic thalamus, fornix, hippocampus major, and convolutions grouped around it, have no motor signification (and are probably connected with sensation).

8. The optic lobes or corpora quadrigemina, besides being concerned with vision and the movements of the iris, are centres for the extensor muscles of the head, trunk and legs. Irritation of these centres causes rigid opisthotonos (and trismus).

9. The cerebellum is the co-ordinating centre for the muscles of the eyeball. Each separate lobule (in rabbits) is a distinct centre for special alterations of the optic axes.

10. On the integrity of these centres depends the maintenance of the equilibrium of the body.

11. Nystagmus, or oscillation of the eyeballs, is an epileptiform affection of the cerebellar oculo-motorial centres.

12. These results explain many hitherto obscure symptoms of cerebral disease, and enable us to localize with greater certainty many forms of cerebral lesion.—*Half-yearly Compend.*

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Doctors. By J. D. B.

We have doctors of divinity, doctors of law, and doctors of medicine. Doctors of divinity, but few eloquent preachers; doctors of law, but few eminent jurists; and not every doctor

of medicine is a physician. One's profession may be either a trade, the sole end of which is to secure subsistence, with a surplus in bank, or it may be a calling into which the true physician fits like a squarely hewn stone in the building of the temple. There is an "eternal fitness" here as elsewhere. Men measure success by different standards. The public measure doctors by one standard, physicians measure each other by quite another.

People somehow imagine that the doctor can cure disease, and if most of the cases which come under his treatment get out of his hands alive, he is called "a successful physician," although his fellow doctors may come to a different verdict.

The physician who rests his claim to immortality on the praises of the fickle populace is generally doomed to disappointment, for no sooner does he come in contact with a rival who better understands the arts called agreeable, than his fame takes wings and his bubble bursts.

Medical men are longer and better known in medical literature, by such real improvements as they may make in the healing art. If he is a real benefactor of his race who makes two blades of grass grow where but one grew before, how much more worthy of the plaudits of mankind is he who lessens the misery of human life, and decreases the mortality of disease.

The most eminent physicians have not infrequently to record the greater number of deaths; consulted as they are in the more difficult or dangerous cases, they must necessarily lose more than he who is only consulted in the milder forms of disease and in cases which as soon as they become really dangerous pass out of his hands. And so we find that the most popular doctors have often been the greatest of charlatans.

It is related of an Eastern prince who had received from a fairy not only the power of disguising his appearance so as to defy detection, but who was also possessed of the power called sometimes "second sight" and who labored under a chronic malady which had long baffled the skill of the court physicians, that he disguised himself and wandered through the streets of his capital determined to find some one who could cure him.

Passing through the streets where lived the most famous of the, craft he was not a little surprised to find their dwellings besieged by the spirits of those whose exit from the form visible to the natural eye had been facilitated by these famous doctors. The streets literally swarmed with these ghostly patients, and strangest of all, the home of the court physicians presented the largest retinue.

Discouraged and disheartened he wandered on till passing through an obscure street he came upon the house of a doctor upon whose steps was seated a solitary ghost. Taking courage he entered and made known his complaint. His confidence was further increased by the white locks and flowing beard of the venerable disciple of Esculapins, who disparaging the treatment which the prince had already received by nothing more than an elevation of the eyebrows, and a shrug of the shoulders promised a cure.

Overjoyed at the prospect of a speedy restoration to health the grateful invalid poured golden thanks on the doctor's table whereupon the doctor ventured to inquire by what good fortune he had been induced to seek his advice. The prince was curious to know the reason for so strange a question, "Oh sir" said the doctor, because I considered myself the most unfortunate man in Bagdad until this happy moment; for I have been settled in this noble and wealthy city for these last fifteen years, and have only been able to obtain one single patient," "Oh!" cried the prince in despair, "then it must be that poor solitary, unhappy-looking ghost that is now sitting on your steps."

All who consult the doctors must die sooner or later, and what we call a long list of patients, is only another name for a retinue of ghosts. Think of it, O ye doctors! how will your ghostly hair stand on end, when you come to face such a vengeful army. Better then the solitary patient with whom you can cope on more equal terms, with the hope if you survive the tussle, of retaliating on your brother physic who helped you off the stage, and over whom you may possess an advantage which your earthly experience perhaps did not afford, by your longer experience in ghostly warfare.

Though we doctors may bury our mistakes, they may not rest so quietly in their graves after all as we imagine.

Though doctors may be jealous and quarrelsome among themselves, they sooner or later recognize real merit, wherever it is found in the profession, and he who serves only self, and panders to a perverted public taste has little upon which to base an enduring reputation here, and if there be any truth in the Eastern fable, has much to fear hereafter. One man labors by every honorable means to build up his profession and to this end will sacrifice time and money whenever and wherever there is a just demand. Another is content forever to reap where he has not sowed; to gather where he has not strewn. The labor of the former seldom reaches the eye of the public, while the latter gathers in the loaves and fishes, and receives the plaudits of the people whom he dupes.

The profession of medicine swarms with these intellectual "dead beats" who have neither the honesty nor the brains to win success by legitimate and manly methods, but who are forever climbing up some other way, and who despite their liveried popularity, are professional thieves and robbers. There is, after all, an under-current in society, which, like the deep tones of the sea outlive the foam and bubbles on its surface, and which like the all-devouring sea will in time swallow its betrayers. Let none be deceived and let no true physician be discouraged, so long as he labors to open to humanity a little wider the door through which health and peace may enter.

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#### Allen's Encyclopedia of Homœopathic Materia Medica.—Aconite.

We have received Boericke and Tafel's Quarterly Bulletin, issued in February, containing a specimen of what is proposed in Dr. Allens's New Materia Medica, and it is expected that, as Journalists, we will have something to say on the subject.

Homœopathy, as a system of special therapeutics, rests upon two grand pillars—the law *Similia* and a pure *Materia Medica*.

Nature has furnished us the first, through Hahnemann, and the second is to be wrought out by faithful and unceasing experimentation.

As the law is perfect, the character and success of Homœopathy must depend upon the quality of its *Materia Medica* alone.

If the experiments in pathogenesis are wrongly conducted, and the notation of symptoms badly made, who can calculate the results? And if the fountain is impure what must the streams be that flow from it?

These questions, daily recurring, as we look over the rapidly accumulating folios of drug symptoms, in Journals and volumes of transactions, create feelings of great concern.

The character of provers, the mode of proving, the drugs proved and the multitudinous symptoms reported, are not always such as to command our confidence and much less our reliance in the sick room, where suffering is to be relieved and danger averted.

Looking along the pathway of such provings, when once issued, and seeing them, cut up into detachments, bearing the names of various regions, organs or functions, arranged in repertories, boiled down into characteristics by clinical experience, and copied from one book on practice into another, ad infinitum, does not lessen our concern for the scientific, and successful future of Homœopathy.

We fail to find the streams any more pure than the fountain whence they flow.

Well Dr. Allen has undertaken to furnish the profession with a faithful collection of all the provings of drugs extant in all the literature of Homœopathy

We do not doubt the ability, nor the faithfulness of the doctor, in making such a collection; but we must express some doubts as to any increased reliability in the general collection, as compared with those made before.

A very serious mistake has been made in the use of various styles of type and other signs to denote the comparative value of the different symptoms. For example, the "heavy, full-faced type," intended to denote symptoms of the greatest value, of the highest grade of reliability, is used for symptoms;



“repeatedly verified” in clinical practice; whereas, it should be used for symptoms *occurring in the greatest number of healthy competent provers*. Italics, intended to denote the *third rate* symptoms, are used for such as have been “repeatedly observed,” or such as really merit the “heavy full-faced type.”

He should have admitted “clinical symptoms,” neither “reluctantly,” nor otherwise.

He should have omitted the symptoms from Greeding entirely.

The omission of the symptoms attributed to the 40th dilution, and to the 60th dilution, would not have lessened the value of Dr. Allen’s work in our opinion.

Symptoms clearly proven to be spurious have been retained, in brackets; and some have been retained, without brackets, that would have been much safer within such a prudential enclosure.

It must be understood that Dr. Allen is striving to bring his publication within some reasonable bounds, and consequently must omit many references and explanations, that would be very satisfactory to those who will come after him, as well as to the critical student and teacher of *Materia Medica*, in our own day.

This publication of Aconite, as the latest and most improved pathogenesis of that grand old remedy, is a complete refutation of all arguments in favor of any purification of the homœopathic *Materia Medica* by *clinical tests*.

Experience seems to have corrected nothing; nor has much been cast out when clearly proven, by proper research, to have been spurious.

What was an error of observation or of notation in the beginning is an error still, and none can tell when, as such, it will cease to be paraded in our works on *Materia Medica*.

We have very little sympathy with that over-pious regard for the “provings,” that does not admit of corrections, when clearly pointed out.

The necessity for an institution, founded for drug experimentation, and supplied with requisite officers, provers and

apparatus, is more and more clearly demonstrated by every publication on *Materia Medica*.

Till we have the fruits of such an institution Dr. Allen's work is our best.

In the old order of things, taking the provings, as furnished by one and another, here, there and everywhere, Dr. Allen will give us the best and all, he can find.

We hope the doctor will soon have subscribers enough to enable him to go on with his great undertaking.

Subscriptions should be sent to his publishers, Boericke & Tafel, 145 Grand Street, New York.

#### **Proceedings of the Montgomery County Homeopathic Medical Society.**

The Society met in the parlors of the Beckel House, in Dayton, Ohio, at 10 o'clock A. M., May 7th, 1874; the President, Dr. J. B. Owens, in the chair. The roll was called; the minutes of the previous meeting read and approved.

Dr. A. C. Recker was elected a member of the Society.

Dr. J. M. Parks read an essay on *Transmissible Diseases*: on motion the paper was accepted.

Dr. C. W. Stumm forwarded a report on *Dysentery*, which was read by the Secretary. Dr. Stumm recommends *acon.*, *bryonia*, *cham.*, *arsen.*, *china*, *colocyuth*, *nux vom.*, *merc. viv.*, *merc. corr.* and *sulphur*.

Dr. J. E. Lowes recommended *dioscorea villosa* and injections of *morphine*.

Dr. Webster recommends *acon.* 1st and *merc. sub. corr.* 3d.

Dr. Owens uses *bell.* 40<sup>m</sup> for constant, passing, urgent pain then *merc.* 50<sup>m</sup> and *nux.* 50<sup>m</sup>. He related cases of bilious dysentery cured promptly with *bell.* 50<sup>m</sup> and *merc.* 50<sup>m</sup>. On motion, Dr. Stumm's paper was accepted. On motion, adjourned till after dinner.

AFTERNOON SESSION.

Meeting called to order at 2 P. M.

Dr. G. S. Foster read a report on Nervous Diseases, confining his report mostly to neuralgia. Acon. and bell. are his chief remedies

In gastralgia, he relied mostly on nux vom. as the most potent remedy. He uses cham. in odontalgia, and arnica in otalgia. Arsen., ipecac, bell. and acon. in sick headache. Veratrum viride in prostration and nausea and red streak on the tongue.

In hemicrania, disturbances of fifth pair of nerves, he uses bell., nux vom., sepia, ignatia and arsen.

In congestion of head, he uses bell., gels., acon. and sepia.

In affections of abdominal nerves, he uses acon., bell. and nux vom.

After some discussion of Dr. Foster's paper, on motion, it was accepted.

The balance of the committee failed to report and was continued till the next meeting.

The President delivered his inaugural address. His remarks were confined, principally, to the consideration of Florida as a sanitary place for invalids; he having spent the past winter in that State.

On motion, the address was adopted as the sentiments of the Society.

At the suggestion of Dr. J. E. Lowes, Dr. A. C. Williamson was invited to address the Society, and gave an account of the Hot Springs, of Arkansas; he having spent several seasons there in charge of a hospital and in the treatment of chronic patients.

The large majority of the patients there are sufferers from venereal diseases.

It is the Doctor's opinion that hot rain water or hot well water, here in the North, will be as beneficial in the treatment of chronic diseases as the Hot Springs, of Arkansas.

Dr. Webster was appointed a delegate to the Ohio State Homœopathic Medical Society, to meet in Springfield, in June.

The subject of electricity was brought before the Society and hotly discussed by the members present.

The following committees were appointed to read essays at the next meeting:

Dr. S. E. Adams, hæmorrhoids; Dr. B. F. Lukens, electricity; Dr. W. D. Linn, chronic diseases; Dr. Ada L. Adams, uterine diseases; Dr. F. W. Thomas, diphtheria; Dr. W. W. Wolf, scrofula; Dr. A. C. Recker, cholera infantum; Dr. J. Q. A. Coffeen, neuralgia; Dr. A. Shepherd, dropsy; Dr. J. M. Parks, Asiatic cholera; Dr. G. S. Foster, tinea capitis; Dr. E. Webster, diseases of throat and lungs.

On motion, the Society adjourned to meet on the 1st Thursday in November, 1874, at 10 o'clock A. M.

W. WEBSTER, M. D., Secretary.

## Editor's Table.

DR. F. W. STILWELL, a recent graduate of the Pulte, has opened an office for practice in Rochester, New York.

DR. T. B. BENEDICT recently died at Ionia Michigan in the midst of a life of great usefulness.

DR. T. S. HOYNE, of Chicago, Dr. P. Dudley, of Philadelphia, and Dr. H. M. Paine, of Albany, have each sent us carefully prepared directories of the homœopathic physicians of their respective states. Their example should be followed in every State of the Union.

DR. W. L. PECK, so long connected with the Central Asylum at Columbus, as its chief officer, has just taken charge of the Cincinnati *Sanitarium*. His extended experience and well known abilities in the treatment of mental diseases make his accession to this institution a matter of the first importance.

DR. E. C. BECKWITH, removes to Columbus and will engage in general practice.

A NATIONAL INDUSTRIAL INSTITUTE has been incorporated in Washington, D. C. Our old friend Dr. Jehu Brainerd is one of the incorporators, and likely to prove one of its most useful teachers. The object of the association is to receive pupils from all parts of the country, and give them a higher education and let them sustain themselves by labor on a model farm and in model workshops.

THE  
**Cincinnati Medical Advance.**

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CINCINNATI has six medical colleges.

We erred slightly in regard to the Chicago college. It was established in 1860. Its general Fees are \$85.

COPIES of "The Rejected Address," for gratuitous circulation, may be obtained at this office.

So far no cholera reported anywhere through the South. We need have no fear of its recurrence, if the hygienic conditions of our cities are attended to.

THE attractive face of Hermann Ludwig Ferdinand Helmholtz we are pleased to find in the *Popular Science Monthly*, for June. None of our readers can be unaware of the high position held by this gentleman in the joint spheres of medicine and general science, nor how greatly

we are indebted to him for valuable contributions to our art; among which we may name, as chief, the invention of the Ophthalmoscope.

THE Chicago school goes back on the women. During the coming session and "for the last time" they will be admitted to lectures in that sacred institution. Very good, the women can stand it if the Chicago school can. Detroit, Cleveland and Boston, if they treat their patrons properly, may reap the benefit of Chicago's folly.

THE annual report of the Board of Health of Cincinnati, is just to hand. This is not an early date for the year ending December 31st, 1873. However, the care taken in preparing the tables of mortality and the maps and diagrams illustrating the localities and the daily number of cases of various diseases may account and amply compensate for the delay. The report is an excellent one, and full of interest to the reader, and especially to the medical man. Dr. Quinn, the health officer, treats exhaustively of the cholera epidemic of 1873, arguing pretty conclusively as he thinks against the contagiousness of the disease, and, for that matter, he makes a pretty good showing out of the data he possesses of its appearance and progress in this city.

How hard some men are to please! There is William Todd Helmuth who has recently written an excellent work on Surgery. It was not so excellent, however, but that the critics had their say about it. They attacked its weak points in a very kindly way, whereupon Helmuth waxed wroth. He, in turn, assailed the critics on account of their impertinence. To be sure it was not Helmuth in person, but one of his friends who did this, because this friend, better than any living man, could lash the critics as one might a pack of curs.

And now Allen is writing a book, a valuable and costly work on materia medica, and he sends out sample sheets for



### *Editorial.*

patronage and criticism. But the critics are dumb. It is not known if they hold to a "disdainful silence" or are "hushed by admiration." It is all the same, Allen by proxy becomes irate. This same Aaron, a valued spokesman, and mutual friend of the two authors bursts with indignation upon the dumbfounded critics because they don't come to time. And not the critics alone, but the whole profession is rated like a pack of rascals. They are gently upbraided with being possessed with a "chronic cussedness." Says, this sweet babbler: "If he never pens another line Dr. Allen can go into history as the man who hermetically sealed the many mouthed Cerberus of criticism." It is our opinion that, if Dr. Allen will seal just one more mouth—the mouth of this hasty hot-headed champion of other people's progeny, he will save himself and his friends from lasting injury. Do this, O mighty Allen, and live in the remembrance of all your well wishers!

JOSEPH ADOLPHUS, A. M., M. D., attempts to enlighten the readers of the *Medical Review* on "some points on the treatment of inflammatory diseases of the eye." Early in his essay, he makes a "point" in this manner, "Foreign bodies striking the cornea near its pupillary margin are apt to cause a simultaneous inflammation in both cornea and iris." That is the first we knew of the cornea having a pupillary margin. Joseph Adolphus also spells it "ophthalmia" which is quite a saving when one has to use the word so often. He informs us that "The extremely delicate and fragile nature of the tissues of the eye will not withstand any protracted and active inflammatory action in and around them, hence the great danger of all inflammation of this organ." If this is not a strained statement in pathology, then, we don't know. It makes a "point" at the expense of strict veracity, and so while it sounds well, it is not true. His treatment for "purulent ophthalmia" is to apply a decoction of "peruvian bark" which, with many other words,

shows Joseph Adolphus to have had a bad spell while writing. And, then, he goes in for quinine and morphine in doses fearfully heroic. He says: "They arrest the march of the vagrant white discs toward the focus of excitement, cause the vessels to contract their caliber, and arouse a reactionary influence in the system, which tends to abort the progressive, inflammatory process." There, now, we must stop trying to follow a man whose mind is chased with such phantoms.

"In the *after treatment*, [of iritis] when the activity of the inflammation is passing off," he condescends to use a little atropine as he has seen the severest pain and suffering "abait" by this method. And more of this sort constitutes the substance of an article having more objectionable "points" than any article we have seen for many a day.

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## Hygiene.

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**What We Eat.** By Gerhard Saal, M. D.

That "Every culture originates in the stomach," is one of the truisms of Fredrick the Great; not so well known, however, as another of his sayings "Let every one be saved according to his own fashion."

His great contemporary, the most eminent of our modern philosophers, Emmanuel Kant, said: "What man eats that he is," but more comprehensive is the declaration of Moses. Man's life is in his blood. You will doubtless understand why the



words of Moses designate more correctly the relative normal condition of men than the words of the philosopher or the king. It is well known that through the blood and its plasma, all the organs are formed, regenerated and all the vast material eliminated. Indispensable to the growth and development of every human being is first, pure air; next, water and food; further, that even with a great abundance of food and good drink health cannot exist if the blood is not fully and properly oxydized within the lungs, and the carbonic acid thrown off. Retention of carbonic acid within the blood will under the most favorable dietetic regimen produce tuberculosis and scrofula; hence the necessity of pure air such as only outdoor life furnishes to us.

And this was, in all probability, one of the reasons which induced Moses to lead his people, emasculated and physically debilitated in the mud hovels and slave pens of Egypt for forty years over the plains of Arabia, so that a new generation of able bodied men might arise capable of carrying out his designs.

In fact we find that the influence of a nation over others depends upon its mental culture and its natural resources, but more upon its vigor and health, this latter again depending upon a proper knowledge of the natural laws.

To a people so recently emancipated from bondage and consequently of low culture Moses was obliged to base his precepts upon religious grounds.

But he accomplished his end and in virtue of these precepts so rigidly adhered to because religiously believed to be of divine origin his people became strong and healthy, conquered the nations around them and gave the moral law to all the Western continents as Confucius has done for the Eastern.

So with the Greeks, who in their earliest culture had a far keener preception of hygiene than even the modern nations, in as far as they endued hygiene with the rank of a goddess while Æsculapius the son of Apollo, the father of the healing art was merely a demi-god. We find as the result of such philosophy or religion a people grown up and educated into that beautiful equilibrium of accomplishments of mind and body and that

perfect health of both, without which, according to their belief, no usefulness to the common welfare could be expected from the individual. *Sana mens in sano corpore.*

We find further the philosophy of Aristotle and Plato reaching down and influencing even modern minds and their works of art particularly in sculpture and architecture—which are nothing more or less than crystallized music—as models in our schools and academies of design.

So as the Hebrews have been the law-givers of morals the Greeks furnished us the laws for the culture of art, (æsthetics).

The kind of food and drink and the manner of its preparation shapes in a great degree the character of a nation. The speech of the Indian chief gives that pointedly: “Do you not see that the white man lives on grain, while we live on meat? that the meat needs thirty months to grow and becomes often scanty? that each of these wonderful grains which they sow in the soil remunerates them a hundred fold? that the meat we eat has four legs to escape while we have only two to catch it? That the grain which the white man plants remains and grows in its place? That the winter, for us the time of the most hazardous and toilsome hunt, is to them a season of rest? Therefore they have so many children and live longer than we do.

I say therefore to every one of you who is willing to listen: In a short time the race of small grain sowers will have exterminated the race of the meat eaters, unless the hunters make up their mind to sow also.”

The production and preparation of food forms the foundation of all human exertion in such a manner that not only one person alone in his regulations and aims is influenced hereby, but also society and state in their formation.

Indeed one can say, that this is much more the case with the latter than the former. For the one can by some fortunate accident either of birth, or in the later years of life, be lifted above the proper care for sustenance.

His provisions are completed without his selection, his food is prepared without his direction, his table is spread without his doing anything for it.

But a society, even a small tribe, is very seldom in the same situation. The favor of the heaven and of the earth lightens perhaps in a great degree the production of food, and indeed such food is easily got that needs none or only an easy preparation. But always labor is necessary to get it.

The larger the space, the more complicated the society, the more manifold the state becomes developed, the more difficult it is to procure food.

Very often a troublesome and wearisome procedure is needed to prepare food conformable to the purpose. The peculiar art of procuring food defines finally the form of society, the people and the state.

Whether hunting or fishing, raising stock, agriculture or commerce represents the principal way of procuring food that decides also the principal direction of human exertion within a larger dominion.

With this is fixed, under a certain necessity, the direction in which are developed trade and industry, art and science, morals and religion.

It is not paradoxical if we assert, that the entire development of mankind is intimately connected with the practicability and kind of food.

The conveyance of food is a principal condition of our existence, and it is one of the most admirable relations of providence that we must eat our bread by the sweat of our brows, though it appears to the dim eye of man a punishment.

Hunger is the first and most powerful incitement to labor, and labor alone hides in itself experience and progress.

From the importance of such questions concerning the procuring food and kind of it, only he has an idea, who knows, what immense sums are spent for such wants, and how millions would be saved if a right procedure would be put in place of the wrong.

The knowledge of the laws of nourishment will teach us with the least means to produce the highest results, and an increase of population and of greater wealth would be the result. And Voit could have added: A higher degree of culture, education and morals.

**Ozone a Ready Disinfectant.**

The *Scientific American*, of a late date, gives the following account of a convenient method of generating ozone for the purpose of purifying the contaminated air of houses which have been rendered insalubrious by disease, or decaying matter of whatever kind, that may have been left to undergo the slow process of destruction.

The authority proceeds to say that the use of ozone as a disinfectant in hospital wards and public buildings has amply demonstrated its virtue as a purifier of air exhausted by breathing or poisoned with emanations from corrupt or decaying organic matter. The only bar to its more extended use has been the lack of a simple and trustworthy means of generating it, safely and continuously, by a process not involving scientific skill or costly materials.

The latest means suggested certainly bears the palm for simplicity, cheapness, accessibility to all. It consists simply in the exposure to atmospheric action of common phosphorous matches moistened by water, the alleged result being the production of nitrite of ammonia and ozone—both active purifiers of air.

Knowing the efficiency of moistened phosphorous as a generator of ozone, the author of the match method, Mr. Sigismund Beer, of this city, set out one day to procure a quantity of that substance to use in sweetening the atmosphere of a room whose musty smell had successfully resisted the power of ordinary disinfectants. Failing to find any phosphorus at the drug stores in his neighborhood, it occurred to Mr. Beer that possibly lucifer matches might furnish the needed element in a condition suited to his purpose. He tried them, dipping them into warm water for a few moments, then suspending them in the obnoxious room. Their effect was prompt and salutary; and thereafter, by continuing their use, he was able

to enjoy "the luxury of pure and refreshing air," notwithstanding the room was in the basement of an old cellarless house on made land, the air of which was further tainted by a quantity of mouldy books and papers. In a paper lately read before the Polytechnic branch of the American Institute, Mr. Beer narrates a number of subsequent experiments with the same simple materials, the success of which convinced him that he had made a veritable discovery of great importance.

Touching the safety of the method he proposes, Mr. Beer is confident that no overcharging of the air with ozone or other injurious matter may be apprehended from the use of matches in the manner he describes. Both the ozone and the nitrite of ammonia are generated slowly, and their force is swiftly spent by combination with the impurities they are intended to remove. It is obvious that the supply of the purifying agents can be easily regulated by increasing or diminishing the number of active matches. In the room above mentioned, six bundles of matches were kept active—some near the ceiling, others near the floor—by daily watering.

In another instance a single bunch is mentioned as having sufficed for quickly purifying the air of a room in which several adults and children were lying sick, but in this case the air fanned against the matches while they were carried about the room, thus heightening their activity. How long a match retains its ozonizing power, Mr. Beer does not say. In conclusion, Mr. Beer claims that, whatever may be said of his theory of match action, the fact is indisputable that, in the use of matches as he suggests, we have a handy, wholesome, and inexpensive means of freeing our houses from noxious exhalations and the long train of evils attendant on the prevalence of bad air. The matter is easily tested and certainly well worth trying.

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## Surgery.

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### Spontaneous Fracture of the Femur.\* By Wm. Owens, M.D.

CASE IV. Mrs. S., aged 54, weighing 180 pounds, the mother of seven children; had usually enjoyed good health, as she believed, until August, 1872, when she met with an accident by being thrown from her carriage, producing a dislocation of her right shoulder and wrist. She was not aware that she had sustained any other injury at the time, nor could she trace any of her subsequent sufferings to that accident. She states, however, that for several years previous she had been in the habit of drinking large quantities of water, and wine and, as a consequence, had passed large quantities of urine, and had a most profuse perspiration all of the time during these years, which was increased after excitement or exercise. These conditions she attributed to the water and wine she had been using. The surgeons who were employed to treat the dislocation, utterly failed to make a reduction or proper adjustment in either case. As a result, she was confined to her room about seven weeks, when she was so far restored as to be able to visit her neighbors and relatives; and, at that time, walked a distance of eight squares or about a half mile. On the 17th of November, she was, after walking about three squares, seized with severe pains in the hips and lower part of the back, which soon extended as high as the waist at which point it seemed as if a cord had been tightly drawn around her, causing the most agonizing distress. Her attending physicians pronounced this trouble to be of a rheumatic character. After treating it as such between six and seven weeks, the friends becoming dissatisfied, concluded to

\*Cases 1, 2 and 3 may be found in the first volume of the *ADVANCE*.

try some other physician. I was called and saw her on the 27th of December, 1872. She had now been under treatment between sixteen and seventeen weeks, and was no better, but rather worse than at the commencement of it.

I found her complaining terribly of the pain about the waist, causing her to cry aloud in her distress and begging to die. There was a slight tingling, pricking and numbness in the soles of the feet and extending up the legs, great and uncomfortable thirst. A large quantity of turbid urine was voided every half hour, which, upon standing a short time, deposited a yellowish sediment with a reddish line at its superior border. The test by boiling and nitric acid yielded about one-eighth of its volume in albumen. The pulse as observed was 112 beats per minute in the morning, and 120 in the evening. The tongue was red, dry and parched down the center and at the tips and covered with a dark brown yellowish coating toward the root. The bowels had been moved to the extent of ten or twelve times per day by means of cathartics. Physical examination revealed no point of tenderness except over the left kidney. The pulse intermitting every sixth or seventh beat, attended with irregular and sometimes tumultuous action of the heart. The diagnosis arrived at was, that of acute Bright's disease affecting the left kidney. Simulating degeneration of the spinal cord, as indicated by the loss of power, numbness, pricking and tingling of the feet and legs, and the constriction and pain around the waist. In three days, under the use of kali hydriodicum, nux. and phos., she was quite relieved of these painful and very unfavorable symptoms, and was enabled to sit up and move into another room.

The thirst and excessive flow of urine were also modified; and although it was mid-winter and the temperature of the room purposely kept below 60 deg. F., the perspiration literally flowed from all parts of her body. She continued to improve in the use of her limbs until January 20th, 1873, when a quite severe pain set in on inner aspect of the upper portion of her right thigh. At first, it was thought to be of a neuralgic character, affecting the anterior crural nerve. After a few days a much more severe and painful group of symptoms

were added. The pulse arose to 140 beats per minute, attended by great heat of the surface. The urine became clear and was voided without difficulty. The pain in the back and constriction around the waist had entirely disappeared; so, also, the numbness, prickling and tingling of the feet and legs, except the right in which it was considerably diminished. The pain in the thigh became concentrated about the upper third, which was quite tender upon pressure at this point. This condition increased in severity until the fifth day, when it was determined to call counsel. She had not been able to sleep or rest during the last five days and nights, and begged to be allowed to die. Prof. Wilson was invited to see the case; visited her on the evening of that day in consultation with me. The pulse was found to be 120 beats per minute; heat of body 101 degs.; tongue red, dry and slightly parched on the back part. The urine was large in quantity and slightly turbid; it yielded at this time no albumen; the perspiration still excessive, though much less than formerly, which, it was thought, was owing to the less quantities of water and wine drank. The complexion was of a reddish brown hue.

To relieve the pain in the thigh, it was deemed best to inject, hypodermically, 1-4 grain acetate of morph., to give her a few hour's sleep. This was partially successful; but during the night, while attempting to turn in bed, she felt something snap, attended with severe, lacerating pain, and the limb gave way. Early in the morning, I was notified of the circumstance, and, upon visiting her, found a fracture in the trochanteric region of the right thigh. Prof. Wilson was immediately summoned, and visited her to verify the information. With his assistance and that of Prof. Beckwith, the limb was placed in proper apparatus and carefully attended and watched until the 5th of March, when, owing to the unfavorable prognosis expressed by those in attendance, it was decided to place the patient in the hands of others, who would promise more, but who really performed less. At the end of fourteen weeks, she was found to be worse, and seeing no hope of a favorable termination of the case after their skill and patience had been exhausted, they proposed to remedy



the difficulty by an operation, but, while under the influence of chloroform, she expired.

Thus terminated an exceedingly interesting case. No autopsy was permitted to verify the diagnosis which had been based mainly upon the experience of three other cases of a similar nature; all of which presented histories similar, and so far as could be ascertained were similar in results. Such cases tend to confirm the statement made by Craigie in his *Elements of Pathological Anatomy*, that, "In Bright's disease of the kidneys, there is a great tendency to ulcerative absorption, or acute necrosis of the osseous structures." It is only by a careful study of the history of such cases in the light afforded by the aid of pathological anatomy, that a correct understanding of them can be arrived at. Some errors as are mentioned in cases one and two (see first volume *ADVANCE*) wherein some of our most skilful surgeons had failed to ascertain the true condition; this should never occur.

Conditions somewhat similar have been observed in cancerous, scrofulous and syphilitic patients, but, in such, we usually have external openings as in Case No. 3, (reported in September No. *ADVANCE*) where the matters were permitted to escape, and the system was thus saved the poisonous effects resulting from the absorption. In cases one and two, no external openings were made, and therefore all pus or other matter formed by the destruction of solid tissue must have been carried into the system by absorption, (our own Dr. Franklin to the contrary.) Had the presence of pus been recognized and promptly discharged, is it likely that the result would have been as favorable in these, as in Case No. 3? Craigie says, "These cases of acute necrosis usually terminate fatally in a few days or may result in recovery, if they survive that period." This will, of course, depend upon the detection and prompt discharge of any matters that may have formed as well as to some extent upon the parts involved. Dr. Franklin denies that the absorption of pus from such diseases ever takes place (see *Surgery*, vol. 1, p. 708). Markoe confirms Craigie's opinion and illustrates with nu-

merous examples. The history of Mrs. S's case is very similar to that of cases one, two and three, and, hence, we assume that similar conditions existed, though not permitted to verify by post mortem examination.

Attention has been called to other facts as tending to elicit enquiry into some obscure pathological conditions in which symptomatology would be greatly at a loss to determine their true relations; for instance, what relation would the following group of symptoms, great thirst, perspiration, frequent, intermittent, irregular pulse and heart action, brownish and reddish color of the skin; dry, parched, red tongue; with numbness, tingling and prickling of the lower extremities; and, above all, the intensely painful, constricting band around the waist, have to any known type of disease? and what would a diagnosis based upon such a group of symptoms establish without other light than that furnished by our works on therapeutics. These are clearly indications of some form of disease of the kidneys, but the symptoms of degeneration of the spinal cord were much more marked; while up to the 16th of January, 1873, not a symptom of necrosis or other disease of the bones had manifested itself. The subsequent history seemed to develop very suddenly and run its course rapidly, and terminated in a fracture wholly inexplicable, except upon the supposition that protracted disease had existed previously, but up to this time it had been obscured until when at a certain period, under circumstances and conditions unknown, a new group of symptoms of great violence suddenly developed as they did in the other cases referred to. Nothing but the scalpel in the hand of the pathologist could demonstrate the value and relation of these symptoms to changes which give rise to them. Could an examination have been secured on Mrs. S. there is no doubt it would have shown a condition similar to the others, and would have been a valuable contribution to pathological science.

## **Proceedings of Societies.**

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### **Meeting of the Iowa State Homœopathic Medical Society.**

Men who wore glasses, men with manuscripts in their pockets, men whose "bay-windows" were well developed,—bald-headed, benevolent men, all well dressed and dignified and smacking of the typical "Saw-bones," were here in large numbers last week. The occasion was the annual meeting of the disciples of Hahnemann. Our reporter, although a timid man, having been duly vaccinated, and carrying with him such prophylactics as he thought might ward off any infection which these men, who were once the subject of inquiry "in Gilead," might be presumed to carry about them, thus gives the proceedings of the meeting.

On Wednesday, May 10, the Society convened in the spacious rooms of the President, Dr. G. H. Blair, of this city. The attendance was good. On taking the chair, the President delivered the usual introductory address, the main features of which consisted of a brief review of the rapid strides of Homœopathy during the year past; the urging of more liberality of medical opinions; a higher grade of medical education; of legislative enactments to check ignorance and quackery, and to protect the profession from the obloquy which they often sustain through the action of unskilled and unprincipled charlatans. Perhaps the principal feature of interest was his discussion of the use and abuse of stimulants; claiming that in certain cases of typhus and typhoid fevers, in some forms of heart disease, in pulmonary complaints, in congestive chills, and for the poisoning of venomous reptiles, alcohol in some form was a *sine qua non*. He also claimed

that in some diseases it arrested the process of waste and decay, and also stimulated the organs of nutrition to increased assimilative action, thus answering the purpose of food in a certain important sense. He also pointed out the beneficial effect of stimulation in diseases of a certain character, claiming that the evil effects resulting, were in consequence of carrying it to the extent of narcotism. In reply to the charge that physicians were responsible for the confirmed habit of drunkenness which might follow from prescribing alcohol, he quoted and endorsed the remarks of Ex-Surgeon-General Hammond, who said, "that if he advised a sea voyage for a patient, and the vessel being wrecked, and the individual lost, he was as directly responsible for that loss as he would be if, advising a stimulant as a medicine, and the patient having diverted it to another and wicked purpose, he should thereby lose his manhood or his life." He denounced the habit of physicians publicly preaching one thing and practicing another. While deprecating the habit of tippling, and deploring the evils of drunkenness, he would have his hearers maintain what they knew to be right, regardless of excited public sentiment.

After the address of the President, Dr. G. H. Patchen, the able and efficient Secretary for the past two years, was re-elected by a unanimous vote.

The Board of Censors, of which Dr. Virgin, of Burlington, was acting chairman, reported favorably upon the admission of the following physicians, who were elected to membership:

M. R. Wagner, M. D., of DeWitt; Thomas Shaver, M. D., Burlington; E. H. Wilson, M. D., Osceola; Dr. A. H. Van-Voorhies, Bedford; Edmund Cartwright, M. D., Decorah. Dr. W. Danforth and Dr. E. M. Hale, both of Chicago, were elected honorary members.

The Society, after accepting an invitation to tea by the Hon. James F. Wilson, adjourned until 2 P. M.

#### AFTERNOON SESSION.

The Society was called to order at 2 o'clock.

The Chairman of Bureau of Materia Medica, presented a partial proving of iris versicolor, by N. J. DuPuy, of Iowa Falls, which after some discussion was referred to the Publishing Committee.

In the Bureau of Clinical Medicine, a case of purpura hæmorrhagica, by Dr. Whittacre, of Lescomb; a paper on enlargement of the liver due to valvular disease of the heart, by Prof. E. M. Hale, of Chicago Hahnemann College. Dr. Stillman, of Council Bluffs, contributed an able paper on aphasia. An anomalous case of nervous headache in a child eleven years of age was presented by Dr. Whittacre. The peculiarity of the case was that the hair, naturally of a flaxen color, always turned blue in spots over the head, particularly on the sides and temples. After the attack the discoloration gradually disappeared in the course of one or two weeks. Much discussion and speculation ensued as to the cause of this phenomenon. None of the members present had ever seen or heard of a similar case before. Dr. Poulson, also of Council Bluffs, but temporarily in Salt Lake City, sent an interesting paper on the Climatology of Utah, concluding with an expression of belief that none but Mormons can stand the climate!

In the Bureau of Obstetrics the interest centered in a discussion upon the use of chloroform and the forceps in labor—less use of the former and a more frequent application of the latter seemed to be demanded. The virtue of caulophyllin in obviating the perils of childbirth was generally conceded.

After much general discussion in relation to the action of remedies in different diseases, the Society adjourned until 8 P. M., the time of the annual address.

After enjoying the hospitalities of Hon. James F. Wilson, the Society assembled at Well's Hall to listen to the annual oration by Dr. Dickinson, of Des Moines—a very learned and able address, showing the history and progress of medicine from the earliest times. The enjoyment and interest of the occasion was greatly increased by the excellent music furnished by the Fairfield brass band and Library glee club.

July-1

## SECOND DAY—MORNING SESSION.

The Society was called to order promptly at 9 o'clock with increased attendance.

## BUREAU OF SURGERY.

Dr. Dickinson, chairman, reported the following cases:

1. Fistula in ano, by Dr. DuPuy, of Iowa Falls.
2. Fracture of ulna and lacerated wound of arm, by Drs. Patchen and Shaver, of Burlington.
3. Successful extirpation of Ovarian tumor, by Prof. Danforth, of Chicago Hahnemann College.
4. Double amputation of legs from railroad accident, with recovery and cure; of fracture of radius and ulna in middle third, in a child three years of age; wound of rectum, caused by a stake entering at the side of the anus and penetrating the rectum five and a half inches from the anus. These last cases occurred in Dr. Dickinson's practice, and were all carried to a successful termination.

An interesting case of spasm of glottis in a child two years of age, which, on account of having been mislaid, was carried over from yesterday, was read by Dr. Worley, of Davenport. The patient had been under the treatment of many physicians of all schools, both at home and abroad, with no improvement. Electricity and the internal use of chlorine, homœopathically prepared, were suggested as worthy of trial.

Under the Bureau of Hygiene, Dr. Patchen, of Burlington, read a paper on "The Non-medical Treatment of Disease," showing the benefits to be derived from hygienic measures, and the importance of a better understanding of this subject by physicians. The paper caused considerable discussion concerning the application of remedies to disease, and incidentally induced a regular "rough and tumble" fight between the "palatable-drug" men and the high dilutionists, each party retiring fully satisfied of victory. The "bone of contention" was the vexed subject of "fever-'n-ager," that *casus belli* at most of the Society's sessions.

The following officers were elected for the ensuing year:

President—O. T. Palmer, Oskaloosa.

First Vice-President—J. E. King, Eldora.

Second Vice-President—Mrs. Clara Yeomans, Clinton.

Secretary—G. H. Patchen, Burlington.

On motion, the Society adjourned to meet at Marshalltown on the fourth Wednesday in May, 1875.

Thus ended the best attended, most harmonious and most profitable meeting in the annals of the Society. A notable item in the proceedings was the election of Mrs. Clara Yeomans as one of the Vice-Presidents. This lady is thoroughly educated, a successful practitioner, and will do honor to the position she occupies.

In conclusion, we have to say that we have seldom met a body of men more cultivated, more social or more devoted to the interests of their calling, than were the members of this convention. Individually and collectively they have left here well pleased with their reception, with their Society's proceedings, with the city itself; and we should take pleasure in welcoming their return. Doctors, our hand!—*Fairfield Ledger*.

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### **Indiana Homœopathic Institute.**

#### **FIRST DAY'S SESSION.**

The State Homœopathic Institute met in annual convention yesterday afternoon in the parlor of Plymouth church. The officers of the society are: Dr. J. B. Hunt, President; Dr. J. A. Compton, Vice-President; Dr. William Eggert, Secretary. Dr. Hunt presided, and in the absence of Dr. Eggert (on account of sickness), Dr. O. S. Runnels was appointed Secretary. The President introduced Dr. C. T. Corliss, President of the Marion County Society, as "the veteran Homœopathic

physician of Indianapolis." The latter then (taking a "new departure" from the usual routine) read the welcoming address—a poem of decided merit.

The report of Censors followed the address, the candidates for admittance retiring to undergo the ordeal of examination by the Board of Censors. They returned and reported the following names, which were passed upon recommending them as members at the Institute: Drs. S. C. Whiting, Vincennes; M. H. Waters, Terre Haute; W. R. Bachrenbey, Indianapolis; Samuel McGuire, Greensburg; W. G. Runnels, Franklin; Wm. L. Morgan, Jamestown; G. W. Riddle, Indianapolis; C. F. Wymond, Indianapolis; J. T. Boyd, Indianapolis; M. Stephens, Cleveland, O.

Dr. Corliss then presented a paper carefully prepared, treating on the subject of rheumatism which was well received by the members. Dr. Maguire, Elder, Waters, Whiting and Compton related different cases in their own experience, in which cures had been effected giving the methods of treatment employed, etc. A paper was then read from Dr. Davis, of Evansville, and received by the institute. After letters from several physicians were read, who were not able to be present, the meeting adjourned until evening. The Institute met at 7:30 o'clock in the evening. The principal feature of the occasion was the address of the President, Dr. Hunt. A synopsis is presented below, and is well worth the perusal. The doctor prefaced his subject as follows:

*Ladies and Gentlemen, Members of the Institute.*—Laying aside the common cares of life, and seizing a short respite from the never ending toils of our profession, we have come from different parts of the state to mingle in friendly communion and listen to such words of encouragement as the occasion may inspire. The success already attained by this association is most gratifying and encouraging. Feeling more than I can express the responsibility in which, by your kindness I am now placed, and believing that I can in no other way so fitly fulfil the trust reposed in me I would call your attention to the



## PROGRESS OF MEDICAL SCIENCE.

The meaning of the word progress is well understood, and yet when we come to apply it to an individual, to a corporation or to society in general, we find it difficult to give it real significance, owing to the fact that we do not always know what constitutes true progress. We are very apt to think that none but those who occupy our standpoint of observation and see things about as we do, are in the line of progress. The great family of doctors are divided into "schools" and sects, each advocating some theory or dogma, and each thinking all the others wrong, and they themselves the only exponents of the law of progress in medicine. Looking back into the remote past, to a point beyond which the memory of man runneth not, and following the history of our profession down to the present time, we find little else than a record of discord and conflicting theories. If there is to be no further progress in medical science this hope is vain, and heartburnings, discord and contentions will continue till the end of time.

"Yet I doubt not through the ages one increasing purpose runs,  
And the thoughts of men are widened as the process of the suns."

To this thought, then, let us turn our attention for a few moments. Let us see by the light of the past, if there is not this bright hope for the future. \* \* \* In the history of medicine we find that at every advancing step a battle has been fought. In some cases the battle has been long and fierce, but in every struggle truth has finally triumphed over prejudice and error. When some bold thinker proclaims a new truth, the world seems instinctively to turn to the past to see whether it is true according to the fathers. For many centuries the great army of doctors have been marching with their faces turned backward. Is it any wonder that progress has been slow? Is it surprising that they have stumbled over new truths without ever seeing them? With their eyes on the past is it a matter of astonishment that they have so often found themselves inextricably in a labyrinth? Review with me the line of march down along the ages. Every step almost is a stumble. They walk with the fear of a blind man

having no leader. Away down to the further end of the line we see them exposing their sick in public places, and imploring every passer by to propose a remedy for them. A record is kept of all the remedies named, and also of all the cures. These records become the established rule for medical practice. And up the line, for centuries, we see doctors minding the same things and walking by the same rule, even under the penalty of death if they deviate from the prescribed law of the fathers. Looking along down this line of doctors, we see once in a while a bright face turned inquiringly this way. These are they who have dared to turn away from the fathers and seek for knowledge in some new and untried channel. We catch the eyes of Hippocrates, Celsus, Paracelsus, Harvey, Jenner, Hahnemann and a few others, who, in spite of the storm of opposition which raged about them, have turned their eyes from the musty records of the past and are looking this way. But for the act of daring and impiety to the past they are at once driven from the ranks. But may we not hope that the men of our profession to-day, while not unmindful of the blessings that have come down to us from former generations, nor ungrateful to the fathers for their contributions to medical science, still have their faces turned in the direction of advancement. Grander discoveries than any ever yet made are awaiting in unexplored regions to honor the coming adventurer. That which is already known is almost nothing in comparison with that which is yet to be known. On the light of our present medical knowledge, the light of new thoughts will yet break "like another morn, risen on mid-noon." Think not that we shall never have another Galen, Harvey or Hahnemann. The grandest discoveries and greatest advancements are yet to be made. "We know what we are," said poor Ophelia, "but we know not what we shall be," and so in reference to our profession we may say "we know what it has been and what it is,; but we can have no adequate conception of what it shall become." All that was lost under Adam is to be regained under the reign of Christ, the second Adam. Mankind in that good time coming, which we call millenium, will re-enter the paradise of

Eden. Sin, the primal cause of weakness and disease, will be no more. The tree of life will yet bloom again in this world. Then God's sweet promise that "the child shall die an hundred years old" will be realized. The tree which we have met to cultivate this day, will yet, under the blessing of God, yield a fruit that will perpetuate the freshness, strength and vitality of youth even to old age. Life will then be a well-spring of unceasing pleasure, and death will be but little else than a translation.

As the earth moves forward in her journey around the sun, the stars which were in the horizon last fall have disappeared behind us, and so, in the onward march of medical science, the great men of our profession of to-day, and of an earlier period, will sink into oblivion behind the greater ones of coming ages. May we each be inspired by a laudable ambition to aid in the advancement of all that pertains to the science of medicine. Let us patiently pursue the work assigned us, and as our knowledge is not yet perfect we should bear with each other in our differences, remembering that we are co-workers in a common cause. Augustine's well known rule, *in certis unitas, in dubis libertas, in omnibus charitas*, should be our motto. In absolute uncertainties we can be united. In all doubtful questions the largest liberty should be allowed, and in all things we should have that charity which "envieth not" and is "kind."

In ancient times they erected temples in honor of their supposed deities. Esculapius the god of medicine, was honored in this way; but these temples have long since crumbled in decay and ruin. The temple we are building, whose foundations were laid by the fathers, is made of imperishable material and will stand forever. It must yet be completed. The different schools of medicine are only different builders, and in the process of the ages it will continue to rise, grand in its proportions, and glorious in its beneficence. Let us then not suppose that we, as homœopaths, are building a temple ourselves. There is one temple building—not many.

Whatever there is good or true in our systems will yet be adopted by the entire medical world. It will have its place in the walls of the temple. This is the assurance that comes to us from the ages. The voice of history proclaims it to our ears. That which is true will yet become universal, and that which is false will be cast aside. Allow me, then, in closing, to exhort every one here to seek to quarry out at least one stone from the great mountain of truth, and to prepare it for its place in the beautiful temple of medicine.

#### SECOND DAY'S SESSION.

The first business was the election of officers, which resulted as follows:

President—W. R. Elder, M. D.

1st Vice-President—G. C. Whiting, M. D.

2d Vice-President—J. A. Compton, M. D.

Treasurer—J. R. Haynes, M. D.

Secretary—O. S. Runnels, M. D.

Censors—Drs. Corliss, Bancroft, McGuire, Hunt and Eggert.

Bureau of Proving—Dr. Walters read a paper on provings in general.

Bureau of Materia Medica—Dr. W. Eggert read a paper on action of glonine and belladonna.

Bureau of Obstetrics—Dr. Eggert read a paper from Dr. Bæ on the art of obstetrics, which was followed by a very animated discussion.

Dr. Elder read a paper on the mechanical helps and appliances to facilitate and expedite parturition and indicated in natural labor.

Dr. Bancroft reported an interesting case of phlegmasia alba dolens.

On motion, Drs. Eggert and Hunt were appointed delegates to the American Institute.

The report of the Treasurer was received and accepted.

Dr. Jennings, of Missouri, was elected an honorary member.

EVENING SESSION.

The Institute met in the evening at Dr. Eggert's residence.

The Board of Censors reported favorably upon the admission of W. L. Breyfogle. The report was accepted and the doctor elected to membership.

Bureau of Pathology—Dr. Eggert read a paper on the pathology of diseased bones.

Bureau of Microscopy—Dr. Haynes read an interesting paper on the minute and microscopical anatomy of the kidney, accompanied with photographic illustrations.

Dr. Hoyt reported a proving of *solanum nigrum*.

The thanks of the Institute were tendered to Dr. Hunt, the President, and Dr. Eggert, the Secretary, for the efficient service rendered during the past year.

Committee of Arrangements for next year—Drs. Haynes, Runnels and Eggert. Adjourned until November, 1874.

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**Convention of the Kansas and Missouri Valley Society.**

The Homœopathic Medical Society of Kansas and the Missouri Valley convened in regular annual session at the rooms of the Young Men's Christian Association yesterday morning, at eleven o'clock.

Dr. G. H. T. Johnson in the chair. The minutes of the last annual meeting, held in Kansas City, were read and approved.

Drs. Franklin, of St. Louis, and Hedges, of Warren, Mo., were made honorary members of the society.

The following named persons were presented as members of the Kansas Homœopathic Society: Miss Dr. Anna Warren, of Emporia; Mrs. Dr. Wood, of Atchison; Dr. Pratt, of

Hiawatha; Dr. Westover, of St. Joe; Dr. Thatcher, of Atchison; Dr. Charles Bruenger, of Pardee; Dr. Lillie, of Kansas City. The Censor Committee having reported favorably, they were duly declared members.

The report of the Treasurer was then read and adopted.

Communications of regret by reason of unavoidable absence, and letters of sympathy and co-operation were read by the Secretary from Dr. J. W. Jenney, of Salina; Dr. T. C. Duncan, of Chicago; Dr. W. W. Sunderlin, of Lawrence; Dr. H. W. Miller, of Independence, Kan. The communication of Dr. Sunderlin detailed the sad news of the dangerous illness of Dr. Huson, ex-President of the society, stating that his death was hourly expected.

The resignation of Dr. Cummins as a member of the society, of Kansas City, was tendered and accepted.

On motion of Dr. Fisher, of Wichita, a committee of three was appointed to draw up resolutions expressing the sympathy of the society with Dr. Huson in his illness. The chair appointed Drs. Fisher, Edic and Grasmuck.

The following were then elected as officers for the ensuing year.

President—Dr. L. Grasmuck, of Fort Scott.

Vice-President—Miss. Dr. Anna Warren, of Emporia.

Secretary—Dr. W. H. Riley, of Olathe.

Censors—Dr. V. W. Sunderlin, of Lawrence; Dr. J. J. Edic, of Leavenworth; Dr. Hubbard, of Atchison.

Directors—Dr. W. H. Parsons, of Atchison; Dr. J. J. Edic, of Leavenworth; Dr. Pratt, of Hiawatha.

Dr. L. Grasmuck, the President elect, was then called to the chair.

Reports of clinical cases were called, and Dr. Lillie, of Kansas City, reported upon one at Kansas City.

Dr. Hall, of St. Joe, was called to the chair, and Dr. L. Grasmuck, of Fort Scott, the president, reported a case. This report was made in printed form, a number of copies being furnished, accompanied by photographs of the case.

Dr. Franklin, Professor of surgery in the St. Louis Medical College, was called for and spoke a few moments relative to

the establishment of a Western Institute of Homœopathy. He was followed by Drs. Lillie, Pratt, Gilley, Parsons, Hedges, Hubbard, Hall and Johnson, all expressing themselves favorably upon the subject.

On motion of Dr. Fisher, of Wichita, a Committee of three, consisting of Drs. Hall, Johnson, and Lillie, were appointed to confer in regard to the best manner of inaugurating the proposition expressed by Dr. Franklin, with request to report immediately.

The Committee shortly appeared and reported as follows:

Your Committee to whom was referred the proposition of organizing an Institute of Homœopathic Medicine in the West, would respectfully report that they have considered the matter as fully as the time and circumstances would permit, and recommend that this society appoint a committee to confer with the physicians in the West, for the object of organizing a trans-Mississippi Academy of Homœopathy.

Before action was taken on the report, Dr. J. Feld, of Kansas City, spoke a few moments in opposition to the resolution.

After considerable discussion the report of the Committee was adopted unanimously.

Dr. G. H. T. Johnson, the outgoing President, then delivered an able farewell address. It was finely written, eloquently delivered, and discussed the principles of Homœopathy in an able and thorough manner.

After the transaction of minor business the Convention adjourned to meet at 7 o'clock.

#### EVENING SESSION.

Upon convening in the evening the President, Dr. Grasmuck, announced the following appointments:

Orator, Dr. Jas. Lillie, of Kansas City.

Essayists, Mrs. Elizabeth Eggert, of Lawrence and Dr. Pratt, of Hiawatha.

Committee on conference on the proposition of organizing a Western Institute of Homœopathy; Drs. Lillie, of Kansas City; Parsons, of Atchison, and Prof. Franklin, of St. Louis.

The selection of place of next meeting being in order, Otta-

wa, Leavenworth and Kansas City were mentioned, and after a good deal of discussion Ottawa was decided upon.

The Board of Censors reported the additional name of Dr. E. M. Cowles, of Eldorado and Mrs. Dr. M. P. Henderson, of Aubrey, for membership which report was duly accepted and adopted.

Dr. W. G. Hall, of St. Joe, delivered an address entitled "Homœopathic Therapeutics," which was interesting to the members of the profession and an able article.

Prof. E. C. Franklin, M. D., of the Homœopathic Medical College of Missouri, addressed the society and audience, encouraging the members, and showing a zeal and earnestness of manner which evinced strongly his sympathy with the organization.

The President elect, L. Grasmuck, M. D., of Fort Scott, delivered an able address entitled "Our Success and Our Responsibilities," which we are sorry can not be published in full, replete as it was with information not only for the Homœopathic physician but also for the laity and the general public. As the title would indicate, the address consisted of a review of the successes in the sciences of medicine from the time of Hippocrates to the present, but dealing more particularly with the successes and brilliant achievements of the Homœopathic Therapies as seen by Homœopathic eyes. The doctor closed his remarks as follows: "So you will perceive the horizon is brightening, the grand onward march of all modern schools of medicine for a Therapeutical basis on which all will find room to stand, has been inaugurated; and the individual who first reaches it will be he who cuts loose from the tradition of the fathers, and the idols of dogmatic authority and casts himself at the feet of nature and progressive science.

Our responsibility then is, that we fit ourselves for the new conditions. The world is demanding a higher class of physicians; men who are not only dispensers of medicine (much or little,) but men whose minds are stored with useful knowledge of natural laws and conditions, as well as the morbid processes. Men who are willing to teach what they know.



Not mere "Homœopathic Doctors," but scientific physicians. Men who have learned the science and can practice the art.

I have but one plea to offer, and that is, that this society, in memory of the trials and persecutions to which our young school has been subjected in times past, will be so conducted, will be so broad and catholic, that workers and thinkers of all shades of opinions and difference of experience may here find welcome; that it will estimate its members by their talents and their virtue, not by their creeds. Let it subdue its prejudices; abandon its follies; bury its animosities; cast down all silly barriers which separate good and true men from each other; discuss all questions in a tolerant spirit; co-operate with every science worker, and, guided by truth alone, achieve the redemption of man.

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### **Homœopathic Medical Society of Ohio.**

The tenth annual meeting was held at Springfield, May 12 and 13, and received the generous hospitalities and courtesies of the physicians and citizens of that city. The attendance was not what it should have been. It can not be that the physicians of this state care so little about the success of our state organization. If the recently elected officers do not succeed in getting out a better delegation next year, we hope they will be reprimanded and turned out of office. But the men who came were earnest workers. The proceedings will show a large amount of hard and valuable work done.

We regret to say that we are unable to obtain a full report of the proceedings. Relying as heretofore upon the generosity of the convention, and the energy of its officers, we naturally expected to be put in early possession of the minutes so that we might give our readers the gist of the papers presented, and the material facts of the discussions.

But the sad discovery has been made that our medical journals are the sworn enemy of the society. Certain gentlemen were, therefore, moved to oppose the granting of any privileges to us. We were not allowed to publish any papers, and we are not furnished with a copy of the discussions. In connection with the publisher of the *Reporter*, we offered to publish the proceedings at a large reduction of the usual cost and this was denied us.

We may possibly make a better fight for our rights another year, if, as is doubtful, the occasion may require. On Tuesday evening, Dr. F. L. Flowers, of New Lexington, delivered an able, popular address in the Opera House. On Wednesday evening, Dr. and Mrs. S. E. Adams very generously entertained the members at their Electropathic Institute, which beautiful resort has just been opened for the summer season.

Dr. C. C. Olmstead, of Cleveland, made a short and successful term as president *pro tem.*, after which Dr. J. D. Buck presided with his usual dignity. Dr. H. H. Baxter, the Secretary, aided by a stenographer, gathered up all the good things said and done, and they will appear in due time in the official reports.

Dr. J. R. Flowers, of Columbus, was made president for the following year; Dr. C. C. White, of Columbus, vice-president, and Dr. W. A. Phillips, of Cleveland, secretary. The next meeting will be held in Columbus, and we hope it will be attended as it should be by every physician in the state.

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## Physiology.

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**The Blood.** \*By O. S. Runnels, M. D. Indianapolis, Indiana.

This factor of the animal organism has been the subject of much writing and extended investigation.

Physiologists in every age, from the time of mystic darkness, in which the profession of medicine originated, to the present time, have devoted their best energies to its study and elucidation; and although in their conclusions the greatest diversity is manifest as a reference to the chronicles will attest, yet a gradual approximation to the truth is apparent in the record of each succeeding observer.

But sixty or a hundred centuries in science do not prove exhaustive; and to-day we are but on the threshold of the higher understanding of this direct source of our physical life—an understanding which will develop as the years of the ages roll on and which will have its culmination in that ideal age in the future, when medical sectarianism shall cease to exist, and truth without the habiliment of falsehood shall receive universal acknowledgement. The effort of every disciple of nature's truth should be to hasten the advent of this triumphal day, and it will be by close study, a keen observation and a clear and fearless record that the end will be attained.

Every living thing owes its existence to the circulation of a nutritive liquid through all its parts, this liquid is peculiar in its properties to the thing nourished; and hence of multitudinous variety. In plants and trees it is the sap; in the animal kingdom it is the blood. Its office in vegetable life is formative only; in animal, it has to do with the decay as well as the

\*Read before the Homœopathic Medical Society of Indiana.

growth. To provide materials for the regeneration of every part of the body, to receive the products both of its selection and waste and convey them to the proper organs for appropriation or removal, these are the duties of the blood in the animal economy.

The blood is now known to be the most abundant and highly organized of the animal fluids, and is recognized by all observers as being the grand agent of nutrition; nourishing the system, sustaining respiration, and proving itself to be, in fine, the very life of the body.

“Considered in relation to nutrition,” says Draper, “the blood presents many interesting aspects. Each of the thousand and variously constituted parts of the body is withdrawing the supplies it needs, the muscular, the nervous, the cartilaginous, the bony; and hence there arises a general balance in the system, each part making its demand at a certain rate and each observing a complementary action to all the rest. Many of these phenomena which, in the infancy of physiology, were regarded as instances of sympathy between different parts are clearly dependent on these conditions; for the development of one part by abstracting special material from the circulating liquid permits co-ordinate development of another or perhaps puts a stop to it. The minutest portion of the mechanism is thus indissolubly connected with all the rest through the medium of the blood.

The blood is formed chiefly from the chyle and is the source of all the secretions. It is white in the mollusca and inferior animals, and red in the mammalia, birds, reptiles and fishes. This difference gives rise to the terms “white” and “red blooded” as applied to these classes.

The general physical characteristics of the blood are so well known that we need not here enter a minute description of it. It is enough to say that it is of a dark red or purple color in the veins and of a bright red or scarlet color in the arteries; that it is viscid, drying rapidly, salt to the taste, alkaline reaction, and has a faint sickish odor similar in each case to the odor of the individual perspiration. Its specific gravity has a physiological range from 1,045 to 1,075, with an average at

1,055, the variations in density being due largely to the variations in the quantity of the cells. The capacity of blood for heat is in direct proportion to its density; 98½° Fahr. is however the normal temperature. Before considering its functions farther it will be not only appropriate but desirable to examine afresh its constituent elements.

A large number of analyses of most recent date yielded the following ingredients in their stated proportion as the average composition per 1,000.

Water	781.6;	Solid Residium	218.4,	which is composed of
Fibrin	-	-	-	2.5
Corpuscles (hæmatine, globuline, cell membrane)	-	-	-	135.
Albumen	-	-	-	70.
Seroline (?)	-	-	-	.025
Cholestrine	-	-	-	.125
Oleate, Margarate, Stearate of Soda	-	-	-	1.4
Chlorides of Sodium and Potassium	-	-	-	3.5
The Salts:—				
Carbonate, Sulphate and Phos. of Soda, together	}	2.5		
with free Soda, (Carb. of Soda most abundant)				
Carbonate, Sulphate, Phosphate of Potassa	}	.35		
Sulphate of Magnesia				
Phosphate of Lime	}	.55		
Phosphate of Magnesia				
Iron	-	-	-	2.45
Undetermined Extractive Matters	-	-	-	2.45

But this is not the ultimatum; and he who is favored with existence in the twentieth century will doubtless witness much change in this analysis. No two chemists in separate laboratories have ever yet given us analyses exactly alike as to ingredient and proportion, but all have found a mass of "undetermined extractive matter" which they have failed to resolve, and have also united in recognizing "the salts," which term has vaguely represented what to a very considerable extent each individual crucible has evolved. Regarding the principal ingredients, however, there is only a difference as to proportion, and this we shall see is not the fault of chemistry but legitimate and unavoidable. When we remember that the blood is the vehicle which carries all the supplies of the body to their numerous destinations and at the same time the debris, the wastes, the dead and poisonous matter to its point

of ejection, that the amount of this burden varies with the amount and kind of material consumed, the quietude or intense activity of the body, involving great wear and tear; and the condition whether of health or disease of all the organs of both secretion and excretion, is it any wonder, that two specimens of blood can not be found to be alike?

For instance: Take one man of thirty in the full tide of vigorous health, always a good appetite, regularly supplied with most nutritious food and wholesome drink and all the habits of the body correct and temperate, and another of the same years and health basis but who has not partaken of food or drink for several days and an analyses of the two bloods would manifest marked difference both as to quality and quantity. Or if the same man were to assume the two conditions in consecutive time and properly, the same result in more marked contrast would appear. The embryo and pregnant state, childhood, early manhood, and declining life in old age, together with the nature and amount of the food ingested, the liquid imbibed, the sex, region of body from which specimens are obtained and many other items, these are conditions which contribute so largely to this state of confusion and disagreement among observers.

But returning to our analysis let us take a hasty review of our constituents, their properties and uses. Water is the largest factor, maintaining as you perceive in the blood as in the system generally its eighty per cent or four fifths of the entire composition. It is the greatest known solvent and of inestimable value as a controller of combustion, these are doubtless its prime uses in the body. Its proportion in the blood varies reciprocally with that of the solid constituents and is especially augmented when there is a marked diminution of the red-corpuscles. Where it is in diminished amount as after an excessive drain by accidental loss or by the ravages of disease, the craving demand of thirst labors for the supply of the deficiency. In cholera, however, the case is different, for no matter what amount of liquid is ingested the copious discharges notably lessen its proportion.

Fibrin is not so unimportant an ingredient as its proportion 2.5 parts per 1,000, would seem to indicate. It may fall as low as 1 or rise as high as 7.5 parts per 1,000. It originates in the action of oxygen upon albumen and is the legitimate food of the muscular fibre, which makes a constant and very extensive demand for it in its nutrition. One of our latest and best physiologists estimates that  $7\frac{1}{2}$  pounds are thus used in the system every day.

Another very important office of fibrin is to give coagulability to the blood. This will be taken up more fully hereafter. At present we need only say that by virtue of this property spontaneous arrest of hæmorrhage after division or rupture of small vessels is effected. It is a remarkable and wholly unaccounted for fact that the blood of the hepatic and renal veins contains no fibrin, the liver and kidneys seeming to have the power to destroy this principle.

Blood, lymph, chyle, intermuscular fluid, secretions from serous membranes, and milk, limitedly, are found to contain albumen; but the blood contains it in the most abundant measure. Its quantity varies considerably within the limits of health but as a rule is in inverse ratio to the quantity of fibrin. There is little difference in chemical composition from fibrin. The relation of albumen to the body is most important and fundamental in character. It is the original pabulum at the expense of which all the solid tissues are generated; it affords material also for the production of the globulin and hæmatin together with the fibrin of the blood. In itself it is entirely destitute of a formative capacity, its great function being to furnish material for the various transformations in histogenesis. Every care is taken to economize it in the system and it is never excreted except in disease. The corpuscles are the most interesting ingredients of the fluid. There are in man two varieties, the red, which are by far the more abundant constituting about one half of the entire mass of the circulating blood, and the white, which are found in the proportion only of one to several hundred of the red. The red corpuscles give the blood its color and opacity. They are true organized structures; have a flattened, biconcave, circu-

lar form with a thickness of from one-fourth to one-third their diameter which, diameter, is 1-3500 of an inch. Their consistence is not much greater than that of the plasma in which they float. They are very elastic and if deformed by pressure immediately resume their original shape when the pressure is removed.

As the cells are examined under the microscope by transmitted light they are quite transparent and of a pale amber color. It is only when they are collected in masses that they present the red tint characteristic of the blood as it appears to the naked eye; thus leading to the fact that the cells, *per se*, are not red; but depend on the laws of refraction for the general optical effect produced. The variation in color between arterial and venous blood is due to the presence in the venous of carbonic acid. The red corpuscles, or cells are in their use respiratory organs. They take up the greater part of the oxygen absorbed by the blood in its passage through the lungs, convey it to the tissues and there exchange it for a supply of carbonic acid. Their genesis, growth and decay are processes of immense interest to the observer and lie at the very foundation of existence. Their myriad number in the organism can only be guessed at after it is known that twenty millions die with each beat of the pulse.

The white or colorless corpuscles have been more appropriately called by Robin, "leucocytes," inasmuch as they are not peculiar to the blood, but are found in the lymph, chyle, pus and various other fluids in which, formerly, they were known by different names. All microscopists familiar with these fluids must have noticed the great similarity existing between their corpuscular elements. The improved microscopes and, the consequently, more exact investigations of our time have narrowed their varieties down. It is now pretty generally conceded that the mucus and pus corpuscle are identical and that there is no difference between the white corpuscles found in lymph, chyle and blood. In fact the recent investigations of Robin, show most conclusively that the corpuscles contained in each of these media, blood, lymph, chyle, serum, colostrum, vitreous humor, mucus and



pus, are not essentially different but belonging to the same class owe their slight differences to their situations. The leucocytes have nothing in common with the red corpuscles, either as to form, color, mode of motion or function. Indeed what their use is, is to this day an enigma. The supposition that they break down and become nuclei for the development of red cells which at one time obtained is purely hypothetical and without a foundation fact.

A substance was discovered in the blood and described by Bonder in 1833. Its existence, however, in the blood is at least only problematic.

Cholestrine if found in considerable quantity, seems to be influenced in its production by the nervous centers and is diminished in the passage of the blood through the liver.

The oleate, margarate and stearate of soda are found in small quantities, and serve to hold in solution the small quantity of fats and fatty acids found in the blood. They serve, so far as we know, only as saponifiers, or soap makers.

Chloride of sodium, or salt is never wanting in the blood. It exists in all the fluids and gives to some of them, as the tears and perspiration, a distinctly saline taste. It is the, at present, only known factor of the blood that has no relative variation in quantity. If an excess is introduced as food, it is immediately excreted by the kidneys. Its function is not fully understood, but it regulates absorption and maintains and controls the fluidity and consistency of the albumen.

Chloride of potassium, though not as important a principle as that immediately preceding, nor so generally distributed in the economy, seems to have an analogous function.

The remaining elements are found in small proportion and find a use in maintaining the fluidity of the fibrin and albumen; in forming and preserving the consistence of the corpuscles; in contributing the peculiar elements of bone-growth to tissues and in holding carbonic acid in solution for conveyance to the lungs.

Let us now consider some of the manifestations of these elements as they are combined in the blood. You are familiar with the changes recurring in the circulation, the arterial both

pulmonary and systematic, the veins, the portal, and all the ends thereby subserved. It is to the blood at rest that I wish in passing to direct a thought. Very soon after the blood has been drawn it undergoes a spontaneous division into a condensed and liquid portion, the serum and the clot, as every child has noticed.

The reason of this coagulation has been from the first and still is a vexed question, though to some extent determined. The clot is composed of the corpuscles and fibrin; while the serum contains all the other constituent elements.

The loss of temperature; the influence of the air; the loss of carbonic acid and the absence of motion were each in their time, for a long time considered the prime cause of coagulation. John Hunter advances the impressive theory: that the coagulation depended on some impression made on the vital forces before death; and in proof that those killed by lightning or animals which had been hard run or run to death or when death had been occasioned by a hard blow on the stomach no coagulation of the blood occurred.

The German chemist, Zimmerman, believed it depended on a putrefying influence made manifest in the blood soon after leaving the living tissues; and this, on the ground, that blood kept by certain salts or other substances coagulated as soon as a little putrefying matter was introduced. Dr. Richardson's Astley-Cooper prize essay, 1855, on "Coagulation" had for its leading idea carbonate of ammonia; that the substance existed in circulating blood and was always emitted by it in a state of rest, and that the coagulation depended on this emission.

But while these theories have a grain of truth, the probable cause and the only one having, at present, no facts against it is the fibrin cause.

It is evident that this principle is largely the responsible agent in the process. In fact, whatever coagulates spontaneously is called fibrin; and whatever requires some agent to produce this change is called by another name. Since the better understanding of the properties of fibrin, physiologists pretty much agree as to its uses in this respect; for blood rid- ded of fibrin never coagulates and whatever impresses this

agent produces the result. Threads kept in the current, injections of cerebral matter, pus, mercury and iodine, together with the galvanic battery have produced it; and for this reason are employed for the cure of aneurism. Coagulation may be retarded or entirely prevented by neutral salts, as well as by many medicines and poisons, such as opium, belladonna, aconite, hyosciamus, digitalis and by strong infusions of tea and coffee.

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## Miscellaneous.

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### The Brain Power of Man. By Dr. Brown-Sequard.

Have we two brains? and, if so, why not educate both? The views of science upon this subject were different from his. The left side of the body was the side affording volition to the brain, and, *vice versa*, the right side of the brain afforded volition to the body. Eminent authorities had declared that either side of the brain was competent for this purpose.

But we use only one side, and, therefore, leave out of account one half of brain matter. We owe due education to both sides of the brain, or, rather, to the two brains.

As to intelligence, the eminent authorities he had cited established the fact that either side of the brain was competent for full development of the faculties. There were many persons of two minds, because they were never able to make up their minds. Some men claim to be rational while they are insane. There were many cases that show clearly that there were two brains. He had known a boy in London that manifestly had two brains, whose peculiarities he described. He

would fall into a comatose state, and suddenly open his eyes brightly, inquiring of his mother why he was not introduced to the gentleman who was present while he was asleep. Again, the lecturer saw him when the boy recognized him. He had two mental lives. He knew nothing of what occurred in his sleeping condition, when fully awake; and when in the latter condition he knew what had occurred when in the former. The lecturer had seen three cases of this kind.

As regards faculty of speech, the fact that we had two brains was not so easily proved. The loss of the faculty of expression depends upon disease of the left side of the brain; and this proves that the right side is distinct.

As regards sight, a theory has been put forth by a celebrated physician of London that the right side of the base of the brain is the centre of sight. The inner half of the right eye and the outer half of the left eye have the base of the brain as the center. A disease in the left side of the brain, where the optic nerve touches, would therefore affect only one-half of the brain. Notable cases were given in which parties had seen but one-half of certain objects that they gazed upon. If the disease exists only in the left side of the base of the brain, only one-half of the eye will be affected. So there are many cases that go to sustain the philosophers. But we do not accept conclusions unless theory is thoroughly supported.

There were three series of facts, but one would be enough, to show that the theory should be rejected. Disease of the brain, where the optic nerve touches, would not be sufficient to cause loss of sight. One side of the brain would be sufficient to sustain sight. An alteration in any portion of the nervous system, acting upon other parts, can produce disease in that part. Injury to the spinal cord would produce loss of sight on either side. There was nothing more common than the loss of sight temporarily in children who suffered from worms in the stomach. Any injury in one-half of the brain can exist without producing loss of sight. Either half of the brain may, therefore, serve to sustain sight.

As to the voluntary movements, these depended upon the action of the body. Yet there were many small muscles which were not affected in cases of paralysis. There were cases on record in which it was shown that the lower lobe of the brain could be destroyed without affecting these voluntary movements. There were several such cases. We must, therefore, look on one-half of the brain as being sufficient to sustain voluntary movements on both sides of the body. An irritation in any part of the brain may affect any part of the body, and an irritation in any part of the body can produce paralysis in another part. The irritation could also act upon remote parts. This shows that the power of will does not control the entire actions of the body. When paralysis occurs it depends upon irritation.

The same reasoning applies to sensation. There were thousands of cases affecting the brain that did not affect the feeling. Passing these facts in review we find vast differences owing to the fact that one-half of the brain was developed for certain things and the other half for other things. To the left side of the brain belonged the faculty of expressing ourselves by speech. Articulation depended in great measure upon the left side of the brain. Difficulties in the mechanical point of speech were more frequently found when the left side of the brain was diseased. It was the mental part that was lost, and not the mere mechanical action. The left side of the brain was also the motive power of gesture. When the left side was diseased patients lost the power of gesticulation.

As regards writing, it was lost more frequently in diseases of the left side of the brain. The right arm was paralyzed by diseases of this side. Many thus diseased could not write from memory, although they could use their fingers and copy. In those cases it sometimes occurs that persons could not write at all.

Intelligence depends more upon the healthfulness of the left side than of the right side of the brain. The right side of the brain in some cases has the power of the left, if properly developed. This serves to hysterical developments and

to nutrition of the body. One, the left, applies to mental; the other, to the natural life.

The right side of the brain operates upon the limbs in cases of paralysis and other diseases; also upon disturbances in the lungs, liver and other parts. Hysterical and emotional symptoms are more common in cases of disease of the right side of the brain: out of 120 cases of paralysis that came under the lecturer's observation there were 96 caused by disease of the right side. An alteration of the retina of the eye will come more frequently from diseases of this side of the brain. Out of 69 cases of convulsions of the eyes 47 were due to disease of the right side. Death occurs much more frequently by diseases of the right side of the brain, and in cases where patients do not die it will produce more extensive and enduring paralysis.

All this, shows not that the two sides of the brain differed originally, but that there were different developments of each. The left side of the brain was much larger than the right side. If a person went frequently to the same hatter, he would find that his hat had from time to time to be enlarged. There was no question that the brain grew. By studying a particular subject the person became more proficient, and the brain was more fully developed.

There was no doubt that the left side of the brain predominated in our system. Our being right-handed showed it. There was no population in the world that was not right-handed. The right hand of the body was mostly used. Left-handed individuals used the right side of the brain, showing the connection between these things.

There was primitively a difference between the two brains. In children convulsion were sooner developed in the left than in the right side of the brain. This was attributable to excess of blood in the left side. Parrots roosted on the right legs, and their talking power came from the left side of the head.

There were four vital points to be considered. The first was that asphyxia was connected with the left side of the brain in persons that were right-handed, and with the right

side in those that were left-handed. The second point was that children who were first learning to talk, if disease came in the left side of the brain, learned to talk just as well with the right side of the brain. Though losing half of the brain they got along just as well.

This proved that the right side could be educated, with the left hand for execution. The third point was, that four out of every hundred left-handed persons learned to write with the left hand; therefore the left side of brain, even with persons left-handed, could be educated better than the right side. The fourth point was that the leg was rarely ever so much affected by paralysis as the arm. He however would pass over this argument, as it could only be understood by medical men.

If the lecturer had established that we had two brains then they should be developed. If we could develop the legs and arms of both sides we could develop both sides of the brain. If we gave as much attention to the left side of the body as we do to the right side we would fully develop our two brains. The important point, therefore, would be to make children use both sides of the body—alternately using the right and left arm and the right and left leg equally. There would be no difficulty in thus training children to full development.

Even adults who had lost speech by disease of the left side of the brain could regain the power by cultivating the right side. In gesture, persons who had lost the right arm could be trained to use the left. If children were thus trained, we would have a sturdier and healthier race, both mentally and physically.

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### **Trichina in the West.**

At a meeting of the St. Louis Board of Health, a few weeks ago, the city chemist reported that he had made microscopic examination of pork from one thousand hogs, retailed at

butchers' stalls in the city, for the purpose of ascertaining what per cent. of the pork was afflicted with trichina. The flesh from thirteen of the hogs, or one and three-tenths per cent. was found to be infected. The result when the experiment was made with separate hundreds was about the same. The doctors said the butchers reported that they had sold but little pork during the last few months, and more care than usual had probably been exercised in cooking it. The parasite, when in a hog, was found in all parts; which must be very cheerful reading to those who are wont to regale themselves upon the savory sausage or the nourishing bacon.

WHILE Prof. Watson has been fooling away fifteen years of his life in the study of astronomy; a very clever fellow in Delaware has discovered that a turnip tied to a string and hung to a hook will prevent rheumatism from entering the house.

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## Book Notices.

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**Clinical Uses of Electricity.** BY J. RUSSELL REYNOLDS, M. D.; Second Edition: Lindsay and Blakiston, Philadelphia.

This little work of 118 pages is the most thoroughly practical book of the kind we have yet seen, giving all theories a wide berth it gets at once at the kernel of the subject. In the plainest, briefest manner it presents the uses of electricity so that a child may clearly understand the conditions and mode of application. The writer first treats of the limits and value of electricity in diagnosis, then of the various forms of electricity in use. These are followed by the diagnostic and therapeutical application of this agent. In this way, stripped of its burdensome technicalities, the matter is made interesting and valuable to every practitioner in want of information on this subject. For sale by Robert Clarke & Co. Price \$1.25.



**On the Universality of the Homœopathic Law of Cure.**

BY CHARLES NEIDHARD, M. D.

This address, first delivered in 1851, was re-delivered in 1872, and is given to the public as an exposition not likely to be endorsed by even the greater part of the homœopathic school. The limitations of our law of cure as understood by many do not allow of such wholesale applications. When the animal functions, the appetites and passions, law, philosophy, religion, agriculture, education, history, chemistry, poetry, etc., are forced into subordination to this law the thing is run into the ground. The author proves too much for the good of his argument. Still the lecture is interesting and will well repay reading.

RECEIVED—Fifteenth Annual Announcement Hahnemann Medical College and Hospital, Chicago. Boston University Year Book, Volume I. Syphilitic Membranoid Occlusion of the Rima Glottides, By Louis Elsberg, M. D. On the Regular and Systematic Respiration of Pure Air as a preventive of Consumption, By J. C. Burgher, M. D. Nineteenth Annual Report of the Bond Street Dispensary, Otto Fullgraff, M. D., Founder and Manager, New York. Special Report of a Plan for the more thorough and proper proving of Remedies and Notation of Symptoms, By J. P. Dake, M. D. Relations of Colorado to Pulmonary Consumption, By Thos. E. Massey, A. M., M. D.

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**Editor's Table.**

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Dr. G. T. PARKER changes his location from Newcastle to Cleveland.

Dr. AARON BALDWIN has located in Washington, D. C., corner 11th and M sts., N. W.

Dr. GEO. MENDENHALL, a distinguished Allopathic physician, of Cincinnati, recently died.

Dr. C. H. EVANS, of this city, rejoiceth exceedingly over his first born one of the coming women.

THE death of Dr. W. M. Williamson, of Philadelphia, will be sad news to many of our readers.

THE advertisement of the Cleveland Homœopathic Hospital College, may be found in the present number.

"Get the Best," that is, get Websters Unabridged Dictionary and be forever happy. See the advertisement.

THE "fever of love" is said to be best cured by the chill of wedlock. This is not homœopathic and we reject the proposition.

A WESTERN JOURNAL wishing to do the handsome thing by a local doctor, recently announced: "Dr. Crawford was called in and under his prompt and skillful treatment, the young man died." If that editor gets sick he better not call on Crawford.

THE Cincinnati Homœopathic Medical Society recently elected new officers—T. P. Wilson, President; C. H. Evans, Secretary—and will hold a session every two weeks. If all the doctors in the city would join, it would add much to the success of the Society.

A NEW medical journal is about starting, to be called "The Night Bell." If its object is to foster that detestable article, we hope it will not succeed, but if it labors to abolish that ancient and intolerable nuisance—intolerable to all save young doctors in want of patients—then we wish it all possible success.

Dr. HOLCOMBE, in the *United States M. and S. Journal*, gives some excellent advice to the doctors. We know a good many who might be greatly benefited by acting on the suggestions made. Only on one point can we differ from him. He says: "No man needs the strengthening influence of recreation and amusement more than the doctor. He works best and lasts longest who makes frequent breaks in the heavy strain of professional toil, and yet a great deal depends, in

the public estimation, on the kind of amusement he takes. It should always be of the intellectual type. Avoid the billiard room, the bowling alley, the gambling saloon, the race track, the political caucus and the public ball. Seek occasional relaxation and rest in the social circle, the lecture room, the concert hall, the theater, the opera." It may be "public estimation" sets the line just at the point indicated by the doctor, but we fear his personal prejudices have slightly colored the question. We have seen billiard rooms, bowling alleys and race tracks that were vastly less immoral than some first class theaters and some fashionable social circles. With good company and innocent recreation the doctor, and any body else for that matter, might take such enjoyment as they liked without a classified index to go by.

**American Institute of Homœopathy.** Niagara Falls, June 12, '74.

**EDITOR MEDICAL ADVANCE:—**

Your "all aboard for Niagara" settled the perplexing question whether to go or stay. The yearly meeting of the Institute is one of the "terrible temptations" that beset a tired doctor in want of rest, judiciously mixed with fun and information. The even balance that holds the motives that make us stick to business or break away is thus easily made to dip to a conclusion by the short sharp words that come snapping from your editorial pen.

For Cincinnati our delegation here is a good one. Seven of our doctors—but alas *not* our seven wives; only four—are booked here for the present session.

The route by which we came is incomparably superior to all others. Leaving Cincinnati by the Atlantic and Great Western Railroad, broad gauge, Pullman Palace Cars, and all modern improvements we came to Jamestown at the foot of Chataqua Lake early in the afternoon. Then by steamer we had a grand ride of two hours and a half, touching at various points along the lake. Nothing we are quite sure can excel this lake region with its many beautiful watering places as a resort for our summer goers. Fishing and frolicing abound. On board

the cars again at Maysville we intercepted Pittsburg, Titusville and Corry doctors all bound for the Falls. Passing Dunkirk and Buffalo we arrived here near midnight and awoke the next morning to find the hotel crowded with delegates from all parts of the country.

A forenoon of opening business in which little was done save to get a good start. Then all the afternoon was given to enable us to pay our worship to the mighty Niagara and its wondrous surroundings. In the evening the business of the Institute was resumed and the adopted programme fully carried out. And so without tedious detail day after day passed with a morning and evening session and a good half day for sight seeing.

Sancho Panza blessed the man who invented sleep and we can but bless the man who discovered Niagara Falls and then sent the Institute there. And we will thrice bless the man or men who sent us to Put-in-Bay for our next meeting. But this is in anticipation.

The report of bureaus was never so full. After making a general report in convention, several of the bureaus adjourned to meet in section, and the published proceedings will show how greatly this has increased both the quantity and value of the discussions. Hereafter, this will, we hope, be the rule followed by all the bureaus.

The presiding officer, Dr. Youlin, merits great praise for the excellent manner in which he presided. The proprietors of the *International* spared no pains to make their guests comfortable and happy. The social features of the meeting, while greatly enhanced, did not trench upon the business. The banquet and hop were all that could be desired. At the conclusion of the Institute, we had the pleasure of enjoying the hospitality of Dr. and Mrs. Cook, of Buffalo. Their beautiful home was bountifully adorned with rare flowers in honor of the recent marriage of one of their lovely daughters.

We have only to regret that in the adoption of the new constitution the generosity of the members had not led them to advance the yearly dues to the respectable sum of ten dollars, and to make a wise provision for the remuneration of the hard worked officers of the Institute.

THE

**Cincinnati Medical Advance.**

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Subscriptions to the *ADVANCE* should be sent to DR. T. C. BRADFORD, P. O. Drawer 1284, Cincinnati, Ohio.—\$3.00 a year, IN ADVANCE.

All business communications, relating to the publication or to advertising, should be addressed to DR. T. P. WILSON, S. W. Cor. Seventh and Mound Sts., Cincinnati, Ohio.

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E. Steiger, of New York, is our agent.

The June No. of the *N. E. Medical Gazette* shows a fearful internal derangement. What's the matter Brother Nichols?

Mr. James Vick, of Rochester, sends us a "picter" for our first page. He has a genius for beautiful things. Send for his catalogue.

Hahnemann Hospital, of Chicago, is to have a "grand Charity Fair" next November. All those who intend to whistle at this fair may this early "prepare to pucker."

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The Exposition for 1874 will be the chief attraction of our city the coming months. Why couldn't the doctors have a hand in and let their pills compete for size or quality or precision?

Dr. O. P. Baer sends us a lecture delivered in Richmond, and devoted to the demolition of Darwinism. If no more is heard of the subject, we will conclude the good doctor did the deed.

It is very clever in Mr. Barnum to send us so many notices of his Hippodrome. The "circus ring" is one of the modern sciences we haven't investigated to any great extent, but if it can aid medicine much, we shall incorporate into our repertorial list.

After mature deliberation we have concluded to pronounce publicly in favor of cremation. We are sorry to see the *U. S. Medical and Surgical Journal* and the *Investigator*, both of Chicago, do not espouse this suddenly popular plan. However, as they have once been cremated ante mortem it is too much, perhaps, to expect them to long for the fiery ordeal post mortem.

#### **How to Start a Medical Journal.**

If you know of some royal road to success in getting a medical Journal on its feet, please write us by return mail. Wouldn't it be a good plan to wait until fifteen hundred subscribers sent us their names and money and, with tears, begged us to start a publication of some sort? That would show there was "a demand for another journal." And that is what grieves some cautious souls we know, that we should do such a thing, except as a public necessity.

Wouldn't it be a good plan to get out a pretty large edition every month and then wait until some one sends us word they want a copy? One might reasonably expect a couple thousand such applications to come in by most any

mail. There would be five hundred applicants unsupplied. Let them patronize some other journal. Its very annoying to have notices sent you that some body is about to publish a magazine and would like to have you subscribe. And it is downright insulting to have a specimen number sent you with the request that you read it. It would make you laugh to see the letters we have on file from parties who take it in high dudgeon that we would presume to send them a specimen number without solicitation.

Wouldn't it be a good plan to print every month as many copies, say as we feel able to pay for out of our own limited income, and send them out broadcast to the profession? We know several hundred persons who are delighted to read what we write and would be glad to get an installment of our "idees" every month. With nothing to pay on the part of the reader, we could get up a big circulation. Just for the fun of the thing, we could distribute the journal to one or two thousand readers, and if any of them happened to think it worth while to make us a small donation—a matter of three dollars or less—we could invest it, at once, in more journals to give away. Would it be a good plan also to start a journal suited to everybody's peculiar notions? What's the use of reading a publication that has ideas of its own, and doesn't agree with yours? You might read it perhaps, but you wouldn't think of paying for it. It is our fortune to lose the chance of getting a large number of subscribers because they don't agree with our views. It's too bad. But the remedy on that point isn't clear to our minds. Perhaps, we might wait until everybody thought just like everybody else, only the need of journals would then be passed.

Now the plan we have adopted is a very simple one. We have assumed the need of just such a journal as this, and, without waiting to be asked, we have published it and sent it to responsible parties, soliciting their subscription. A

thousand copies have been distributed monthly, and all we need just now is for a few parties, who have taken and read our journal to send us in their substantial recognition of the value of our work. For a better plan than this we will give a year's subscription to the *ADVANCE*.

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## Hygiene.

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**What We Eat.\*** By Gehard Saal, M. D.

Hardly escaped from his mother's womb the child seeks the breast for its nourishment. Hunger and thirst are two most powerful motives. Food satisfies the first and drink the latter. Schiller says:

“Hunger and love bind together the world.”

Man is omniverous in as far as he eats nearly everything, particularly if necessity compels him; only the hog surpasses him in that capacity. As different the zones and countries so manifold is the food and drink.

The most important of the former is unquestionably the bread. “Give us this day our daily bread,” we say, and not our daily meat. Next to bread, the meat, mostly beef, and these two we find the constant companion of man in his culture, civilization. Indispensable as drink, are water and milk. The higher, however, the culture of a people the greater the variety of food it consumes. As man instinctively seeks for something more than he absolutely needs, he wants variety of enjoyment, and so in the progress of time we find the most varied food and the most different drinks.

\*Continued from July Number.



The saying of Hippocrates, that "only what tastes good serves as food" has a deep significance, in as far as the individual taste requires a difference in the preparation of food, not only for the single individual but for a nation.

What difference in the preparation the cooking of one hundred years ago and now. One pot over the chimney fire as we find it yet in the Southern States, and our cooking stoves or ranges.

See how under the guidance of the natural sciences, principally chemistry, man prepares now food for the millions with the aid of steam, not only for immediate use but also for future consumption. We have our fresh peas, cauli-flowers, and asparagus not only in every season but in every climate.

In all the processes of the preparation of our food either for immediate or future consumption there takes place a chemical process always induced by heat, in virtue of which process they become not only more digestible and consequently more nourishing, but also less dangerous, namely, by destroying and killing animals, with their eggs and offspring, inhabiting certain kinds of meat which, when, introduced into the human body raw, endanger health and, in many instances, life itself. So we have in the raw beef the eggs of the most dangerous species of tape worm and in the pork the trichina.

The discovery of the trichinæ which, undoubtedly, have been the cause of thousands of diseases which were formerly diagnosed as gout, rheumatism and typhoid fever, and consequently produced death in all these cases more or less frequently.

I say the discovery of this microscopic animal, its origin, growth and development, as shown by the microscope, makes one of the brightest pages in the history of the natural sciences.

Dr. Jehr, in Wurtemberg, as early as 1675, describes a number of cases, the symptoms of which correspond exactly with trichinosis, the cause of which he ascribed to diseased meat and insisted at that time on the appointment of meat inspectors.

As early as 1832, Hilton, prosector at the Guy Hospital, in London, found on the cadaver of a patient who had cancer

of the breast the animals in the pectoral muscles; not as living animals, however, but petrified, or, more properly, calcined. In 1835, Owen also on a cadaver found those calcined granules but through the application of acetic acid the animal became visible as a filiform spiral worm to which he applied the name of *trichina spiralis*.

In fact, not only the capsules of these animals but also the animal itself, was found in a great many post mortem examinations, but as the persons generally died with the symptom of typhoid fever, very little importance was ascribed to them.

In 1860, Prof. Luckart had one and a half pounds of muscle from a man who had died in the hospital, at Halle, containing *trichinæ*, he fed with it three dogs and two hogs. Each animal received 220 to 230 grains of the meat or about 300,000 *trichinæ* in each. Already on the fourth day, there were found in the intestine thousands of free *trichinæ*, with well developed sexual organs, and others filled with eggs and young ones.

By means of these and other experiments of Luckart, it was settled,

1. That the *trichinæ* are a separated sex, and that the *trichina* found in the muscle already possessed sexual organs, although yet somewhat undeveloped.

2. That the immigration of large numbers into the muscles of these young born in the intestine is attended with significant symptoms of disease, and may even cause death, for all animals experimented upon had shown symptoms of intestinal affections, fever and painfulness of limbs, indeed, of nine rabbits that were not killed, seven died.

Accidentally, just at this time, when Luckart was making these interesting and weighty experiments on feeding the first case of trichinosis resulting in death happened in Dresden.

On the 12th of January, 1860, a girl from the village of Plauen, who had previously enjoyed perfect health, was brought to the Dresden hospital suffering since the Christmas holidays with lassitude, sleeplessness, want of appetite, constipation, thirst and heat and treated then as a typhoid patient. To the former mentioned grievances an extraordinary painfulness in the limbs accompanied with a spasmodic flexion of

the knees and elbows, and an utter impossibility of relaxing the contracted members. At the same time the face and lower part of the thigh began to swell, and the patient moaned night and day. At last, typhoid affection of the lungs set in and death of the girl followed January 27th.

Having the attention aroused by the epistolary communication on the part of Luckart, Zenker ordered a microscopic examination of the flesh and was not a little astonished when he found millions of living, partly not yet and partly already capsulated trichinæ. There were also found in the intestinal canal mature trichinæ worms of one and a half millim. and females four millim. in length, turgid with embryonic life.

It was ascertained by the immediately appointed investigation that the girl's master had shortly before Christmas killed a hog and the girl, the butcher and several members of the family had partaken of the raw meat during the process of sausage making, in consequence of which all became more or less sick, especially the butcher, who was laid up for a longer time, he was said to be suffering from gout, and this was accompanied with a strange rigidity and painfulness in the limbs and muscles of the neck, and that the one remaining ham was teeming with trichinæ.

This case excited an immense sensation, first of all in the scientific world. It opened, at last, the eyes of the physicians and naturalists in relation to the significance of that microscopic worm.

Toward the close of the same year, two cases apparently of trichina disease occurred in the Leipzig hospital which, however, did not end in death. and already at this time Prof. Wunderlich recommended the consideration of trichina in difficult cases similar to typhoid or acute rheumatism. Since that time, cases of trichinæ disease have increased, indeed, taking the form of epidemics.

NOTE.—We are informed that hams sent from this city to Germany are there duly and individually inspected, and if found free from these parasites, are branded "Trichina frei," and so are eaten without fear. Why shouldn't our government have the same care and protect its citizens as well? ED.

## Physiology.

**The Blood.** \*By O. S. Runnels, M. D., Indianapolis, Ind.

Coagulation is nature's own provision for self-preservation; it constitutes one of the leading features of her native surgical ability; and ante-dates all human endeavor in this regard. Its mechanical property causes effective arrest of hæmorrhage from accidental or other causes in the smaller vessels. With the lower animals and those creatures that have not the means of artificially arresting hemorrhage this property is more markedly manifest and safety is thus doubly assured.

A phenomenon of coagulation to which great importance was attached by the profession in the near past is the buffy coat. It is owing to the fact that the red corpuscles have a density greater than the liquor sanguinis. When blood is at rest they naturally sink till some obstacle prevents their so doing, as long as coagulation does not occur, they continue to move toward the bottom of the vessel till the fibrine solidifies when the upper layer of the coagulum no longer contains red corpuscles and is therefore colorless. In inflammation the density of the corpuscles increases and the colorless or buffy coat is consequently thicker. This is sometimes a good indication of the existence and even of the degree of inflammation, but there are many other circumstances besides inflammation and without it which lead to this same formation of the buffy coat. This latter fact carried consternation and confusion to the men of the lancet for upon the never varying significance (?) of the buffy coat did thin sanguinary measures depend.

*Similia Similibus Curantur* never conferred a greater boon on bleeding humanity than when she gave aconitum napellus as a substitute for venesection in inflammation. Untold

\*Read before the Homœopathic Medical Society of Indiana. See July No.

millions have bled through syncope to death who, with this "bane of the wolf" would have passed their allotted time, the full measure of their years in vigorous health.

Having thus reviewed the elements of the blood in normal composition, it will be interesting and instructive to glance at a few of the deviations from this standard. We have shown that variations in the proportion of the elements do exist and within certain limitations are both legitimate and necessary to preserve the equilibrium of the organism through all the phases of change it is called to pass.

But while we have this *normal* variation we are subject to derangements or *excessive variations* which are liable to occur at any time and which *may* prove inimical to the continuity and *life* of the organism.

These departures from the health standard may consist in an abnormal increase or decrease of the constituents of the blood thereby vitiating the quality; or in an increase or decrease of the whole mass of the blood causing an abnormal increase in quantity; or in the introduction of obnoxious substances, such as sugar, uric acid, oxalic acid, ammonia, sulphuretted hydrogen, urates, gall and pus; which becoming mixed with the blood, impregnate it, thereby causing a poisoned state of the whole fluid.

The fact as to these varying conditions in the constitution of the blood, both regarding the changes in the quality of the individual elements with the *quality* of blood resulting and the addition of the extraneous matters above mentioned, is so generally accepted and so readily demonstrable by any intelligent observer, that we need not here dwell upon it.

It is to the fact of the variability in the *quantity* of the blood in general, that I wish to claim your further attention, and the more so, as there seems to be a degree of surprise manifested that a member of this Institute, in the nineteenth century, should maintain such a position. Hermitage in this age of the world being a little unpopular permit us to call in a few of the leading minds of our time for the sake of companionship. The unanimity of the "old school" on this point is marked, Austin Flint, Jr., our most recent physiologist and of

no mean extraction professionally, says: "The quantity of the blood undoubtedly varies in the same individual in different conditions of the system; and these variations are fully as important, in a physiological point of view, as the entire quantity. Prolonged abstinence has a notable effect in diminishing the mass of blood, as indicated by the small quantity which can be removed from the body under these circumstances, with impunity. It has been experimentally demonstrated that the entire quantity of the blood is considerably increased during digestion."

Dr. Tanner, of the Royal College of Physicians and Surgeons, in the recent edition of his "Practice" defines hyperæmia or plethora as "fulness of blood" or "blood in excess," consisting of an increase in the whole mass of the blood, to an extent very variable in different cases." "The existence of general hyperæmia is marked by symptoms which can not be overlooked."

"The blood though present in excess, may yet be healthy and will possibly be distributed equally to every part of the body. The chief fear is, that owing to the distension of the vessels the walls of one or more of them will give way, a result of little moment if the blood escapes out of the body, though of vital consequence if it flow into the delicate structures of the brain from ruptured capillaries."

Chambers' Encyclopedia, the most careful digest and accurate compendium, in our language says: Plethora "may arise either from too much blood being made, or from too little being expended. The persons who became plethoric are usually those in thorough health, who eat heartily and digest readily, but who do not take sufficient bodily exercise and do not duly attend to the action of the excreting organs. With them the process of blood making is always on the increase and the vessels become more and more filled as is seen in the red face, distended veins and full pulse." "The state of plethora thus gradually induced may be extreme without any functions materially failing, and yet the subject is on the verge of some dangerous malady, such as apoplexy or structural disease of the heart or great vessels, or of the lungs, kidney or

liver." These extracts are from our most recent allopathic sources. What now do we hear in our *own* family, the fraternitas similia.

"The whole mass of the blood may be increased or decreased causing an abnormal quantity Raue (p. 530.) Dr. H. N. Gurnsey, of Philadelphia, says: (p. 411, new edition, Obstetrics,) in speaking of puerperal convulsions. "The most prominent of the physical intra-cranial causes consist in that derangement of the sanguinous system incidental to many cases of pregnancy, and known by the old term of plethora. Pregnancy is usually and very justly considered a state of plethora, and it may be readily presumed that the balance of such plethora may determine toward the head, inasmuch as the great vessels of the abdomen must be supposed, during the latter weeks of gestation to be liable to much impediment to their action from the pressure of the gravid uterus." And again; "The intra-vertebral causes" . . . . "have reference either to the quantity or the quality of the blood. Too large a quantity relatively, exerting an undue pressure upon the spinal cord—either directly, or by means of serous effusion—may give rise to puerperal convulsions, and a similar result, as already stated, will follow the opposite or anæmic condition." Kafka, whose name comes to us from across the sea, who has done much for the upbuilding of Homœopathy in the Fatherland and whom we all delight to honor, devotes in his second volume, several pages to the consideration of the disease and treatment of constitutional plethora." He says: "Daily experience teaches us that a constitutional hyperæmia does occur, although not very frequently, and that it represents a derangement which occasions morbid symptoms. The volume of the blood is increased, this increase of the volume of the blood involves a proportionate increase of the number of blood corpuscles and of the albumen. It most frequently occurs in the case of young persons who having a good and active digestion consume a quantity of meat and other protein material without taking much exercise. It is likewise observed in the case of older persons who, while appropriating a large supply of food,

lead a sedentary or indolent mode of life." So much for modern physiology on the subject of plethora. It would be interesting to consider the relation and action of the various malariae, miasmae and viruses in the blood, but our space forbids and we leave it for subsequent consideration.

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## Theory and Practice.

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### Questions about Homœopathy.

The *Medical Review*, of Indianapolis, very generously comes to the defence of Homœopathy.

A writer in the *Eclectic Medical Journal* says of Homœopathy: "If its scope is unlimited as it is claimed then with fullest propriety can we say that to cure a burn it is necessary to burn again or to heal a wound it must be cut afresh." The editor of the *Review* replies: "The true little Latin phrase which expresses the homœopath's fundamental law of cure gives no warrant to Dr. Munk's conclusion. No intelligent Homœopath claims or ever did claim that *the same cures the same*, though they will admit twenty times a second if you wish that *like cures like*."

And then he goes on to say by way of explanation: "We make this little explanation with a view of giving the devil his due, knowing well that Homœopathy in common with all other sects has sins enough of its own without being charged with such as it is innocent of." This is in charming contrast with the spirit manifested by some writers who attempt to criticise us. Some of them are both ignorant and malicious



and they never fail to show both qualities when they discuss Homœopathy.

It is worth something to find an honest enquirer and as the editor of the *Review* follows up his timely defence with a mild attack of interrogatories we are bound to give him a hearing. And this is the way he puts it:

“There are a few questions connected with Homœopathy, which to our untaught soul, have become standing conundrums. Infinitesimalism is based upon the idea that disease quickens the susceptibility of the affected part. Now is this an assumption or is it an axiom, and if not an axiom is it not a little cheeky to base a law upon it? How many hundreds of instances have we known and heard of in which the sick have taken without noticeable effect a quantity of medicine which in health would have nearly or quite killed them. It is claimed by Homœopaths that in most of these cases you are practicing chemistry, not medicine—that whisky for instance, in snake-bite is merely an antidote, not a curative agent. But if it is not demonstrable in *every* case where greater quantities of medicine are borne in sickness than could be in health that you are practicing chemistry the law is not worthy of respect. It is doubtless true that in a large class of diseases the susceptibility to drug impresssion is exalted but may there not be some in which, from paralytic and other influences, this susceptibility is obtunded?

In constipation—which is a disease—are the organs at fault more impressible by the indicated remedy than in health! According to Homœopathy they are, but according to the rest of the medical world they are not. If we find a patient whose bowels have not acted for three or four weeks, and there is immediate danger of perforation or other dangerous complication, the whole world, including Homœopaths, must admit that the medicine which will soonest induce an alvine evacuation, is the remedy indicated. A Homœopath might in this case, resort to enemas, but this would only confirm the universal judgment, even if the injection did not fail. *We want to move the patients bowels immediately.* Will infinitesimal medicine do it? We know it will not. But if the bowels are more impressible now by the indicated remedy than in health, why will not the decillionth of a grain of podophylin do? We are the last to defend promiscuous catharticing, knowing well that in correcting the constipated habit we need no cathartics, nor even aperients as for that matter. But we may find patients in critical conditions from retained fœces as well as from retained urine

and if we cannot give them mechanical or surgical relief, we must give them medicinal relief.

Again, according to Homœopathy quinine is indicated in intermittents, but do they give the 200th attenuation for the disease? They give it in small doses it may be, but often enough to make up for the smallness of the dose. They see to it, generally, that the patient gets ten or fifteen grains between chills, but then they have a *way* of reconciling this with the doctrine of infinitesimalism.

Another question connected with Homœopathy has puzzled us. We know that sacch. lac. is not wholly inert, though its medicinal properties are not marked. We have a physician here who gives the *two hundredth dilution* of sugar of milk in certain diseases and with astounding effect! We do not know how he dilutes it but he has told us that he gives it in highly attenuated forms. But we know without even this proof, that it is not absolutely inert. The Homœopath gives the same number of globules or the same quantity of powder where administering a higher, as when exhibiting the lower potencies. What we want to know is this; what assurance have we that in giving the *very* high attenuations, the medicinal quantity of the sacch. lac. will not neutralize or preponderate over that of the contained drug; unless the sugar is *absolutely* inert, it would *per necessity* overshadow the included drug principle, especially if this drug happened to be charcoal or chalk. We are acquainted with a Homœopath here who claims to have cured several old cases of dysmenorrhœa with the 65,000th of pulsatilla! Can any sane man believe that the *nothing* of pulsatilla contained in this lofty potency would not be swallowed up in the sacch lac and alcohol used as menstrua?

A word more as to increased susceptibility in disease and as to dose. We know and most Homœopaths will admit, that one drop of belladonna (mother tincture) will generally cure a congestive head ache. But if the true does is to be found up among the decillionths, why will a drop of the crude cure? Why does it not kill instantly? Three-fourths of all the doctors in the world would pronounce one drop of belladonna a small dose, for it has been authorized in ten drop doses. Small as the dose is we dare not give fifty times the amount, and the same is true of all our remedies. This is not the case with the high dillationist. He may and often does give a few hundred-millions more or less without any appreciable effects, good or bad. But science in medicine, as in anything else, depends upon definiteness, and Homœopathy claims to be *par excellence* scientific. Is there any definiteness in the latitude compre-

hended between a billion and decillion? We would be glad to publish some clear but brief exposition of fundamental high dilutionism."

Having a reason for the faith that is in us, we venture to answer a few of the points raised by the writer. He says: "Infinitesimalism is based upon the idea that disease quickens the susceptibility of the affected part." This is a mistake. That, so called, infinitesimals cure, is a fact by itself. That disease increases the susceptibility of the part affected is another fact, and stands by itself. Either may stand while the other falls, or the latter, if true, may explain the former, or, not being true, the former may be without explanation. If either is true, it is because observation—that is experience, has proven it true. They do not need to be either axioms or assumptions.

We do not know what "law" cheek has based upon the fact of increased susceptibility, certainly not the law of Simila. This law, like all laws of nature, is derived from observation. We know it exists just as we know that gravitation and magnetism exist. Howsoever you explain it, is another question.

Now the writer may have wholly demolished this susceptibility theory in his argument. And the result may be to weaken our ability to explain the law and its operations, but it does not affect the law itself.

It seems an idle task to repeat, that, upon the question of infinitesimals, the doctors of our school are divided; upon the theory of increased susceptibility, we presume they generally hold an affirmative position, but there is nothing essential in it. If you prove it false, you do not overthrow our system.

Therefore the writer's argument and illustration, while they amuse us by their inaptness, do not demand an answer.

To his second question, as to quinine in intermittents. Do they use the 200th attenuation for the disease? We answer they certainly do. And do they cure with such doses? They certainly do. If an Homœopathic doctor gives ten or fifteen grains between the chill, and pretends that is infinitesimalism, according to the general acceptance of the term, he simply lies about it. But intermittents are constantly being cured by

high attenuations not of quinine alone, but of a multitude of other drugs.

The writer's last question beats us. He seems to concede that sacch lac, has medicinal properties. He is simply puzzled to know how the doctor dilutes and attenuates it. Why with water and alcohol of course. If sacch lac in an attenuated form has medicinal power, while in the crude form it is inert, what is there strange about that? Do not calcarea carb., silecia, sepia and many other drugs show the same peculiarity? No body claims to get in any form, absolute purity of the drug. The question is have we the drug? and have we the alleged attenuation? If so we give it with confidence and success.

If the 65,000th of pulsatilla can be prepared, it can be given; and each can judge for himself as to the result.

The writer then drifts into high dilutions and propounds several important conundrums. He seems to think we have ready made answers to all sorts of questions; that as a school we are, or ought to be, able to answer clearly all questions asked. Why bless you, many of these things puzzle us as they do you. We haven't solved them yet and may be never will.

We claim to be *par excellence* scientific in the selection of our appropriate remedy. Other questions as to size and frequency of dose we have under judgement yet. If any one can give us a satisfactory exposition of high dilutionism or low dilutionism or crudeism we will be delighted to publish it.

W.

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**Post Partum Hæmorrhage.** By O. B. Moss, M. D., Zanesville.

In the *Medical Investigator* Vol. xi. page 278, is reported a "case of Uterine Hæmorrhage" that I think should have critical notice.

This article was read before the Illinois Valley Hom. Medical Society, February 13th, 1874; and whether it elicited debate by medical gentlemen present, or not I am not informed; at least, I have not observed anything of the kind.

The doctor says: "The lady being attended to without moving her, or the least disturbance, and the baby being dressed and put into the mother's arms, she lay down to rest feeling as comfortable as could possibly be expected.

Shortly after, hearing her mutter something in a low indistinct voice, I immediately went in to see her. She had then just strength enough left to say that she was flooding, and then she dropped away as in the arms of death."

In any labor so rapid as this—in which the second stage is completed in two hours—atony of the uterus, in some degree, may be apprehended, and the hæmorrhage consequent upon this condition should be, as far as possible, guarded against. A rapid pulse may be regarded as an ominous symptom, and whenever it exists, even if not over one hundred per minute, the physician should not leave his patient unless, after thorough investigation it becomes evident that its rapidity is clearly traceable to some other cause than impending hæmorrhage.

If from rapid labor, the hæmorrhagic diathesis of the patient, or the condition of the uterus after the delivery of the placenta, we have cause to anticipate the occurrence of hæmorrhage, I believe it should be imperative that the physician should not leave his patient till after the child has nursed, for it is well known to every accoucheur of experience that the irritation of the breasts produced by the early efforts of the child at nursing, nearly always induces slight and often profuse hæmorrhage; and indeed I do not hesitate to express the conviction that if the child had nursed without the supervision of hæmorrhage, and the pulse still remains normal, the physician may leave his patient with no danger of being soon summoned to her side to guard her life against its occurrence, unless it shall have been induced by some unusual cause contingent upon her surroundings such as violent mental emotion or a like circumstance.

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Whether the pulse was normal, or whether the child had nursed before the doctor left the bedside of his patient, we are not informed, but are rather left to infer that the flooding began when the child was put to the breast. However, whether my suspicion be correct or not is of no special consequence, since it is not so much the exact condition under which hæmorrhage occurred in this specific case that I would call attention to, as its general management.

Believing the homœopath can not well discard high potencies in general practice, I would not raise the question of their efficacy in cases of post partum hemorrhage; but whatever medicinal agents are employed to save life, let it never be forgotten that *the doctor is supposed to be a physician*, and in possession of other resources than would be indicated in his sitting like an automaton, giving the water in which five orthodox pellets have been religiously dissolved, to a patient that has fainted from loss of blood.

And yet the doctor assures us "the only other thing I did was to lay my hand on the abdominal region of the uterus with a gentle pressure. All this seemed for a time to have no effect. She grew paler and paler, until the last trace of blood disappeared from her cheeks," etc.

This is only what might have been expected under such circumstances, nature, however, was prompt in doing what she could through syncope, diminishing the force of the circulation and thus arresting the hæmorrhage and saving the patient's life.

Now, the fact is, *something else should have been done*. The application of cold water to the abdomen; friction over the region of the uterus; *firm pressure* over the superior pubic region, grasping the body in a manner to bring the vaginal walls together and close the mouth of the uterus; removal of the clots from the vagina and uterus, and by the presence of the hand against the internal wall of the latter, excite contractions—these are among the means that all may use, and, whenever life is threatened, the physician's duty regarding them is *imperative*, and can not be evaded without great risk to the patient and doctor's reputation.

Still, the case to which I have referred was reported as a remarkable illustration of what five pellets each, of china and secale, thirtieth, in separate glasses half full of water, did for a case of post partum hæmorrhage that came so near ending disastrously, in which it was exultantly claimed that nothing else was done except to make *gentle pressure* over the abdominal region of the uterus.

That a patient having such treatment, *did narrowly escape with life*, does not establish its safety or efficiency in other cases of the kind; and it should ever be borne in mind that the grand object to be attained in reporting cases in practice, for publication in our Journals, is, that they may serve as guides to the student and young practitioner, and practical suggestions for all, and failing in this, they fail to be of any practical utility to the profession.

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### **Milk Diet for Infants.**

Dr. L. Hubbard writes:

“I was glad to see attention called to milk as a curative agent in dysentery. Some years ago I was attending a very severe case of dysentery. When nearly all hopes of recovery were gone, my patient asked if he might have milk as almost every thing else taken into the stomach was thrown up. I told him, him, yes, if he would take it direct from the cow. A cow was ordered to be brought up and tied to the fence, there kept. A wine glass of milk, fresh from the cow, was given every 30 minutes. We were all astonished to see the stomach quickened immediately; the severe pain which preceded and followed his discharges was soon relieved and my patient soon recovered with success. My experience has always been more successful with milk warm from the cow than when the nurse has attempted to warm cold milk. So when I order warm milk I have the cow brought to the door or barn and milk it

as I order it used. I usually add a little salt to the milk. If milk agrees with the patient I allow him a word in how much he takes and how often, always dictated by its effect.

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## Surgery.

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**Lupus of the Nose and Cheek.** By Wm. Owens, M. D.

Mrs. K.,—aged 42, light complexion, poorly nourished, the mother of six children, the last, five years old. Had indications of constitutional disease; has always enjoyed usual good health, though never very strong. On the 16th day of October, called upon me for an opinion in reference to a tumor on the left side of her nose and extending on to her cheek. It itched a great deal, would scab over and then break out again every two or three weeks. It was slightly elevated, about one inch long and half an inch wide. When the scab came off the edges were irregular as if gnawed or eaten off by some animal. There was but little pain at any time. There was also a smaller tumor apparently of the same character upon the end of the nose. Her diet seemed to affect it, but was not affected by changes of weather; the tendency seemed to be toward destruction of the parts.

Vienna paste was applied freely all over the surface of the large one, and in six days we had a smooth, clean ulcer, in five weeks it healed up and we had a smooth, good, healthy cicatrix.

The smaller tumor was treated in a similar manner and with like results. No medicine was used and until the present time now six months no indication of a return of disease.

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**Treatment of Ranula.**

Dr. Betz recommends that a hair seton be passed into the tumor in the mouth and be brought out on the neck. Wash out the mouth frequently with water. The Dr. succeeded in curing a number of cases in this manner after a continued course of treatment from six months to one year.

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**Treatment of Plurisy by Paracentesis Thoracis. By Wm. Owens, M. D.**

Since it has been discovered that paracentesis thoracis has and can be performed on the human subject with impunity in cases of effusion into the cavity of the pleura, it has also been discovered that there has been increased mortality from disease of that tissue. This brings Dr. Lause, of Lyons, to the rescue, who claims that it is unjust to ascribe this mortality to the employment of thoracentesis. He says that these cases simply require more special attention and greater care than has been paid to the disease of late. There can be no doubt that the operation timely performed will, in some cases, save the patient from sudden death, though the relief may not be permanent: and may be justifiable under the following circumstances, when careful homœopathic medication fails as sometimes it may, to give relief and especially when not administered until effusion becomes manifest.

Thoracentesis then may be performed when there is danger of asphyxia from abundant effusion, bronchial complications or pulmonary œdema, whether the accumulation be serum or pus, if of recent formation. This disease is very common among young children, but it will be rarely necessary to perform the operation upon them, for the effusion is usually rapidly absorbed, I have never found it necessary to resort to it in adults, though

I have witnessed the operation on two occasions. I can not recommend it over other means which I will suggest. Wrap the chest in raw cotton completely enveloping the side affected. If the attack is recent, give aconite, 2d decimal, 30 drops, in half a glass of water, six hours, a dose every half hour; then bryonia, the same potency and dose, every two hours, and if a free perspiration has not by this time become established continue the aconite in alternation with the bryonia every hour. If seen at a later stage, aconite may not be demanded; then sulphur, phosphorus, or if much muscular soreness, rhus. If effusion has become established sulphur and bryonia are a main reliance and in a large majority of cases will be all that is required. The acute stage of this disease should be treated in every respect as a rheumatism, in relation to which the raw cotton wrapping is of the utmost importance.

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## Proceedings of Societies.

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### British Homœopathic Congress.

The proceedings of Congress were opened by an Address from the President on "The Influence of Homœopathy on General Medicine since the death of Hahnemann."

Dr. Dyce Brown read a paper on "The action of Nitric Acid in certain forms of Cough."

Dr. Hughes, after expressing his sense of the value of Dr. Dyce Brown's paper as a real contribution to therapeutical knowledge made some remarks upon the pathogenesis of nitric acid as presented in Hahnemann's *Chronic Diseases*. It consisted of 1424 symptoms. Of these 118 were supplied by Hah

nemann's only fellow-provers two, in number; 29 were taken from authors; and 13 or so were credited to Stapf and others. The remaining 1264 were from Hahnemann himself; and from their number, and from what we knew of his practice at the time, we might be sure that the great majority of them were observed upon patients who were taking the medicine for the cure of their disorders. Again we knew that at this period Hahnemann advocated the proving, as well as the administration, of all medicines in globules saturated with the 30th dilution. This dilution, in the case of nitric acid, was prepared by mixing the acid with water for the 1st attenuation, with dilute spirit for the 2d, and with pure spirit for the 3d and higher. If his (Dr. Hughes') chemistry did not err, this process converted nitric acid into nitric æther. He therefore thought, that symptoms occurring in sick persons who were taking such a medicine were more probably manifestations of their disease than effects of the drug; and that, at the best, effects of the 30th dilution of nitric æther were no sure indications for the use of the first decimal dilution of nitric acid. He thought the drug needed reproving; and that, in the meantime, it should be used as clinical experience directed.

Dr. Moore (Liverpool) would like to ask Dr. Brown whether he had noticed the uvula in the case he had referred to. Many of the symptoms described were similar to those produced by elongated uvula. He had been rather struck with the absence of any notice of this.

Dr. Edward Blake had been struck with precisely the same thing that Dr. Moore had noticed. He thought the cough described as occurring on lying down was uvular in its origin. There was often in hepatic derangement a relaxed condition of the pharynx and soft palate present. Might not the acid act by virtue of its affinity for the liver? The benefit derived from the use of nitric acid in cases of constipation was, he thought, due to its action on the liver; and that the form of constipation indicating nitric acid was that arising from portal congestion. "Cough on lying down" he had hitherto treated with *nux vomica*; he would now certainly

give nitric acid a trial in such cases. He thought the analogies of nitric acid to hydrastis were very marked.

Dr. Hayward thought that Dr. Dyce Brown had given them rather a clinical reason for using nitric acid than one of a pathogenetic character;—this appeared to him to be a mistake. He agreed with Dr. Moore, that a very clear explanation of the benefit resulting from the use of nitric acid in cases of constipation might be found when its action on the liver was considered.

Dr. Sharp, had one request to make of him, viz., that he would be good enough to prove the first decimal in health, with the same dose he had been giving in disease, in order that they might learn what effect the medicine would have under those circumstances.

Mr. Clifton said it would be better if half a dozen gentlemen would join Dr. Dyce Brown in proving the medicine.

Dr. Pearce was glad that the question of proving had been mooted. As an old homœopath he had not failed to notice the difference in provings made from high dilutions, and those from the crude doses. He thought it of the utmost importance to the profession, and especially to new comers, that these two kinds of provings should be distinguished, and especially after a drug had been put through a process which might have converted it into something else. It was very unsatisfactory to an inquirer into Homœopathy to find, that after studying over a thousand symptoms set down to nitric acid, he had been devoting his attention to nitric æther. He thought the question of re-proving all their remedies—all those at least hitherto imperfectly known—was one of the utmost importance. He hoped that the reading of Dr. Brown's paper would lead to a re-investigation of the properties of medicine by actual provings—not in one dilution only, but beginning with the crude drugs, and taking successive dilutions afterwards. He trusted that before the Congress separated some volunteers,—and he would be happy to join them,—would undertake to prove nitric acid, and that they would go through that medicine within the next year and then give the result of their investigations.

He thought such a course would do more good than all the clinical experience they could collect:

Dr. Wolston, said that Dr. Brown had touched upon the subject of constipation; he thought he might be able to afford a little help to those who had a difficulty in treating that troublesome ailment. He was indebted to a patient of his for a very simple suggestion, which had led him to a very great auxiliary in the treatment of constipation;—viz., the use of a little linseed. A teaspoonful of ordinary linseed, with a little boiling water cast upon it, and allowed to stand for twelve hours, and taken after a meal. This he had found in some of the most obstinate cases of constipation, of the utmost value. In some cases it failed; but he threw it out as a little help in very many instances.

Mr. J. H. Smith said that he had found nitric acid of use in certain forms of urinary disease.

Dr. Reed had no difficulty in testifying to the value of nitric acid in some forms of cough, and also in constipation; in cases of broken constitution he had found nitric acid a most valuable remedy.

The President said that Dr. Dyce Brown had mentioned among other things for which he had tried nitric acid, whooping cough, and he mentioned also the want of success that had attended his practice as regards this disease, and the large doses necessary to be given in order to accomplish anything in whooping cough. It was rather curious that the attention of the profession was called some time ago to the action of nitric acid in whooping cough by Dr. Bolle, of Aix La Chapelle, who in investigating the pathology of whooping cough found in most of his cases a very small sub-lingual ulcer, this led him to the use of nitric acid in small doses; and he reported that he was very successful with it in those cases. He did not know that an epidemic occurring without this sub-lingual ulcer would indicate nitric acid. He had seen nitric acid successfully used in certain cases of constipation, and had himself prescribed it; but not in cases similar to those mentioned by Dr. Brown.

Dr. Dyce Brown, in reply, said that Dr. Moore and Dr. Blake had asked as to the state of the uvula in the cases of cough he had described. He had examined the state of the uvula in all of them, and found nothing in its condition to account for the symptoms. In the other case mentioned, the state of the expectoration, and the whole condition of the patient showed the seat of the disease to be the chest. As to Dr. Blake's question respecting the action on the liver, he did not think in the cases he had alluded to there was any disorder of the liver. Dr. Dudgeon had spoken of cases of liver disease and constipation as having been improved by nitric acid,—he (Dr. Brown) had seen the same thing; but the cases referred to in the paper which he had read were simply cases of constipation, where he could find nothing in the state of the liver to account for it; and there was no proof that the benefit derived from the nitric acid was due to its effect on the liver. With reference to the cases of whooping cough, he had only given two or three cases, and in those he had not looked for the sub-lingual ulcer at that time. As to proving the medicine, he would be most happy to do anything in that way. Dr. Pearce had kindly offered to assist him in the matter, and perhaps other gentlemen might be willing to join them. He begged to thank the meeting for the attention they had paid to his paper, and for the kind manner in which it had been received.

The members then adjourned for luncheon, which was provided in the dining room of the Officers of the Hospital.

On re-assembling, the President called upon Dr. Hayward to read the Report of the Hahnemann Publishing Society.

Dr. Hayward having read the Report, and given full details of the work and present position of the Society.

The President said the Report was very satisfactory, and that the Society was now, for the first time, in a flourishing condition. He hoped that with the continuation of Dr. Hayward in the Secretaryship its prosperity would continue to increase.

As to place and time for the next Congress, it was

unanimously resolved that Manchester should be the place, the date fixed, Thursday, the 23d of September, 1875.

Dr. Bayes was elected President, and Mr. Cox, of Manchester, Vice-President. Dr. Gibbs Blake was re-elected General Secretary, and Dr. Moir, of Manchester, appointed Local Secretary. Mr. Fraser was re-elected Treasurer. Dr. Hayward and Mr. Blakeley were requested to act as Auditors. The Executive Committee consists of the President, Vice-President, Past President, Auditors, Treasurer and Secretaries.

The President next proposed a vote of thanks to the Board of Management of the Hospital, for their courtesy in giving the Congress the use of the rooms its members had occupied during the day. This resolution was carried by acclamation.

Dr. Drury then proposed the following resolution:—

“That the Secretary be requested to write to the Home Secretary, requesting that a Homœopathic Medical Man might be appointed a member of the Medical Council on the first vacancy; and that a copy of the President's address should be forwarded with the letter.”

Dr. Holland seconded the resolution. He thought it only right that homœopathic practitioners should have a voice in the Medical Council.

The proposition was opposed in speeches by Mr. Pope, Dr. Sharp, Dr. Metcalf, Dr. Moore, (Liverpool,) Dr. Brown, Dr. Yeldham and Dr. Gibbs Blake, and supported by Dr. Hayward and Dr. Pyburn.

The President, in concluding the discussion, said that the proposition was one open to a good deal of criticism, and he was doubtful of its propriety. The Medical Council had nothing whatever to do with therapeutics, and had not interfered with that department of medicine in any way. He did not think that any blame was to be attached to the Medical Council so far as they had gone. Had anything been done to interfere with the Homœopathic Therapeutic School, he thought it would have been right to have sought for a representative of the principles of homœopathy in the Council. But it appeared to him that the *raison d'etre* for a member of the

Council being a homœopath did not exist.

Dr. Drury said he was not prepared for the feeling of opposition with which his motion had been received. There was no position which he abominated more than sectarianism; but they had no opportunity of protesting against the position into which they had been thrust. Statements were made, with reference to homœopaths, by members of the allopathic body, and they had very little opportunity of protesting in public, and it was of little use to protest among themselves. If a gentleman of their own body were on the Council, and any statement were made which he knew to be false, he could at all events contradict it; and he would be there to look after the interests of the body with which he was more especially connected, if anything was brought forward injurious to those interests. He was also of opinion that, if a suitable man were chosen, a great many of those differences which now unhappily existed would soon be removed. From these and other considerations he was not prepared to withdraw his motion.

The resolution was then put to the meeting and negatived.

The President next called on Mr. Pope to make a statement regarding the Convention of Homœopathic Practitioners appointed to be held in Philadelphia in 1876.

Mr. Pope said that in anticipation of this meeting, he had written some five or six weeks previously to the gentleman who was advertised as the Secretary of the Committee appointed to make arrangements for the proposed Convention, asking for information regarding it, with the view of placing it before the members of the Congress. Up to that time he had received no reply to his letter. This, however, was of less importance than it might have been, as they were favored with the presence of Dr. N. Schneider, of Cleveland, who would, doubtless be able to tell something regarding the meeting it was intended should be held in Philadelphia in 1876.

The President having requested Dr. Schneider to address the meeting, he said he was present at the last meeting of the American Institute which was held in Cleveland, Ohio, and was, in fact, a member of the committee on the International



Convention, as it was termed, to be held at Philadelphia in July, 1876. Certain steps were taken at that meeting, and the members were doing all they could to bring about the Convention. As a member of that committee, he would like to press on those present the advantages which would result from the intermingling of thought on the part of the two great bodies—the Congress of Great Britain and the American Institute of Homœopathy. He thought this interchange of thought would be of great advantage in the advancement of homœopathy, and he trusted that all who could do so would endeavor to be present at Philadelphia on that occasion.

THE ACTION, SELECTION AND ADMINISTRATION OF DRUGS.

A paper was then read by Dr. Hale, on "The Action, Selection and Administration of Drugs." This we hope to publish in our August number; meanwhile, we present the following abstract of it.

Dr. Hale, after some introductory remarks on the advantages of theoretical investigations, urged the necessity for raising the *formula similia similibus curantur* from an empirical basis to the higher standard of a scientific principle. He suggested that drugs acted dynamically in some cases, reversing in others, energising abnormal vibrations. To secure a perfect specific effect, it was necessary that the closest relation in kind should subsist between the drug-remedy and the disease, and that the dose given should have the closest return potentially to the normal rate of vibration which disease has perverted and disturbed. Remarking that energised by forces emanating from the ganglia of the sympathetic and cerebro-spinal systems, the work and function of each organ was performed by cell growth and metamorphosis, resulting from vibrations of the ultimate molecules of which each cell composed, we argued that it was into these hidden recesses that our curative agencies must reach. The withdrawal of electro-motor energy he regarded as the first link in the chain of causes leading to a departure from health; according to the extent of this withdrawal temporary arrest of function, organic change or death resulted. The action of *belladonna*

and *nicotine* was adduced in illustration. The membrane of the structure invaded in disease; Dr. Hale argued, indicated that the doses used should be in relatively minute proportions. In remarking on the dose, after acknowledging the difficulties which surrounded its selection, Dr. Hale suggested that it should be regulated by the nature of the tissue, by the rapidity or slowness of metamorphosis, and especially by the greater or lesser excitability of the tissue in relation to electro-motor force. Dr. Hale concluded by some observations on dynamization, which he thought was capable of proof by well-known physical facts. He argued that during the process of attenuation the forces which before were potentially latent, became dynamically energetic, because of the molecular changes that occur whilst it is going on. He concluded by suggesting that different potencies of medicines are more curative than others, in proportion as their rates of vibration are in harmony with the rates of vibration in the diseased organ.

In the discussion which followed,

Dr. Drysdale said that he was glad that such an interesting though intricate subject had been brought forward, and had been so ably treated by its author. No doubt molecular movements took place in living bodies, as in all other bodies in nature; but he did not agree with the author, that vibratory movements took place in any living action, or could be the basis of explanation of the specific differences among drugs or of their therapeutic actions. For that we must still go back to their operation as stimuli, which was something quite *sui generis* corresponding to the nature of vital actions themselves, which were utterly *sui generis*, and not paralleled by any chemical or physical actions. The proof of this lay in the fact that in all vibratory movements the molecule, at the end of each excursion, returned exactly to the same place as at starting; and also its chemical constitution was unchanged. Whereas, in all vital action no doubt there was movement of the atoms and molecules, but, invariably they did not return to the same place, and there was change of composition. In no vital action did the material particles remain in the same

state of composition at the end as in the beginning. So all vibratory actions are merely physical forces, and as such, dead; and all they could do in a living organism was to act as stimuli. For example, when the fibres of Corti respond to the vibration of similar vibrations in the air, or the rods and cones of the retina answer to those of light, the action is purely physical, although it took place by harmony between the periods of vibration. But, as far as that went, there was still no sensation of sound or light till the fibres acted on the living matter connected with them, and produced a vital change, which was apprehended in a vital manner by the sensorium. As to dynamization, he was satisfied that the whole physical effect of trituration and solution was merely that of reducing the mass to a state of finer division. And with respect to the apparently different, and at times apparently greater, effect of small doses than single large doses, he thought the explanation of Fletcher was still the best, viz., that all positive agents are stimuli to an increased action, primarily, which was followed sooner or later by a corresponding exhaustion of the specific effect. In this we have a natural explanation of the apparently opposite action of small and large doses. And when this is taken in connection with the fact that the susceptibility to the action at all of many stimuli may be exhausted, often quickly, we see the reason why repeated small doses may produce much more grave effects than one large dose given at once. The latter soon exhausts the susceptibility, and no scope or time is given for the more profound alteration of the protoplasm in which palpable disease consists.

Dr. Sharp was sorry to say he had heard Dr. Hale only imperfectly, and was scarcely prepared to discuss the subject at present. What he had heard was well worth thinking about.

Dr. Hayward, after thanking Dr. Hale for his very interesting and instructive paper, said he regretted that Dr. Sharp had not addressed them at greater length. He had hoped to hear some practical observations from him, especially as his (Dr. Sharp's) ideas on the subject were known to be peculiar. He had pleasure in agreeing with Dr. Drysdale in his remarks

on the effects of large and small doses, and also on the subject of vibration. He thought it a very attractive idea, and one they were apt to be led away with. He agreed with Dr. Drysdale that it was a vital action, and not a vibratory action, they must look for in the result of their treatment.

Dr. Pearce agreed with Dr. Sharp that this was a very wide question, and one it was utterly impossible adequately to discuss in a meeting such as that. It was a subject not yet settled, and, in fact, one on which many men were very much unsettled. As a student of the action of doses for more than a quarter of a century, he thought they should always distinguish between the chemical and dynamic actions of medicines. It appeared to him that every medicinal substance was endowed with two distinct forces; one, belonging to the grosser or material form, which might be called chemical or mechanical, and the other, which partook more of the transcendental or electrical character. This might be seen in an experiment with a grain of zinc and a grain of copper, which, when their chemical action was developed by juxtaposition, would throw out a gigantic force previously pent up, and only liberated by their electrical relationship. In the same way he thought subdivision of a medicine set free a force—he would not call it a spiritual force—which, acting upon the vital organs, produced changes which were indicated by either detriment to the health or improvement in the condition of the patient. He had made many experiments in that direction, and was fully convinced that in very many diseases the higher potencies do produce changes much more quickly than those which are lower, though no doubt in other diseases this was not so. He trusted that the discussion would lead to further inquiry on the subject.

Dr. Hughes, with all deference to Dr. Drysdale, was unable to acquiesce in his sweeping exclusion of molecules and vibrations from living substance. If the composition of dead matter were molecular, and its forces vibratory, why should we suppose that such molecules ceased to exist, and such vibrations to go on, because the matter had assumed that "metabolic" state of combination in which, and not in any added

entity, Dr. Drysdale himself had taught us that life consists? For himself he agreed with Dr. Hale in looking to these two great hypotheses of science as the preparation for the reception of homœopathic doctrine. If force be conceived as undulatory, it was easy to recognise that two similar undulations might neutralise one another; and to the conception of matter as molecular, the infinitesimal dose fits itself in evident harmony.

Dr. Sharp said he had been alluded to as contending that small doses act in a contrary direction to large doses; this they certainly did in health. It had been said, "No, they act in the same direction." He wished to say that these differences arose from a difficulty as to words. When he said small doses act in a contrary direction to large doses, he meant simply as regards their *results*. If he rubbed *two drops of belladonna* on his temple, the pupil would be *dilated*; that was a fact in one direction. If he rubbed a *fifth part of a drop* on his temple, the pupil would be *contracted*; that was a fact in the opposite direction. He knew nothing of the manner in which this took place; none of them did; and it was waste of time to talk about what they did not and could not understand. Let them be content with results, and study those results, which might be turned every day to good account at the bedside of the sick. In his opinion they would never know the modes of action.

Dr. Hale in reply said, he thought that the latest physiological discoveries showed that nothing whatever took place, either in the human body or any other body, where any phenomena can be observed, whether light or heat, or electricity, where "motion" does not occur. In fact, what we call life is motion. He believed if he were to attempt to prove that there was any entity acting apart from matter, Dr. Drysdale would be the first to argue against such a view. He had preferred the word "vibration" to that of motion, merely because it gave a more distinct idea to his own mind. With regard to chemical action, he believed that in some cases cures were effected by some chemical effect of medicine, but that, in the main, the

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majority of effects were produced by its dynamic action. He did not mean to convey the idea that the quality of the drug was changed by vibration, nor that its special qualities underwent any change; it was simply a matter of dynamic action, in relation to degree and force. Medicine had a quality which never departed from it, but its dynamic action was always either *plus* or *minus*. He thought the experiments submitted by Dr. Sharp to demonstrate a principle, required to be largely extended before they could be accepted. He was of opinion that in carrying on experiments on a healthy body, the person so experimented on should be in complete ignorance of the medicine undergoing proof, and that his mind should be free from all influences likely in any way to interfere with the action of the medicine. He was satisfied that this discussion would bear fruit, and would lead to more inquiry into the subject. He maintained that in physical science nothing could be called "unknowable;" the unknown of to-day was the well-known of to-morrow. Therefore he hoped that, with all the difficulties which surrounded the subject, still it was not an unknowable one. He concluded by thanking the meeting for the attention which had been bestowed upon his paper.

Dr. E. Blake then read a paper on "*Malignant Growths.*"

Dr. Blake commenced his paper by some observations on the nomenclature of cancer, classified all cases as scirrhus, encephaloma, and canceroid, including in the last epithelioma lupus, and similar growths. Cancer, Dr. Blake regarded as being primarily in many instances a perfectly local disease, while in others, possessing the constitutional taint of cancer, it was constitutional. In illustrating this part of the subject, he compared cancer with tubercle and the strumous diathesis. In passing on to the treatment of cancer Dr. Blake expressed a strong opinion that cancer was curable. The medicines at present found most useful were, he thought, *conium*, *hydrastis*, and *galium*; several cases illustrating the conditions in which each was most advantageously employed were read. In operating, Dr. Blake preferred the action of caustic and the wire

ecraseur to the knife, against the use of which he protested. He concluded by referring to the circumstances necessary to be kept in view in selecting cases for operation.

In discussion,

Dr. Wolston said that, however well suited Dr. Blake's treatment might be in certain cases of cancer, there were others in which he thought it would not answer; he alluded to cases in which the axillary glands were affected and enlarged. In such cases there was great hope of recovery from removing the breasts entirely, and the affected glands with them. He had been assured by the most eminent surgeons that this could be done with great facility and security, however large the cancer; and that by so thorough an extirpation of the diseased tissues, health might be spared for many years. In one case of cancer he had found the administration of *hydrastis*, and also of *coccus*, of great service; both were given in high dilutions. His patient came to him about seven years ago with tumors in both breasts, each larger than a hen's egg, and after the use of the remedies he had mentioned, she was relieved of pain, the tumors became smaller, and she was now alive and in very fair health. In another, where the breast had been affected by cancer, the knife was used, and the tumor returned after a time. A second operation removed it, about five years ago, and the patient was now in good health. He thought Dr. Blake's sweeping exclusion of the knife ought to be received with exceptions.

Dr. Sharp stated that some years ago Sir James Paget made a collection of all the cases occurring in a large hospital practice, and as far as possible went into the details of each, as to the number of months each lived after the operation, and compared these with an equal number of cases as similar as possible, which had not been operated upon. The conclusion he arrived at was, that supposing two persons having cancer of the same kind, and in the same stage, the one who was not operated on would live longer than the one who was.

Mr. Pope said that a very interesting paper had been read at the British Homœopathic Society by Dr. Craig, of Scarborough, during the last session, in which he referred to the

influence of medicinal measures in prolonging life after an operation, and the observations made by Dr. Craig seemed to tend to prove the fact that a person who was a favorable subject for the removal of a cancerous tumor, if placed upon a proper course of treatment after the operation, had a much more favorable chance of recovery than one where all operative measures were omitted, or one where an operation having been performed had not been treated specifically afterwards.

Dr. Craig (Scarborough) said that he had found it a good plan to remove the whole breast, following the operation up by the most carefully selected homœopathic remedy. He had been comparatively successful, and had certainly eight or nine cases living who had been operated upon above ten years, and a great many more on whom he had operated within that time. He thought that by removing the whole breast they had a much better chance of controlling the disease by their remedies alone.

Dr. Cooper felt certain that the time was coming when they would have a cure for a great number of forms of cancer. He thought the first thing to be done in order to find out a remedy was, to work out the etiology and pathology of cancer. It had been remarked that there was a close connection between common warts and cancerous growths, the one often being associated with the other. This was especially the case with sweeps. It would be found that sweeps who were subject to cancerous growths were not subject to warts, and those subject to warts were not subject to cancerous growths; the point was, that soot apparently produced both cancerous growths and warts. Now one of the most reliable cases of cure of cancer by remedies was that of Marshal Radetzky, and the chief remedies administered were *thuja*, which we find disperses ordinary warts like magic, and *carbo animalis*, the latter of which, he need not say, was a substance closely allied to soot.

Dr. Dunn was, after some experience, disposed with Dr. Craig, to take a more favorable view of operations with the knife. It should be borne in mind that when ladies consulted



them with reference to cancer, it was generally in a very late stage. He certainly thought that in cases where the cancer was well defined, its removal by the knife tended to prolong life. He thought in all cases patients lived longer after having had the operation performed than without. It should also be remembered that, when left alone, the tumor degenerated, and became a running sore, and the sufferings of a patient then are certainly much greater than would be caused by any removal with the knife. He would be glad indeed to have any better method of cure, but certainly would not give up the knife in cases where it seemed admissible.

Dr. Hayward advised the use of the knife in suitable cases. The presence of the tumor was an aggravator of the patient's condition, and its removal was a removal of the cause of aggravation, though not of the cause of the generation of the disease. He related the case of a lady patient, who came to him with a tumor in the breast, which he removed by the knife. Within three months it returned, and was again removed. It again returned, when under the advice of Dr. Drysdale, he gave up all idea of again resorting to the knife. It then occurred to him that the tumor was the result of a certain condition of the body, and he administered the appropriate remedies. The patient improved wonderfully in health, the disease entirely disappeared, and the lady is to this day in good health. This cure he attributed entirely to an examination into the etiology of the disease.—*Hom. Review.*

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## Miscellaneous.

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### More of the Row Among the "Regulars."

Our readers will recall the statement made under this head in a former number of the *ADVANCE*. Since then, matters have culminated in the report of a special committee who were appointed to enquire into the grounds of Dr. Reamy's declaration that "regular" physicians of this city, otherwise in good standing, were guilty of producing abortions. At a meeting of the Academy of Medicine, the committee reported the following testimony taken:

"Dr. Thornton had come to knowledge of two abortions.

In one case the woman had performed it upon herself, under instructions of her family physician; the other came to his knowledge from a nurse, cognizant of the facts. Names of physicians were given him, and both were regular, in otherwise good standing.

Dr. Hadlock said a woman had confessed to him that for \$75 a physician had instructed her how to perform an abortion on herself. Name of physician given and was a regular.

Dr. James had discovered a case of abortion by a regular physician upon a young woman to save her from exposure.

Dr. Warren Woodward had found out three cases of abortion, performed under instructions, from the confession of the women, two of whom he was called attend, and fearing danger told him the facts and gave him the names of the physicians. They were regulars. The third was a confession of a woman living in a suburban village, who said she had performed abortion on herself seventeen times.

Dr. C. S. Muscroft had come to a knowledge of two cases performed under instructions of regular physicians, performed

by the women themselves. One of these cases was in order to save character. He learned his cases by confession of the women. Learned the names of the physicians and he believed the women.

Dr. George B. Orr came to the knowledge of one case of abortion by the confession of the woman done to save character.

Dr. M. B. Wright knew of several cases, all by the information of women except by one, and name of physicians not divulged.

Dr. Samuel Nickels had heard of one case produced by women themselves under instructions of a regular physician.

Dr. Palmer had known of no abortions referable to the regular profession.

Dr. Walker knew of no instances of abortion. Would regard Reamy's remark slanderous and premeditated if name and proof not given.

Dr. J. C. McKenzie had not discovered any abortion referable to the regular profession. Did not believe Reamy's words inspired by malice.

Dr. A. C. Kemper had not heard of any abortions by the regular profession. Regarded Reamy's words slanderous. Would not believe statements of women against abortionists unless well corroborated.

Dr. N. P. Dandridge had known no abortions; regarded words of Dr. Reamy slanderous, unless the charge were specific and supported by the evidence of truthful women.

Dr. T. H. Kearney regarded Dr. Reamy's language unwarranted; would expect proof in general as well as in specific charges; would believe a woman's dying confession.

Dr. William Carson knew of no abortions by the regular profession. Regarded Reamy's language slanderous in its effect. Would not accept the testimony of an aborted woman without confirmation.

Dr. S. A. Murphy knew of no abortions by regulars. Thought Dr. Reamy meditated no injury or malice. Would take dying testimony of woman as to personal abortion if well corroborated."

In view of this evidence, the committee believed he had brought proof sustaining him in his remarks, to which exception had been taken. Proof of malice had not been forthcoming and no case was made.

In conclusion, the committee deprecated the prevalence of abortion; said "Dr. Reamy's language was injudicious and should not have been used, and concluded by stating that the profession was not to be held responsible for the acts of unscrupulous men who became members of it."

A long discussion followed which was chiefly an effort to avoid the crushing force of the testimony.

Dr. Kemper put the whole thing in a nut shell. "He deprecated the effect directly upon the profession by the acceptance of such testimony, and reflexively upon society. It would be exceedingly demoralizing to society to come to believe that physicians high in the profession would perform abortion."

In other words, its all true, but it shouldn't be mentioned.

Finally, the previous question was ordered and the report of the committee adopted—Yeas 34, nays 23.

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### **Heroic Treatment.** By F. B. Sherbourne, M. D.

Miss Jennie S., aet 32; native of Ohio. While quite young, her father and mother being in poor health, and she of an ambitious temperament, took the burden of work of a large family upon herself. At the age of sixteen a load of hay came for her father. There was no one to put it in the mow, so Jennie took it upon herself to do the work, but before the hay was all in, her back gave out, so it was with great difficulty that she got to the house. The pain, though very severe, soon subsided. She then commenced a large washing, but before it was finished her back failed her again.

The next day she was taken down with typhoid fever, from which she did not recover for six months. The spinal disease continued unabated. Three weeks after getting up from the above fever, she was attacked with bilious fever, which was very severe. During her treatment she was badly salivated (from which she still suffers). She did not recover for several months. In the fall of 1859, she had so regained her health as to be able to once more attend school. About the first of January, from overwork and close application to her studies, she fainted while reciting a lesson, and was taken home complaining of severe pain in the back of the head and spine. This continued, for eight months, very intense. Treatment: Besides the continued use of internal treatment, a part of which was five successive salivations, external counter-irritation in all its forms, cupping, blistering, tartarizing; the red hot iron was used along the spine; the back of her head shaved; a seton put in between her shoulders, and a fly blister covering the whole length of spine from the head down, except where the seton was. After dressing the blister once, a "Poor Man's Plaster" spread with tartar was applied, left on over night, and then pulled off by force, tearing off skin and surface flesh. The seton cord which was a skein of floss, with knots tied in it, was drawn through the sore every day. The blistering, sticking on, and pulling off of the "Poor Man's Plaster," the moving of the seton cord, etc. was continued for three months; then tartarizing, scarifying, cupping, irritating with croton oil, vinegar, pepper, ammonia, etc. on the raw surface were used for two months. Then burning both sides of the spine with red hot iron was used every other day for three weeks; scarifying on the raw surface; burning with caustic until the back was in holes like a honey comb, large enough to receive the end of the finger. From all this torture and suffering no benefit was derived.

In the fall of 1860, she was taken to Columbus and put under charge of a clairvoyant-botanic physician; in a few months she had so far recovered that she could walk with crutches. Improvement gradually went on until she was able to return to school. In 1861, hard study brought back her old trouble,

from which she had not entirely recovered, and in February, 1862, she was again taken down with increased aggravation of the cerebro spinal affection, accompanied with high fever, mental aberration, etc. In about six weeks she began to improve and would gain a little for two or three weeks and then relapse for the same length of time, and so on for more than six years.

From the commencement of the attack of 1862 to the present time, 1874, she has never been able to stand or even sit up, and to all appearance never will. During the second year of this series of aggravations, she became speechless and remained so for six months. At an other time she lost her eye sight for two months; and the whole of the left side became paralyzed for a time. In 1865, her right leg took a spasmodic twitching when straightened or lowered. This trouble increased until, at times, it would take from one to four men to keep the leg down, and her on her couch. These severe paroxysms would last from three to twenty-four hours. She would be very much prostrated for several days. It required a block of marble of fifty pound weight upon the leg all the time to keep it in position, there would be a slight twitching of the leg continually. These paroxysms were from one to six months apart. The tendency of the knee was to draw up and to the right of the chest. These severe attacks have not troubled her during the past eighteen months. She remains upon her wagon lounge both night and day; and, at present, appears to be slowly improving.

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### **The Child-Life of Woman.**

With these facts before us, is it not legitimate to assume that the puberic period in woman's life has been over-estimated in its direct influence upon her health at that and subsequent

periods? Instead of curtailing her opportunities for work and study, by throwing around her restraints, and, as it were, creating a disability out of a natural function, transfer the attention and anxiety now lavished upon her, to a period when all that makes woman in the best and noblest sense is in a process of elaboration; for it is during this time of rapid structural change that the future good or bad health of the woman is determined. Let healthy ovulation be the natural outcome of a healthy childhood, and the function will obey its law of periodicity year by year, and all this time the young woman is as able to sustain uninterrupted physical and intellectual work as the young man. I do not wish to be understood as saying that at puberty, or at any other period of woman's life, the laws of health may be violated with impunity, but that a law of health is no more binding upon the young woman than upon the young man; that really there is no such thing as one law for women, and another for men. But the law of the woman is not the law of the child. The woman must follow those laws of health which will keep her healthy; the child must be trained to obey those which insure health in the woman. If I am right in tracing ovarian functional derangement mainly to the structural crisis, it is evident that the child must be an object of careful attention. It is not my purpose to mention the causes which will vitiate the development of the child. I desire to direct attention to this period as one full of danger to the future woman. Lest I be accused of ascribing too many of the disasters to which the functional health of women is liable to the period of childhood, I will say that women, and all the functions peculiar to their sex, are liable to the accidents of disease at any time; but if we accept the evidence of the intelligent people who have the opportunity of observing large numbers of young women in schools and colleges, the early period of sexual function is not so liable to disease as when women are called upon to perform some of the higher duties of their being later in life. Neither is it my object to prejudice in any way the discussion of the co-education of the sexes. I think society is not prepared to discuss that question now. It is being worked out in the best possible manner, that of actual experiment. But, my aim has been to

fix if possible, the actual value of the puberic age of woman as a crisis, so that there may be no fictitious bar to her progress to either a higher education, or to her training for any kind of the skilled labors suited to her strength.—*Popular Science Monthly.*

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### **A Strong Indictment.**

Mr. A. C. Pope at the late meeting of the British Congress in response to a toast, laid the following charges against the Allopathic school. He said:

“It has given me, I can assure you, very great pleasure indeed to have contributed in any measure, however, small, to the success of our meeting here to-day. I am quite sure that after such a gathering as we have witnessed here—after such an address as we heard this morning, we shall return each to our several spheres with our faith strengthened in those principles of therapeutics which distinguish us from the great majority of our medical brethren. And we shall also have the assurance strengthened and confirmed that in time to come the great principle which we recognize as of such vast importance will receive universal recognition. I think that such meetings as we have had to-day also tend greatly to assist us in passing through that weary time of opposition which it is our lot to endure. It is an opposition of no insignificant order, for it is one characterized by the utmost unfairness, by the most abject cowardice, and by the most unblushing plagiarism. It is an unfairness which is marked distinctly when we see such journals as the *Practitioner* and the *Lancet*, ready and willing, at all times and under all circumstances, to publish any statement however erroneous, however false, regarding Homœopathy or homœopathic practitioners, and at the same



time unreservedly refusing to admit any reply to such statements. We see this cowardice marked by a journal occupying the position of the *Medical Times and Gazette*, not daring to insert an advertisement of a book brought out by a firm known to publish the works of homœopathic practitioners, whether its subject be one connected with Homœopathy or not. And as to the plagiarism, what shall I say for it? Every week that brings out the journals gives us evidence of it, and it would not greatly surprise me to find that in time to come that large newspaper proprietary, known as the British Medical Association, should announce as the subject for its Hastings medal, an essay upon the Actions and Uses of *Belledonna* and that the successful essayist should quietly appropriate the whole of the work which had been done by our friend and colleague, Dr. Hughes, the publication of which has been refused an announcement in the *Medical Times and Gazette*. 'I think then, sir, that such meetings as we have had to-day, and such an address as you favored us with this morning will tend greatly to enable us to endure opposition of this kind with lighter hearts and more equable tempers.'

We beg to assure Mr. Pope that such things are not peculiar to British soil. The attitude of old school medicine toward Homœopathy in this country, though materially modified, is yet too frequently marked by just such features as has been stated above.



### **A Cataract Operation Stunningly Described.**

Up West they do wonderful things and tell of them in a way to astonish the multitude.

A Chicago surgeon boasts of having restored the sight of a man 81 years of age. After administering chloroform, the

doctor divided the exterior membrane of the eye-ball by passing a thin knife into it; cut through it into the secret chambers of the globe took out the little opaque lens, that ought to have been transparent, and then closed up the incision and put a tight bandage round his head. In a few days the bandage was removed and the patient found that he could see as well as ever.

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## Book Notices.

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**Diseases of the Ear.** By D. B. St. John Roosa, M. A., M. D.; Wm. Wood and Co., New York.

We have here the most complete treatise that has ever been written upon this subject. And this is high praise when we consider the valuable literature that we possess devoted to the science of otology. Both the author and publisher have, happily, conspired to give us an excellent text book. It is fortunately not so elaborate and expensive but what every physician can afford to possess it, and it would seem to be indispensable to all who attempt to treat diseases of the ear.

We would like to suggest to a few of our medical friends who hold in no very high esteem the labors of specialists that they put in a few half hours perusing the pages of this work in order that they may better appreciate the value of the special knowledge<sup>1</sup> peculiar to this and kindred departments. We might point out other similar works, but this will do to begin with.

**Wythe's Pocket Dose Book.** Lindsay & Blakiston, Phila.

This is the eleventh edition of this standard little work. As a vade mecum for an old school practitioner it is of great value and is not without interest to the medical student or Homœopathic practitioner, Price \$1.25. For sale by Robert Clarke & Co.

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**Editor's Table.**

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Dr. J. H. CHATTEN has removed to Leesburg, O.

Dr. JOHN A. HUBINGER, of Wyoming, O., was married June 7th, to Miss Mary E. Fryburger, of Goshen, O.

Mr. A. C. POPE, of Lees, places us under obligations for advance sheets of the proceedings of the British Homœopathic Congress. The proceedings will bear perusal.

Dr. B. L. CLEVELAND has returned from Europe and entered into partnership with Dr. A. Farnsworth, of East Saginaw, Mich.

Dr. C. W. HAMISFAR writes us: "Your baby is over a year old and I have not until now done anything for its support. I knew, however, its life was in the hands of able nurses and doctors. They have done well by the infant so far. I send a matter of six dollars for its further maintenance, not wishing to be selfish, and always willing to contribute my mite. May it grow to a vigorous manhood and be of great use to the world."

Dr. H. F. BIGGAR, of Cleveland, lately had the misfortune to have a patient die in the operating chair while taking chloroform. The seriousness of the occasion was all spoiled

by one of the friends of the deceased attempting to thrash one of the surgeons who assisted, supposing him to be Prof. Biggar. He found, however, that he had *Tagen* the wrong man.

THE CINCINNATI HOMŒOPATHIC MEDICAL SOCIETY.— Meetings are held every two weeks at the college building. Essays have been read by Dr. Wilson on the relations of the Medical Profession: first, to the County Coroner; second, to the Press; and by Dr. Walton on Electro-therapeutics. The essays and discussions will soon appear in the pages of our journal.

HARDLY had our first form gone to press when the news came that Chicago was once more wrapped in flames. They have an infatuation in that city about cremation. We are sorry to see that Drs. R. Ludlam, C. N. Dorion and, possibly, others of the profession have gone down before the fire. They have our heartfelt sympathy. But we know their pluck and trust they will be again at the front.

AN ANXIOUS doctor writes us:

"If you have any 'dead shot' for cephalalgia in maiden ladies well advanced in years, with irritable uterus and ovaries—such cases as have stood fire from the entire faculty of the city and still survive to try the new doctor, in the name of the immortal Hahnemann, the author of the *similia similibus curantur*, and in the name of the mighty eagle, himself who flaps his broad wings over this universal Yankee nation, send it along ter wonst, for I want it." Will some one lend a hand and help the young man?

AN ALLOPATHIC journal in this city is facetious. It says, "nearly, if not quite, all the advance made in the science of medicine has been accomplished by members of the regular school." And this is said in the month of July in order to keep cool. If the statement were only new and original, it would make the whole neighborhood frosty. But, on the other hand, if lies burn like fire, the statement ought to have made a spontaneous combustion in the establishment. However, if the writer is whistling the keep his courage up we can't object.

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**Cincinnati Medical Advance.**

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**PULTE MEDICAL COLLEGE** will begin its third session September 23d. Students should be on hand promptly. Prof. M. H. Slosson will deliver the introductory address.

A *Phillip-ic* worth reading is the honest indignation uttered by the *Reporter*, against the narrow policy pursued by the State Society toward our journals.

THE editorial rooms of one of our contemporaries is just over a gas office. A late issue rouses the suspicion that a meter should be set somewhere, or the gas company will suffer serious loss.

THE *Journal of Psychological Medicine*, whose demise a year or more ago we were pained to announce, makes its appearance once more. Under the title of the *Psychological*

and *Medico-Legal Journal*, it will be published, Monthly, by F. W. Christern, 77 University Place, New York. Drs. Hammond and Cross editors. Terms, \$5.00 a year.

A BOOBY by the name of "Temperance" is bewailing in the *Investigator*, the fact that the next meeting of the Institute is to be at Put-in-Bay. He has already horrible visions of sea sickness, and he fancies every body drunk on that occasion from the use of wine. We beg to assure him that his weak stomach and brain are no criteria for the balance of the members. He had better stay at home and pray "Lead us not into Temptation."

A MAN who professes to be a scientist would hardly use such language as this toward any part of creation :

"If this globe is infested with tigers and rattle snakes and [other] multitudinous evil creations which are antagonistic to good and the high destiny which man has to accomplish upon his planet, it is because those forms of evil are inherent in the planet and its surrounding atmospheres as molecular constituents out of which the living Esse fashions the concrete forms of evil which it is man's high mission and prerogative to subdue and finally to exterminate."

And yet this is the language of Dr. Hempel in his exposition of the "Science of Homœopathy."

How a man's "destiny" can be different from his "mission" we don't clearly see. Allowing them to be the same we are puzzled to know how tigers, rattle snakes, etc. are antagonistic to "man's destiny" while at the same time his "high mission" is to destroy and finally exterminate them. Good logic would lead us to argue that these "evil creations"!! were in harmony with the design of man's creation and without them he would have some other or no mission at all. A thousand fold better than this is the philosophy of "my uncle Toby" who, on catching a fly, hobbled to the window, and opening it let the little prisoner free, saying "Go poor devil the world is wide enough for thee and me."

**Hempel's Exposition of Homœopathy.**

Dr. Charles Julius Hempel is now sixty-three years old. It is our opinion that he has labored more years and done more effective work for the homœopathic school than any other man living. It is not likely he will soon have a competitor or successor to dispute with him for this high honor. This book just from the press is doubtless his last work. He has directly or indirectly created a large number of volumes which now constitute a valuable part of the literature of our school. His whole life and being have been given to the promulgation of Homœopathy.

It must be evident, therefore, that no small amount of interest should attach to this last of a long series of works especially so since it is in every sense a *summa summarium* of all he has ever written or thought upon the subject. He rightly says, in his introduction, "although the number of publications which have been already issued on the subject of Homœopathy with a view of defining and popularizing the fundamental tenets of this science is already quite considerable, yet I have no apology to offer for adding the present volume to their list. Having devoted the best part of my life to the study and practice of Homœopathy, I have deemed it my right, as well as my duty, to promulgate my own conception of this medical doctrine, such as years of observation and reflection have developed to my own mind."

It must be evident, also, that however the doctor might discuss the subject, under whatever phase of thought he might view it, represent as he might any one of the varied classes into which the homœopathic school is divided, the book he produced, would have a value and interest possessed by few works belonging exclusively to our school.

The distinguished author did not honor us with a copy of his book for review, but having voluntarily possessed ourself of one we feel less restraint in undertaking its criticism.

In common with our whole profession since the announcement was made of a forthcoming work by this author, we have waited almost impatiently for its appearance. And now we rise from its perusal both pleased and disappointed. Our disappointment, doubtless, originates from an unwarranted expectation; we have less than we looked for. It did seem to us that Dr. Hempel was the man to give us an exposition occupying the highest possible grounds.

With Grauvogel's work before him how could he fail to see the most important vantage ground the doctrines of our school could be made to stand upon? Avoiding the prolixity, verbosity and obscurity of Grauvogel, and the inanities and imperfections of the numberless popular expositions of Homœopathy, that flood and confound one literature the author could have placed his subject upon a broader and more catholic, though possibly not a more truthful or more enduring, base.

"The science of Homœopathy" critically and synthetically explained, would seem, at first sight, to be properly the work of a scientist. And this is precisely the sort of an exposition the present day demands. Twenty years ago the public mind was accustomed to discussions that were superficial, flowery and assumptive. Any theory or doctrine could hold place if in its several parts it was self-consistent, though it went no farther.

But to-day science lays her scrutinizing test upon all questions. And she demands always that every accepted truth shall stand in harmony with all other truths of whatever sort or kind. All doctrines and theories must go into this crucible.



And they must stand or fall by her endorsement, which, though it may not be the highest, is yet the highest known. All wise men concede that the doctrines of the various medical schools must come to this complexion at last. We do but repeat what we have before asserted, that Homœopathy must answer this test or go down.

A scientist, therefore, who could put into one work the labor already done in detail by various men, who could show how fully our cherished doctrines were in accord with every known law of nature, every modern discovery, every substantial fact of modern science, such a man would give us a work *en rapport* with the times.

But Dr. Hempel is not a scientist. He has distinguished himself within a comparatively recent period by opposing modern scientific views. Both by his great age and his constitutional bias, he is a worshipper of the past. On almost every page of his excellent treatise he gives evidence that he is a rhapsodist and a religious enthusiast.

His opening sentence marks the spirit of the whole work. "Ever since a clear perception of the glorious truths of Homœopathy took possession of my mind," etc., etc. This is not the language of science or philosophy or logic. It is the song of a lover to his mistress. His mind is possessed and, to his imagination, the plain truth becomes "glorious." Why not "wonderful," "immutable," "grand," "incomprehensible?" Does the truth need to be garnished in a scientific treatise?

On the next page, he exclaims, "If we pursue our studies in this spirit, Homœopathy will unfold to our inner souls the glorious harmonies of the Divine Government, even amid the agonies of the sick chamber, and will dispose us to worship its behests in pleasure or pain as the Fiat of Infinite Love."

This is very extravagant language to be used in a scientific discussion. Why does he say "inner souls"? Have

we outer souls also? Are the harmonies so "glorious" we need an inner and more refined soul to fully appreciate them?

The sentence as a whole startles us. It exalts Homœopathy to the sphere of a religion. The Paddy's whisky was "mate and drink both." And the man whose medical doctrines could do so much for him in unfolding "the Divine Government" and so dispose him "to worship the Fiat of Infinite Love" would not be sadly in want of any other creed.

Among other things which surprise us is the unsystematic order of his discussion. At the very outset, in his Introduction, he enters upon the fruitful topic of high and low dilutions. Like a skilled lion tamed, he proposes to lash into subjection all the snarling animals in his cage whose interruptions might otherwise mar the show. Why he should invite, so needlessly, a war in his own camp just as he is about to sally out and surprise the enemy we do not understand. His discussion and illustrations of this much mooted question have their place, but standing as they do at the very door by which we enter, they present an ugly bone of contention. The arrangement is not politic.

After all of Dr. Hempel's varied and extensive acquaintance with Homœopathy he does not seem to grasp the subject in its widest relations. The ground, he scientifically stands upon, is very narrow and all else is swallowed up in the mysteries of his religious faith. There is a wide range of topics, all fundamental to his subject, all preliminary to a clear understanding of his discussion, and all capable of scientific investigation which he utterly ignores at the outset and only casually refers to in the course of his writings.

Not to detail these topics, there is the question, What is Disease? That should be clearly settled long before we enter upon the discussion of drug action. We do not now observe anything indicating Dr. Hempel's view upon this

question until we get to the forty-seventh page. He says there: "When a man is sick it is the cosmic life-force, which developed the drug out of its germ, that develops the corresponding morbid properties of the tissues into an actual disease. Hence diseases may be defined as morbid properties developed into pathological activities by the life force of the Cosmos."

On page 116, he expands the idea somewhat, he says: "It is undoubtedly the same life-force which I have so often alluded to as the cosmic force or the Living Sphere which, proceeding out of the eternal fountain-head of Life or the *Esse* of the Father fills all space in unmeasurable successions of degree of intensity and power, even to the ultimate boundaries of material nature; sustaining and perpetuating all created individualities; each in accordance with its inherent laws of order and functional destiny; I repeat, it is the same life-force or life-essence that regulates and preserves the harmonic movements of the organism its true physiological life, and which, on the other hand, develops latent morbid properties into active conditions, or pathological states known and described as diseases."

A metaphysician or a writer of systematic divinity might indulge in such an abstruse definition, but a scientist would seemingly have escaped the limitations of his subject when he launches into such a broad sea. Before we could inculcate such teachings into our medical colleges, our students would need to first spend some time in a school of theology where certain peculiar views are taught. Such definitions and much of the same import to be found throughout this work are utterly inconsistent to one not versed in the religious doctrines of Dr. Hempel.

As we read the pages of this work we can not help admiring the overflowing religious enthusiasm of the writer. Indeed, at times, his attainments as a scientist are wholly obscured by the fervor of his abounding piety. And no

wonder for he declares "Homœopathy is a theosophic revelation ; it is a philosophic system, not fenced in by the limits of a human brain, but which is co-eternal and co-infinite with the love and wisdom of the Divine Creator. Homœopathy opens up new avenues of thought concerning the government of Divine Providence, concerning Nature and Man and concerning the relations of all things to the fountain-head of Life from which both Man and nature derive their power to exist and to perpetuate themselves in accordance with definite and unchangeable laws."

Now granting all this to be true, would it not be a good thing to take up one subject at a time? Say let us discuss Homœopathy as a Medical System in a treatise by itself, and then have another treatise on Homœopathy as a System of Theology. It only tends to confusion when you mix these topics, especially so, as many persons have religious notions of their own which may differ from the writer of such a work.

As a school, Homœopathy has already upon it the taint of theological dogmas. By many, we are all supposed to have espoused the religious doctrines held by Dr. Hempel. And now if this work goes forth without protest and is received as an endorsed exposition of our doctrines, we may well rest under the indictment of being the propagators of a system of theology as well as of medicine. Put this book into the hands of a man unacquainted with both Homœopathy and the doctrines of Emanuel Swedenborg and he would be unable to distinguish the medical from the theological.

Our objection rests not upon the supposed falsity or truthfulness of either, but upon the fact that they are so needlessly intermingled. A scientist has no right to obtrude upon his readers his religious doctrine.

Every religious man holds to some scheme of Divine Providence, and he holds to it because he believes it to be in harmony with all other known truths. Each man, therefore, writing upon medical science might choose to largely incor-

porate his religious views into the discussion and this would only lead to endless diversity and contention. And, as in this case, our school would then have to carry unnecessary burdens, and we would find ourselves fighting a medico-religious war.

But this is not all. We in this way are committed to explanations of facts, which explanations we do not believe in. The facts of Homœopathy are scientific and should be explained as such and not on the basis of any theological creed.

But it should be remembered that Dr. Hempel, at the beginning of his introduction, says that this is his "own conception of this medical doctrine." And, as such, we accept it thankfully. It challenges our admiration, even where we can not give it our assent.

But it would be idle to assert that Dr. Hempel has written the work we have so long needed. Far be it from us to pour contempt or ridicule upon what he has done. We only desire to have the right estimate put upon it. The task yet remains to be performed of giving a scientific exposition of of Homœopathy.



## *Hygiene.*

**Alcohol not a Poison.** By Gerhard Saal, M. D.

On the 20th of March, Dr. Gerhard Saal, the well-known chemist, delivered a lecture at Pike's Opera Hall on the subject of "What We Eat and Drink." As the portion of it pertaining to alcoholic drinks is of especial interest at this time, we make the following liberal extract:

Aud now we come to such articles of sustenance as are wine, brandy and beer, in all of which alcohol is the active principle; in the last-named we find, besides, lupuline, the extract of hops; furthermore, tea, coffee, tobacco, opium and hashish. Science, and particularly natural science, investigates the casual connection of phenomena, regardless of the use of knowledge thereby gained to mankind, not caring consequently whether the result of its investigation, as furnished by experiments and constant observation, will agree or conflict with opinions formed beforehand, or with dogmatic views and creeds, sacred to individual or nations. Regardless of superstition and prejudice, sacred by and through the lapse of centuries, astronomy, from Galileo's lips, proclaims the fundamental truth: the earth revolves round the sun, not the sun around the earth. The question to be discussed in regard to these articles (wine, brandy, tea and coffee) is: Have they nutritive qualities? if not, are they injurious? or, to state it in other words, are they poisonous? And, finally, which is the cardinal point of the question? Are they necessary in the present condition of our organization, or may they be dispensed with? The question whether alcohol is a nutritive element or not has these ten years been examined into and discussed by physiologists more than any other biological question. In regard to the effects of alcohol, the most important point is undoubtedly that of ascertaining whether alcohol, as the advocates of its nutritive power maintain, undergoes complete combustion in the blood, or whether it is eliminated again from the blood unchanged. Nevertheless, so far no definite decision has been arrived at, in spite of Dio Lewis' apodeictic declaration, "Alcohol is poison."

The French physicians, Lallemand, Perrin and Duroy laid down the following propositions:

First, that alcohol enters the blood unchanged.

Secondly, that having entered the blood, it is again separated from it through various agencies, but chiefly through the kidneys; and

Thirdly, that alcohol in blood is oxidized into neither aldehyde nor into acetic acid nor oxalic acid.

In opposition to the views of French scientists we find the opinions of Thudichum, who looks upon alcohol as a nutritive substance, and seeks to prove that if it once has entered the system it is totally oxydized and consumed, excepting a few scarcely perceptible traces which are separated from the blood through the kidneys.

Dr. V. Sabbotin lays down the following proposition, evolved after a series of most carefully prepared experiments:

At the present stage of information with regard to the processes of sustenance of the higher orders of animals, we have no reason to think that alcohol is nutritious.

Professor Carl Voit, in whose laboratory, and under whose directions these experiments in this field of research were made, says:

"I consider such substances as nutritious that will either deposit elements necessary to the composition of the body, or that will preserve to the body, these elements, as, in the first case, albumen (so far as can be deposited) or fat, water, or the ingredients of ashes; in the second, starch, since it prevents the consumption of the fat in the body."

If we consider as nutritious substances that furnish a body with life power through decomposition, we find that this definition is not exhaustive, because neither water nor the ingredients of ashes could be considered nutritious.

Alcohol must necessarily be considered nutritious, because it causes a less degree of decomposition.

These are the opinions of Voit, who is considered by scientific men as authority in these matters.

In a similar manner, a commission appointed by the Academy of Sciences of France, consisting of Flourens, Pelouge, Payer and Claude Bernard, to examine into the investigations of Lallemand, Perrin and Duroy, expressed themselves.

In this matter the opinions of Duchek correspond more to the facts, in that he claims that alcohol is not only oxidized in the blood, but in addition prevents the fats from oxidation, whereas they would otherwise be consumed.

On one point, however, all authorities agree, namely: We do not use alcohol because it is nutritious, for if taken in large

quantities it causes derangement of the processes going on in the body, but on account of its effects as a stimulant and as a means of enjoyment.

From this stand-point let us consider the different modes of enjoyment and discuss them in order:

They possess, like many other forms of religious worship, the power to satisfy the mind, to exalt imagination, and render life more enjoyable, without however, improving it.

From this yearning after truth, with an inclination to self-deception, which is a part of human nature, has sprung the necessity in man of finding means to change his manner of thinking, to deaden to a degree his sensibilities. These means are now theine, caffeine, morphine, nicotine, strychnine and alcohol.

They permeate the blood and pass through the entire body, and then leave it without being decomposed (except alcohol) they do not therefore act in the capacity of nutritive substances, and can act as life-giving stimulants only in small quantities; in large quantities they act as decomposers, like the different poisons. Wine is by religion and custom the honorable representative of the means of enjoyment, just as bread is the holy symbol of nutrition.

Wine contains, besides alcohol, certain volatile oils, which give it its peculiar aroma and furthermore various salts, especially potash, which rapidly become part of the blood, facilitating the taking up of oxygen and the throwing off of carbonic acid, exciting the heart to contractile power and favoring the entire processes of bodily reorganization, just as meat extracts act, and thus creating bodily and mental comfort.

As a banisher of care and a strengthener of the heart it was from time immemorial the subject of song by the most gifted poets: The "*ecce bibendum*" of Horace, as also his "*aqua puotaterribus,*" will last long.

Again and again are we compelled to exert muscular force, when it is already almost exhausted; the brain must frequently be stimulated to action when rest would perhaps, be more desirable. The uncultivated man may indulge himself, but



the cultivated man must be able to control himself at all times, in peace or war. Nothing is so efficient in bringing about, effecting this result, as alcohol; nothing so lasting in its effects; it is both nutritious, preservative and a poison; it is a *sine qua non*, daily to be used and on every occasion, in every clime and every occupation in life.

With the soldier in the field, the canteen of coffee or whisky can under circumstances compensate for erbsenwurst and bean soup, especially after exhausting marches. Amongst all the modern beverages, beer is indisputably the most harmless. Besides a small percentage of alcohol, it contains the hop bitter, which agreeably stimulates the digestion; furthermore it contains sugar and dextrin, both of which render the mixture in the stomach more nourishing.

The cultural historical bearing of this beverage, which in all probability will curtail the use of whisky, next to tobacco the most injurious stimulant, is too obvious to be overlooked by Sociologists and Biologists.

During a three years' sojourn at the clinic in Munich, I had only once the opportunity of observing a case of delirium tremens. This case, as an exceptional phenomenon, made a great sensation, and all the students, even a great number of physicians came to observe it. It is not very easy to decide why so many cases of poisoning by alcohol occur here. Possibly it is the climate, but rather the cause lies in the manifold adulterations, as they are practiced in this country. If the latter is the cause, then the Government should take care to prevent these adulterations, and the practitioners of them should be fined very severely.

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### On the Use and Abuse of Alcohol.

Dr. W. A. Hammond recently delivered a very lengthy and interesting address before the Neurological Society, of New York, from which we make the following extract. It is ap-

propos to the subject of Prof. Saal's paper found on another page. But these views do not exhaust the question and we shall look out for conflicting testimony. Let us have the truth without passion or prejudice. Dr. Hammond's article may be found entire in the *Psychological Journal*:

"We are now prepared for the long list of diseases and disorders of the nervous system produced by the excessive use of alcohol. The catalogue is made up from my note-books, and is based on cases occurring in my private and hospital practice.

Of the brain: Cerebral congestion; Cerebral hæmorrhage, with its consequences, apoplexy and paralysis; Meningeal hæmorrhage; Cerebral thrombosis; Softening of the brain; Aphasia; Acute cerebral meningitis; Chronic cerebral meningitis; Abscess of the brain; Multiple cerebral sclerosis, one of those diseases of which tremor is a characteristic symptom.

Every variety of insanity, including general paralysis.

Of the spinal cord: Spinal congestion; Antero-lateral spinal sclerosis; Posterior spinal sclerosis (locomotor ataxia.)

Cerebral spinal diseases: Epilepsy; Chorea; Multiple cerebro-spinal sclerosis, another one of those affections characterized by tremor.

Athetosis, a remarkable disease, which I was the first to describe, and which is now well recognized both in this country and in Europe. The case on which my description was based was one in which the patient was in the habit of drinking sixty glasses of gin daily.

Of the nerves: Anæsthesia; Paralysis agitans; Neuralgia, in all situations; Neuritis; Neuro-sclerosis.

It will be noticed that sclerosis, or hardening, is a condition to which all parts of the nervous system are subject, and which alcohol probably often produces. It is, doubtless, the result of the direct action of alcohol on the nervous tissue.

In addition to being the exciting cause of many diseases of the nervous system, alcohol probably predisposes to various others in which no direct relation can be traced; neither does its action stop here, for the descendants of persons addicted to the excessive use of alcohol are liable to various diseases of the nervous system, and there is some evidence to show that

offspring generated during a fit of intoxication of either parent are often born idiotic.

Doubtless you have observed that my remarks relative to the evil consequences of alcoholic potations have been based upon the excessive use. It would be only fair for you to ask me. What constitutes excess? And if you did, I should answer that, in the abstract, I do not know any more than I know how much tea or coffee any one of you can drink with comfort or advantage; how many cigars you can smoke without passing from good to bad effects; how much mustard on your beef agrees with you, or how much disagrees; or how much butter you can eat on your buckwheat cakes. In fact, I do not know that you can use any of these things without injury. For to some persons tea and coffee and tobacco and mustard and butter are poisonous. Every person must, to a great extent, be a law unto himself in the matter of his food; no one can *a priori* tell him what and how much are good for him. A single glass of wine may be excess for some individuals, while to others it fills a *role* which nothing else can fill. That alcohol, even in large quantities, is beneficial to some persons, is a point in regard to which I have no doubt; but these persons are not in a normal condition, and when they are restored to health their potations should cease. I have seen many a weak, hysterical woman drink a pint of whisky or brandy a day without experiencing the least intoxicating effect, or even feeling excited by it. The exhausted nerve-tissue has seemed to absorb it with an energy as though it were the one thing craved, and recovery has been rapid under its use when all other means have failed. I have seen strong men struck down with pneumonia and fever, and apparently saved from the grave by brandy or other alcoholic liquors. I have prevented epileptic seizures by its moderate use; neuralgic attacks are often cut short by it, and sometimes entirely prevented. It has been efficacious in catalepsy and in tetanus; it is one of our best antidotes to the bites of poisonous serpents. As I have repeatedly witnessed, in the convulsions of children from teething and other sources of reflex irritation it is invaluable; in the spinal irritation to which women, and especially American women, are so subject, noth-

ing takes its place; and in certain forms of gastric dyspepsia it must be given if we wish to cure our patients. You know all this as well as I do, and you know that I have by no means mentioned all the diseases in which, so far as our knowledge goes, alcohol in some form or other is the sheet-anchor of our hopes. I would not like to be cut off entirely from the use of alcoholic liquors in my practice, and yet I often try to do without them, for I am fearful of exciting a thirst which will not stop at my bidding. Still, when they are clearly indicated, I give them without self-reproach, feeling that I have done my duty, and that I am no more responsible for the consequences of any after-abuse than I should be for the shipwreck of a child, whom I had in good faith and with the object of contributing to his welfare sent on a voyage to Europe. I would not send my son to Europe to be educated, if I could, in all respects, educate him equally well in this country, neither would I prescribe alcoholic liquors if I could do without them.

I know that I am digressing from my subject; but in view of the great importance of the whole matter I ask your indulgence for a little further wandering.

With reference to the moderate use of alcoholic liquors, it must be remembered that we are not living in a state of nature. We are all more or less overworked; we all have anxieties and sorrows and misfortunes, which gradually in some cases, suddenly in others, wear away our minds and our bodies. We have honors to achieve, learning to acquire, and, perhaps, wealth to obtain. Honors and learning and wealth are rarely got honestly without hard work, and hard work exhausts all the tissues of the body, especially that of the nervous system. Now when a man finds that the wear and tear of his mind and body are lessened by a glass or two of wine at his dinner, why should he not take them? The answer may be, because he sets a bad example to his neighbor. But he does not. His example is a good one, for he uses in moderation and decorum one of those things which experience has taught him are beneficial to him. And why should he shorten his life for the purpose of affording an example to a man who probably would not heed it, and who, if he did, is of less value than himself to society?

None of us defend dram-drinking. It is a vile, a pernicious practice; but the instinct that drives men, and even women, to it is human, and we must take it as it exists, just as we are obliged to recognize other natural instincts fully as vile and pernicious. The inborn craving for stimulants and sedatives is one which no human power can subdue. It is one which all civilized societies possess. Among the earliest acts of any people on emerging from savagism is the manufacturing of an intoxicating compound of some kind; and one of the first things a colony establishes is a grog-shop. It was, as Dr. Chambers remarks, "an awful outburst of nature," when, out of 500,000 men who took the pledge in the United States, 350,000, according to the "Band of Hope Review," \*broke it. And he very pertinently asks, "Have the same proportion ever broken vows of chastity or any other solemn obligation?"

But if we can not overcome the instinct by prohibitory laws, we can regulate it and keep its exercise within due bounds. My own opinion is, that the best way to do this is by discriminative legislation in favor of wines and malt beverages, and against spirituous liquors. I would make it difficult to get whisky. I would provide that what was sold should be pure, and at the same time I would make it easy to procure light wines and beer. And I would likewise offer every encouragement to the growth of the vine and the hop. Experience has shown that total prohibition, while failing to a great extent in practice, drives men and women to opium and Indian hemp, substances still more destructive to mind and body than alcohol.

Another point seems to require notice. There is a condition—a form of insanity it may be—known as dipsomania, or, more properly, methomania. It is described as consisting in an irresistible impulse to indulge in alcoholic liquors. Doubtless there are individuals, who, while recognizing the injury which excessive indulgence in alcohol inflicts upon them, are in a great measure powerless to control their morbid appetite. At one time they might easily have refrained, but frequent yielding, and perhaps also the direct action of alcohol upon

\*British and Foreign Medico-Chirurgical Review, Oct. 1854, p. 412.

the brain, have so weakened their volitional power that restraint is well-nigh impossible. Probably many who pass for ordinary drunkards are in reality methomaniacs. Indeed I suppose there are very few of those who are habitually more or less intoxicated, who, in their more sober moments, will not lament their inability to abstain, and curse the feebleness of will and the strength of the appetite which keep them drunkards. For all such the lunatic asylum is the only proper place, so long as they commit no outrage on the persons or property of others. If they plunge into crime, punishment should follow with as much certainty as for sober criminals. As to confiding in the honor of such people, and allowing them to range at large while nominal residents of an inebriate asylum, I regard it as the supremest kind of folly. What would we think of the wisdom and prudence of a superintendent of a lunatic asylum who would trust to the honor of a patient who had previously attempted suicide, and allow him to go at large on his pledge not to kill himself? And yet this is essentially the nature of the discipline at inebriate asylums. I have never seen a drunkard cured by this kind of restraint, and I have seen many who have told me how readily, while patients in such institutions, they procured liquor enough to keep up the desire for more."

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### **Disinfectant.**

A very weak solution of permanganate of potash will destroy instantly any taint from diseased roots, imperfectly cleaned plates, and should always be used to rinse the spittoon in hot weather every time it is made use of. It is cheap, satisfactory, almost tasteless, not poisonous, and quite free from smell. It may be satisfactory to some to know that this will remove the taint of smoking from the breath, if used as a mouth-wash.

## Physiology.

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**The Blind Leading the Blind.** By J. D. Buck, M. D.

It has long been the habit of certain earnest physicians of the old school to prophesy concerning the future of the healing art, and to look forward to the "good time coming," when remedies shall have been discovered for diseases like cancer and tubercle, now generally found incurable, and when some law of therapeutics will be known.

In a course of lectures recently delivered in this country by Brown-Sequard on the "Diagnosis and Treatment of Functional Nervous Affections" this distinguished Professor thus discourses; p. 64:

"We, however, have now good reason to hope, that the time is not far distant when the ultimate mode of action of the most powerful remedies will be pretty well known. We shall then be enabled to employ them in those cases which can really be benefited by them, *instead of ordering them blindly, as we now so often have to do, producing sometimes much more harm than good.*"

In the first place, this distinguished professor reaches beyond the province of knowledge yet attained in any department of nature, although the problem with which he deals is the most complex known to man. Does he imagine that he can comprehend the ultimate action of the most simple forces. Does he not know that the action of any force is apprehended only by its results, and that the relations under which such results recur, is the limit of our knowledge concerning them. To comprehend the ultimate nature of matter and the ultimate action of forces very few men now a days attempt, although we do occasionally find an enthusiast—and well directed enthusiasms

is certainly a good thing—looking for the square of the circle, or the means of perpetual motion. And so tired of the ceaseless rounds of the professional tread-mill, and of ordering medicines blindly which sometimes produce more harm than good, this gentleman imagines that “the time is not far distant” when the professional circle will be squared.

We shall see, however, that notwithstanding Dr. Squard aims at impossibilities in one instance, he has taken a step in another direction likely to lead to practical results, and if he and his ilk progress with their present ratio in a century or two more they will have reached the landmarks firmly settled now nearly a century since, and which point in the direction in which the highest therapeutic art will one day be attained. Page 67, under the head of “Analogies and Differences of Remedies.” We read, “The more we progress in our knowledge of the mode of action of remedies, the more we find that *a priori* notions, grounded on the chemical properties of the substances which we try as remedies, are very rarely verified,” and this he proceeds to illustrate by the different effects produced by salts of the same base or the same acids, etc., etc., and then concludes p. 69. “I have mentioned these facts to show, that we are to look to experiments on animals, and to careful trials on man, to learn the physiological and therapeutic effects of remedies, and that chemical analogies can not lead to any conclusions as regards the action of remedial substances.

Now this a step in the right direction, though certainly not a novel proposition. The proving of remedies upon the sick has confessedly availed little, as after thousands of years hardly two persons agree as to the best remedies in a given case, or are enabled to say whether they do more good than harm, and suppose the action of every drug in the *materia medica* on animals and man were known and recorded. Nay, even suppose their “ultimate” action were known, how are they to be applied for the cure of disease? Why not take just one little step forward, and inquire what relation drug proving bears to therapeutics.



Hang all your "*pathies*" on a sour apple tree, and the world would no doubt be the wiser and the better for it, and then start even like men in pursuit of knowledge, of scientific knowledge.

Knowing the relation which a drug bears to a healthy organism, by certain morbid conditions which follow its use, what will be the effect of administering the drug when those same morbid conditions already exist from some other cause. Allow the question to be here first propounded, we will say we do not know, what then? guess at it! indulge in "*a priori* notions grounded on the chemical properties of the substances." No! Try it! What else could a sensible man do if really in search of knowledge. To avoid all quarreling about dose, take in the first place in the trial on the healthy the smallest quantity which will produce the *characteristic effects* of the drug; those effects being already present from some other cause, take the same dose as before and ascertain whether the morbid condition is increased or decreased, or whether it remains unchanged. The proposition is fair and square, and in keeping with the best known modes of investigation pursued in other departments of science.

Having taken the first step, viz: proving drugs on animals and men in health, it is difficult to see how one can avoid taking the second.

The proposition has been worked out carefully and repeatedly by men like Pereira, and yet many who read it repeat to themselves or in lectures to the public twice one are three, or twice three are two, and then with such mathematics ramble off in search of ultimate truth, or endeavor to square the circle. The morbid conditions which a drug produces in the healthy are the same conditions which it will remove when already present from some other cause. Try it now, gentlemen, of the old school, or a century hence, as you please, whenever you do try it, or read your own records through the above proposition as a glass, you will be surprised that you had not made the discovery long before.

**Amalgam Fillings vs. Health.** By J. D. Buck, M. D.

It is well known that the base of the material used by most dentists under the name of amalgam is mercury. I believe that most dentists make use of this compound under the impression that it can in no way be injurious to the health. Not all, however, are satisfied of its harmless nature. Its use and effects have often been discussed in dental conventions, and cases have been brought forward when it was satisfactorily shown that injury had resulted from this cause, and some dentists have discarded amalgam entirely.

Two cases have recently come under my observation which I regard as due solely to local irritation and absorption of mercury from an amalgam filling.

The first case presented all the characteristics of ptyalism, abrasion of the mucous membrane, and the peculiar mercurial odor.

On examination the filling seemed to be firm and the condition referred to disappeared very slowly without its removal. The dentist denying that it could possibly produce any disturbance and refusing to remove it.

The second case is one of long-seated ulceration of the tongue for which I was recently consulted.

At the base of the tongue on the left side appeared a deep cicatrix as though the tongue had been pierced through at that point, and on the elevated margins of this depression was the characteristic mercurial ulcer. The patient had been treated for nearly ten years for this troublesome ulcer, by physicians of both schools. At times, it has nearly healed under the use of caustics, only to return in a few days as bad as before.

Now during all this time there has existed exactly on a line with the ulcer a large molar tooth which, before the ulcer appeared, had been filled with amalgam; only a thin shell of the crown remaining. On the outer margin, the filling appears bright and firm; but on its inner margin, appears a narrow fissure between the filling and the tooth, both of which

are nearly black, and roughened. The patient informs me that no physician who has attended him, has ever suspected the tooth as in any way related to the ulcer, although his wife has from the first insisted upon it as the cause of the mischief. I ordered the filling and, if need be, the tooth removed; with what result I can not say, but I am so confident that this is the "root of the matter" and so well convinced that amalgam should be used with great care, and only for temporary fillings, if at all; that I desire to call the attention of physicians to the subject. If a tooth is worth filling at all, let it be done with pure gold, and thus avoid the effects clearly traceable to the baser metals which the dentist no more than the alchemist can transmute into gold.

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### **Popular Physiology.**

One of the marked features of our time is the effort everywhere making to diffuse the best knowledge among all classes of people, and bring it to bear directly on the thought and life of the world. Esoteric works and words have disappeared. Every author aspires to universality. They write for all men to read. The whole world is none too large. If their information is of a kind that the majority of men can not appropriate or understand, it is not because they intend to restrict it to a special class, but because only a select class is prepared to appreciate and assimilate it by previous training. Whoever writes wants all men for readers.

Philosophy now uses the vernacular. Theology has ceased to have a dialect of its own, and uses all the arts of rhetoric to make its subtleties and refinements intelligible to the secular mind. The classics have secured the best translators so that

the miracle of tongues is practically repeated, and we have Homer and Plato and Aristotle and Dante speaking to us in the English of Bryant and Jowett, Grote and Longfellow. The sciences seem to ache in their technical and torturing terminology, and escape as fast as possible from imprisoning hedges of names that only specialists have the keys to unlock into the unbounded freedom of popular speech, and the unrestricted circulation of general literature. Agassiz was less of a discoverer of new facts or laws than a popularizer of scientific information; his contagious enthusiasm communicated itself to others, and the indifferent general public were warmed into a glow of interest by his stimulating statements and magnetic personal devotion; he made himself intelligible even to children so they saw new beauty in a shell and a meaning in fishes' bones. Proctor and Tyndall and Huxley are not less faithful to their studies, careful in their investigations, and profound because they bring their bending sheaves of knowledge to the common threshing-floor. Darwin has put the results of all his minute researches and subtle speculations into language so simple and with illustrations so familiar that it is not surprising the common people everywhere are familiar with his works, and laborers discuss his theories over their dinners. Psychology, one of the most difficult of sciences to understand, refuses to be secluded and become the exclusive property of a select class; in the treatises of Spencer and Bain and Maudsley it appeals to a democratic hearing, and throws open the doors of its most interior labyrinths to whoever wishes initiation into its mysteries.

I SOMETIMES think that Death presiding at the great portal through which dead nations have passed, is wearied at times at the monotony of admitting the common place crowds, whom ignorance and vice, ambition and baseness, silliness and sin so copiously deliver there—and himself delights to allure noble travelers to his dominions by holding out to them the high temptations of truth, or freedom, or art, or genius, or duty, or service; and thus he makes his kingdom richer as he makes us poorer here.

## Proceedings of Societies.

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### Lorain County Homœopathic Medical Society.

The fifth semi-annual meeting was held in the Mayor's office, at Oberlin, on Thursday, June 11, 1874.

Dr. M. P. Hayward, President; Dr. G. J. Jones, Secretary, *pro tem.*

The members present were, Drs. Cushing and Park, of Elyria; Hayward, of Oberlin; Rust and Lane, of Wellington; Starkey and Arndt, of Amherst; and Holcott and Jones, of Rawsonville.

The following named physicians, not members of the association, were also present: Drs. Samuel Ackerson and S. Reamer, of Oberlin; U. L. Higgins, of Elyria; and M. H. Mills, of Wakeman.

On the recommendation of the censors, Dr. U. L. Higgins was elected a member of the society.

Dr. Jones then read a paper entitled "Acute diseases of the respiratory organs of children." After reading the paper, he requested each member to relate his experience in the treatment of whooping cough, and whether the disease could be modified or the attack abridged.

Dr. Cushing used bell. and ipec. in many cases.

Dr. Rust gave gelseminum in the first dilution every two or three hours, with the effect of modifying the cough very much, or even stopping it entirely, if given early, and in cases which had continued longer the paroxysms were very much lighter and less frequent after taking gels. several days.

Dr. Lane corroborated Dr. Rust's statements, and added that in many cases occurring about Wellington, there was sensitiveness over the spinous processes of the vertebræ and

a very restless condition. He also stated that malarial fevers prevailed there in the summer and fall, and during the prevalence of such fevers, cases of whooping cough were very liable to be affected by this malarious influence.

In one very bad case where there was much prostration, and blueness of the skin, he gave ars. 30th, and puls. 30th, with benefit.

Dr. Arndt used chelidonium more than any other remedy, and had been remarkably successful in arresting the disease, which she succeeded in doing in most cases. Contrary to Guernsey she thought chel. applicable in a dry as well in a loose cough. She had also used bell. muschus, and in one case where there was much dyspnœa mephitus putorius. She thought the disease curable. In many cases there occurred a relapse, but the application of the same remedy or remedies which controled it at first would again arrest the progress of the disease.

Dr. Jones had used dros. 30th during the first stage when the cough was dry, especially if worse when the person first lies down, and again after midnight, and squills 30th, when the cough became loose, and if there was much watering of the eyes, with a discharge of thin mucus from the nose. If given during the first week dros. would in many cases arrest the course of the disease, but in such cases if the child took a cold during the next three or four weeks the cough would again assume the same paroxysmal character. He never used squills in whooping cough until the past spring.

Dr. Starkey gave tar. emet. 30th, when there was much vomiting of mucus after the paroxysm. In one case where there was a sensation of burning in the stomach, and constant sneezing, three doses of arsenicum 200th, performed a cure. Cham. 30th, cured a case in which there was great restlessness, and a desire to be carried around the room.

Dr. Cushing asked the society what constituted lung fever. He claimed that nine-tenths of the cases of so-called lung fever were bronchitis, pleurisy or something else besides pneumonia; but as we were obliged to give every disease a name that all could understand, he had no objection to calling all

these troubles lung fever, in fact, he thought it decidedly proper. He never met with hepatization of the lungs in a case younger than four years, and inquired if members had seen such cases often.

Dr. Jones had treated but three children during the past spring where there was any hepatization of the lungs.

Dr. Lane thought that in all cases of pneumonia, there was more or less continued congestion.

Dr. Cushing said that he examined the chest of every case of typhoid fever he treated by percussion daily, for fear that hepatization might come on so insidiously as not to be perceptible by other means.

Dr. Hayward thought this unnecessary, as the general symptoms would lead one to detect such a sub-acute inflammation before hepatization took place.

Dr. Wolcott spoke of a case of chronic ulceration of the stomach, treated by Dr. Jones and himself, in which there was found hepatization of the right lung after death, which had not been discovered by them previously, although they had treated her a long time.

Dr. Lane inquired if the products of inflammation of the lungs, other than pus, could be removed without expectoration. All members agreed that in a great measure they might be.

Dr. Arndt had noticed a tendency to hepatization of being hereditary in some families; and, also, related a case which was cured with phosphorus.

Dr. Park reported in writing a case of hepatization of the left lung, in a girl six years of age, cured with *Lycopodium*.

Dr. Wolcott thought *lycop.* acted best in troubles of the right lung.

Drs. Starkey and Hayward thought the left lung more easily affected by this remedy.

Dr. Hayward spoke of the intemperance of parents as affecting children very seriously.

Dr. Ackerson asked how this hereditary trouble might manifest itself, and whether the child of drinking parents might not have a desire for some other stimulant on account

of this craving appetite which had been transmitted, for instance, tobacco or opium.

For consideration at the next meeting the President suggested the question "alcoholic stimulants, what benefit are they?" and both he and Dr. Jones agreed to present papers on this subject.

Dr. Cushing presented a report of the trial of G. C. Underhill, of La Grange, in this county, for alleged mal-practice.

Dr. U. proved that he was dismissed on his first visit, and was acquitted; although the plaintiff swore positively that the Doctor examined his case carefully, and prescribed three or four times.

The proper use of ergot as a uterine stimulant was then discussed.

Dr. Ackerson thought that unless the child was expelled soon after the administration of ergot, almost immediately, in very many cases, death would ensue. His preceptor used it largely and had many dead children. He thought the child died from the force of the unnatural contraction of the uterus.

In one case of labor in which Dr. Starkey gave ergot in strong doses, the pains ceased entirely, and a repetition of the remedy would not arouse them.

The use of ergot in labor was not common among members, but several among them, Drs. Hayward and Cushing; used it in small doses to aid in the expulsion of the placenta, or after the placenta was expelled if there was a failure of the uterus to contract promptly. When should the placenta be removed? was then asked.

Dr. Cushing thought best not to make any effort to excite pains immediately after the birth of the child, but wait for several hours, not over twenty-four, and rarely over twelve, when some measures might be instituted for its removal.

Dr. Jones would take some gentle means to get up a pain, and if there were no adhesions he succeeded in delivering it very soon, rarely waiting over an hour.



Dr. Lane thought the woman had better rest for a short time before any attempt was made to deliver the placenta, unless it was already in the vagina.

The use of obstetrical forceps was spoken of.

Dr. Cushing, in a practice of thirteen years, had used the forceps but once, and in that case he thought he would have got along without them, if he had not been almost compelled to use them by the woman's friends.

Dr. Jones had used forceps twice in a practice of over nine years.

One of these cases might have got along without them, but the other never would.

Dr. Ackerson thought much suffering might be saved by the more frequent use of forceps by many physicians who now rarely use them, although others use them too frequently.

The Secretary was ordered to send a synopsis of the proceedings to three of the county papers, and a full report to the Cincinnati Medical Advance, and the Ohio Medical and Surgical Reporter.

The Society, at 5 P. M., adjourned to meet at Elyria, on the second Thursday of October next.

G. J. JONES, Secretary, pro tem.

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## **Theory and Practice.**

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**Notes.** By E. W. Fish, M. D., Circleville, O.

**SODA-WATER AN ANTIDOTE TO POISON.**—Since leaving the city and journalistic connections, I have hardly turned up a reagent bottle; and, hence, have elaborated no material for

you. But a few unfriendly articles on the subject of summer drinks turned my attention to that subject, and having turned an Arctic faucet into a half dozen test tubes, give you the results.

Almost every physician, who has recently dabbled in summer drinks, has dilated on the poisonous nature of carbonic acid gas—that material and water constituting the only ingredients of soda-water as now made, save the syrups. This idea of the poisonous nature of carbonic acid is a mistake. It is not poisonous directly. It interrupts respiration when inhaled by excluding air, but its own presence is not poisonous, for it is not absorbed. In the stomach, it is quite as harmless as common atmosphere, and is almost always present, naturally, in the alimentary canal.

But the most interesting (at least, to us, for we had never heard the matter referred to) is the antidotal properties of this popular beverage. It is the best and most rapid antidote for the soluble salt poisons, as corrosive sublimate, acetate of lead, blue vitriol, etc. It produces an instantaneous and searching precipitate of the insoluble carbonate of those bases, and these carbonates are comparatively harmless, not only because of their natural effects, but because abundant time is given for the removal of the precipitate on account of the insolubility. We particularly emphasize the word searching, for one glass of soda-water (far better without the syrups) will precipitate a very large amount of the poisonous solution and ransack every fold of the bowels, in a short time, in search for that which may have passed out of the stomach into the intestines. Thus the very strength and biting properties of the unsweetened drink make it the more available.

In the winter time a carelessly prepared mixture of carbonate of soda and Tartaric acid would furnish a similar antidote. We say carelessly because either ingredient in excess will hasten the passage through the bowels. If an ordinary Siedlitz powder be taken, it should be mixed in portions, as most of the carbonic acid escapes when the attempt is made to swallow the full amount before effervescence ceases.

**PILLS—PILES.**—People up this way, where Homœopathy has scarcely reached the surface of respectability, have the almost universal habit of driving vast quantities of pills, and reaping a very healthy stock of piles. Asking a lady patient here, the condition of her bowels is a matter of form. In fact, the patient is quite surprised to think I should be so green—"of course they'r costive!" Well, piles, therefore, have been my pillar of support, and I want to tell you how I cure them.

First, not being a fluent talker, I undertake to lecture the piliary patient upon the necessity for her undertaking actual labor for her own cure, and not expecting every thing from medicine. And when her enthusiasm is fully up to the standard for heroic effort, I view the aspect of the case and prescribe, first, pretty much as follows, regardless of special pathogenesis:

I order her to get a male glass syringe, holding an ounce or two. Every morning to take one-fourth cup of sweet oil, one-fourth cup of water and one drop of *æsculus hip*. This she is to syringe into a frothy emulsion, and then pass into the rectum which is very easily and neatly done with a small syringe. She can probably carry this injection half a day, by which time it will have passed up twenty feet of intestine, perhaps, lubricating the flexure and its contents, and the passage will be easy. If the passage of the oil and water occurs too soon to bring *stercus* with it, lessen the amount. If it has no effect, repeat. In the meanwhile, I give the remedy most indicated by the mouth. The best success has been with *nux vomica*. *Hamamelis* has been used. It arrests bleeding, but in my limited experience has not cured the piles. This treatment may be *Granny pathy*, but it has cured my cases, and it had its origin in the necessity for something to relieve the bowels, without much exertion, under an absolute interdiction of pills, for three or four weeks while the remedies could have a chance.

By the way, Friend W., the magic results of arsenicum in summer complaints here has won for me many good families. I used to know a homœopathic doctor in Detroit who had an ornate bracket on his wall, and on the bracket a bottle, and

on the bottle these words, "*Deus Medicinæ.*" I afterwards found the "*Deus*" to mean arsenicum.

**BALSAMS.**—Did you ever hear of a regular physician or a druggist putting up a cough mixture without making it into some kind of a slippery, soothing, mucilaginous, balsamic or oily emulsion? While the writer was a druggist such was the case. Curiosity has led us lately to ask several old school physicians, why? Patients have also been requested to ask why it was. In every instance, the reply was of the same import: To soothe the irritated passages! What passages, we never thought to ask. But what kind of cough must it be which can be soothed via the œsophagus and intestines? It is indeed one of the strongest evidences of the trifling nature of regular therapeutics that it almost universally countenances this transposition in the gullet. This habit will yoke well with the "fermentation of the blood" theory of the action of the vacine virus.

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**Ophthalmological.** By T. P. Wilson.

**CASE I.** *Cataract with Glaucoma.*

Willie G., aet. 12, was sent to me July 28th, for examination, by one of the leading physicians of this state. The doctor pronounced the case cataract and thought I would operate and restore the vision. Two years before he had run the broad blade of a jack knife into his right eye producing blindness, from which he never recovered. No inflammation immediately ensued and in two weeks he went to school. But he was soon obliged to desist from studies as his well eye became weak and painful. Rest was followed by speedy recovery. About this time, the injured eye was struck by a hard body, but this produced only unimportant immediate results. Soon after, pain of a light character affected the injured eye and

some pain and considerable photophobia were in the left eye. It was thought an operation would give relief.

It was found that the lens was opaque and lying in contact with the cornea. The iris was in its entire extent attached anteriorly to the posterior wall of the cornea. The ball was under a high degree of tension, and tender to the touch. The left eye was very sensitive to light, making ophthalmoscopic observations very limited. Vision so far as I could judge normal.

The parents were almost incredulous when informed, first, that an operation for cataract would avail nothing.

Secondly, that there was great danger that the left eye might go blind through sympathetic inflammation.

And, thirdly, that it was highly probable the right eye would have to be extirpated.

This was an unexpected phase of affairs, and not less surprising to the doctor than to the friends. But this is no rare case and on this account I have narrated it. Ignorance of such plain pathological facts is sending multitudes yearly into hopeless blindness. That the profession is not well informed in such things is, perhaps, no crime; but they become criminal when they assume to treat such cases while they do not understand them.

A wiser course is that pursued by my friend the doctor, who sent his patient at once where he could be properly examined and intelligently treated. I may add that the condition of the injured eye showed it to be suffering from glaucoma,

*CASE II. Cataract with Irido-choroiditis.*

I was called, July 26th, to see Mrs. M., aet. 60, in order to determine if her cataract could be relieved by an operation. The left eye had been blind some six or seven years, and her right eye was now failing in sight.

Examination: Left eye ball slightly shrunken; anterior chamber lessened; iris immovable to light and changed in color; eye ball quite tender to touch; tension minus; lens distinctly opaque. Belladonna was applied to both eyes and

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three hours after re-examined. Found left eye unaffected; pupil not dilated, and the retina not sensitive to light: there was total loss of vision. Right eye moderately dilated; lens undergoing degeneration throughout; ball tender on pressure. I then learned that she had been suffering from progressive short sightedness for several years.

It was clear that we had in this case cataract secondary to irido-choroiditis and that both the use of remedies and instrumental interference would be unavailing. There was no prospect before our patient, then, but to pass the end of her weary life in darkness. It is the attempt to relieve such cases as this by hasty and ill-advised operators that discredit is too often thrown upon our art. Skill in the use of the knife would amount to nothing. We must have that knowledge that will enable us to select only such as can, under favorable circumstances give us the desired results. The right judgment comes from study and observation, and skill as an inborn virtue strengthened by experience.

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**Homœopathic Free Dispensary.—Clinical Reports.** By O. W. Lounsbury, M. D., Resident Physician.

**CASE I. *Paraplegia cured by Cina.***

Mrs. W. brought her grandchild, a colored girl, to the Poli-Clinic in Dec. 1873, for medical treatment, for paralysis of the motor nerves of the lower extremities. The child was 20 mos. old; had craving appetite, yet good digestion with regular and normal stools; slept well and aside from this sudden loss, for three weeks, of the use of her lower limbs and the unnatural hunger, there were no apparent symptoms of disease.

Thinking the paralysis might be reflex symptoms from intestinal irritation by worms. I prescribed cina, four pellets every three hours, which completely cured the patient within one week. No recurrence.

CASE II. *Contraction of the leg cured by Cina.*

Last winter, Mrs. — brought her child, 2 years old, to Dispensary with its left leg semi-flexed, both upon itself and upon the abdomen. The child could not bring any part of the foot to the floor without bending the other knee. No other observable symptoms of disease. Having had such prompt results in Case I., I resolved to try the same treatment here, and upon the same theory.

I therefore prescribed cina every three hours, and was gratified by a speedy cure after the second prescription of the remedy.

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**Hereditary Syphilis.**

Miss T., aet. 13 yrs, had been afflicted from infancy with a skin eruption, appearing upon the bend of the elbow, and spreading over a large portion of the arms and body.

Thinking the case one of interest to medical students, I prevailed upon her to go before the class.

Prof. S. R. Beckwith, holding clinic at this hour, carefully examined the patient and diagnosed the eruption "syphilitic" and "inherited" by the patient.

Sulphur zooth was prescribed once a week for two months after the second dose the eruption came out over her entire body, remained for ten or twelve days, and gradually passed away leaving at the end of ten weeks no trace of the disease. The treatment was concluded by a dose of sulphur 55,000th.

THE Illustrated Annual of Phrenology and Physiognomy for 1874, contains eighty large octavo pages, with more than fifty engravings, representing heads, faces, mouths, noses, good and bad with "Signs of Character;" by S. R. Wells, Publisher, 389 Broadway, New York.

### Science Gone to Seed.

As a specimen of Allopathic absurdity the following might well be a *ne plus ultra*. An Apothecary sends to one of our daily papers as the result of "earnest observation" an article on

PANDEMIC OBSERVATIONS.—The only rational and surely efficacious preservative for human beings in those acute diseases which must be reduced to a sick blood (as cholera morbus, pest, yellow fever) consists of a mixture of substances after the following prescription:

R. Natri phenylici, kali oxychlorici, kali hypermanganici partes aequales, sulfuris crudi partes decem. Misceantur exactissime. Pulvis servetur in vitro bene clauso.

To be taken every morning a knife's point-full with a little rum or arack.

The "exactissime" is not so apparent in the "knife's point-full" and the "little rum or arack" is open to the same doubt as to the quantity. But the writer goes on to say.

Every one who makes use of this remedy during epidemic diseases will certainly be exempted from them.

To render this remedy accessible to every one without any expense must be the task of governments, of medical and philanthropic clubs.

The reasons which induce the undersigned to the before maintained assertion are briefly developed in his pamphlet, "Observations in judging contagious diseases" and we will give in the following lines the most important exception:

a. The diseases before mentioned are principally based on a deficient supply of oxygen gas to the blood.

b. In case of illness the organism is highly supported in its resistance by an immediate and internal use of nitrous-oxide gas (laughing gas) in its gaseous or absorbed condition.

c. Only the prophylactic impregnation of the body with antiseptic remedies and rich in oxygen gas preserves from contagion and hinders thus the best from farther propagation.

d. Till a complete and rationally executed canalisation of all places in which an abundance of population is prevailing, the establishment of apparatuses, by which oxygen gas may be produced, in the lodgings of the poor, in the hospitals and public buildings, must be wished for.



e. Prizes must be set out by the government in order to find out the simplest and cheapest methods of producing the oxygen gas.

f. Self-production of saltpetre on the surface of the earth, in the lodgings, on the walls, viz: the conditions of it, must be removed and prevented.

MUNICH, July, 1874.

This whole thing is a sad mixture of fact and fancy. And yet it is a fair specimen of the doings of the Physiological School. That men of sense should be captivated by such nonsense is sadder still. His a, b, and c, are purely hypothetical statements. They are not proven and probably never will be. His d, e, and f, are not new ideas but worthy of consideration. But the assumption that crowns the whole, viz: that his prescription taken as he directs will introduce oxygen into the blood or will protect from disease is only a theory of his own brain unsubstantial as air and showing the writer to have already absorbed too much oxygen gas.

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**Electro-Therapeutics.** Discussions of the Cincinnati Homœopathic Medical Society. Reported by Dr. Chas. E. Fisher, Aug. 3d, 1874.

Dr. Walton: I have recently witnessed very marked results in the cure of a fatty tumor, located in the mammary gland of a man from the use of the Faradic current. The tumor formerly two and a half inches in diameter, is being rapidly dispersed, although at the time electro-therapeutics were first applied, it presented a hard and circumscribed appearance—think it arose from a sprain.

Dr. Stuard: I have heard of tumors being removed or scattered by animal magnetism, and have known of warts being removed by this influence. Witness the cases of children

who will rub a wart with old bacon rind, and the wart will disappear. Some older person has told them this would be the result, and the little folks have found it to be true. Prof. Gross, of Jefferson Medical College, Phila., related to the class of which I was a member, a case wherein a tumor was removed by placing the hand of a corpse upon the growth. Will some member explain the modus operandi of these cases?

Dr. Buck: There can be no explanation given, none as yet being known.

Dr. Owens: I can readily understand how the reduction of the tumor is taking place. Arising from a sprain, effusion took place and this is being absorbed. I do not think a genuine fatty tumor, nor a fibroid, will be affected by a Faradic current, while in both, especially the former, the Galvanic current produces very noticeable, and, sometimes, highly satisfactory results. I have very serious doubts of the efficacy of either in ovarian tumors, as the tendency would be to precipitate the albuminous matter. The fluid matter may disappear under the use of electric agents, but the solid matter will not be changed in the least.

Dr. Buck: The points mentioned by Dr. Stuard are not to be passed by lightly. These cases are of every day occurrence and I have an illustration in my little son, who, till within a few days since, had a troublesome wart under his thumb nail. The servant girl told him to steal a potato, rub the wart with it and then throw it away, assuring him the wart would go away. The little fellow had faith in what she told him, followed her instructions and the wart disappeared. I am sorry I can not explain to the satisfaction of Dr. Stuard and myself how it is done, but I do know these cases very frequently occur. The galvanic current, I think, affects more particularly the nutritive processes, and that its beneficial effects arise from absorption of tissues, disintegrated by the use of a strong galvanic current. We all know that absorption takes place in cases of fatty degeneration of the uterus, and why may it not also result in other structure?

Dr. Slosson: To obtain a perfect cure in these cases, it is necessary that the sac itself, as well as the fluid or solid con-

tents should be destroyed. I do not think electricity will do this, although it may destroy the germ, and in this way prevent a return of the tumor after absorption of the contents of the sac has once taken place. I can readily see how glandular tumors can be destroyed by the use of this agent, but I do not think the effects on fibroids will be very marked. I have in mind a case where carbolic acid was injected into the cavity of a tumor after the fluid contents had been drawn, and destruction of the sac was the result. The wound healed kindly, and the patient was pronounced cured, with no danger, I think, of a return of the growth. If electricity will answer the purpose and destroy the sac as completely as if done by the knife; then, truly, will it prove to be a remarkable and valuable remedial agent. S*chirrus* will not be benefited at all, I think, as the constitutional tendency to this disease cannot be overcome by mere local applications. We must use this powerful agent with care, that we do no harm, as we may sometimes get very bad results if used carelessly. My experience with electricity is not very large, and my remarks concerning its use are merely hypothetical. There is no doubt, in my mind, however, but that its prominent sphere of action is upon nervous diseases, and that it is particularly useful in the classes of tumors spoken of, when they arise from nervous troubles. Let us know more concerning it.

Dr. Buck: The key-note to electro-therapeutics lies in the fact that the Faradic current is functional in its action and the Galvanic stimulative. The latter may act as a cautery, and these cases of s*chirrus* recorded have been treated with good results by the caustic action of the galvanic current. The strong galvanic current would stimulate absorption and a change in structure would be the result. By using the electric needles in the tumor, I do not think there can be any danger of ill effects, and time and experience alone will teach us to discriminate between the currents and their use.

Dr. Haynes: I was once called to see a young lady, said to be in the last stages of consumption. She had been under the care of an excellent Eclectic physician for a long time, and he had finally pronounced the case a hopeless one. I found the pa-

tient coughing a great deal, spitting large quantities of slime at times, blood occasionally intermixed and regularly marked chills every other day, after which a severe feeling of oppression followed. Her menses had not appeared for four months and there existed a peculiar painful sensation in the region of the ovaries, always worse when the menses should have appeared. I use the electric current as a tonic sometimes and in this case applied the Galvano-Faradic current, the negative pole to the feet and the positive pole first to the spine and then to the ovarian region, five minutes at a time every third day for a week or more. The patient gained strength from the first application, the cough became less severe and finally ceased altogether. The second week I used the agent every other day with continued and marked improvement, the menses appearing the third week, not as free at first as they should be, but all right in a few days, and for more than two years the patient has been perfectly well. I attribute her recovery to the timely use of the electric agent.

The use of animal magnetism will alone sometimes produce gratifying results at the bed side as the following case, one among a great many, will tend to prove. I was called to see a lad, sixteen years of age, lying very dangerously ill with typhoid fever. His friends and physician had given him up, and the patient lay perfectly indifferent as to his condition, and cared not how his illness resulted. I made up my mind that the boy should recover, and I directed my thoughts so strongly in this direction toward him, that after quite a continued effort, I got a response, although for sometime I was unable to affect him at all. Finally, however, I aroused his will power, and awakened in him a desire to get well, and from that moment improvement commenced, slowly at first, but surely, and my patient recovered.

My attention was first called to this method of effecting a cure by an aged physician, of Xenia, Ohio, who enjoyed remarkable health, the result of a "nightly review" of his physical condition. Upon retiring for the night, he would apply his thoughts to himself and go from head to foot, and if he

found a weak spot, he would direct his will power to the part, overcoming any diseased action; curing by faith in one's self. The will power must be aroused, and renewed energy and vitality will be carried by the nerve current to the diseased part and recovery ensues.

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**Homoeopathic Medical Society of Cincinnati.** By C. H. Evans,  
M. D., Secretary.

A regular meeting was held at the Pulte Medical College, July 6th, at the usual hour.

After disposing of the order of business, Dr. T. P. Wilson, the essayist for the evening, presented a paper in which he reviewed several cases of unjust legal discrimination against members of the medical profession which had occurred recently in this city, and which, if permitted in the future, would prove a source of very serious injury to the profession. "Our coroner," he argues, "is a medical man, and, as such, his temptations are great to satisfy his hatred of members of other schools of his own school; especially so as he works under a law that holds him to no more strict line of action than governs a provost marshal. A strumpet comes to him and gives without oath or witnesses information against a physician. Straightway he has the doctor arrested and failing in corroborative evidence has finally to discharge him. But a society of doctors takes the matter up, as well they might, and expresses its resentment of such needless injury to one of their number.

An ignorant colored girl makes a charge against another physician. Her statement is unsupported and the doctor, found guilty by a jury, is immolested because the proof is not forthcoming. But though the coroner were bound to injure him, he could hardly do more in any event. This time the officious officer did not meet with a rebuke, because the doctor who suffered, belonged to another school.

To detail another case would be to recite what must still be fresh in your memory. A charge of mal-practice is whispered around in the community, but not a person present on the occasion makes the charge. The worthy officer investigates, but he gets no explanation from either of the physicians present before he concludes upon an inquest. The formal complaint is made by a rival doctor. The post mortem is made by a physician of another school. The doctor suspected of mal-practice is not allowed to be present when the body is exhumed and examined. Eight days are consumed in the inquest largely made up of the testimony of experts who knew little of the case except from distorted statements.

The coroner says he is bound under the law, to convict if he can; and to this end he draws in sick and pregnant women and reluctant doctors who could after all testify to nothing material. But medical men could be found who would debase their honor so far as to give the most uncharitable opinions possible and prejudice the minds of the jury.

If this be law and justice let us have no more of it. Let no coroner assail a man's practice on any but the strongest evidence, and then not until the physician concerned has attempted an explanation. Let no more clandestine post mortems be held where the evidence may involve the reputation of a physician. Let it be done openly and with full notification allowing the physician concerned to nominate one of the examiners, the coroner the other and these two a third, and let the accused party be present with the others.

This is simple justice, and we must obtain it. If the coroner is now legally bound to convict let us change his obligations and make his court one of impartial inquiry to obtain the truth. In any other court a judge who would act toward the suspected as though he were guilty, who would influence the jury by such a prejudgment of the case while the testimony was being given—I say such a court would be eternally disgraced.

The possible injustice that may bodily present itself under our present system has had illustrations altogether too marked

to be passed over in silence, and we who are so vitally interested should loudly call for reform."

The subject for discussion was now taken up viz: The relative value of the so-called new remedies.

The President stated that as the Hahnemann College of Chicago, had appointed a professorship of new remedies, it might be well to inquire whether they were of so much importance as to compare favorably with our old and tried drugs.

Dr. Slosson remarked that he had not had an extended experience with them, but would offer some suggestions on baptisia and gelseminum.

In the early stages of typhoid fever where there were chills, head-ache and pains down the back, he had found baptisia curative. In cases occurring after the war, he had used it successfully. It was also valuable in bilious diarrhœa. He thought that gels. was a remedy that stood midway between aconite, bryonia and belladonna, and it was particularly of service in diseases dependant upon malaria. It also cut short the febrile stage of intermittent fever.

Dr Owens stated that where there was a soreness of muscles on pressure, the soreness not being superficial, but deep seated and elicited on firm pressure; the muscles having a doughy feel, baptisia was strongly indicated and that at the same time there would be a darkened tongue with brown and red edges and with raised papillæ through the coating. This is similar to rhus, but there is the absence of the tired feeling which is found where rhus is indicated. Also there is a catarrhal inflammation of the intestinal canal. With regard to gels. he thought its use is in a typho-malarial type of disease. Another new remedy he has used with success in diseases of the urinary organs is chimaphila.

Dr. Frain said he found gelseminum curative in cases of nervous debility, occurring more among women than men.

In these cases, he found pain along the spine, and where uterine complaints co-existed. He related a case in which there was dark urine voided, together with above symptoms; gels. relieved promptly. He had also used hydrastis in throat affections, tonsillitis, etc.

Dr. Owens remarked that there was no doubt but that bap. acted on the ganglionic centers.

Dr. Haynes said that he had met with cases in which the patient had complained of a sensation as of a vacuum in the top of the head, which was cured by gels. Had used baptisia in typhoid fever where the characteristic tongue was present. Also in a soporous condition, where as, for instance, on requesting the patient to put out his tongue, he opens the mouth and then seems to have forgotten all about it. Hydrastis has proved a valuable remedy in constipation, especially that in connection with intermittent fever. In chronic diarrhoea, where there were tar-like stools leptandria had cured. Aurm try had served well in sore throat and where it was dry at night, each swallow being more difficult than the last as if the throat would close up.

Dr. Slosson related a case of a man who had taken blue mass frequently, and who came to him complaining of drowsiness, diarrhoea and constipation in alternation, no regular but capricious appetite, tongue sticky and nasty, leptandria cured the case in four days. He related another case of pulmonary hæmorrhage of dark blood, where hamamelis was given with the most happy results.

Dr. Frain corroborated this case by relating one in his own practice.

Dr. Owens thought that leptandria acted upon the colon, and that the same could be said of podophyllum. It increases the secretion of mucus and excrementitious matter.

Cimicifuga was announced as the subject for discussion at the next meeting, and Dr. Walton was appointed essayist.

The Society thereupon adjourned for two weeks.

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### **Sympathetic Influences.**

Psychological diseases have always been more or less epidemic, and, in a way, contagious. Carried by the subtile media, sympathy and imitation, the influence passes from



individuals, affecting first those whose nervous excitability of temperament predisposes to the disorder, and then all who are in any way liable to its influence, until, sweeping over whole continents it sinks every vestige of humanity in its troubled waters. The instinct which prompts to imitation is seated in all minds, savage and civilized, ignorant and educated; but its most prominent parts are played in the lives of those whose intellects are undeveloped. A familiar example, and one with which you are all acquainted, is found in laughter, the contagious nature of which you can not have failed to notice. People convulsed with laughter are often unable to assign a reason for their mirth; they laugh because others laugh. Observe children playing in the streets; one will start and run, and all will follow; one shouts, all shout; one strikes a playmate, and a general fight ensues. They scarcely know why they run, or shout, or fight, but they run, and shout, and fight all the same. Their movements seem to be volitional, but are merely reflex—they seem to be dictated by the cerebrum, but are really produced by the medulla oblongata. I have noticed from public platforms that when one person leaves the lecture room, like sheep, several follow; when one wearies of the discourse, he communicates his sense of uneasiness to others, who annoy the lecturer by their uneasiness; he coughs or yawns, and at once all who come within the range of his influence follow his example. It is mostly from epidemic imitation that military retreats and religious revivals derive existence.

“Crime,” says Dr. Elam, “propagates itself by infection, like fever and small-pox, and at times it seems as if the infection came abroad into the atmosphere, and exacted its tributes from every class and every district in the country.” The laws of moral infection and the propagation of moral disorders are among the most recondite and difficult subjects of contemplation. There is something fearful in the very thought that man may so abdicate his moral freedom as to bring his will and moral nature under the sway of laws as imperious and irresistible as those which sustain and balance the orbits of the stars. But we can not be blind to the fact.

There is a large class of minds over which great crimes exert a kind of fascination, and those who have never trained themselves to exercise the responsibilities of moral freedom are liable to become the victims of the strangest delusions, and catch readily at the moral infection which is always lurking, and sometimes raging, in the atmosphere of our world. Let a woman fling herself from the top of the Monument, and the gallery has to be railed in like a wild beast's cage, lest the contagion spread, and the Monument yard become the Tyburn of suicides.

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## Editor's Table.

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PROF. H. F. BIGGAR has severed his connection with the medical college at Cleveland. His successor is not announced.

DR. H. N. GUERNSEY has resigned his professorship in the Hahnemann Medical College of Philadelphia. His successor is Dr. E. A. Farrington.

THE 23d semi-annual meeting of the Homœopathic Society of the State of New York will be held at Syracuse N. Y., Tuesday, September 8th, 1874.

A CALL is issued for "A Western Academy of Homœopathy." The profession in "the West" are invited to convene in St. Louis, on the third Tuesday (15th) of September, for the purpose of organizing in behalf of western interests. The Committee Drs. James Lillie, of Kansas City; E. C. Franklin, of St. Louis, and W. A. Parsons, of Atchison, seem earnest about the matter and will no doubt succeed.

SPEAKING of obstetrical manipulation, a recent writer in one of our exchanges says: "When you think it necessary to take her in hand, request her to go to bed, and lie upon her

back until you have made the proper vaginal examination." There must be some mistake about this for a new order of things is here introduced or there is a mistake in the position of the second comma. The position of the comma is bad enough but an accoucher in the position indicated would be still worse off to say nothing of the patient.

THAT the publishers of *St. Nicholas* have fully succeeded in attaining their highest aim in the excellence of the magazine in all departments, we think nobody will for a moment question. That this is to bring them something corresponding to their effort and their outlay in a pecuniary return, there should be scarcely less of doubt remaining. But there are obstacles in this direction still to be encountered. The principal of these is in the fact that the young of to-day have been so seriously debauched by sensational literature. There is also an unwillingness on the part of many parents and teachers to pay three dollars a year for a periodical for children, although that is the price of only a second-class magazine for adults. Yet on this last point, an investigation of the expenses that attend this style of publication would convince them that *St. Nicholas* is wonderfully cheap. If the edition of the magazine were only five thousand copies, each number would absolutely cost over one dollar. The editors' salaries and sums paid to contributors and for pictures are at the rate of over \$25,000 a year.

Dr. W. H. HOLCOMBE, of New Orleans, will shortly remove to Cincinnati for the purpose of making this his future home. He has formed a co-partnership with Prof. Beckwith and will give special attention to chronic diseases and medical consultations. Dr. Holcombe will deliver a course of lectures on Clinical Medicine in Pulte Medical College the coming session and the pages of the *Advance* will doubtless be graced with frequent contributions from his pen. In view of the fact that Chicago, New York and Boston have made strenuous efforts and liberal offers in order to secure Dr. Holcombe we may well feel proud of the good fortune of our city and College. The doctor is in the prime of life with a reputation

more than national and he has given us personal assurance that he will give the profession the benefit of his most active labors. So distinguished a writer and teacher as Dr. Holcomb cannot but attract students and we hope they will not fail to appreciate this, among other important advantages possessed by the Cincinnati School.

THE attempt to decry Put-in-Bay is all due to ignorance.

First, the objectors mistake the design of the Institute. They tell us, "it is needed to do missionary work." The natives of the west must have their eyes opened by the astonishing spectacle of its gathering hosts. Wouldn't a brass band, and "a banner with this strange device:" *Similia Similibus Curantur* help to make the

"nations shake

And monarchs tremble in their Capitols?"

The Institute was once supposed to be a scientific body having work of its own to do, and never until last session was that work well done. These same objectors protested against going to Niagara Falls—it was out of the way; no society of doctors to give us entertainment; a watering place full of distractions and allurements. But we went and know too well the results to shut our eyes to their value. After such an experience, we are loth to throw ourselves into a hot, dusty city where we may be entertained by the local squabbles of the resident physicians; made to live in a half dozen hotels and put a load of expenses on the society whose guests we may be. The gods set us a good example, when for high conclave, they went into Mount Olympus and there apart from mortal intermedlings discoursed "of things past, present and to come."

Put-in-Bay would never have been recommended but for the fact that in all its appointments it was known to be admirably fitted for our gathering. The physicians of Ohio will cheerfully assume all responsibility in the matter. Reduced fares by railroad and at the hotel have been already in part secured and if those not well informed of the design of our meeting and the accessibility and beauty of Put-in-Bay will only keep quiet we, will have a glorious meeting next year.

THE  
**Cincinnati Medical Advance.**

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**IF ANY** to whom the **Advance** is sent do not want it they have but to send us information direct. It does not answer to notify the post master for he seldom remembers to notify us.

**BUFFALO** papers report a case of successful ovariectomy at the Homœopathic Hospital in that city performed by **Dr. H. F. Biggar**, of Cleveland. The patient was under care of **Dr. A. C. Hoxie**. The tumor removed weighed thirty pounds.

Oct-1

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ITS too bad the old United States Medical and Surgical Journal has been obliged to strike her flag. Holding some paternal relations thereto it pains us to see the noble craft go down. The Investigator falls heir to the whole estate and will no doubt worthily sustain the fair fame of its late convoy.

THE Cincinnati Industrial Exposition is now in full and successful operation. Its beauty and grandeur surpass our descriptive powers. It must be seen in order to be fully appreciated. If any do not believe in the world's progress they have but to enter and behold the endless and magnificent display of art in all its departments. Let such see and be conquered. Our friends abroad will do well to give the Exposition the benefit of a few day's recreation not forgetting to call at our sanctum on the way.

THE INDIANA JOURNAL OF MEDICINE is distressed at our want of historical accuracy. It complains of our abuse of the Allopathic school. It calls our little brochure on Ophthalmology a "rehash" and a "tirade." And it seems not to see that this but confirms our statements of the general attitude of the old school toward Homœopathy. It has escaped our memory if any Allopathic journal ever uttered a generous word toward anything issuing from the Homœopathic press. An honest criticism they never indulge in; only sneers. But so long as they dare not, they will not, utter kind or hopeful words of anything not "regular."

UNTIL just now we have entirely overlooked an unpretentious circular which has been lying on our table some weeks. It is an appeal from the Secretary of the N. Y. Homœopathic State Society, to the physicians of that state to organize themselves in a thoroughly systematic way into sub-societies. The author of the circular Dr. F. L. Vincent, has infused a wonderful amount of fire into his appeal, and while it is to much to expect of human nature that all that is here set forth should be accomplished, yet we could

wish every member of our school could read these inspiring words. They would help us all to renewed interest in professional co-operation.

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### **Concerning the Progress of Science.**

No one at all familiar with the progress of science for the past two or three centuries can have failed to observe that such progress dates from certain epochs, that while from century to century progress is continually being made, such progress has been from time to time accelerated by discoveries which demand a halt, and put a new interpretation on previous discoveries and observed phenomena. The adjustment according to the new order of things having been, to a certain extent completed, another discovery is made, and re-adjustment again begins.

The history of these discoveries, the character of the men who made them, and the manner in which they have been received by all but a few earnest students of nature is very much the same. Generally the bare announcement of the discovery has met with comparatively little resistance from the masses or those in authority, unless, as in Galileo's case, the announcement contradicts some theological dogma. Generally the trouble commences when the old landmarks are overthrown, and re-adjustment is undertaken; "for things settled by long use, if not absolutely good at least, fit well together." Discoveries like those made by Copernicus, Galileo, Kepler, Newton and Rumford, have a somewhat similar history. The most far-reaching discovery that science has yet announced, and which, notwithstanding, the great increase and more general diffusion of knowledge in later times, has upturned the very founda-

tions of things as completely as any in the past, when knowledge was confined to the few, and they largely of the priesthood, is undoubtedly that of the correlation and conservation of force, and yet important as is this discovery, it is far less a sign of progress than the more candid and critical, I might add charitable, manner in which it has been received. Compare the hot and earnest discussion of the law of evolution and Darwinism, which is all its most zealous advocates could desire, with the summary manner in which Galileo's judges undertook to settle the debate which he proposed. It may be that the spirit of dogmatism, backed with a "thus saith the Lord" is really no more inclined to toleration and charitableness now than three hundred years ago, but the box of Pandora has been broken and after the imaginary evils which it was prophesied would result from the diffusion of knowledge among the masses have lost their terrors, hope has been found, as of old, smiling at the bottom. Authorities yield as soon as the people refuse to submit and be terrified, and no sooner do the people throw off the last fetter, than these same authorities proclaim themselves from the beginning the heralds of freedom. Is it not strange that so much opposition should arise at the announcement of the discovery of a law of nature, no invention of man, but the eternal rule of the divine architect, wrought out from the quarries of nature by patient toil, privation and devotion which no persecution could stay, and which should put to the blush every offering of blood or lip service ever made by man: It may be an easy matter with the lips to confess or deny Mohammed even though death were the penalty in either case for refusal, but to devote one's life to ceaseless toil, hunger, privation and certain persecution, for the sake of truth and knowledge, with no other hope of reward than the love of truth and increased life, is a labor never to be attempted by the lazy neophyte sitting in silent adoration



with folded hands at the foot of a mouldy shrine, waiting for the loaves and fishes here, or anticipating the golden crown hereafter, promised to him who thus surrenders his life and his manhood.

We are told that man's first sin was a desire for knowledge, and with millions of human beings to-day, knowledge is the forbidden fruit. No greater libel on human nature and human well-being was ever promulgated. The desire for knowledge is the saviour of men, and the diffusion of knowledge is the hope of the world. It is for want of knowledge concerning his own being to-day, that man sins and suffers.

The scientific knowledge of human nature will do more for the elevation and happiness of the race than all the "schemes" and "plans" and creeds ever devised by man. Through a knowledge of natural laws man may bring his own nature into harmony with all nature; in no other way can the highest manhood, or womanhood be attained.

J. D. B.

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## *Surgery.*

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**On the Antiseptic System of Treatment in Surgery.** By E. S. Stuard, M. D., Covington, Ky.

From the researches of M. Pasteur, we know that the atmosphere contains among its floating particles, the spores of minute vegetations and infusoria, and in greater numbers

where animal and vegetable life abounds, as in crowded cities and under the shade of trees than where the opposite condition prevails, as in unfrequented caves and extreme northern latitudes.

It is affirmed by Pasteur that the septic or decomposing properties of the atmosphere depends upon the universal diffusion through the air of these minute organic molecules, which, by their development in the blood or serous exudations in wounds in which they are deposited, give rise to fermentative and putrefactive changes. This septic energy of the air is directly proportioned to the abundance of the minute organisms in it, and it is destroyed entirely by means calculated to destroy its living germ. This, the antiseptic treatment proposes to do.

Mr. Joseph Lister, professor of surgery, in the University of Glasgow, says: "The cases in which this treatment is most signally beneficial are divisible into three great classes: incised wounds of whatever form; contused or lacerated wounds, including compound fractures; and abscesses, acute or chronic." Our aim in each of these groups is to prevent the occurrence of decomposition, which, according to the "Germ Theory," is due to the presence of "vibrios," endowed with the faculty of locomotion in the atmosphere. The preparations employed by Mr. Lister for the prevention of these putrefactive changes are carbolic oil, carbolic lotion and carbolic paste. The composition of the first is five parts of boiled linseed or other fixed oils and one part of carbolic acid; that of the second, one part of carbolic acid to thirty parts of water; and that of the third, carbolic oil with whitening, in the proportions requisite for the consistence of putty. In cases treated upon the antiseptic plan, the wounds may be sponged with the weak carbolic lotion, and in the case of compound fractures, the lotion may be freely injected between the broken ends of the bones, and lint soaked in it may be applied over the wound which may also be covered with the carbolic paste. In acute or chronic abscess, after their evacuation by a full incision, a still weaker solution of carbolic acid (one part of the acid to sixty or one hundred parts of water) may be injected and lint wet with

Lister's carbolic lotion may be laid over the wound. Among other antiseptic preparations may be mentioned lime water diluted with equal parts of water, this forms a very useful dressing for inflamed and suppurating wounds; water impregnated with creosote, compound tincture of benzoin, weak solution of iodine, weak solution of chloride of zinc etc.

Few physicians have recognised the importance of excluding the air from open wounds, and still less have physicians recognised the decomposing influence of water. Washing wounds with ether instead of water contributes to the healing of many lacerated wounds which appeared unlikely to heal by the first intention.

Hippocrates, when speaking of the treatment of compound fractures, says: "The wound is to be dressed in summer with compresses soaked in wine, and in the winter they should be dipped in oil, and the dressings will need removal every day." From the *British Medical Journal*, Jan. 4th, 1868, we copy the following cases and their antiseptic treatment: Compound fracture, J. P., a boy aged 5, was admitted on the 30th of September, with his leg so seriously injured by having been caught between the spokes of a cart wheel that it seemed at first sight to admit only of amputation. There was a compound fracture of both bones, and, in addition to this, a wound of the integuments and muscles, almost completely surrounding the limb at a higher part. The bones were much displaced, and the soft parts severely bruised. Chloroform having been administered, the carbolic lotion was freely injected between the broken ends, and lint soaked in it was applied over the wound. The bones were then adjusted and retained in position by means of lateral splints. There was not the slightest constitutional disturbance, or any discharge of matter from the cavity, to the orifice of which the carbolic paste had been regularly applied, and the limb is now perfectly well and strong.

Chronic abscess of the mamma. C. A., a married woman, aged 25, was admitted Dec. 2d, for a deep seated tumor of the mamma, which she said had existed for twelve months. Having ascertained that it was an abscess, I made a free in-

cision and discharged six or eight ounces of purulent matter. The wound having then been sponged with the carbolic lotion was covered with the paste. On the 6th, that is two days afterwards, there was no discharge whatever, either serous or purulent. On the 9th the patient was dismissed, and, at the end of a fortnight, the patient returned to show that the breast remained perfectly well.

Acute abscess. T. D., a man aged 59, was admitted on Dec. 4th, with a very large abscess of the forearm, extending from the elbow to the wrist which, he said, had commenced about a fortnight before, and had been very painful. On the 5th, a free incision was made under the protection of carbolic oil, and nearly a pint of purulent matter discharged; after which the paste was applied over the wound. On the 8th, there was a little serous oozing; on the 10th, it had nearly ceased; and on the 12th, the cavity was completely consolidated.

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**Cases of Intestinal Obstruction, Simulating Intussusception and Strangulated Hernia—Recovery.** By Wm. Owens, M. D.

CASE I. N. G., aet. 65, resident of this city, had been eating freely of vegetables, fruit, etc., and among other things corn and beans in the form of succotash.

Was seen August 6th, 1872, at 3 o'clock, p. m.; was suffering from severe pain in the bowels at a point on the right of and below the umbilicus. At first, the pain was slight and gradually increasing until about 12 o'clock, m., when stercoraceous vomiting and large eructations of intestinal gases set in. There was great distension and tympanitis of the abdomen, which was exceedingly tender all over its surface. A lump or tumor was plainly discernable at the point indicated, and extending

downward toward the pubes. The countenance presented a painful, pinched appearance. The pains in the abdomen were rending, stitching, burning in character, and sometimes felt as if the bowels were elongated, then pinched or contracted and seemed to come on at intervals of fifteen or twenty minutes. They were increased at every effort to vomit. He could sit up only a few minutes, and must always lie on his back with his limbs flexed.

I found that for several days Mr. G. had been indulging in corn and beans quite freely, and that the day before the attack had been working in the garden and had become overheated, and in this condition ate a hearty dinner drinking butter milk, declining to eat any thing for tea.

The diagnosis arrived at was impaction of the intestine at a point near the lower end of ilium. Large dry cups were applied over the cæcum, umbilical and hypogastric regions, and were allowed to remain about twenty minutes when they were changed to the region of the ascending and transverse colon. This was followed by copious injections of warm water with no satisfactory result. *Nux vom.* and *Bell.* 3d were administered in alternation. Upon a re-examination it was thought that the tumor had become somewhat softer. The dry cups were applied a second time, followed by the injection of more than two quarts of warm water without relief. The belching of intestinal gas and vomiting continued without abatement. *Colocynth* was now substituted for *Bell.*; hot fomentations followed the cups which had to be discontinued on account of the tenderness of the abdomen. The swelling and tympanitis had not improved. After six hours of incessant labor, in this way, a very large cup, covering the space between the umbilicus and ilium, was applied; in fifteen minutes he expressed a sense of relief. A rumbling was heard and felt along the ascending colon, and in about twenty minutes more we had a copious discharge of undigested corn and beans, followed by two others, and our patient was relieved.

CASE II. May 22d, 1873, I was called to see W. W., architect, found him lying upon his back with his limbs flexed, complaining of a severe cutting, darting pain in the abdomen

in the umbilical region, the pain extending upward toward the liver and downward toward right inguinal region with great tenderness over the entire abdomen, but greater below and to the right of the umbilicus. The abdomen was tympanitic and greatly distended; had passed nothing from the bowels for forty-eight hours, but had not suffered pain or inconvenience until the day before my first visit; on that day he was upon a building giving directions to the workmen.

When passing from one part of the building to another, he placed his hand upon a piece of scantling to steady himself when it gave way, and in endeavoring to rectify himself he felt something slip and a slight pain about the umbilicus attended. The sensation was that of discomfort rather than pain. Toward the middle of the afternoon it became worse, and it became necessary for him to leave his business and go home and to bed, where he underwent a thorough course of fomentations and mustard plasters until the next day at two o'clock p. m., when I saw him for the first time in the condition above described. It was thought that possibly the exertion made catching himself might have caused a rupture, but a careful examination revealed no evidence of such an accident. A great degree of fullness was found in the right lumbar region which was exceedingly tender to the touch. A tumor extended from the crest of the ilium to the hepatic flexure of the colon. Knotty masses of hardened feces could be distinctly felt along the courses of the transverse colon as far as the splenic flexure.

He had been complaining for some hours of intense nausea, belching up offensive gases every few minutes, and finally vomited freely; at first, the remains of food taken at his breakfast, then bilious and fecal matters. Intussusception and impaction both were suggested by the symptoms as no indication of hernia could be discerned. The countenance became pinched. Hiccough and great prostration followed as night advanced. As this condition had now existed for about forty hours, it seemed as if death must ensue. He had taken *Nux vom.* and *Bell.* from two o'clock p. m. until ten. When *Colo-*

*cynth* was substituted for *Bell*. Large dry cups and hot fomentations had been used alternately, and large injections of tepid water with molasses. Soap or beef's gall in solution had been administered every two hours without, at any time giving decided relief, until two o'clock in the morning; when, for the first time, a considerable quantity of hardened stool appeared in the injection. The injections were continued, when larger hardened masses appeared. The vomitings became less frequent, belching of intestinal gas ceased and in six hours the whole train of symptoms had disappeared except some soreness of the abdomen. The history of this case would point to hernia or intussusception, the other one to impaction.

CASE III. C., aet. 40, pale phthisical constitution, had for some weeks suffered from cough and hæmoptysis, while during some exertion he experienced some pain in right inguinal region and the sudden appearance of a tumor there, he had for some days been constipated; vomiting set in a few hours later. When first seen he was found lying upon his back complaining of severe colic, pains in the epigastrium and umbilicus. Examination showed an oblique inguinal hernia which taxis could not place beyond the internal ring. An operation for strangulated hernia was performed, but without relief. The wound was closed and the man left to die. But strange as it may seem the man would not accommodate them. The abdomen was greatly distended and tympanitic. He vomited fæcal matter and belched gases continually for almost three weeks; at the end of that time the bowels moved freely. The vomiting and other unfavorable symptoms all disappeared, and the man recovered.—(*Med. and Surg. Reporter.*)

THE manner in which Sir Henry Thompson's famous proposal has been taken up in all civilized countries leaves little room to doubt that cremation as a means of disposing of the dead will soon supersede inhumation.

## Theory and Practice.

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### Scarlatina and Cold Water—Lactation Restored by Electricity.\*

Dr. J. S. Douglass, of Milwaukee, gives his experience with scarlatina and says, that in the inflammatory type he has through a fifty years' practice always used cold water, sponging the surface of the patient often, and with that and plenty of fresh air he has managed to keep his patients comfortable, and secure them recovery. There is, however, an asthenic type of the disease, prevalent at the West, which will not bear this kind of treatment. And he adds, "At the time I refer to hydrophobia and atmospheriphobia were very prevalent diseases of the medical profession, and I regret to say they are not yet extinct."

The re-establishment of lactation by Faridazation is discussed by Dr. Tooker, of Chicago. His theories about the matter are more curious than satisfactory. But the cases he relates are of interest.

Case I. Mary — aet. 36, tall well formed; sanguine bilious temperament; in good health; employed as a wet nurse, got angry and quit her station, and in four days lost her milk. Dr. T. says:

"I applied the Faradic current, placing the positive pole between the shoulders, and after a short interval to the side of the neck, and the base of the lower cervical triangle, so as to reach the sympathetic nerves, and keeping the negative pole all the time at and about the breasts. Afterwards the two poles were placed on opposite sides of the mammæ *seriatim*, and the current passed through and through them. A second and similar application was made at five o'clock on the same day, at which time she reported while at dinner,

\*U. S. M. and S. Journal.



some three hours after the first seance, she distinctly felt what nurses call "the draught," and which she herself described as a "sudden flowing in of the milk." From that time her milk was more abundant, and the following morning she had as much as usual, and she always had a surplus, though the child she nursed was an unusually large and healthy boy. No further application was made, none being deemed necessary.

Case 11. was that of Mrs. R., a woman in the neighborhood of thirty, of medium height and well formed, general health usually good, though excessively nervous, and subject to some local derangement in consequence. She was the mother of three children, the youngest four weeks old. She had tried to nurse her first two children, but never had enough milk, and what little she had vanished when the first child was three or four weeks old, and she was able to nurse the second but little longer. She came to me to inquire if I knew of a good wet nurse whom she could employ, as her milk was rapidly diminishing as it had done each time before. I induced her to try Faradization, some decided effects from which were noticeable after the second application, and she was dismissed after the eleventh with more milk than she ever had before, and quite as much as the demand required. This supply kept up evenly, for so long a time as I had knowledge of the case, some four or five months. From this and other cases of which I have knowledge, I should have no hesitancy in promising to any mother desiring to nurse her offspring, and unable to do so for lack of a sufficient quantity of milk, that in the absence of other impediments than those here indicated, the use of the Faradic current would bring to her the requisite ability. I would also think it possible that those cases referred to by Donne, where the milk is sufficient in quantity but poor in quality, might be equally amenable to electrical treatment.

In conclusion I would repeat the statement for the benefit of those not skilled in the use of electricity, that in all those cases treated by me I have uniformly applied the negative pole to and about the mammary glands, and the positive to some point remote, generally over the upper spine or the neck, and

for the reason already stated, that the negative has many times the power of the positive to stimulate to activity a dormant nerve.

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**Drs. Blair and Hammond on Alcohol in Medical Practice.** By  
Mary A. B. Woods, M. D., Erie, Pa.

I want to occupy a portion of your space in reference to the practice of physicians recommending the use of alcoholic drinks as a remedy, and will base my remarks on the report of Dr. Blair's address before the Iowa Society, contained in the July number of the *Advance*. I do this because his words are the echo of what we hear quoted by physicians in every community.

I have to contend against this doctrine so much in my practice that I feel that I have a right to speak on the subject. More than this, my convictions of duty will not allow me to remain silent. I believe that physicians are more responsible for the evils of intemperance than any other class of persons in the world.

The quotation from Hammond that, "if he advised a sea voyage for a patient and the vessel being wrecked and the individual lost, he was as directly responsible for that loss as he would be if, advising a stimulant as a medicine, and the patient directed it to another and wicked purpose, he should thereby lose his manhood or his life," is a poor illustration. If the majority of people that go to sea become lost or maimed for life, and if it was almost absolutely certain that, if a sea voyage was taken, such would be the result, the illustration would be a better one. But such is not the case. The number of ship-wrecked people compared with those who make successful voyages is infinitely small. Whereas, it is just the reverse with the number

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who can use alcoholic drinks for any period of time and not acquire an appetite for the desirable remedy.

When a vessel is wrecked what searching investigations are made into the cause of the disaster, and what denunciations are pronounced upon the individual who, through carelessness or ignorance, is found responsible. But out of the hundreds and thousands of lives wrecked by the use of alcohol how many have courts of enquiry established that it may be known who is responsible?

Ex-Surgeon General Hammond would hesitate long before recommending a sea voyage to a patient in a leaky ship, or one that was poorly manned or controlled by incompetent officers, even after every other known remedy had failed, and why? Because the dangers of the voyage are as great as the dangers of the disease, and a physician who could do this and then satisfy his conscience by shifting all the responsibility from himself is forgetful of the high trust reposed in him.

We ought to expect a better state of things from Homœopathic physicians at least. I deeply regret that in this respect, they are no better than others. The doctrine of Dr Blair was advocated at Springfield and at Niagara and is practiced by Homœopathists everywhere.

I am not writing on the impulse of the moment, I have been bearing witness to this matter for years and have held my peace, but the time has come when I would be heard from the house tops. The number of men who have learned to love strong drink from their physicians recommending it as a tonic and so on, is fearful to contemplate. But the evil does not end here. I am treating at the present time women who have acquired such an appetite for stimulants that they would sooner go without bread. More than one has said to me in the deepest anguish "Oh! give me something to destroy this terrible thirst or let me die." And in every instance I have found upon inquiry the physician's prescription was what did the work. In most cases the symptoms for which the stimulant was recommended still remained, thus giving me a double work to do not only to counteract the effects of alcohol, but also to treat the disease for which it was prescribed. As

far as my experience extends, I have every reason to believe that in the majority of cases physicians advise the use of stimulants through sheer indifference to the case. The usual remedies fail to have the desired effect, when instead of making a thorough diagnosis of the cause of the difficulty, a stimulant is recommended and the patient is discharged with as little thought as is exercised when one prescribes smoking as a cure for dyspepsia.

What are the results of such a practice? Hundreds of men and women becoming the victims of intemperance through the instrumentality of their physician. Were it admitted, which I do not, that the use of alcoholic drinks will produce the desired effects are we as physicians justifiable in prescribing them, when such disastrous results are so likely to follow? Do you tell me that nothing else will answer as well? Then I deny it. In my entire practice I have never yet had a case that I was obliged to treat in this way. For every disease mentioned by Dr. Blair we have other and better remedies. Then by all means let us use them. Like the distinguished Dr. Rush, let us say, "No person shall look me in the face in the day of judgment and say you made me a drunkard." The physician's influence is too great to be indifferently used. "While deprecating the habit of tippling, and deploring the evils of drunkenness, let us maintain what we know to be right," regardful of the fact that we are responsible to God for the use of the talent given us.

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**Psychic Influence in Therapeutics.** By T. P. Wilson, M. D.

If medical science does really exist, it does so in defiance of logic. It does not conform to reasoning *a priori* or *a posteriori*. We know, for instance, that men get sick, and we know

they get well. The effect is cognizable. Now suppose, we enquire into the cause: How are they made well?

Our logic runs this wise: The patient was treated homœopathically, ergo homœopathy cured him. But stay. He was treated allopathically, ergo allopathy cured him. But stay again. He was treated by an eclectic, a Thompsonian, a magnetic, an electropathic, a clairvoyant doctor, or rather he was prayed over and had hands laid on him, and finally he had no doctor, took no medicine, and still he got well, ergo—What?

A mind untrammelled by the prejudices of the schools would stand utterly bewildered amid such conflicting testimony. If from such an effect we can consistently reason back to so many and diverse causes, what is the use of logic?

And we are no better off, if we attempt to reason the other way. Suppose we try it. The materia medica of the various schools are totally unlike. An electrical battery, a pious prayer, an infinitesimal attenuation, a water bath and an opiate can have little in common. Taking these as efficient causes, we might—indeed we could only—come to the conclusion of effects quite as various as the causes themselves.

And allowing the patient to have gotten well without any intervention, we are obliged to reject the claims of all schools. There is no logic in medicine.

A convenient way of disposing of this problem is to assume that all cures, made through the agency of medicine, are the result of the operation of the homœopathic law. That is, many of those who give medicine unwittingly, or otherwise, give that which is homœopathic to the case; and so make a cure. This might be true of treatment given by an allopath or an eclectic or a homœopath or a Thompsonian or of any treatment made by drugs.

But this assumption does not account for cures made by prayer or by animal magnetism or by electricity, and spontaneous cures must stand apart from all of these.

If this Gordian knot is ever cut it will not be by the blade of logic, unless we change the premises of our argument.

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In every case of disease cured, there is but one element found as a constant factor. And that is unchanged whether all schools or no schools of practice are involved. And that factor is the human mind. The student of psychology need not to be told of the power of the mind over the body. This fact is one recognized since the earliest ages. At least, we, who are wiser grown, can easily trace its action through the traditions and superstitions of the past.

Perhaps in nothing has it figured so conspicuously as in its power over disease. The Scriptures of the Old and New Testaments are full of illustrations. The brazen serpent, the blood of the lamb sprinkled upon the lintel and the door posts, the pool of Bethesda, whose waters were troubled by an angel, the healing virtues that went out from Christ and his apostles by which all manner of diseases were cured, these all show the power which the mind had in curing disease.

If these were miracles in the common sense of the term, then the age of miracles is not past for, to-day, in various parts of the world we have the same phenomena transpiring, and there is only lacking in the public mind the universal spirit of ignorance and superstition to make them signally notorious.

It is difficult to pursue this subject without trespassing upon some one's cherished faith. But he who holds truth above dogma will not turn away grieved or angered from this contemplation of a problem for which no satisfactory solution has yet been discovered. Law enlightens us, while miracles only serve to confound us. God is infinitely more honored in the uniformity and consistency of his operations than in the performance of irregular, unnatural and unexpected acts. For our part, we believe in a science of history just as we believe in a science of language and of religion and of nature. Given any authenticated historical fact and it can be made to take its place with other facts as orderly parts of an orderly government, be that government divine or natural only.

And it is so of phenomena as they transpire to-day. The problem of curing disease meets us at every step. Only one ignorant and bigoted will shut his eyes to the fact, that, while

he is curing the sick after a certain manner others, are doing the same thing in an entirely different manner. Now if any one chooses to assume a variety of causes having a common effect, or if any one assumes a cause which will cover only a part of the effect he does it without the warrant of logic or reason.

Time and space are too limited to give full scope to our thoughts upon this subject. We can only indicate what might be a safe line of argument.

We have the body suffering from disease. In consequence of this, in functions and organic structure, it undergoes important modifications. Disease in many of its forms is self-limiting. In such cases we may expect the patient to get well, unless substantial hinderance is offered as is to often the case. But we may throw all these out of the category. Another class of diseases are held to be by their very nature incurable. Only charlatans can hold out hope in cases of this sort. All systems alike fail to cure them, and so they too may be left out of the count. The other class, comprising the curative, and such as are beneficially modified by medicines, contains all the cases of disease which have to do with remedial agencies. This excludes all diseases that can be affected by palliatives only, and includes all those that may be treated curatively; and this, by no means, comprises a large share of the diseases we find existing among the human race.

We are narrowed down to a fractional part of the diseases occurring; and can allow no claims for cure except as they are made good against cases of this class. Now, let those who dare, deny that many of these diseases have been cured in all the various ways we have specified. For our part we cheerfully allow it. Each mode of practice has had its moiety of success. We were never so thoroughly sectarian as to deny that doctors of all sorts do cure. Our modesty never allowed us to claim absolute but only relative superiority. Our per cent of mortality has always been comparatively less but never zero.

This much granted, or at least understood as claimed as part of our argument, we call your attention to the fact that

it has long been allowed that the mind plays an important part in the cure of disease. No ship has been more surely saved through the undaunted courage and hope of its officers and crew than has the life of multitudes of sick been saved through faith. In the killing of men, disease has given the palm to fear, and in the saving of men, all remedial agents must give the palm to faith; and faith is but an exercise of the mind's confidence and hope.

This point needs no elaboration or proof. It needs only to give it a logical application. Assuming it as an efficient and universal cause, existing every where in every known case of disease, cured by whatsoever agency, natural, artificial or divine, it leads us to the direct conclusion of the effect wheresoever it may occur.

And now it remains for us to guard this single point. The mental power that cures may be the patient's, and will be, if the brain of the patient be in proper condition to exercise, the necessary power. If from infancy or diseased action, or any abnormal condition, the brain of the patient is incapable of action, or, having the necessary power, cannot be at all, or only slowly brought into action, then that power must emanate from the brain of another party; which party may be the attending physician or the clergyman who ministers by prayer and hopeful words full of magnetism, which is in fact but the brain power.

How do I reconcile this with my belief in homœopathy? I answer easily, and in this way. In every case treated according to the schools, the brain power of the physician supplements that of the patient. The most successful doctor is the one superabounding in animal magnetism, and who can inspire the sick and their attendants with the highest degree of hope.

A practice based upon empiricism as notably are allopathy and eclecticism gives no great encouragement to its practitioners, and having little themselves, they can give to their patrons no large amount of confidence. It is with them, all trial and guess work. But not so with the practitioner who follows the law of *similia*. Guided by a certain law of nature



in the selection of his remedies, he gives those remedies with a confidence that is marvelous in the eyes of an allopath. And just in proportion as he selects his remedies with care, looking to their homœopathic relations to the disease, just in that proportion will he be himself sure of success. And if the doctor be overcome with despair, he can do no better sometimes than to call in a clergyman, being careful to select one that is not dyspeptic, bilious and gloomy, but one that hopes more for the patient's temporal than his spiritual welfare.

Our view of this subject must necessarily be brief and may therefore prove unsatisfactory. But we are obliged to forbear making more than these brief suggestions.

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**Discussion on Dr. Wilson's Paper.** Reported by Charles E. Fisher, M. D.

Dr. Haines: I have an incident in mind which illustrates, fully, the power of animal magnetism as curative in disease, in the case of an old lady who had been very sick with pneumonia, but who was getting along very nicely under the treatment of an Hydropathic physician. I was called to see her because she entertained the idea that she would die, and all her friends and attendants were of the same opinion, and as solemn as a church yard. She was certainly very feeble, expectorating freely, with severe cough. She had an utter loss of will. I told her she must be rubbed and commenced the process myself, finally succeeding in arousing her will, and left her much better than when I first saw her. The next day the process was repeated, and she was inspired with self-confidence, and made a speedy recovery. In another case the symptoms were like those of sea sickness, when patient

feared at first she would die, and upon getting better determined not to get well, preferring to be treated and petted as when she was quite ill. I finally tried the influence of fear, and upon finding she could use her limbs, she did use them, and a speedy convalescence was the result.

We must study each patient's character and peculiarities and through such knowledge, the well directed use of the will power will, when recovery is at all possible, assist us greatly in the cure. Certain classes of patients should be made angry, others hopeful, others fearful, and in each case where there is any susceptibility to the influence of the mind of the physician (and in few there are not) there will great benefit result to the patient.

The physician's influence is noticeable in every sick room as we all can testify, and a cheerful disposition will work marvelously sometimes. Notice also the influence on the patient of visitors, whether they be cheerful or hypochondriac. The patient will be affected according to the disposition of those around him, showing that the demeanor of those surrounding the sick bed will affect beneficially or detrimentally as the case may be the mind of the patient and the course of the disease.

Dr. Owens: I was very much pleased with the paper read by Dr. Wilson, but am sorry he was not clearer on two points.

First, on the definition of Psychic Influence, and second, on the amount of will power required to be used by the physician toward the patient.

Theologians I believe are as yet undecided whether the mind, the spirit, and the soul are one and the same, or different. Are there three elements required to make up the mind, spirit and the body? If not which does this psychic influence arise from or is it really a psychic influence? I think not, but that instead of its being a psychic force 'tis a vital force. A lady who came under my observation who had witnessed an operation for fistula lachrymalis, in six weeks' time had a similar and complete fistula. The first symptoms of which were of a painful boring sensation commencing short-

ly after witnessing the operation. Was this from mental causes or was the vital force so strongly imparted from the patient operated on to this lady, as to cause a similar fistula.?

Another case, that of a young lady who had witnessed an operation for an abdominal tumor, whether ovarian or not I do not know, but in three years she had a complete and large sized abdominal tumor herself, and could distinctly trace the first symptoms back to the date of that operation.

A case came under my notice some time ago of a gentleman who had been present at a post mortem examination on the body of a friend who had died of abscess of the liver, and in a few months he had aching throbbing pains in the region of the liver, and was thoroughly satisfied he was suffering from hepatic abscess although he could trace it to no cause but the witnessing of the post mortem on his friend. The abscess opened through the diaphragm in about four weeks, and large quantities of pus were discharged by the right lung, the patient making a good recovery.

A certain degree of unconscious cerebration will sometimes cause disease without any intentional psychic influence, and in these cases I find it much more satisfactory to treat patients by the removal of the causes of this peculiar cerebration than by medication. I am of the opinion that these cures come from an exhibition of vital rather than mental force, acting similarly to the dynamic action of medicines. We have all seen marked results from placebo treatment and proofs of these theories are every day apparent.

I have a case of a patient subject to epilepsy, the spasms occurring sometimes daily and again only once or twice a week. These can be checked by his brother, merely laying his hand on the patient and in this case 'tis certainly by vital force as the patient is unconscious at the time. This brother is peculiarly possessed of a large amount of animal magnetism, and I have seen him draw a hat from the floor to his hand, by placing the hand at least ten or twelve inches from the hat, showing that even inert substances can be influenced by the vitality of a human being.

Dr. Buck: I do not exactly agree with Dr. Owens, in his point of departure from Dr. Wilson's views, and I do not think it entirely necessary to comprehend fully the exact relation of mind, spirit and soul one to another. I do not believe the human mind can comprehend the anatomy of the spirit or soul, and that 'tis not our province to understand fully the psychic or vital influence. I think the positive attitude assumed by the physician, cures our patients much oftener than our medicines do, and is more effective far with the patients than medicines, crude or infinitesimal. Numerous instances are in my mind now, where patients have recovered under placebo treatment. But mind you this will not always cure, for I have known patients to die time and again in spite of all the willing to the contrary by physician and friends.

There is another influence which is indescribable, neither psychic or vital, but spiritual. Let us lay aside all sect and cultivate this line of thought, studying closely the psychic, vital and spiritual influence we have upon each other, and we will all be greatly benefited and our patients will not be the losers by it. The time will come when the scientific physician will cure wholly by these influences instead of by medicine and drugs, and even organic and functional diseases will be successfully treated in this manner. The will is the lever, the focal point, and the latent forces still undeveloped are greater by far than what we now know of man physical and mental.

Dr. Slosson: Physicians should look to the moral condition of their patient. The will force has great direct-power, and the superior will force, combined with the vital force, will predominate and good or evil will result, as it is used. We have not yet reached the point where we can lay aside our medicines although, as Dr. Buck says, the time may come when the exertion of will power alone will cure the sick.

I had a patient once, a young man in the employ of Adams Express Co. in this city as money clerk, who was very sick with typhoid fever, the worst feature of the case being his despondency from which I was wholly unable to arouse him, although I exerted my will to that effect to its utmost extent. The patient died in spite of all my efforts, his spirit of des-

pondency overcoming my will to the contrary. Cures are always effected more readily when the patient is susceptible to a spirit of hopefulness than otherwise.

Dr. Buck: I have witnessed a peculiar phenomenon in the case of a dying patient, first noticed by accident and confirmed by experiment, where by placing my hand upon the patient's head, or taking his hand it would effect me so seriously as to put me to sleep, even at times when I was horrified to find myself drowsy, and I do not doubt but that it might be really dangerous for certain persons to try this experiment.

Dr. Haines: I have also noticed similar circumstances and have thought it very remarkable.

Dr. Frain: I agree with Dr. Owens as to this being a vital instead of a psychic force as I have known instances of patients recovering by the presence of a physician even when he was indifferent on the subject.

I was once called upon unexpectedly to visit an old lady who was very sick, and was requested to see what I could do by animal magnetism. I took both her hands in mine and in spite of my will power our hands shook violently for several minutes. This was done on another occasion also with the same patient. The effect was very beneficial on her.

Dr. Wilson: There seems to be no special mystery in the minds of the people concerning the power of drugs to cure disease. But in these cases even the presence of the physician, the faith of the patients and the confidence of the friends have been held to have something to do. But these have been in all ages of the world in various ways held to be truly mysterious. The practice of theurgy has always existed and the gods and the demi-gods and the devil, and especially the true God have been supposed to be the active and efficient agent in producing these cures. Now the object of my paper was to show that all these cases were clearly referable to a law of nature, to a common cause, viz: the power of the mind over disease. I have ventured further and asserted that in all cures, whether drugs were used or not, it is after all the mind which cures. This may not relieve the question of mystery, but it simplifies our conception of it.

**Pharmaceutical Homœopathy.**

The forms in which homœopathic medicines are dispensed are powders, tinctures, pilules and globules.

The powders consist of sugar of milk, to which has been added a given quantity of the trituration prescribed, or on which has been dropped a given number of drops of the tincture. It is necessary, therefore, to remember that only these attenuations can be dispensed in the form of powder which have been made with proof, or stronger, spirit. If prepared with a weaker spirit, the sugar of milk will partially dissolve, and thus a most inconvenient preparation will result. The tinctures themselves are often dispensed, either in bottles with directions to mix so many drops to a given quantity of water, or the prescriber orders so many drops to be mixed with so many ounces of water, and sent out as a mixture. In order to possess a convenient form for administering fractions of a drop, Hahnemann adopted the plan of saturating sugar globules with the attenuated tincture, and then directing so many of these to be taken at a dose. Since Hahnemann's time a larger sugar globule, termed pilule, has been introduced, and is much used both in this country and America. Another form of powder has been recommended in America, and used occasionally in this country, and is at times very convenient. It is called a tincture-trituration, and is prepared as follows: A weighed quantity of sugar of milk, for instance two ounces, is put into a mortar, and one fluid ounce of the tincture (usually the mother tincture) is poured over it, and the whole is well rubbed together, forming a soft paste. This is put on one side in a dry place, lightly covered with paper to exclude dust, but not to prevent evaporation; and as the paste gets drier it is again and again rubbed up well and scraped from the mortar and pestle until it becomes quite dry, when a second ounce of liquid is added and the operation repeated. When dry it is put up in bottles and preserved like any other preparation. From the way it is made it will be obvious that one grain of a

tincture-trituration will contain as much of the medicines as one minim of the tincture itself.

Beyond the convenience of carrying them about and dispensing them as powders, there is no advantage in the tincture-trituration over the tincture; and it should never be used for the purpose of making attenuations, which should invariably be prepared direct from the tinctures themselves.

A few words must be said respecting the obtaining and medicating pilules and globules.

These preparations are made of sugar and starch, and it is always better to procure them from a manufacturer who prepares them especially for homœopathic chemists, rather than from the confectioner, who, having frequently to color his preparations, would be very apt to employ his machinery indiscriminately for the colored and the colorless, and hence the latter would not be sufficiently pure for our purpose.

In medicating the pilules and globules a suitable quantity should be placed in a bottle, and the tincture with which they are to be saturated poured over them in sufficient quantity to thoroughly moisten every one of them, and the regular admixture of the tincture and the globules should be insured by repeatedly shaking, or, better still, by rolling the bottle horizontally in the hand. Some chemists fill the bottles with the tincture and leave them to macerate for several days; while others carefully ascertain how much the pilules and globules will absorb, and add exactly that quantity. Whichever plan is followed the greatest possible care is required to secure perfect saturation.\* The latter process, when carefully carried out, has the advantage of avoiding all exposure of the pilules and globules in drying; whereas, if the former plan is followed, it is necessary after a time to pour off the excess of tincture, and to dry the pilules and globules between sheets of filtering paper, a plan which is objectionable on many accounts.

\*It is found advantageous in medicating pilules and globules with attenuations, which are usually prepared with strong alcohol, to make those required specially with 20 O. P. spirit, which will be more readily absorbed, than stronger spirit.

Before closing these practical directions it will be well to say a little about the proper method of cleaning the utensils employed by homœopathic chemists. It has been already stated that all careful homœopathic chemists set apart separate pestles and mortars for each medicine which has to be triturated.

All the mother tinctures, and especially all the attenuations, should in the first place be put into perfectly new bottles, closed with perfectly new corks, and these should never in future be filled with any other medicine or attenuation.

It must happen, however, that measure-glasses, bottles which have contained mixtures, etc., are required to be used again and again, and hence it is well to know how they can be thoroughly freed from every trace of the medicine which they have previously contained. This may be effectually accomplished by washing the bottle in an ascending stream of water, in place of a descending stream, as is almost universally employed. The chemist should have a fine nozzle and stopcock adapted to his water cistern in his laboratory (over the sink,) and so arranged that the stream of water ascends like the jet of a fountain. He then washes his bottle or glass, as the case may be, in the usual manner, carefully removing every visible impurity, and then, while the vessel is still wet, he should hold it over the fine nozzle (which must be fine enough to pass through the neck of the smallest sized bottle he has to wash,) and while in that position open the stopcock and allow the stream to strike against the bottom of the glass or bottle he is washing; in this way, as soon as the water mixes with the remains of the medicine, it flows down the sides of the vessel and escapes into the sink, and in a very short time not the slightest trace of medicine can remain in the glass or bottle. It can then be drained and dried in the ordinary way.

#### ON WRITING PRESCRIPTIONS.

The peculiarities of homœopathic pharmacy entail certain peculiarities in prescribing which must be noticed.

1. Since there are numerous preparations of each medicine, it is essentially necessary to mark this after the name of the



medicine. For example, it is not sufficient to order *Belladonna*. The name must be followed by the sign denoting the particular preparation. Thus:

*Bell. tinct.*, *Bell. 3x*, *Bell. 6*, *Bell. 30*,  
would denote respectively the mother tincture, the third decimal, the sixth centesimal, and the thirtieth centesimal attenuations of the medicine.

2. After the sign denoting the preparation must follow the usual signs for the quantity; and in connection with it must be a notification as to whether triturations, tinctures, pilules, or globules are wanted. Thus:

*Merc. vivus 3x grs. 2*=2 grains of 3d decimal trituration.  
*Merc. vivus 6 gtt. 2*=2 drops of 6th centesimal tincture.  
*Merc. vivus 6 pil. 2*=2 pilules of 6th centesimal attenuation.  
*Merc. vivus 30 gls. 3*=3 globules of 30th centesimal attenuation.

These may be written thus:

*Merc. vivus grs.  $\frac{1}{3}x$ , gtt.  $\frac{1}{6}$ , pil.  $\frac{1}{6}$ , gls.  $\frac{1}{30}$ .*

Following these necessary rules, the homœopathic prescriptions will assume some such forms as these:

#### FOR POWDERS.

*Aconitum 3x gtt. iij.*  
*Sacchar. Lactis, grs. vj. M.*  
*Fiat pulvis. Mitte tales iv.*

*Sig.*—Dissolve a powder in—dessert-spoonfuls of water and take one dessert-spoonful every—hours.

#### FOR MIXTURES.

*Belladonna 12, gtt. vj.;*  
*Aqua destill.. 3vj. M.*

*Sig.*—A dessert-spoonful to be taken every—hours.

Two things are especially to be recommended, viz., that all prescriptions should be written in such a manner that any homœopathic chemist may read them with certainty and facility; and that the directions for taking the medicines should be so written that both the patient and chemist can understand them.—*Homœopathic Review.*

**Electro-Therapeutics.** By C. E. Walton, M. D.

It was during the time of Thales, the sage of Miletus, that, to adopt a mythological phraseology, the amber god, electricity, succeeded in drawing to his attractive, and at the same time no less repulsive, self the attention of the race. This acquaintance did not speedily ripen into friendship and friendship into love, for nearly 2,500 years made their tedious circuit before, through the efforts of Galvani and Volta, DuFay and Franklin, there was established anything like a positive understanding; and even now in this so-called enlightened age, the understanding is largely negative. But this is not strange when we consider that the known is always disproportionate to the unknown, and that the grists of truth are furnished no more rapidly than those which are produced by the laggard mills of the gods.

It is not as the expressions of an enraged Deity, or the encircling agent of Puck, that electricity is a subject of interest to the physician; but as a force of nature intimately connected by its manifestations with the physical condition of life, and in so far an agent more or less valuable in the restoration of health.

For an intelligent conception of the subject of electricity, it is necessary that the physician should know its kinds, their method of production; its nomenclature, its physiological effects, its mode of application, its therapeutic action and uses, and its place in medical science. To this end let us examine these points as carefully as the limits of the hour will permit, contented in many cases to receive the announcement of results and principles furnished by elaborate and exact experiments, without occupying our time with tedious details.

Three kinds of electricity are employed by the modern electrician, differing in quantity, quality and method of production. The first, Franklinic, static or frictional, produced by the cylinder or plate machine where friction applied to a glass surface furnishes the electricity. The second, Galvanic, Voltaic

or dynamic, the result of chemical action in a battery composed of metal and acids. The third, Faradic, induced to and fro electro-magnetic or magneto-electric, produced by the action of the Galvanic electricity upon soft iron surrounded by insulated wire.

Many pages might be written in the description of the various batteries and machines for the production of electricity but this pertains only indirectly to the examination of the subject under consideration. We are dealing with the force, not its vehicle.

Much confusion seems to have arisen from the misapprehension and misapplication of terms, but this is the case in the inception of every art or science, hence the necessity of clearly understanding all technicalities; unless there be a uniformity of expression all progress is sadly crippled. The term current expresses direction in the manifestation of the electrical force. This current in general terms flows from one part of the battery to the other; its point of origin is called the positive pole of the battery or anode, its terminus the negative pole or cathode. Right here let me introduce the practical suggestion that the positive pole is always found in connection with that part of the battery which is eaten by the acid. In reference to the currents they are as follows, 1st, the Galvanic or continuous which is the current as it comes immediately from the battery, and is the one used as a cautery; 2d, the induced or to and fro or interrupted current which is the Galvanic current intensified by an induction coil; 3d, the primary current which is the induced current from a single coil; 4th, the secondary current which is the induced current from a double coil.

We now come to a current which has been largely misunderstood, namely, the direct current; this has no relation whatever to the kind of electricity, being equally applicable both to the galvanic and induced, but having sole reference to the direction of the current in its passage through the organism as relates to the nerve centers: the current passing from the nerve centres to the extremities of the nerves is the direct current whilst that passing in an opposite direction

is the inverse current. For instance, I grasp the electrodes or conducting wires in my hands, the positive pole being held in my right hand, the current passing up the right arm and down the left, now which is the direct current and which the inverse? The current passing up the arm is inverse, down the arm or from the nerve center to nerve extremity is direct. The importance of this distinction will be seen when we come to consider the physiological effects of these currents when it will be found that they are directly opposed.

Quantity and intensity are terms indicating contrasted condition of the manifestations of electricity, and is illustrated by Youman as follows:

"The heat in the human body is considerable in quantity but low in intensity, while that of an ignited match is very small in quantity, but high in intensity." Quantity depends upon the size of the plates in the battery cell. Intensity upon the number of cells; the capacity for generating heat depends upon the quantity, but for producing chemical changes in intensity multiplying the number of cells of equal size increases the intensity while the quantity remains unchanged.

So much for nomenclature, let us now examine the physiological effects produced by the application of electricity to animal tissue. The general effect is expressed by the term electric shock, which has for its elements, *pain and involuntary muscular contractility*. The property of contraction by the way is inherent in the nature of the muscles and is chiefly manifested by nervous excitations. Take two frogs, one poisoned by curare which destroys the excitability of the nerves, the second recently killed; a current applied to the first produces no muscular contraction, but applied directly to the muscles contraction ensues; whilst in the second frog, contraction is produced by both methods. Two distinct properties are thus brought to view muscular irritability on one hand and capacity on the part of the nerves to excite that irritability on the other.

The pain produced is felt most keenly at the articulations which is readily accounted for by the fact that a cross section of the muscles, or conductors, is much less at those points,

consequently the density of the electricity and the nervous excitation are greater; it is as though the contents of a broad river were turned into a narrow channel, the velocity of the stream, or in other words the intensity of its force is greatly augmented

In using the Galvanic current pain and contraction are only manifest at the closing and opening of the current; none is felt or observed during the continuance of the circuit. It is thus possible with certain kinds of interruptive apparatus to institute a series of repeated shocks which though coming from a very weak current will kill large animals.

"Their effect" says Prof. Carlo Matteucci in the Smithsonian Report for 1865, "is not owing to the quantity of electricity, but rather to the variations of electric condition which arises in the nerves and muscles of a living animal at the moment of opening and closing a Voltaic circuit."

By this variable state is meant that minute portion of time between the closing of the circuit and the establishment of the continuous current, perceptible at all points. The less the duration of this state the greater is the electro-physiological effect. It is in this fact that we find the explanation of the intense physiological effects of the discharge from the Leyden jar.

But how does the electric current excite the nerve? We account for the condition imposed upon the soft bar of iron when it is magnetized by the supposition of a new molecular arrangement in the iron. I think we would not be far from correct were we to suppose a similar molecular change in the tissue of the nerve, a condition which is assumed and abandoned with every passage and stoppage of the current.

According to the mechanical theory of heat, the amount of labor performed by the contraction of a muscle should be equivalent to the heat developed by the oxidization of the zinc in the battery, but "the labor produced by the muscular contraction is at least twenty-five or thirty thousand times greater than that which would correspond, according to the mechanical theory of heat, to the quantity of zinc or to the current by which the nerve was excited."

This result is explained by first supposing that the current which excites the nerve acts "as does the spark of fire which kindles a great mass of powder. The second supposition is, that the passage of the current excites the nerves, the action of the nerves induces chemical action, chemical action passes over into heat, or more probably into heat and finally into mechanical labor. "The chemical actions requisite to explain the muscular labor are within the muscles."

It has been conclusively proven; 1st, that muscular contraction "is accompanied by an augmentation in the chemical action of the so-called respiration of the muscles, that is, by the greater absorption of oxygen, by a greater exhalation of carbonic acid;" 2d that muscular contraction develops heat. From this the following conclusion is reached: "the excitation of a nerve by means of a current, as in the kindling of a mass of powder by a spark, gives rise in the muscle to chemical phenomena; that is to say, increases the so-called muscular respiration; and it is through these chemical phenomena and the mechanical labor of the contractions, taking into account also the development of heat, that we verify in effect the relation demanded by the mechanical theory of heat.

When speaking of currents you will remember that particular attention was called to the direct and inverse currents, the first running from the nervous centers to the extremities, the second running from the extremities to the nervous centers; bearing this in mind we are prepared to understand the following propositions of electro-physiology which shall only be stated without detailing the experiments by which they have been indisputably established.

First: "In the mixed nerves, the *first* and *sole* effect obtained is the contraction produced at the moment when the direct or descending current, rendered as little intense as possible or propagated with the greatest slowness, begins to pass. On increasing the intensity of the current or the velocity of the discharge, the second electro-physiological effect which arises is the contraction excited at the opening of the circuit by the inverse or ascending current, on still increasing the intensity of the current the contractions occur at two other

instants namely, when the direct current ceases and when the inverse begins to act."

2d Proposition: "By using, for the excitation of a nerve, an electric current of very slight intensity, and such, therefore, that, being still further diminished, there would be a corresponding diminution in the muscular contraction, if this current be forced to divide itself in half between two nerves, the effect excited in the muscle is reduced to half what it was at the first instant when the current passed entire in the nerve."

3d Proposition: "The electric current does not act, or its action is at least extremely feeble, when it is transmitted across the nerves instead of traversing them in the direction of their ramifications."

4th Proposition: A continuous current transmitted in a mixed nerve modifies the excitability of the nerve in a different, and it even may be said, an opposite manner, according to its direction; the direct current enfeebles and destroys the excitability of the nerve, while the inverse increases it within certain limits. The time necessary for the current to produce these effects is proportional to the degree of excitability of the nerve and in inverse ratio to the intensity of the current. After the opening of the circuit the effects of the current have a tendency to disappear, and so much the more rapidly as the excitability of the nerve is greater and the current employed is weaker."

5th Proposition: When an electric current has passed until contraction has ceased, contraction is renewed when the direction of the current is reversed."

"Humboldt first studied the action of the current on the cardiac plexus and on the ganglionic system of the lower belly. In the former case he observed, and it was afterward verified by others, that on keeping the circuit closed for a certain time the pulsations of the heart show no difference, but if the electric excitations be continued these pulsations become more frequent, and that this frequency lasts for a certain time after the current has ceased to pass. When the ganglionic system of the lower belly is operated upon with the

current an analogous fact is noticed. The vermicular motion of the intestines is by degrees accelerated and this acceleration also continues for a certain time after the opening of the circuit. In these two effects, the electric excitation of the ganglionic nervous system would seem to differ from that of the mixed nerves in being, as regards the former, continuous during the passage of the current, slower in manifesting itself and slower in ceasing. A knowledge of these electrophysiological effects, the recital of which may very possibly have seemed tedious is essential to the therapist or surgeon who would make a scientific application of electricity in the treatment of disease.

We are now brought to the consideration of a use of the electric current which is scarcely less valuable than its use as a therapeutic agent, and that is its use as a diagnostic agent. Too much can not be said of the value of reliable means of diagnosis, and none appreciate this value more than the intelligent physician who considers a correct diagnosis to be nearly if not quite as important as a cure. A patient is brought to us with a paralyzed limb, it is important to determine the degree of irritability in that limb as compared with the sound limb, and we send the least current up the limb that will cause contraction. If the same current sent up the sound limb causes no contraction, the conclusion is obvious, there is the greatest irritability in the affected member.

Where now is the appropriate cause of the paralysis. Is the muscle removed from the influence of the spinal cord, or while still under the influence of the spinal cord is it paralyzed to the will? In other words do we have what Dr. Marshall Hall meant by "spinal paralysis," the functional separation of a muscle from the cord, or is there cerebral paralysis. With one pole of the battery placed over the spinal cord and the other placed over the muscles whose nerves arise at that portion of the cord, we find that there is no irritability. Diagnosis: some lesion of the nerves between their origin and distribution, or the cord at the origin of these nerves is the seat of disease. On the other hand irritability is found; diagnosis:



some lesion of cord above the origin of the nerves or in the brain itself.

A man is injured while traveling by boat or rail, there is an apparent paralysis of one or more limbs, he brings suit for damages and claims his insurance, possibly he may be a malingerer: a strong interrupted current is sent through the suspected member, causes little or no contraction. The diagnosis of paralysis is at once established, and the man's honor stands unimpeached. No human will is strong enough to cause muscular passivity under the influence of a strong electric current. To speak of all the diagnostic uses of electricity would swell this article to formidable proportions, and enough has been said to indicate its general adaptability, and for more specific information the little work of Reynolds on "Clinical uses of Electricity" will be found exceedingly valuable.

As a therapeutic agent electricity is being largely employed. The battery is rapidly assuming the rank of a necessity in the outfit of a physician, and yet there is reason to believe that in a large majority of cases nothing but a very superficial knowledge is brought to the direction of its use. So powerful an agent should not be carelessly used, for if it does not do positive injury, it may so prejudice opinions that its benefits may not be enjoyed because of the unwillingness of patients to submit to its employment.

Let us consider some of the therapeutic uses and mode of application.

Over activity of muscle, nerve or vessel may be reduced by the continuous Galvanic current,—the very rapidly interrupted induced current, or by a charge of static electricity. The first two are those which are most commonly used.

Where a cerebral lesion is of sudden occurrence, or of gradual occurrence and accompanied with pain, giddiness or feeling of weight in the head, do not on any account apply electricity as a curative agent until some time has elapsed, and where its diagnostic use is needed, apply in a very weak Galvanic current.

In treating a painful limb the prognosis is based upon the degree of muscular contractility; if the limb, though com-

pletely paralyzed, contracts perfectly under electric stimulus, the prognosis is unfavorable, likewise if contractility is entirely lost. But if the degree of contractility lies between these extremes, the prognosis is in proportion to the improvement you can effect in the nutritive condition by one or two applications of the current, and when you have brought the contractility up to the normal standard you have done your patient all that electricity will accomplish; the paralysis will generally be lessened and sometimes cured. If you use the Galvanic current, interrupt it by moving one of the electrodes up and down the limb, as the continuous current will be of no benefit. One precaution, never cause pain if you would benefit your patient, and again do not weary your patient by a too prolonged application.

There is an important difference in the application of the Galvanic and Faradic current. In the former, the electrodes may be widely separated, in the latter, the electrodes should be close together; take the poles in one hand and apply to the muscles in succession. The explanation of the electric effect upon the paralyzed limb is this: It restores the depressed nutrition of both muscles and nerves and by reflex action improves the nutrition of both spinal cord and brain. The benefit derived depends upon the extent of this effect.

In cases of recent contraction with rigidity, it is not advisable to apply electricity; but in old cases much may be done to relieve or at best prevent further progress.

To speak of the various conditions susceptible of relief by the use of electricity would tax your patience beyond endurance, and possibly discourage the resolve already formed to inquire further concerning these things. Therefore we forbear to speak of its application in aphonia, sciatica, tonic and clonic spasm, local paralyzes, such as ptosis, strabismus and facial paralysis. We will not step into the domain of surgery and speak of the electrolyzation of tumors, the removal of urethral stricture, the amputation of polypi and other operations both interesting and valuable; but we will endeavor to emphasize the necessity of determining the sphere of electricity in the treatment of disease.

While it may be readily conceded that in homœopathy we find the expression of the highest known law for the administration of drugs, we must also acknowledge that homœopathy does not exclusively cover the domain of medical science. It must have its adjuncts. We make this admission not because of ignorance of the application of the law, but in recognition of the fact that every law has a limit of applicability. The laws of growth and chemical laws are not interchangeable, they apply to the recurrence of very different phenomena and yet in many are co-existent and find harmonious expression.

The dread of a name has kept many a man from asserting a principle, declaring a belief or instituting a course of action. The fear of the name "infidel" has restrained many a tongue, whilst "Revolutionist," "Inflationist," "Jacobin," "Whig," "Tory," "Huguenot," "Catholic," "Heretic," has restrained many to inglorious passivity. There is at least so much in a name if nothing more. This same fear has not been inoperative in the medical ranks. One must not use water very freely or his good name will be marred with the suffix, hydro-path; should he use small doses or large doses, or doses of herbs, of steam, of electricity what an array of titles will he fall heir to: "Homœopath, allopath, root-doctor, steam-doctor, electropath, and last of all should he employ all these methods to what a level has he sunk that he must be called an eclectic.

It is for the wise physician to determine as far as possible the sphere of all methods of treatment, and not blindly to adopt any one method to the exclusion of others. If he will accept the law of similia as the best guide in the administration of drugs, so far so good; the whole question of the use of drugs is at once settled; but aside from that there are many adjuncts which it is certainly not the mark of wisdom to disregard. One of these has been brought to notice as the subject of this paper. So much has been done with this agent, so much is being done, and so great are its apparent capabilities that the subject of electricity, in its therapeutic bearings, becomes a matter of necessary consideration on the part of every physician. To this end allow me to acknowledge my

indebtedness to Dr. Reynolds and Prof. Matheucci in directing your attention to the "Clinical Uses of Electricity" by the former, and the elaborate paper of the latter on Electro-Physiology published in the Smithsonian Report for 1865.

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### **Microscopic Terrors.**

This is the age of detectives in medicine. The best minds are pursuing the physical causes of disease with the microscope, with chemistry, with imagination. Disease is no longer dynamic, but material. Its seeds float in the air, and about in water, in milk, in food. When one takes a drink of water the chances are that he swallows a myriad of living organisms, vegetable and animal, which will carry into his blood the germs of typhoid, of tubercle, of cholera. Milk may be fraught with the poison of typhoid fever, and may scatter the pestilence broadcast. It may conceal the seeds of cholera and plant a great harvest of that scourge. So we are taught. More than that, we are now assured that milk can propagate tubercle. A French scientist has demonstrated that calves fed on substances with which tuberculous matter is mixed, will become tuberculous, and of course that the milk of tuberculous women will do the same. And then we can not breathe the air with safety, for it may be filled with the germs of palmella, which will enter the blood and grow into an ague fit. Pork and beef are dangerous from the trichina, and tenia is smuggled into the stomach with vegetables and spring water. We live in a dangerous world, and what with the multiplication and improvements of binoculars the dangers increase every day. It is to be hoped our microscopists will give us a bill of fare, informing us what we may eat and drink, if indeed there is anything salubrious.—*Pacific M. and S. Jour.*

**Homœopathy is Dead!!**

The thing is done! The agony of the last seventy-five years is over! Homœopathy is dead! How often during this period has it been killed. But this time it is the genuine article, the legitimate child. Yes genuine Homœopathy is dead; think of it! Not the mongrelism of the Germans nor the Electicism of the Americans. How could such a thing happen while the head-center and patriarch of the Homœopathic school was living? Did Homœopathy die *secundem artem* under the administration of legitimate drugs injected into the system with the hypodermic syringe, *a la* Pfaffenberg, and a score of others? Or from the application of the Galvanic current as did the poor Irish woman, for which act the great electro-therapeutist was reprimanded by his brothers, the assembled wisdom of the fraternity? No such thing! Did it die of sun stroke? No! It died, according to the report of the wiseacre of a contemporary Allopathic weekly periodical, by being moon struck. His charge to the jury—the public—reads thus: "Gentlemen, you have their own confession: they claim that sun and moon light will influence the human organism and its functions, and bring about, under certain conditions, a curative effect." He brings then as evidence an article in the North American Journal of Homœopathy, in which a contributor of said journal relates several cases of recovery from the effects of moon light, and also improvement in cases of dysmenorrhœa by the administration of water which had been exposed to the rays of the moon for some time.

Before the verdict is rendered we demand a patient hearing. We find in the same journal, the Clinic, No. 25, an article by the editor, entitled "Music as a Medicine." We know further that a stock-holder of the same paper has thrown all physic to the dogs and relies almost exclusively in the cure of all the ills that flesh is heir to another of the elementary forces viz., electricity. What is electricity? What is sound (music)?

What are light, magnetism, even vegetable and animal life? They are, according to the modern theory, as expounded by Gross, Tyndall, Helmholtz, Liebig and Carpenter, nothing else but the manifestation of matter in motion. The difference of their manifestations depending upon the different modes of motion. Nay, they are correlated with each other so that one can be transmuted into another as heat into chemical action, magnetism into light, light into sound, etc.

On what ground then will you exclude light, be it direct, or reflected (may be polarized) from the list of therapeutics, when it can be proven that it is a far more powerful factor than your music or your battery on account of its constant and steady influence upon the organism, in as far as all the functions share in the benefit of light? Alex. von Humboldt ascribes the absence of scrofula to the direct influence of sun light upon the naked bodies of the children in Central America.

Have you ever heard of ozone, and how it is developed under the direct action of the rays of the sun? Schædler calls it, rightly, "the problem of the future." Will you deny that water, after having been exposed to the direct rays of the sun, has not changed in quality? The moon's rays, although less powerful in heat, may effect the same or, possibly, much more.

"That may be all so," you say, "but there is your infinitesimal dose of the 600th or 6000th which brings ridicule upon the system and its exponents.

As professor of Physiology you are certainly acquainted with the results of spectrum analysis by which it can be demonstrated that the  $\frac{1}{100,000,000}$  of one grain of sodium can produce a sensible impression on your retina.

But if this will not satisfy you, I advise you to become acquainted with the results of the experimental investigations of Messrs. Coze and Feltz for your benefit and for the benefit of the jury we furnish the following extract:

"But the most singular thing in these Pathological fermentations is the fact noted some years ago for the first time by Messrs Coze and Feltz, and the study of which M. Davaine took up last year. Davaine demonstrates by experiments

made on Guinea pigs, that one drop of blood from an animal affected with septicæmia, has the power of imparting the infection to another animal inoculated with it, that a drop taken from a second can transmit the disease to a third and so on. Still more wonderful, the poisoning power of the blood of these animals increases with the degree of advance in the series of inoculations. The culture of the virus heightens its malignant properties. This gradual increase of the virulent force is such that if we take a drop of blood from an animal representing the twenty-fifth term in a series of successful inoculations, and so dilute this drop with water that a drop of the dilution corresponds to one trillionth of the original drop, we get a liquid of which the smallest quantity still displays mortal activity. These experiments of M. Davaine, which exhibit the degree of venom as increasing in an inverse ratio to the apparent quantity of the poison, have been repeated and confirmed by several eminent physiologists, among others by M. Bouley, and have produced a sensation which still continues in the schools of physiology and medicine.

The assertion of its being "genuine Homœopathy" is, to say the least, a piece of bold assumption on the part of a man so young in his profession and altogether unacquainted with the different sects of a school of medicine foreign to him.

In proof, we submit a statement of Dr. A. Lippe, one of the oldest practitioners on this continent, in the Sept. No. of the *Medical Investigator*, a monthly journal of the medical sciences, published in Chicago; a journal of acknowledged ability and high standing among the six thousand Homœopathic practitioners in the United States.

"There does not exist a county or state society which has thought proper to give such a definition; and the American Institute could not, if even it would, speak authoritatively, as it is not a chartered institution. There exists at present such a great diversity of opinions as to what constitutes a Homœopathian, and as to what should be taught in Homœopathic colleges. We find men advocate the teaching of principles, while others indulge in the rejection of principles, and advocate the teaching of a multiplicity of opinions. And within

the faculties themselves there does exist the widest diversity of views about the definition of Homœopathy, a large majority of the present teachers advocate Ecticism and reject almost, if not all, of Hahnemann's teachings."

The verdict of the jury was this:

"In so far as the genuineness of the theory has not been demonstrated, we decline to give judgment in this case for or against, but would counsel the prosecutor to disprove the statement given by the contributor to the "journal of Homœopathy" by instituting a series of experiments, by which alone such controversies can be decided.

Considering the sluggish or dormant intellect of our present time (only half or little civilized) we can be contented with the verdict given?

A jury—after all nothing else but public opinion—of the next hundred or thousand years would pronounce differently in all probability, in the following manner:

The words Homœopathy, Allopathy and Hydropathy are misnomers, since Virchow has demonstrated that there is no pathy. We have a science of medicine, the practical application of all the natural sciences, one branch of which is the science of therapeutics.

We may have, therefore, electrotherapy, hydrotherapy, therapy of gymnastics and Homœotherapy.

But the administration of drugs, be it in small or large doses, is a small item of the medical science. Paramount to the highest technical skill and the most successful application of remedies, when disease actually exists, is the study of the cause of diseases and the search for measures of prevention.

"In this broad field," says Heber Smith, M. D., in the Report of the Marine Hospital Service, "the physician becomes student and investigator not only of man's physical, but also of his social and moral environment, and the bearing and effect of the most diverse and apparently remote influences are traced to their results in the production of disease and death, or the conservation of health and life. And as to the administration of drugs, the disciples of Hahnemann, the so-called Homœopaths, whom you are pleased to designate as "quacks," come much nearer to the true idea of Hippocratic doctrine,



"*nil nocere*, do no harm," than you with your blood-lettings, your hellish compounds and hypodermic injections, in as far as they, firm believers of the law *similia similibus*, which after all is a law of nature, with their so-called infinitesimals can, as can be proven by statistics, lay claim to as successful results as the so-called regulars.

It seems to me the judge of the future will declare that these very prosecutors were mere "doctors" but no physicians who, after having received a piece of sheepskin signed by a number of respectable and dignified looking practitioners, calling themselves professors, peddle their decoctions and pills, become popular by a showy and attractive outfit, yielding to the whims and prejudices of a half educated community, sharing their superstitions, by which popularity they gain riches and become respected among the respectable.

"But I reckon," the judge continues, "that in spite of all their respectability they resemble, in a great measure, the beast of the field and the forest, fattening upon the worm-eaten and decaying fruit dropped to the ground, without ever looking upwards to the source of their income.

They ought to have read once in a while the picnic scene in Gœthe's Faust where the peasants eulogize Faust and his dead sire for the deeds done during the Pest.

Says Wagner to Faust:

"With what a feeling, thou great man, must thou  
Receive the people's honest veneration?  
Thou art shown to all the younger generation;  
Each asks and passes on to gaze,  
The fiddle stops, the dance delays;  
Thou goest, they stand in rows to see,  
And all the caps are lifted high.  
A little more and they would bend the knee  
As if the holy host came by."

Faust answers:

"Couldst thou but read within my inmost spirit  
How little now I deem,  
That sire and son such praises merit.  
This was the medicine\* the patients woes soon ended.

\*Hypodermic Syringe.

And none demanded, who got well?  
 Thus we our hellish boluses compounding  
 Amongst these vales and hills surrounding  
 Worse than the pestilence have passed:  
 Thousands were done by poison of my giving  
 And I must hear, by all the living,  
 The shameless murderers praised at last."

CINCINNATI, O.

G. SAAL, M. D.

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## Book Notices.

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### **The Sphygmograph.**

This little instrument has for sometime been made use of as a means of detecting changes in the pulse wave, which wave reflects in this visible manner the action of the heart and the tension of the arteries, two very important factors in the mechanism of animal life. Under the above title Dr. Edgar Holden publishes "The essay to which was awarded the Stevens' Triennial Prize, by the College of Physicians and Surgeons, New York, April, 1873." The work is printed by Lindsay and Blakiston, of Philadelphia, on heavy tinted paper, and amply illustrated; making altogether the most complete treatise on the subject that has come under our observation. Aside from a general dissertation on the mechanism, phenomena, recoil and tension, etc., etc., of the pulse, The practical application of the Sphygmograph, with sphygmographic characteristics of certain diseases. The third part of the work is devoted to the action of medicines, and it is this department of the work which seems to us of most importance to the science of medicine. While the author does not claim for the experiments here recorded, that they are the "universal and invariable exponents of individual diseases;" he nevertheless very justly claims that such experiments will "probably prove in all cases suggestive of the pathological condition in-

volved." and this estimate of his own labors and of other laborers in this field, it seems to us, apply in a special manner to experiments made upon the healthy with drugs.

The volume under consideration contains the record of experiments made upon individuals with aconite, gelseminum and quinine, the changes produced thereby in the pulse wave being carefully noted and set forth in sphygmographic tracings.

We can not, at present, undertake to estimate the value of these experiments to therapeutics, although the plan of so proving drugs and noting in every possible way their effects has long been pursued by the homœopathic school.

What we desire, at this time, is, to call special attention to this new mode of ascertaining the precise action of drugs, and to advise every physician to procure a copy of the above work, where may be found "key notes" no less valuable, for future experiments, than as indications for the use of drugs so tested in disease.

J. D. B.

### **Transactions of the American Otolological Society—Sixth Annual Meeting.**

This Society numbers over forty of the Allopathic specialists of this country. That they are very earnest and successful workers their yearly volumes of transactions clearly show. In point of numbers New York City takes the lead, but the greater part of the work done in the present volume comes from Philadelphia. Three papers are contributed from the former city, four from Boston, and with one exception the remainder comes from Philadelphia. Not a word from the West. This doesn't speak well for this section of the country. As we can hardly impugn the ability of the western members we must per necessity discount their energy. If every member had contributed something we would have had a larger and much more valuable contribution to science. The Ophthalmic and Aural bureau of the American Institute of Homœopathy, now in its third year of existence, will make nearly as good a showing in its next report. The transactions of both bodies will always be worth having.

## Editor's Table.

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A SLIGHT epidemic of new medical journals is at present prevailing.

Dr. JENNIE BEARBY has removed to Linesville, Crawford co., Pa., taking Dr. H. M. Logee's practice, the latter, having removed to Oxford, O.

THE "Trial for practicing Homœopathy," which took place in Boston some two years ago, is all out in a pamphlet and is readable and instructive. Copies might be procured by addressing Dr. Talbot.

Dr. ADAM EARNEST one of the Pulte boys is spending the year in London at the medical department of King's College. He places us under obligation for numerous favors.

Dr C. S. Williams, an alumnus of the Pulte, has gone to Europe to spend a couple of years. He promises to give our pages the result of some of his observations.

PROF. N. SCHNEIDER, of Cleveland, has returned from a year's visit to the old country and will if his health permits resume his practice.

### **A Grand Charity Fair.**

The ladies of Cincinnati and suburban towns have resolved to hold a grand fair for the benefit of the Homœopathic Free Dispensary and the College. The beautiful property corner of Mound and Seventh Sts., now occupied by these two institutions jointly, is only partially paid for and is greatly in need of substantial aid. The friends of Homœopathy are bound to give the institution the support it deserves and to this end will hold one of the grandest fairs this city ever saw. At this writing the the time has not been fully agreed upon but it will probably take place early in December. No pains will be spared to make the affair one of the highest success. We bespeak for it the aid of all our friends.

Later. The General Committee have decided on the first Tuesday in December.

THE

**Cincinnati Medical Advance.**

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VOLUME II.] CINCINNATI, O.—NOVEMBER, 1874. [NO. 7.

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All business communications, relating to the publication or to advertising, should be addressed to DR. T. P. WILSON, S. W. Cor. Seventh and Mound Sts., Cincinnati, Ohio.

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OUR HOMŒOPATHIC FAIR will open December 7th. The most extensive preparations are being made, and every body is invited to lend a helping hand.

ALL the medical colleges have opened "with largely increased classes." Venerable professors are now busily reading their musty manuscripts to gaping (partly from wonder but mostly from drowsiness) classes. "The demnition grind" is on, and students are to be incessantly worried, thoroughly frightened and ——— certainly graduated. "It was ever thus."

A HAPPY FAMILY are the Allopathic doctors of Cincinnati. They are well nigh to bursting with mutual admiration. So devoted are they to this pleasant pastime they have no time to abuse any body else, and we, "of the other school,"

move on in the even tenor of our way. Should they not maintain a desirable state of health under such counter irritation, we have no objection to giving them the benefit of our services.

WASHINGTON, D. C., Sept., 1874.

DEAR DOCTOR, your letter came duly to hand,  
 And I hope your Dispensary Fair will be grand;  
 But, sir, my embarrassment no one can know,  
 When I read in your letter the sentence below:  
 "We shall print a Fair Paper and, with pleasure in view,  
 Anticipate something quite funny from you."  
 And now if you doubt it, and need a sly hint,  
 The above is the proof which I dare you to print.

DEACON.

"How is it you let this fool join the Institute? Do you recognize the — College? There is a prospect of having a law passed this winter cutting off such fellows as B—— and their graduates? I suppose they think the Institute will help them through or rather they have become recognized by that body." Rest, perturbed spirit, rest, for now the Advance has fully reformed and will do so no more. We have been negligent of our duties toward the Institute so much so that it has lately been doing pretty much as it pleased. The Board of Censors have "carried on with a high hand" and let several parties in without our knowledge or consent. No more objectionable parties will be admitted to membership. Particularly we shall take care that the anonymous writer of the above is not admitted until he improves in his moral character and English scholarship, *i. e.* if we can find out who he is.

WE HAVE been especially delighted with a recent visit to the Cincinnati Sanitarium. We were cordially received by Dr. and Mrs. Peck who have charge of the institution, and shown through the entire premises, which we found as beautiful and ample as one could wish. There could hardly be more attractiveness added to the place.

We were pleased to find the Sanitarium growing in popularity and rapidly filling with patients. Physicians visiting Cincinnati should not fail to make this one of their points of observation.

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 But, sir, my embarrassment no one can know,  
 When I read in your letter the sentence below:  
 "We shall print a Fair Paper and, with pleasure in view,  
 Anticipate something quite funny from you."  
 My Eyes! Do what Artemus Ward could not do—  
 Write funny to order?—Twain failed at it too  
 Do you think I can write funny things when I choose?  
 You must take me to be a young "Danbury News!"  
 And now if you doubt it, and need a sly hint,  
 The above is the proof which I dare you to print.

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AN AMATEUR NATURALIST, of Cincinnati, has collected a quantity (some twenty varieties) of land shells peculiar to *this section*. Any one desirous of purchasing will find this *an excellent opportunity*.



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### **Robert's Theory and Practice.\***

We have delayed noticing this book until we could carefully examine into its merits. The market is already well supplied with old school books of practice. It would be a difficult task to do better work in this direction than has been done by Reynolds, Ringer, Niemeyer and Atkins. But as the works of these authors are voluminous, Dr. Roberts thought it useful to students to have in one volume the whole matter briefly stated, so that less trouble would be experienced in searching for information. His work therefore has no other special merit, and for those in search of a short cut to knowledge, it doubtless answers an excellent purpose. The style of the author's writing is unexceptionable. The make up of the work is very attractive; but, like all its contemporaries of that school, it is fearfully behind the enlightened therapeutics of the age. Page 434 under treatment of bronchitis, the author says: "the indications are; 1st, to subdue the inflammation as soon as possible. (And in what inflammatory state would we not have the same indication? This is a childish use of an axiom.) 2d, to prevent the development of materials forming in the tube and diminish their quantity if excessive. (Just, how this is to be done he does not say, and since we don't believe it can be done as a mechanical expedient, we prefer not to put

\*Hand-book of Theory and Practice of Medicine. By Frederick T. Roberts, M. D., etc., etc.: Philadelphia, Lindsay & Blakiston.

our faith in "general or local bleeding, tartar emetic, tincture digitalis, aconite and calomel with opium," only as far as some of them seem Homœopathic to the case. Indeed the author himself discards all but the tartar emetic, and adds liq. ammon., acet. and camph. tinc. co. And when he says he has never had any "experience as to the use of digitalis and aconite," we see at once how imperfect is his knowledge of modern therapeutics, even of his own school.) 3d, to relieve unnecessary cough. (This discrimination between what is necessary and what is unnecessary is a fine task, and not likely to be performed successfully by any physician making the usual brief examination of a patient. It is an absurd attempt, and has cost many a baby its life, by checking the cough which was its only salvation.) 4th, to allay the spasm of the bronchial tube if present. (Does he mean to say that this condition is wholly apart from the inflammation, and that, if the latter were subdued, the spasm would not cease also? What miserable jumble of pathology and therapeutics to be put forth by an M. D., B. S., M. R. C. P.) 5th, to pay attention to the constitutional condition, and support the strength if it fails. (This may be something peculiar to bronchitis, but it doesn't seem so, and, for a "Hand-book of Practice," it looks like an unnecessary statement. As a cardinal law of therapeutics, it might pass, but as a specific indication in bronchitis it seems far fetched.) 6th, to treat apnœa, excessive fever or adynamia, should either set in. (This is highly interesting information. May we ask what he does with the other symptoms if he doesn't "treat" them also? And what is "excessive fever"? And if moderate, does he mean to say he would not treat it?) 7th, to attend to complications." What's to hinder his going on like a Puritan preacher of the olden time, until he has reached his seventeenthly, and exhausted every form of statement that might make him appear wise above what is written? This may, to some, look like

science, but there's precious little of even common sense in it, and yet its a fair specimen of the chaos into which the Allopathic school is sadly plunged. It is curious to note in running over the diseases treated, how uniformly the prescription runs: Bleeding, calomel, opium and quinine. These are made use of first, last and all the time. All other agencies are made subsidiary to these. And these are given without rhyme or reason. But why should an empiric hold to reason? If he had a definite rule of action he would cease being an empiric and, following a law of cure, would make his practice specific and scientific. But this is just what the Allopaths will never do. They endure the shame of practicing two thousand years without a therapeutic law, and glory in their shame. But this doesn't prevent the work before us being the best of its class, and worthy of study.

For sale by Robert Clarke & Co.

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## **Proceedings of Societies.**

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**Organization of the Western Academy of Homœopathy. Dr. Franklin's Address of Welcome—Election of Permanent Officers.**

Pursuant to a call issued by the committee in whose hands the matter of a formation as a Western Academy of Homœopathy was placed by the last general session of the Kansas and Missouri Valley Medical Society, a number of Homœopathic physicians met yesterday morning to consummate that object.



The convention met at the Homœopathic College, 1009 Locust street, at 10 a. m.

Dr. James Lilley, of Kansas City, called the meeting to order. Upon motion, Dr. Mayer Marix, of Denver, was appointed temporary chairman, and Dr. Ferd. C. Valentine temporary secretary.

The chairman stated the object of the gathering, the organization of a society which should embrace all that portion of the Union west of the Mississippi, and all east that should see fit to join the organization. The society which the meeting was about to establish was in no way antagonistic to the American Institute, but in sympathy with it.

Dr. E. C. Franklin then delivered the address of welcome.

A careful perusal of the report offered by the committee alluded to, will testify to the fundamental and important fact that "a separate and independent medical organization in the West is imperatively demanded," while as a logical sequence the existing want of such an institution operates as a serious drawback to the promulgation of Homœopathic science. Hence the obligation devolving upon us to supply the need and remedy the evil. The question naturally arises at the outset: What peculiar advantages may be expected to accrue from the establishment of the proposed organization? The answer is so practical that it can neither be gainsayed or overlooked. It has long been a matter of regret among the Homœopathic practitioners of the West that no specific organization existed by which their mutual self-protection and advancement could be secured, the cause they represent fostered and developed and fraternal relations promoted in such a manner as to advance the welfare of all of us who practice our profession in the great valley of the Mississippi. To a reflective mind this is very much to be regretted, and the more so when we assert that the presence of these very features would so unite the western medical profession as materially to strengthen our interest throughout the West, and afford stated opportunities for the expression of thought and the interchange of ideas. How true it is that we are all dependent one upon another, that we are so constituted naturally as to be more or less influenced by the opinions of our

fellow men, and oftentimes yield to their controlling advice. This is obvious in every calling, whether mechanical, commercial or professional. How beautiful is this law of association, and, when rightly applied, how beneficial in its combined results! In no instance, however, can this principle be more appropriately illustrated than by the union of those who, exercising the duties of a noble profession, are called upon, day after day, to minister to the suffering wants of humanity, to discriminate disease and remedy its effects, prolong life and renew age, to reconstruct and build up the shattered constitution of thousands who, but for the medical adviser, would totter, peradventure, into a premature grave. I do not propose to moralize, but I am persuaded that if the necessity for associated union for the declaration and expansion of new ideas, theoretical and practical, is to be found in any class of society, it should most assuredly be recognized among those who are engaged in the practice of medicine.

Do you wonder, therefore, that some means are proposed to identify more satisfactorily the interests of our western medical brethren and establish a bond of fraternal union between them which must redound to their welfare and honor of the cause they represent.

Are you surprised at the action of the conference committee, which, agreeably with the expressed wish of an influential medical body, has, after impartial deliberation, reported in favor of a Western Academy of Medicine, and convened you together to consider the feasibility and decide upon its formation? Presuming, gentlemen, by your presence to-day, that you are prepared to sanction the action of the committee so far, and to be in favor of establishing such an institution, you must bear in mind that it will involve some energy and determination to insure its prosperity and secure the end desired. The invitation which you have received styles the organization the Western Academy of Homœopathy, but, while simply placing that at the head of the circular, the committee do not by any means insist upon its adoption. If, in the opinion of this convention, it be deemed advisable to adopt some other style by which to designate our new society, let it be done;

let us start in a spirit of unanimity; let union be our motto, union our strength; without it we shall be divided, with it we must and shall succeed.

But whatever plan may be decided upon, there are certain points in connection with this institution which must be carefully noted down. And first of all, it is desirable distinctly to remember that the creation of the proposed academy is not by any means intended as in the remotest degree antagonistic to the American Institute; on the contrary, it will seek to prove its worthy and useful auxiliary.

One great benefit derivable from the contemplated academy will be that its meetings will be held altogether in western cities and towns, thereby saving all that trouble, expense and time which far off members of the American Institute are unavoidably subjected to in attending its sessions in the populous cities of eastern districts. Indeed, as the report expresses it, there are many practitioners connected with the Institute who, laboring in new and sparsely settled districts of the great West, are deprived of meeting with their brethren on account of these inconvenient distances, all of which it is hoped will be obviated by our present action. With respect to the influences which must be inevitably brought to bear upon the cause of Homœopathy in the West, by means of the Academy of Medicine, it is impossible to calculate its importance. From all sections of the western country delegates will be present to make known their past experience, compare notes and decide a multitude of topics interesting and instructive to the profession at large. It becomes, therefore, the duty of every Homœopathic practitioner throughout the West to enroll his name as a member of the academy, and by his personal influence and liberal support endeavor to advance its best interests, regarding its existence not simply as a want to be supplied, but as the highest possible compliment which could be paid to the great doctrine enunciated by Hahnemann as based upon the fundamental law of *Similia similibus curantur*, and indicative likewise of the unprecedented progress and eminent results achieved by Homœopathic science since its birth. We have no doubt of success, but entertain every

hope that our efforts will be prosperous, for, while recognizing the untiring perseverance and plodding industry which has elevated not alone the American Institute, but other eastern associations of kindred nature, we can not but admire the undaunted pluck and liberality of sentiment which so strikingly characterizes our western people. The moment it becomes apparent that a certain essential is requisite for the attainment of any worthy object, it signifies not of what nature, there is a degree of unselfish, warm-hearted interest manifested, the more praiseworthy from its very impulsiveness. It is from this enviable source that the majority of our western institutions spring, and flourish as they grow. Of course there are exceptions to every rule, but, happily, where the cause of enterprise and education are concerned they are comparatively few. We have a greater variety of individual elements to contend with on this side of the Mississippi than our neighbors on the eastern shores. The tide of emigration, though surely and rapidly advancing westward, necessitates an experience with those hard and rugged lessons which all new settlers are as a rule compelled to learn. Hence it requires more time, more energy, and more unyielding courage to brave the storms and clear the way before the sunshine of prosperity dawns, or "the wilderness rejoice and blossom as the rose." These are the characteristics which are training our western inhabitants to that liberality of thought and depth of sentiment which so peculiarly characterizes them and inspires with a largeness of heart and nobility of soul boundless as the broad prairies over which they are scattered, and deep as the mighty river which flows onward to the sea. This is not an overdrawn picture; it is the veritable truth; if it were not, I should not have the confidence to address you now with reference to the subject before us, but relying upon your experience and knowledge of what is required of your hands for your own good and that of the cause you have espoused, I can not hesitate in my duty or relinquish the belief that you will see the importance of immediate action looking to the advancement of your favorite science.

## AFTERNOON SESSION.

The convention was called to order by the temporary chairman.

Dr. E. C. Franklin, Chairman of the Committee on Constitution and By-laws, reported and submitted a constitution like to that of the American Institute of Homœopathy, also a set of by-laws for the future government of the academy.

The different sections of the constitution and by-laws were read separately, and adopted seriatim.

Some little discussion took place as regards who should be admitted to the academy, and whether the name of applicants should be submitted to the Committee of Censors or to the members of the academy. It was finally settled that the Censors should pass upon the qualifications of all applicants.

The convention then proceeded to the election of permanent officers. The election was made by ballot which resulted as follows:

President, Dr. M. M. Marix, Denver, Colorado;  
Vice-President, Dr. Geo. H. Blair, Iowa;  
General Secretary, Dr. Ferd. C. Valentine, St. Louis;  
Provisional Secretary, Dr. W. C. Hempstead, Illinois;  
Treasurer, Dr. R. H. McFarland, Kentucky.

## SECOND DAY.

Dr. E. C. Franklin, St. Louis, presented a large number of letters from physicians throughout the country, regretting their inability to be present; but enthusiastically supporting the movement and requesting to be enrolled as members.

Dr. E. C. Franklin alluded to the climate of Colorado in relation to pulmonary diseases. He understood that a sanitarium was about to be established in Colorado for the benefit of patients suffering from diseases of the respiratory organs, and, in connection, offered a resolution requesting Dr. Mayer Marix, president of the academy, to deliver a lecture on the subject.

The president acknowledged the compliment and promised



to prepare a paper to be read before the academy, and such others as might be interested.

On motion of Dr. Franklin, the secretary was instructed to cast the vote of the academy for Davenport, Iowa, as the place of holding the next annual meeting.

Dr. W. C. Richardson, St. Louis, moved that the academy publish a medical journal in the interests of Homœopathy.

Several members expressed their opinion on the subject.

Dr. Franklin spoke in favor of establishing a monthly periodical in St. Louis. It was his intention of starting such a journal, containing a digest of the most important facts connected with Homœopathy and, if the proper support was given, he promised to start such a journal.

A resolution was passed pledging the support of the academy in so desirable an enterprise.

Upon invitation of the academy, the president, Dr. Mayer Marix, of Denver, explained the object of the sanitarium about to be established in his city. It was to supply patients who go there with a leisure, where they might receive proper care and food without being subjected to the inconvenience of a public hotel. It is to be under the care of Homœopathic physicians and devoted to the treatment of diseases of the respiratory organs. The estimated cost of buildings and furniture will be about \$100,000.

On motion of Dr. Geo. H. Blair, Iowa, Dr. E. C. Franklin was appointed orator of the Western Academy of Homœopathy for the year 1875.      FERD. C. VALENTINE, Sec.

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### **Champlain Valley Homœopathic Medical Society.**

The regular quarterly meeting of this society was held at the office of Dr. C. B. Currier, in Middlebury, Vt., August 4th. The meeting was called to order by the President. The re-

port of Dr. Currier, as delegate to the American Institute of Homœopathy, lately held at Niagara Falls, was then in order.

This was the most successful and best attended session that the Institute ever held, several hundred physicians having attended, and many of them accompanied by ladies. Delegates were present from twenty-one States, and the Province of Ontario, and all felt that it was a profitable meeting. Dr. W. H. Holcombe, of New Orleans, was chosen President for the ensuing year, and, in his speech of acceptance, said that he considered his election to be a sign that the profession North and South were to work together as of old.

Upon recommendation of the Board of Censors, the following gentlemen present were elected members: Drs. F. W. Halsey, of Port Henry, N. Y.; E. T. Crafts, of Middlebury, and G. R. Sanborn, of New Haven.

A letter was then read from Dr. H. R. Stiles, Superintendent of the State Homeœopathic Asylum for the Insane, at Middletown, N. Y. This hospital, the first of the kind in the United States, was opened for the reception of patients March last, since which time some thirty patients have been received. The formal opening took place June 18th, when a brilliant assemblage of ladies and gentlemen well-known to the Homeœopathic world met to listen to the eloquent address by Hon. A. B. Conger, of Haverstraw, and to enjoy the handsome collation prepared by the asylum cooks. Since the opening of the asylum there has not been bought, borrowed or used a grain of chloral, bromide of potassium, morphia or any so-called sedatives or nervines; their place has been more than filled by the Homeœopathic remedies, much to the surprise of the attendants who come from Allopathic asylums. Every endeavor is made to bring all pleasant and homelike influences to bear upon the patients, the halls and rooms are beautified, even in the violent ward, with books, papers, music, flowers, birds and attractive table service, while the dietary has been pronounced a "model" and "well founded on good physiological laws," by Dr. John Ordronaux, State Commissioner of lunacy.

Dr. E. T. Crafts, of Middlebury, read an interesting and carefully prepared paper upon "Broncho-Pulmonary Catarrh" which was accepted with thanks by the society, and a long discussion of the subject followed, and various cases of interest to the profession were also presented by the members.

The society then adjourned, to meet at St. Albans, on Tuesday, Nov. 3d, at 10:30 a. m.

SAMUEL WORCESTER, Rec. Sec.

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## Theory and Practice.

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**Brown-Sequard's Blunders.** By J. P. Dake, M. D., Nashville.

The facts submitted by a scientific investigator, regarding a subject of inquiry, and the conclusions he may arrive at, either in the direction of philosophy or of practical operations, should be well considered by him before coming into the possession of the public.

In reading the lectures delivered at the Lowell Institute, Boston, last spring, by Dr. Brown-Sequard, on "Nervous Force," I was astonished to come upon some statements and opinions altogether at variance with well-known facts and principles.

After explaining, very satisfactorily, how nerve force dwells in nerve cells and fibers, and is manifested only in nervous actions, the lecturer seems to leap over a series of facts, jumping to a conclusion, which he calls

"A DEATH BLOW TO ANIMAL MAGNETISM"

He says: "The great question is, whether the boundaries of the nervous system are also the boundaries in health of

that nervous force. In other words can the nervous force spring out of the nervous system to produce some action. As regards this I may say, there are no facts to prove it. You can easily understand that if I am right, this is a death blow to animal magnetism."

Now no one, so far back as I am informed, has ever thought of calling the peculiar force, which has its dwelling place and laboratory in the nerve cells and fiber, the nervous force still, when acting beyond the boundaries of the nervous system.

Nor am I aware, that any advocacy of animal magnetism, has been exclusively based upon the assumption, that the nervous force can "spring out of the nervous system to produce some action."

The learned lecturer, a little further on, has given examples of the nerve force in action, beyond the physical limits of the nervous system.

He says it then acts as electricity, as a chemical agent, etc.

The convertibility of the nervous force admitted, what, I ask, has become of the "death blow to animal magnetism?"

If that nerve force can spring out of its nerve cells and fibers, and act as a motor force in one direction, and as a chemical force in another, and electrical force in a third, what should make it impossible or improbable, that in a fourth, it might so leap out and act as an animal magnetic force?

There certainly are abundant facts to prove that a force of some kind, under certain conditions, goes from one person to another, giving rise to very distinctive phenomena, whether, that force is the *vis nervosa*, or something else, and whether in its ultimate action, it be called animal magnetism or something else.

The lecturer must abandon his own premises and his own teachings, as to the properties and influences of nerve force, before his "death-blow" can be effectual; and if, henceforth, he should count animal magnetism among the slain, he may, like Macbeth, come to believe in "ghosts."

But a more palpable blunder was made by Dr. Brown-Sequard in his reference to the action of strychnia in cases of paralysis.

He says: "In these cases strychnia is used with more effect. I will say that if Homœopathy has any foundation at any time—though I most certainly believe it has not—it certainly has no value in these cases. Strychnia must be given in great doses to affect paralysis."

Starting out under the momentary inspiration of the truth, the lecturer was evidently going on to say, that, if Homœopathy ever has any foundation in fact, it is in the removal of paralysis by strychnia; but, as if afraid of the truth, he catches himself up in the parenthetic exclamation—"though I most certainly believe it has not"—and then proceeds deliberately to stultify himself, as a medical scholar, by the assertion—"it (Homœopathy) certainly has no value in these cases."

All the writers, in the Old School, of any note, recognize the principles expressed in these terms, Antipathy, Allopathy and Homœopathy, and claim to follow, in practice, whichever may seem best for the patient.

In prescribing ice for inflammation, and astringents for diarrhoea they are antipathists.

In prescribing vesicants for neuralgia and cathartics for rheumatism they are all allopathists.

And in prescribing belladonna for scarlet fever and strychnine for paralysis they are homœopathists.

Their motto has been "no exclusive dogma"—(*but all dogmas alike, and ad libitum.*)

Both in theory and in practice Homœopathy has thus been acknowledged, as having some "foundation in fact;" and hence the foolishness of Dr. Brown-Sequard, in saying before a Boston audience—"I most certainly believe it has not."

Orfila, Olivier, Marshall, Hall, Copland, Todd, Pereira, and all other writers on the poisonous and medicinal effect of strychnia, who value their reputation, agree that it induces *motor paralysis in the limbs of well people*; and who will venture to deny that, *it cures that form of paralysis in the sick?*

If the homœopathicity of this potent drug, to paralysis, were not already clear I would point to the language of Dr. Pereira, the most eminent allopathic writer on materia medica, where he says—"In general, strychnine first displays its remarkable influence on paralytic limbs."

But, as if too well aware of these facts, and anxious to find some other ground for his denial of credit to Homœopathy in the cure of paralysis, the learned lecturer asserts—"Strychnine must be given in great doses to affect paralysis"—evidently meaning that, the action of the drug can not be homœopathic because the doses required are great.

It is hard to tell now, in which he appears the more deficient, in a knowledge of Homœopathy or the teachings of his own materia medica.

He ought to know that the term Homœopathy and the principle represented by it, refer to the character and not the quantity of a medicine employed in disease; and that they point out simply the relationship which the drug symptoms must bear to those of the case in hand, that a cure may result.

He should know, that small doses are not necessarily homœopathic, nor large ones allopathic.

And the merest tyro in medicine should know, that if strychnia must be given in great doses to affect paralyzed limbs it must be given in much greater doses to affect limbs that are not paralyzed.

The difference is made by a decrease in the power of resistance, the diseased parts being already under the influence of a morbid force similar to that of the drug employed.

The gratuitous and surprising efforts of the lecturer to flatter the prejudices of old fogyism in Boston, led him into blunders, not at all creditable either to his scholarship or his magnanimity. But let us accept his own explanation and apology, uttered in advance, at the opening of his first lecture at the Lowell Institute.

He said: "Physicians unfortunately—I speak of myself as well as of others—are biased. Their bias prevents progress. They have received an education which has given them certain notions, and those notions prevent a free examination of certain questions."

The case of "bias," exhibited by himself, so soon after the utterance of this explanatory language, was of an aggravated character. It certainly had prevented "a free examination" of Homœopathy and given him a most distorted view of well-

known facts. Such a "bias," while a sin in the private individual, must be looked upon as a *flagrant crime* in the public instructor, who essays to mold the opinions and to govern the practices of the world.

To what extent, I must inquire, has this terrible "*bias dyscrasia*" influenced the other teachings of Dr. Brown-Sequard?

And in the minds of a discriminating public, how must it affect the reliability of all the facts and opinions he may furnish?

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**Discussion on Dr. Stuard's Paper.\*** Reported by Charles E. Fisher, M. D.

Dr. Owens: The poisonous effects of opium are exactly opposite to those of belladonna, and each are well-known antidotes to the other. It would therefore have been much better treatment to have given belladonna or atropia in these cases, and thus antidoted the effects of the narcotic.

Opium causes paralysis of the pneumogastric nerve, and a contraction of the circular fibers, affecting prominently the iris. The effects of belladonna are dilatation, whereas opium causes contraction and in narcotic poison it can be given with safety until dilatation of the pupil commences, and then it is useless as your patient is safe. In one case I had, a

\*Dr. Stuard read a very interesting paper, detailing two cases of poisoning by opium treated by him; one a small child the other an adult. In the former case, he used a Davidson or Essex syringe; first removing the metallic attachments at the extremities. First he pumped in a quantity of water, after running the tube down the œsophagus, and then reversing the ends he pumped out the contents of the stomach. In this novel way he cleared the stomach of whatever poison remained in it. In the latter case he gave bell. tinct. to antidote the effects of opium. Both cases recovered. We regret we were unable to procure Dr. Stuard's paper to publish in connection with this discussion.

gentleman had taken an ounce of laudanum, and during the antidotal treatment, he took, in all, two and one-half grains of atropine and recovered, no other treatment being used. I used the tincture of belladonna in the treatment of a little child, poisoned by laudanum taken in place of Godfrey's Cordial, with the most satisfactory results. I am of the opinion that belladonna or atropia will antidote the different preparations of morphia every time. I would call attention to the homœopathicity of opium in rigid os uteri, and strangulated hernia, owing to the contraction of the circular muscular fibers caused by it. I have found its use attended with good results, in all the cases in which I have employed it.

The primary effects of opium last generally about sixteen hours, first becoming prominent about two hours after administration, when given in poisonous doses; but its effect in the ordinary medicinal doses lasts about four hours, while the antidote effects of belladonna or atropia continues six or eight hours. You can therefore antidote opium with these agents, even six or eight hours after the administration of the narcotic, although of course the earlier the better.

Dr. Walton: I would hardly expect any very satisfactory results from the emetics administered, as the laudanum is somewhat if not wholly absorbed in the course of an hour after its administration.

Dr. Owens: That depends a great deal on the condition of the stomach at the time, and not unfrequently have traces of the narcotic been found in the stomach ten or twelve hours after the poison has been taken.

Dr. Stuard: The theory of belladonna antidoting opium is still a matter of controversy, and I would dislike very much to trust to it alone, in narcotic poisoning. In the case of the infant poisoned by laudanum I used it without effect, giving fifteen drops of the tincture.

I deem it advisable, if at all possible, to evacuate the stomach, although it might be well enough to use the belladonna also. In both cases reported the subjects were thoroughly narcotized, and the pneumogastric nerve paralyzed so that all emetics administered were utterly useless.



Dr. Owens: It has been a well established fact for many years that belladonna is a safe antidote to narcotic poisoning. Its physiological action is exactly opposite that of opium, hence its usefulness. Cases of its efficacy are numerous, and it can not be questioned.

Dr. Wilson: Many medical men worship false gods in the shape of certain axioms laid down by somebody as infallible. One of these old time axioms was that mercury had a specific effect in its action on the liver. The time was, when it was treason to doubt it. But the fallacy has been exploded, and that particular axiom ruled out. But then if mercury had not this specific effect podophyllum certainly had. This is another supposed axiom, and it is being rapidly exploded. Another of these axioms is, that belladonna is a certain physiological antidote to opium, and I don't believe it has any right to be so considered. Suppose you would mix the two what would be the effect? Would the belladonna antidote the opium, or *vice versa*, or neither? When taken in the blood, the opium rushes on, and either paralyzes or irritates the the nerve center, when on comes the belladonna and, strikes another blow and a cure is effected on the principle that two wrongs make a right. This is one of the fallacies of medicine, and instead of trusting to the use of belladonna alone, I should vacate the stomach, if in the earlier stages, and send fresh blood to the parts by exercise, whipping with twigs, or by any other means which would answer the purpose. I doubt the fatality of the dose of morphia taken by the child, and think with the treatment it received recovery would have ensued anyhow.

The improvised stomach pump, was a good thing, and I heartily commend its use.

Dr. Owens: In our works on toxicology, among the many antidotes given for narcotic poisoning, belladonna occupies a foremost place, and the certainty of its antidotal effect are well established. I can see no reason why medical gentlemen should not accept as true, well proven and authenticated facts.

I am of an inquisitive turn of mind myself, and generally do not accept as true, statements not well established; but I

can see no reason why truth can not be accepted, and not necessarily denounced promiscuously.

I think the amount taken in both these cases quite enough to produce death, and am surprised to hear Dr. Wilson express any doubts of it. I also sanction the use of the stomach pump where no antidotes are given, but would greatly prefer the use of belladonna.

Dr. Marvin: Would Dr. Owens, having taken half an ounce of laudanum in mistake, be content to trust to belladonna for his life.

Dr. Owens: I should use emetics and evacuate the stomach, but consider belladonna the only safe treatment after absorption of the poison has taken place.

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**Prunus Spinosa; Its Action on the Eye. Clinical Results.** By  
Geo. S. Norton, M. D., Resident Surgeon, N. Y. Ophthalmic Hospital.

Dr. O'Connor of this city, formerly of Washington, was, I believe, the first to bring this remedy into notice in the treatment of eye troubles, characterized by severe pains, (N. Y. Journal Hom., Nos. 8 and 9, Vol I.) He says he has used it in the following cases. Two cases of choroiditis in myopic patients with sclerectasia posterior and fluidity of the vitreous with floating opacities in it (hæmorrhagic.) One case of irido-choroiditis, no fluidity of the vitreous and no floating opacities. Another case of irido-cyclitis with anterior synechia and also once, in an old lady, aet. 76, who had paralysis of the right side, and cornea nearly opaque with excessive congestion of the superficial and deep vessels of the conjunctiva and sclerotic. "In all these cases the indication was the pain which was of a crushing or wrenching or 'pain as if

pressed asunder.' I would illustrate it by enclosing an apple between the two hands, and holding fast with each, turning the hands in opposite directions on the same plane, and the apple is literally 'pressed asunder.' Apply this proceeding in imagination to the eye ball and any pain that will convey the above idea to the doctor's mind will be the indication for prunus. I didn't get it exactly in all the cases but nearly like it, was 'wrenching' or 'as if turned inside out' (the eye ball itself) or simply 'crushing pain' etc."

All these cases were in the right eye only. The doctor used the 2<sup>m</sup> Finck, which in our case acted better than the 30th or 200th but equally well with the tincture.

Dr. Plimpton showed me the following case, occurring in Dr. Hill's clinic in this hospital. A man about 50 years old, came to the hospital about two months ago for treatment of his eyes.

Upon examination with the ophthalmoscope, a well marked disseminate-choroiditis was found especially marked at the macula lutea, deposits of pigment were discernible on the retina and the vitreous was hazy. L. V.=10-100, R. V.=10-40. This condition continued for three or four weeks when he was attacked with severe sharp pains in the head above the eyes, extending down into the eyes, also a sharp pain going back into the head; vitreous quite hazy; mist and spots before the eyes "past counting." Prunus 30th was given, and in a few days he returned saying the pains were entirely relieved in the right eye and much better in the left, also that the spots had diminished until only three remained. Ophthalmoscope showed the fundus of the right eye clearer. L. V.=10-100 but clearer than before. R. V.=10-20 the patient still under prunus and improving.

I have used this drug for the past year in several cases with marked success and believe it to be a very valuable remedy in diseases of the eye (especially when involving the internal structure,) when accompanied by the characteristic ciliary neuralgia, etc.

Will only mention nine cases where its effect was very marked.

Case I. Girl, aet. 16, had superficial keratitis of the right eye, caused by a deposit of lead in the cornea. After treating her some little time, was attacked with sharp darting pains in the eye going back into the head. Worse in the evening. Prunus 30th was given with immediate relief which lasted for two weeks when it returned. The lead was then taken out and soon after the patient ceased her visits.

Case II. Woman aet. 26, eyes very myopic, requiring a concave 4 glass; marked posterior staphyloma with atrophy of the optic nerve and choroid. For some time has been troubled with great pain in left eye as if the ball was pressed or squeezed, also sharp pains through the eye ball back into the head, worse on motion, and relieved in the open air. These pains seem to be paroxysmal, coming on at any time during the day. Prunus 30th immediately relieved the above symptoms, and three months afterward, she had had no return of them, though of course, the condition of the eyes remained unchanged except that they felt stronger.

Case III. Girl, aet. 19, has pustular keratitis producing sharp darting pains through the eyes, followed by lachrymation and worse the forepart of the night, accompanied by ciliary neuralgia. Prunus relieved the above pains, but did not improve the condition of the eye. (Arsenicum relieved the disease.)

Case IV. Woman, aet. 21, has sclerectasia with M.=1-12. Ophthalmoscope reveals some hyperæmia of the fundus with thinning of the choroid in addition to the crescent around the optic disk; troubled with "blacks" before the eyes, and sharp pain through the left eye, darting through every half hour or so. Prunus 30th relieved permanently the above symptoms so far as known.

Case V. Woman, aet. 25, posterior staphyloma with M.=1-16. Had been affected for some time with pain across both eyes and up into the temples; worse in the afternoon and on motion and better from lying down and resting the eyes. Pain often going back into the eyes and sometimes has pain shooting up from behind the ears on both sides. Prunus

has relieved the above two or three times, temporarily, and the attacks are growing less frequent.

Case VI. Woman, aet. 21, is hypermetropic and has been troubled for a long time with ciliary neuralgia. The pains are sharp, darting from the outer canthus, going above, below and around the eye and are paroxysmal coming on several times a day and extending from one eye to the other. Prunus 30th was given, after which she had no return of the attack.

Case VII. Woman, aet 32, chorio-retinitis, is subject to neuralgia and for years has been troubled at times with numbness, and congestion of blood to the head with vertigo. Four weeks before coming for treatment she had noticed black spots floating before the eyes on moving them. Ophthalmoscope shows the retina hazy and inflamed as well as the choroid, retinal vessels very tortuous, disk hyperæmic, opacities in the vitreous, etc., R. V.=20-70. L. V.=20-30. Bell. was first administered with some improvement so that R. V. =20-50, L. V.=20-30. But soon she again grew worse; the sight became more blurred and the opacities in the vitreous more marked, and appeared to her as large spots of various shapes. Was now attacked with sharp pains in the temples restlessness at night, etc.

Prunus 30th was given with entire relief of the pain and disappearance of the opacities in the vitreous within three weeks at which time R. V.=20-40, L. V.=20-30, and one or two letters of No. 20 could be distinguished.

Case VIII. Man, aet. 26, paresis nervous abduceus. Over nine months ago had intermittent fever for which he took large doses of quinine. This was immediately followed by severe neuralgic pains on the right side of the head coming over from the back of the neck, also similar pains in the right breast; these continued until nine weeks ago when his eyes began to trouble him with double vision. Examination showed partial paralysis of the right external rectus muscle. Now has severe sharp pains commencing in the inner canthus of the eye and shooting from there up into the right side of the head, are much worse at night and slightly ameliorated by

pressure. I used the constant current on the affected eye and gave prunus tinct. This gave him the first relief he had had from pain for months and continued for two weeks, when the pains returned this time prunus, in neither high nor low potencies, would relieve him. The patient was now lost sight of.

Case IX. Woman, aet. 29, neuralgia ciliary. Five years previous to my seeing her, had received an injury on right side of the head by being pushed against an iron railing, after which she suffered with much pain for two months, when it ceased and did not trouble her for two years, except occasionally; but for nine months has not been free from pain in the right eye at any time. When the pains are very severe, the eye becomes inflamed, which is the condition in which it has been in for the past two weeks. Considerable injection of both the sclerotic and conjunctival vessels in the lower part of the eye is now present. The pains are sharp and shooting and seem to run around the head and down back of the right ear, also sharp pain around and in the eye balls which feel sore; the pains are relieved by warmth. Prunus tinct. was given and, after using for three days, the pains had entirely ceased, and the redness disappeared. This continued for over two months, when she had a slight return of the pain which prunus again relieved.

From these cases it will be seen that this drug is a very important remedial agent in ciliary neuralgia, when characterized by sharp shooting pains through the eye ball or around the eye and up into the head, as well as the "pain as if pressed asunder" described by Dr. O'Connor. I have given it in several cases where it has proved of temporary benefit, but has produced no permanent improvement, which has led me to suspect that its action is soon exhausted. Whether this is so or not remains for future experience to show.

**Cerebro-Spinal Meningitis.** By A. P. Macomber, M. D.,  
Hackensack, N. J.

In February, 1873, F. H., aet. 9 years, had been sick 48 hours. When called to him had been semi-unconscious for 12 hours. He was lying on right side, head thrown back at an angle of 45 degrees; pulse 90; pupils dilated; mouth wide open; carpalgia. Gave hyos. tinct. ten drops in four ounces of water, teaspoonful every fifteen minutes, and directed spray of sul. ether to be constantly applied to back of the head and neck. After 12 hours began to return slowly to consciousness; continued the same medicine every two hours, also the spray of ether. In 3 days, he had improved so much that he was anxious to sit up in bed. Five minutes of trying to hold his head erect satisfied him, and was followed by a relapse. Six hours after this, when I saw him, the only sign of consciousness was, that on touching him anywhere, he would cringe as if it hurt him. Gave arnica 6th dilution. In six hours he asked for food, and improvement continued for two weeks before he was allowed to raise his head from the pillow. In four weeks he was well and has remained so since. Gave arnica at 6th for three days, then at 30th until well. Sul. ether spray was used night and day for two days, then at intervals for eight days.

**Professional Honor.** By A. B. Duncanson, M. D., Chicago.

There has been a time in the history of medicine when this conservative of gentlemanly feeling and action existed, but it seems to have died out. The competition in business, which necessarily arises when the demand is small and the supply large has begun to be felt in the department of

medicine. The time has been when doctors were scarce and the demand for their services considerable, when professional men did not jostle each other as they seem to do now. Even in such times a gentlemanly man will be a gentleman in spirit, feeling and in action. No demand in business will bring him down from what he feels is due to his manhood and station in life. These principles are born in him—he is one of nature's noblemen. There is a class of men (to call them gentlemen would be a misnomer) in the practice of medicine whose instincts are low and whose practices are accordingly; water will rise to its level; so do these men, but the level is very low—it is "bred in the bone and difficult to come out of the flesh." The practice of medicine, although elevating in all its bearings, never seems to elevate these men a hair's breadth. They enter it with low tendencies, pursue it with low practices, and end where they began. A hog will be a hog, feed him on what food you please and place him where you think proper. If you were to take him into your parlor, he would live and die the same! He is in esse a hog and in posse all his actions correspond. There is a comity that unites all well-bred men together; it forms the bond of polite and gentlemanly society. We occasionally find men whose conduct gives the lie to this fact, and who seem to be possessed with such stark-naked selfishness that staggers one's belief in the continued advancement of man towards a higher civilization, and starts the idea that we may be retrograding while we plume ourselves on our advancement. We have lately had an instance of this in a professional brother which started our pen to indite a few words on the general topic. We lately attended upon a child under atrophica. The child had been sick from the hour it was born, small puny, voice gone to a feeble whine. After careful attention and the utmost watchfulness, the child paid the debt not of nature, for it is a libel on nature to charge her with it, but of a previous ill-asserted marriage and diseased parentage. When the child came to be buried, our medical compeer, professional brother and titled follower of *Æsculapius* went to the funeral, a thing which we have never done, and



stated that "had he been called **HE** could have saved the child." The declaration was made in the presence of the mother and several neighbor ladies. We consider such actions dishonorable; beneath the dignity of a gentleman, and certainly uncourteous on the part of one physician toward another, and especially so when he happens to be of the same school and living in the same neighborhood. It was viewed as dishonorable by the mother of the child and resented it as an insult to herself and her physician; to herself that she could not choose who should attend to her child, and to her physician that he had failed to do what his neighbor professionalist could have done. The reward of such conduct is always the same, it gains nothing for the physician who tries it, but exposes his ill-breeding and general baseness of character.

It is to present a few of those dishonorable actions physicians show towards each other in their practice, that is the object of the present billet. It is our own fault as a profession that such actions have not been rendered impossible long ago. Our code of morals is not close enough. For a man to act such a base part toward his medical brothers ought to exclude him from the pale of professional courtesy and all connection with county or state society; a sincere repentance and abjuration of such conduct being the only ground of re-instatement.

First. Putting up friends of the parties to intercede with them to take the patient out of the physician's hands and give the case to themselves. Is this not dishonorable? It may be said without hesitation that there are very few men who practice medicine to whom this has not been done.

There may be cases where a man may have mistaken his profession, and where driving a team, a plane or a plow would have accorded better with the developments of nature. In such cases to advise a change of physicians may be an act of wisdom, but such are not the cases we mean. The cases we refer to are those where everything is going on well under a legitimate practice, but your neighbor with a selfish desire to possess a dollar or two undermines your professional statue and seeks to ingratiate himself. He

can not do it openly, but he does it covertly through the friends or relatives of the patient, cares not what may be the loss to you provided it is gain to himself. Such a man is a hog it matters not what may be his style of living or reputation—we judge him by his faults—and he ought to be unmercifully dealt with by every state, county or city society of which he may be a member and excluded.

Secondly. Representing other physicians as ignorant. This is often done! It is generally conceded that the public have a right to choose whom they please to attend as physicians—they then, I suppose, are the parties to judge who are enlightened and who are ignorant. If they are not to judge, they have at least the paying to do—it has always been thought that those that paid the fiddle had a prescriptive right to dance, so have the public to judge. It is a mark of self-ignorant egotism for any man to say that another is ignorant, it takes for granted that he himself is intelligent, which is by no means proven by his charging another with ignorance. It may possibly, among non-discerning people, gain some advantage and secure an occasional patient, but with the intelligent it will stand against the man who uttered it, and be an obstacle to his professional employment. You say this is surely not done! Why, it is of common occurrence, and by men who are sticklers for professional dignity—to go deliberately and slander their neighbor and destroy his business is a daily employment. Such men should be publicly tattooed and their names placed before the faculty with an interrogation point behind them!

Thirdly. Deputing their wives as a special committee of one to visit the patients of another physician and advising them to send for her husband in preference to the family physician as he will be sure to cure. This is alike contemptible and hoggish—it is a piece of medical jesuitism—of inquisitorial Paul Pryism, beneath the dignity of any well educated man. It is a painful fact that no amount of education will make some men gentlemen, and they are hogs positively, comparatively and superlatively! How mean, how despicably mean! What a dastardly piece of conduct to have your wife priva-

teering and buccaneering on the interests and patients of others. She insinuates herself with all the craft and cunning seven times dyed. "How do you do Mrs. so and so?" "Do not speak, my dear, I see you are very sick; how pale you look; this is a serious attack; have you sent for your mother? what does your husband think? he must think he is going to lose his wife;" "what doctor have you got?" This was the point, but artfully covered up, that all the mission was undertaken for. "I have Dr. Æsculapius." "The doctor is a very fine man," says the cunning female, "but you know he has no reputation as a doctor." This is the fatal stab. "Why, you know he attended on Mrs. Blank and she died, and the Browns and Mrs. Grundy, and poor woman she lived two days after the Doctor saw her; I would not advise you to retain him longer. "Who will I get?" This is the sought for opportunity—what a pity that some people did not live in the days of the inquisition, they could have obtained employment at remunerating rates—"well, my husband is a physician of great experience; we have all the best practice in our neighborhood; you would be perfectly safe in his hands. "I do not wish to part with my present physician." "You do not wish to lose your life, do you." "No! then I advise you to change physicians whether you employ my husband or not (this to smooth down suspicion) but if he attends upon you, you are safe, he will bring you out all well." How miserably low must the man have sunk that sends his wife out on such an errand—it is practiced all around. The man who does this should be pillored. Here is a chance for some county or state society to make a few martyrs out of men who employ their wives in this way. They ought to be unmercifully cut off from all professional rank and medical association connection. You say "such men cut themselves off," there are men who do this that stand high! Do you say *cui bono*. They are profited, they fill their purse by robbery from their brother. Such is the miserable ignorance of the public that a designing, artful, jesuitical woman of this kind can do and does do great damage. How do you account for the practice of some "sap-heads" in the profes-

sion, who never had the individual personalized power to secure a single patient succeed so well, here is the secret, look at his female partner and you can see cunning and deceit sticking out of her face. Avaunt! such meanness and contemptible conduct. If a medical man has not the mental power to arise and stand on his feet, let him remain forever fallen! Who would have the smallness of mind to stand on the shoulders of his wife! Such men shame any position, but they are sadly out of place among doctors, among whom stand the wisest and best men of any age! These may be times of women's rights, but this is woman's felony on the rights of her neighbor.

Fourthly. Using the influence of the clergy to increase their practice. This is another example of consummate meanness. We once knew a case where not only was the practice encouraged, but the fees collected by the priest. If A failed to pay the doctor, or B did not toe the mark, they were publicly denounced from the altar and compelled to go up to the captain's office and pay. This may be handy to the man who is mean enough to employ it, but it is a contemptible exhibition of humanity. When religion and the pulpit are prostituted for such purposes the church is in a bad fix; and yet the whole agency of the church is sometimes wielded just in this manner, in favor of one doctor to the prejudice and injury of another. It is not done in public, but it is done by the sly insinuations of the preacher in private. There is a great deal of power that can be used in this way. A cunning, crafty woman, obtaining the ear of a clergyman, can, by positive declaration, perhaps a slight tinge of falsehood, do much to advance the interest of her husband, and by negative statements destroy the business of his neighbor; but generally these chickens come home to roost. Clergymen should confine themselves to their legitimate duties, which do not seem to us in any sense the recommending of one physician to the prejudice of another. The people are competent to judge and should be left to do so.

Fifthly. Dinner and tea parties to advance private practice. Tea is a great institution, it has been made the potent agency

in a great deal of mean work. It is one of woman's most facile powers in accomplishing her hidden and deepest schemes of female jesuitry. Has she an object to gain, or a purpose to serve, or a character to destroy, it can all be done through *tea*. By it she can concentrate all the talk in the neighborhood and focalize the scandal of the village, town or parish. Is there a doctor to raise or one to sink, it can be done *secundum artem*; the machinery is already and a cunning woman can do it, and do more to sink a man's reputation in one hour than he can do to raise it in ten years. You say is it possible? Have you ever lived in a neighborhood where it has been tried? The object to be gained is decided on, and now for the instrumentalities. Every place has its gossip, women who are eternally talking, whose meat and drink seems to be scandal—these are collected to tea, and when well soaked with the fragrant herb the subject is introduced, not directly, but as it were by accident on the part of the presiding spirit. "Is there much disease in your neighborhood?" "Yes, considerable, Mrs. Blank's children have scarlet fever and the Browns and the Whites"—"I hope they will employ Dr. Phillipot, Dr. Moustache is a young man you know, and we like a doctor of experience, and Dr. Scalpel is a stranger to us all, but dear me what a beautiful woman is Mrs. Phillipot! I do hope they will employ the doctor. The gossips have got the cue, and Dr. Phillipot is cracked up, while Moustache and Scalpel have to run the gauntlet and suffer the results. This is certainly done, and he is no gentleman who will employ such means to increase his practice to the prejudice of others. The only way to face up to tell this, when the proof is clear, is to exclude the party from the medical society of which he is member, or if not a member to publish the charge and the opinion of the neighboring faculty upon it in the village, town or county paper, or all of them. Let us have an end to this *china* plant influence.

Sixthly. Another dishonorable means to extend practice at the expense of other physicians is to give medical attendance and medicines free to certain women and families as special trumpeters in the doctor's behalf. This tells with considera-

ble power. I knew of one medical gentleman(?) who gave a receipt to a lady of \$61 00 besides much other practice that he had done for the same family to engage her as special trumpeter, which duty she performed with singular honesty and great perseverance, but after all the product did not amount to much. We have had the offer from influential parties in country towns that if all medicines and attendance was given free they would do something for me. In this way or something of a similar kind can all those cases of special anxiety to trump up the fame of a special doctor be accounted for. When you see a woman very anxious to herald the faculties of a doctor, please ask her "if she gets her medicine free." There are men of noble capabilities whose fame spreads as the simple result of what they accomplish—it is not of those we speak; but the fungous who spreads himself out by the suspicious and condemnable methods spoken of. If a man is a man, he will raise himself up by his success. It may take a little time and be up hill, but it will come; you can not possibly hold him down; he will rise to the top in opposition to all hindrances. It has always been a proof to me that there is a "snake in the grass," "a nigger in the woodpile" when women are seen busily engaged puffing up the ability of some doctor at the expense of others. She either gets her medicines free or she has got a present of a dress, or perchance a silk parasol. In what innumerable ways do thees females operate; they have more shapes than Proteus and more colors than the chameleon.

Seventhly. Another mean dodge frequently tried, by which one physician seeks to injure another, is by stating and getting the report circulated that the disease while simple is a very serious one and the patient is sure to die unless they get the very best help that can be got. Nervous women and nervous men of light moustache who part their hair in the middle are played upon in this way, and the doctor while managing the case in the most skillful manner possible, has it by this rascally means taken out of his hands. What should be the portion of the contemptible creature who does such a thing? Is there any medical hell hot enough to hold such a

scoundrel? If the women of our day were educated enough, and had their wisdom teeth cut to see through these rascals we might risk all without difficulty, but education is generally so scant that these cunning villians play this dodge with success and great pecuniary advantage. They know where the weak spot is and they take advantage of it. When education is a little more advanced the race of this class is run. They will not go to the male portion and discuss the case with them; if they did their little game would be up; they could not succeed; but it is always done through the women, as they can more easily dupe and deceive them. In this way we have lost repeated cases, and the rascal by his lying and villiany has reaped what we have sown. How smooth and oily is it all done. "How do you do madam; I hear that baby is very sick and likely to die; from what I know I fear the worst." "When did you see it?" "This morning, it seemed sleeping very sound" "Yes, madam too sound! it will soon sleep without awaking." "Do you think so Doctor?" Ah, the rascal, he knew better, but he was plying the jesuit oil to a plastic subject and he gained his point. The doctor in charge calls in the afternoon to see his patient only to learn that it has passed into oily's hands. How are we to punish these rascals. This will be done again and again in families where you are not well known, and where they have not learned to place implicit confidence in your skill: when this is the case these rascals have no chance. Our code of medical morals or ethics must be so altered as to take in all these cases and immolate the man who practice them. It is a painful fact that a doctor's manners often does more for him than his brains. A splendid carriage and team, and a darkey to drive, even if his wages are not paid, which is frequently the case, will do a great deal and obtain the entree into families where his mental capabilities couldn ever raise him; but it is the oily man, par excellence, who can speak meaningless twaddle by the cubic yard, in bulk, or by the hour, which in time takes down the ladies and obtains that which men of nobler mien, good parts and educational ability can not touch. We knew a brother who practiced medicine in Cleveland

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whose portly abdominal cavity, white neck-cloth and black suit were the only patent of therapeutical power which he possessed, and yet managed with the unthinking part of society to get up a paying and extensive practice. We know now a gentleman in Chicago, a "regular," whose practice is chiefly among the shoddy aristocracy, whose title to brains is very faulty, and who, in the ordinary walks of life, would be reckoned second or third rate, who has a large practice, his marriage and carriage doing for him what his brains could never have done, he being very scanty in the last particular. Oh medicine, how abused and traduced and betrayed by its own professed friends and practitioners!

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## Surgery.

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### **Cases of Intestinal Obstruction, Simulating Intussusception and Strangulated Hernia—Recovery. By Wm. Owens, M. D.**

Case IV. Mr. D. of Fort Smith, Ark., age 67, had been suffering from abdominal pains of a colicky nature for ten days, the last fourteen hours they had been of a most distressing character, attended with vomiting of stercoraceous matters. He was of constipated habit, and had for many years been afflicted with a reducible inguinal hernia, usually wearing a truss; but just previous to this attack had taken a long walk without it. After supper on that day he felt abdominal pains and attempted to force a stool, but without success; on going to bed he discovered that his hernia was down, he attempted but failed to reduce by the usual manipulations. After repeated attempts by raising the hips to a con-



siderable elevation the tumor disappeared in the abdomen, but the pain and vomiting continued. The next day he took a dose of cathartic pills which only tended to increase the vomiting. Exploration of the inguinal canal failed to detect any tenderness or other evidence of unreduced hernia. The pains in the bowels was referred to the epigastric and umbilical regions, and there was no pain anywhere of a circumscribed character to indicate a tumor of any kind; and yet it was very evident that there was an obstruction of the intestine somewhere. The history of the case would naturally suggest hernia constricted at the internal ring; but as said before a careful examination revealed nothing, impaction of fæces, intussusception or twisting of the bowels, either was possible and might have produced all these sufferings.

The physicians in charge acting upon the idea that it was impaction treated the case accordingly with poultices, injections to the extent of a gallon and a half at one time, several times repeated as he says. Opiates were administered to relieve suffering until the third day when a healthy natural discharge took place, and recovery was speedy and without interruption.

The points of interest, according to our view in the foregoing cases, consists in the complication of symptoms and obscurity that attended a diagnosis, in some as well as the happy result in all of them; and the further fact that a fifth case occurred in our city, a few weeks since, in all its important features resembling the cases here mentioned and in which the patient died. A hernia of many years standing had become strangulated, and it was thought successfully reduced, having been passed out of the inguinal canal and beyond the reach of the finger, and it was found constricted at the internal ring, which had been forced an inch and a half from its proper position, and that the constricted portion of the bowel five inches in length was found resting behind the peritoneum fascia transversalis and upon the external iliac artery. The gentleman lived twenty days after strangulation had taken place. The writer was invited to see the patient, in consultation on the fifth day, and after a careful examination of the inguinal canal could

detect nothing like a hernia, though the finger was pushed to the point where the internal ring should have been found, the entire canal seemed clear. A solid and somewhat doughy mass was felt to the left and over the umbilicus, a great degree of tympanitis, very little tenderness anywhere over the abdomen or inguina, no tumefaction anywhere; eructation of intestinal gas abundant, and stercoraceous vomiting; injections had been given freely, they were continued, white of eggs in sweetened water and beef tea were given instead of brandy. The vomiting ceased and less gas was thrown off. A diagnosis of impaction or obstruction was made, and, upon the whole, the patient seemed better for the next twelve days, and it was thought a favorable prognosis was indicated and by all hoped for. At this time an unfavorable change occurred which resulted fatally in forty-eight hours.

After death and before post mortem was commenced, four medical gentlemen and surgeons re-examined the inguinal canal for hernia, but nothing could be detected to indicate such a condition. Sections of the parts, however, disclosed a portion of the ilium six inches from its lower extremity, and about five inches in length, resting behind the peritoneum and fascia transversalis and upon the external iliac artery. This portion had passed through the internal ring and through the canal, but in returning, or forcing it back, the fascia and peritoneum were carried with it into the abdomen. These membranes having been dissected from the walls of the abdomen and pelvis, the gut was now permitted to drop down between the fascia and the wall of the pelvis, then rest upon the iliac artery lying behind the peritoneum and fascia, thus constituting a tumor of cone shape, the base of which rested upon the wall, pelvis and against the posterior surface of the pectineal line; the apex of the cone pointing upward, outward and backward. The constriction was very imperfect, and consisted of a few fibers of the fascia transversalis as it forms the internal ring. The strangulated portion was of dark color, greatly softened or gangrenous, and contained a small quantity of excrementitious matter. If these conditions could have been determined on the living subject, there

is no doubt that an attempt to operate for strangulation would have been advisable; but from the peculiar character of the case, and the remote point to which the internal ring had been pushed, in the attempt at reduction, it is extremely doubtful if any surgeon would have felt justified in pushing the knife into the abdomen so far as to have reached the point of stricture; failing in which, the chances for a favorable termination would have been greatly diminished, and in all probability, we should have had another case like the third mentioned, in which the operation failed, but nature proved sufficient, with this difference, that our case would probably have died and that one recovered. The hernia in that case was evident, the operation was imperatively demanded and performed, and as we have reasons to believe with reasonable amount of skill, but without success. The fourth case was more obscure, an operation of doubtful propriety as no definite point could be indicated; extremely hazardous, and, as the result proved, wholly unnecessary. In the last case the symptoms and condition were much like the others, only of a much milder type than either of them until the eighteenth day, with a good and vigorous constitution to rely upon, and after passing the third day it was deemed advisable not to operate, and yet it is an open question whether an operation would have relieved the party, or if it might not prove fatal in any event.

If an objective point could have been detected, it would have been within all the rules of surgery to have operated within forty-eight hours. After that time surgeons lay it down as a rule that the lapse of time proportionately diminishes the necessity and advisability of such means; claiming that if the patient survives three days in fair condition, the chances for recovery increase relatively with the lapse of time.

Such being the case, the counsel to refrain from operative interference was in conformity with the views of our most advanced surgeons; though the result should be the same as in this case, unless a clearly defined case for operative interference should arise thereafter.

The only operation that was deemed advisable by the surgeons in consultation to perform, was that of gastrotomy, un-

der the impression that intussusception or twisting of the intestines had occurred when the reduction of the hernia took place. This was opposed on the ground that no point could be indicated at which such a condition existed; and furthermore there had not been sufficient suffering and constitutional disturbance to maintain such a diagnosis. It was urged that there had been a general peritoneal inflammation, and that the abdomen was nearly full of serum, and that for that reason gastrotomy should be performed; this was opposed on the ground that such an operation would not, even in that case, be necessary, and the further and more conclusive reason that there had not, at any time, been such symptoms as would produce this effusion; and finally, no effusion could be detected in the abdomen. And finally a post mortem disclosed a condition not suggested by either of the physicians or surgeons who had seen the patient, and such an unusual occurrence as can not be found reported in any of our works on surgery.

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### **Trepanning in the South Pacific.**

A very surprising operation is performed on the Island of Uvea, in the Loyalty group. A notion prevails there that headache, neuralgia, vertigo, and other cerebral affections proceed from a crack in the head or pressure of the skull on the brain. The remedy is to lay open the scalp with a cross or T-incision, then scrape the cranium carefully and gently with a piece of glass until a hole is made into the skull down to the dura mater, about the size of a crown-piece. Some times this scraping operation will be even to the pia mater by an unskilful surgeon, or from the impatience of the friends, and death is the consequence. In the best of hands about half of those who undergo the operation die from it; yet this barbarous custom, from superstition and fashion, has been so prevalent, that very few of the male adults are without this hole in the

cranium, or "have a shingle loose," to use an Australian phrase. I am informed that sometimes an attempt is made to cover the membranes of the cranium so exposed by placing a piece of cocoanut-shell under the scalp. For this purpose they select a very hard and durable piece of shell, from which they scrape the softer parts and grind quite smooth, and put this as a plate between the scalp and skull. Formerly, the trephine was simply a shark's tooth; now a piece of glass is found more suitable, or less objectionable (if we may even so qualify the act.)—*London Medical Times.*

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### **Application of the Forceps.**

Dr. H. M. Sell, in the *Physician and Pharmacist*, gives the following rules as obtained at Vienna in the use of the forceps:

In the application of the forceps, the following three conditions are noticed as essential in the operation:

1. The cervix must be fully dilated and the head through the os and at the floor of the pelvis.
2. The forceps may be applied when the head is found in the vagina, not enveloped by the os uteri, whether it is rotated or not.

In the latter condition the blades should often be opened a little, so as to allow the head to rotate, though it frequently does so with the forceps.

3. In all cases of application of the forceps, the bladder of the woman should first be emptied. Should this be rendered difficult, from the pressure of the head upon the bladder, dividing it into two sacks, we will succeed by pushing the head a little up from the pubes.

4. In cases of danger to the child, the forceps should be applied, provided the conditions permit.

There is always danger: (a) when meconeum appears; (b) when the mother is exhausted, or eclampsia threatens. When the cervix, however, is not dilated, we must allow the child to die, and then perform craniotomy, rather than run the risk of rupturing the uterus.

5. We would say dilate the cervix by artificial means rather than do either.

When the head remains a long time in the vagina and does not advance without any apparent cause.

In the latter part of the delivery the forceps are no traction-instrument, but simply a controller of the birth, allowing the head to come out gradually; should it advance too fast, we must lower the handles, or a rupture of the perineum will be the consequence. Should a rupture be eminent, episiotomy is performed in preference.

A rupture of the perineum is treated by the immediate application of seraphines, which are usually removed in about thirty-six hours. In case of the rupture extending through the sphincter-ani, a few simple sutures are applied.

In abnormal rotation of the head, we apply the forceps as usual, with this difference, that we do not sink the handles so much, and continue our first traction in a horizontal direction till the chin comes under the pubes; when we commence extraction, we raise the handles at an early period to bring the occiput over the perineum, and then by depressing them the face is borne under the pubes.

When there is a caput succedaneum we must push the hands as well as the forceps high up, for the tumor may be large.

#### APPLICATION OF THE FORCEPS TO A HIGH STANDING HEAD.

In this condition the os uteri is not yet fully dilated, nor the cervix drawn fully back over the head of the child, which is freely movable, as it is not yet firmly fixed in the entrance of the pelvis.

In this application of the forceps, which is done only in cases of very urgent necessity it is very easy for the head to move from side to side, causing the forceps to readily glide off, and may thus do great injury to the mother.

The woman should be thoroughly anæsthetized, and the forceps applied laterally, guarding the blades with the hand instead of two fingers, thus avoiding doing injury to the os.

In face presentation at the upper strait, the forceps are especially dangerous, for one blade rests on the calvaria and the other on the chin and trachea. This presentation is often the forerunner of craniotomy.

In forehead presentation at the upper strait, the face usually presents to one or the other acetabulum. In this presentation the forceps are only applied to satisfy the feelings of friends who may be standing by; while we appear to make considerable traction on them, we proceed to perform craniotomy.

We would recommend a strong traction to be made, and would expect to be successful in some cases.

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## Miscellaneous.

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**The Western Academy, etc.** From our own Correspondent.

St. Louis is a big place and its citizens are hyperæmic. They are building a Merchant's Exchange, a Custom House, delight in "Shaw's Garden," and possess that triumph of civil engineering the great St. Louis Bridge. Of the latter, orators orate, preachers preach, hummers "bum" and doctors "doc" —no, not exactly that, but brag even in an address of welcome to their professional brethren. Nevertheless the city of the future is a "big thing" and it was fitting that it should be the birth-place of the new fledged Western Academy of Homœopathy.

The meeting for the organization of the new western society, as far as numbers was concerned, was respectable,

and the proceedings were characterized by harmony and a sincere desire to advance the interests of our cause. It was surmised by many physicians throughout the west, that private interests were the foundation of the movement in its incipency; but a careful inquiry into the facts, and the subsequent action of the suspected parties, soon entirely dispelled the idea. On the contrary, there was a disposition manifested on the part of all participating to sacrifice personal preferences for the good of the whole. It was demonstrated that such an organization was needed for the good of the "Grange" element out here; and that too without conflicting with the American Institute.

The instruction of the meeting to the Secretary to forward a synopsis of the proceedings to the various medical journals relieves your correspondent from complying with the request for a report. A few items, however, in regard the *personelle* of the convention may be of interest.

It would have been a stroke of policy, on the part of those having the matter in charge, had the meeting been called elsewhere than in the building 1007 Locust St. It was like Dicken's Old Joe "dem'd rough" and although good enough, in its way, didn't correspond with the "Bridge." However, this in no way detracts from the value of the teachings therein, which I am satisfied are of a high order. By the way, there are two schools in St. Louis, of our faith, bitterly opposed to each other. Both claim to be the original college, and their attitude toward one another is not exactly saccharine. One is called the Homœopathic Med. College of Missouri, and the other the Hahnemann Med. College of Missouri. Of this latter I had no good opinion, yet I am bound to say that one of their professors with whom I became acquainted, Dr. S. B. Parsons, is a gentleman of culture, a promising surgeon, and an ornament to the profession. But I am digressing.

Among the notable individuals present was Dr. Jas. Lillie, of Kansas city. Venerable in appearance, dignified in manner and a Hahnemannian in the strictest sense of the word, he commanded the universal respect of the members. Dr.



Temple also took an active part in the proceedings, and as one of the "fathers" was looked up to with respect. He was apparently not in good health, and, if I might be allowed the privilege, I would suggest that his looks and health would be improved by allowing his beard to assume its natural color. Dr. Franklin, the good looking, the ubiquitous and the energetic, was here, there and everywhere, and in the discussions, as of old showed his propensity to "fight it out on that line." Dr. Marix, of Denver, I met for the first time. He impresses you at once as an individual of more than ordinary power. As a physician and a scholar of whom we may well be proud, he gave abundant evidence

Dr. Parsons, of Atchison, is also a rising young man. He was formerly a surgeon in the army; and since his residence in Kansas, has built up an enormous practice and an enviable name. Dr. Everett, of St. Louis, is a young man of promise and participated actively in the discussions. I might mention Henderson, of Kentucky; Hill, of Iowa; and others and comment upon them, but have not the time or space.

I attended a meeting of The Club at the residence of Dr. Walker, on Wednesday night. This association is limited to twelve members ("more's the pity") of the profession. Dr. Parsons read a paper on *Nævus Materni* both able and instructive, after which the members participated in its discussion, and then discussed something more substantial in the way of edibles, etc. These social and intellectual gatherings are productive of much benefit and enjoyment.

But if ever you go to St. Louis, don't fail to make the acquaintance of Dr. Chas. Vastine. A gentleman every inch; talented, popular and agreeable, more than all (for selfish purposes) the possessor of one of the finest and fastest teams in the city. If he can't and won't "show you 'round" then my experience goes for nothing.

On the whole the meeting was a success and much good will grow out of it. The more societies we have the better it will be for us. At Davenport, next year, the place of meeting, you may look for a big gathering. Iowa alone can, "fill the bill." May you be there to see. B.

**In a Dissecting Room.**

Of course our readers know all about this place. But here as a graphic picture of it, we find in one of our city dailies. It will serve to recall to many the memory of olden times.

“A very ancient and fish-like smell.”

—*Shakespeare.*

“I’ll take you round the shambles this afternoon, if you want to come.” We jumped at the offer, contrary to Joe’s anticipations. He had been coming up to the office for the last year with just such disgusting stories and ironical invitations to his dissecting-room. Once indeed, he coaxed us into a horrible smelling room on College street, and pointed triumphantly to something long and abominable lying on a table; but we held our nostrils and departed instantaneously without examining it. Since that day Joseph indulged himself to exhaustion in satirizing the delicacy of our olfactory organs and the fastidiousness of our gastric sensibility. We finally resolved to visit his anthropophagical meat store, and expatiate to a sympathetic public upon the attractiveness of the sights therein to be encountered. Joseph donned his hat with an air of triumph; and we proceeded in the direction of the ——— Medical College.

“It’s a pity you didn’t come to this conclusion before,” said Joe. “It’s near the end of the spring course now, and the subjects are nearly all gone. But I’ll take you round all the colleges, that you may have variety as well as novelty. You’re a friend of mine, going to study medicine next fall, you know,”—with a ferocious elbow-dig in the ribs.

However, there was no one to dispute our entrance. It was three o’clock in the afternoon; and the guardian genius of the dreary building, the new janitor who knew not Joseph had gone in quest of some double distilled lightning to keep cerulean fiends away. He had taken the key of the dissecting room along with him; but the museum was open, and we went in.

There the gigantic skeleton of Cunny the Resurrectionist eternally sitteth in solemn state upon a mossy tombstone,

resting his fleshless hands upon a huge spade rusted by the the moldering damp of violated graves. Some cynic had given the finishing touch to this gibbering of life by fixing a blackened pipe between its grinning jaws. A slanting sunbeam fell upon the ghastly skull; and in its radiance the eyeless sockets seemed to emit a moony light, and the naked jaws smile a smile of hideous meaning. No skeleton figure in Holbein's ghostly Dance of Death wears so goblin-like a smile as that upon the yellow skull of Cunny.

Joe called our attention away from Cunny, to a series of frightful obstetric lithographs, the nature whereof we dare not rise to explain; a number of dried anatomies blacker and fouler in aspect than the bodies of murdered men mummified by the winds of Colorado wastes, until they had become leathery enough to make a buzzard or mountain vulture commit suicide; a hideous collection of skulls and bones honey-combed by diseases too horrible to name; and a bottled fœtus, with a face but no head floating, about in brandy, and looking disgustingly like a monstrous yellow frog. These and other hideous curiosities too numerous to mention were declared by Joseph to be rare and beautiful anatomical specimens.

"If I must sup of horrors, Joe, it were well that it be done quickly, for goodness take me somewhere else!"

The janitor fumbled in his pantaloons, produced a rusty looking key, opened a queer little door that one would have expected to open into a closet, and bade us look for ourselves. The door disclosed a flight of narrow stairs, down which there stole, like the Specter of the charnel house, a sickly, nauseous, utterly indescribable odor, poisoning the warm spring air, and bringing with it foul visions of the Ashantee Golgotha to our imaginative minds. The smell might be termed an original smell. It is a smell that clings—clammy, thick glutinous, like the dead flesh it rises from; a smell that sickens even the carion-loving flies and the yellow-footed birds that hover above armies embattled; a smell, that once smelt can never be forgotten; a smell beside which all other smells are innocent; a smell, not pungent, but faint, yet far-reaching; the smell of decaying human bone and brawn and brain.

"Ah!" said Joe, raising his head joyfully and distending

his nostrils like a steed that sniffs the battle from afar, "that's the Dissecting room, sure enough."

We went upstairs. A large, bare room with whitewashed walls, unpleasantly suggestive of a butcher's shop; half a dozen long, heavy, black looking tables, with blacker outlines in crusted gore, showing where "subjects" had been laid; a tall stove so dust covered, that in the dim light it resembled a grey phantom; and a great pipe running down through the floor, with an opening at the side where shreds of flesh and tendon, and masses of blood, and all the debris of dissection, are thrown, and carried of into—well, the sewers, we suppose.

"Bah!" said Joe. "What kind of a dissecting room is this?" He walked over to a table in the corner, lifted up a filthy black cloth which covered something, and invited us to approach.

A pile of human bones, sinews, nerves and arteries, black with encrusted blood, and smelling indescribably abominable. The bones of the trunk still held together with rotting shreds of flesh; a few scraggy atoms dangled from the freshly scraped ribs; and the spinal column was streaked at intervals with green splotches of decay, looking like a huge and disgusting centipede of some pre-Adamite age. The legs, feet and thigh bones were heaped together in a festering and stinking mass: the skull and spinal vertebræ were gone and somebody had carelessly thrown the torn hands upon the breast of the skeleton in such a manner that the poor, bleeding fingers seemed to be joined in the mockery of piteous prayer.

"Where do you get your bodies from, Joe?"

"Lord! I don't know. Potters Field, I suppose. When the body comes—they bring them in sacks generally—five students draw lots for different parts of the body. One man gets the head and one each a leg or arm. We pay six dollars apiece for the Demonstrator's ticket, and five for a share of the stiff."

"How long will a body last?"

"Well, if they are *well worked* they'll last about ten weeks. We first inject arsenic into the artery of the neck; that's to

preserve them. Then we fill the veins and arteries with wax to make them stand out good and firm."

"What do you do with the bones, Joe?"

"Draw lots for them, boil them and take them home to study from."

"You remember that girl I was telling you about up in the office, don't you?" "Yes."

"There she is now—at least all we've left of her. Tom Jellicks took the head home with him last night, after boiling it. Says its one of the best formed skulls he ever saw."

It lay extended upon a table in the middle of the apartment—that ghastly, headless thing. It had once loved and been loved—that frightful mass of bleeding flesh and blackened bone. It had once had a name. It had been animated by all the passions and feelings possessed by those who had mangled and torn it limb from limb with jests and laughter. A woman's heart—heart of a young and handsome woman—had but a few weeks since palpitated within that blood crusted framework of delicate bone. We asked ourselves what had become of that heart, how it had been torn from the cage where it had fluttered in lifetime, how inspected how cut asunder? She must have been tall and graceful, and supple of limb; for there was a slender symmetry in every bone of the skeleton, apparent even in its hideous semi-denudation. There must have been some romance in her life. We wondered whether she had fallen through a foolish trust.

"And you dont know anything about her?"

"No. Guess she was a German girl, though. Looked like one before we cut her up; and then you see there is no compression of the bones due to wearing corsets. Let's take a look at this nigger over here."

Nobody except the most expert of anatomists could have guessed at the nationality of the horrible thing referred to, but for the fact that one leg was still encased in shrunken flesh, covered with black leathery skin. A row of medical students sat on either side of the corpse, poking and slashing it with knives, until we thought of a solemn conclave of vultures about a dead camel. Part of the trunk was covered with cloths perhaps to deaden the abominable smell; possibly

but not probably, because the hashed abdomen presented a spectacle sickening even to the eyes of the dead, and had almost reduced the neck to a mass of bleeding fibers held together by arteries and veins. The remaining leg was bound up in cloth to keep it from falling asunder.

"Splendid subject that fellow was when he came here," said Joe; "weighed about three hundred pounds. But bodies shrink up to nothing in a few months; and you see his thigh's no thicker than a good broom stick. He's beginning to rot too; for the weather's getting warm. Won't you come into the next room and look into the caldron? we're boiling a lot of bones there—going to make a specimen skeleton."

We declined with thanks. We had still a faint hope of being able to eat some dinner.

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## Editor's Table.

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DR. H. F. BAKER has changed his location to Ironton, O.

PETER'S MUSICAL MONTHLY the sweetest thing out. Only three dollars a year and brim full of beautiful things.

DR. M. H. PHISTER, of Ripley, O., an alumnus of the Pulte Medical College, was married on the evening of September 1st., to Miss Anna Cahill, of Mt. Auburn. We are certain of this because we looked on the fair face of the bride and gave the happy pair our congratulations.

THE SIXTEENTH semi-annual session of the Indiana Institute of Homœopathy, will convene in Plymouth Church, Indianapolis, Tuesday, November 10th, 1874, at 2 p. m., and continue two days. A general invitation is extended to the profession.

AN OHIO STATE DIRECTORY of Homœopathic Physicians is soon to be issued by Dr. Pettet, of Cleveland, under the auspices of the State Society. The doctor wants each one to send him, forthwith, their address, when and where graduated, etc., etc., so that the list may be full and complete. Will our readers send him the list for their county?

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THE  
**Cincinnati Medical Advance.**

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All business communications, relating to the publication or to advertising, should be addressed to DR. T. P. WILSON, S. W. Cor. Seventh and Mound Sts., Cincinnati, Ohio.

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HAVE you subscribed for "Sugar Pills"? Do so by all means.

HAVE you read our terms to new subscribers? See our advertising columns.

Dr. G. W. BARNES, of San Diego, Cal., sends us a valuable pamphlet containing information of all sorts concerning that part of Southern California. Those wishing to know something about the climatology of that section had better address the doctor and procure one of these pamphlets.

OUR CHICAGO CONTEMPORARY flings out its banner with "No pent up Utica," etc., scorning even the limitations of its own title, deeming the "United States" quite too small a field, and promises to erect signal stations on all the continents with special reporters on every island. We were our-

self on the point of doing the same thing, but now gracefully give way. The Advance will confine itself to things medical in Europe and America, leaving "the uttermost parts of the earth" to the U. S. Medical Investigator, which, despite its name, is broadly catholic and emphatically cosmopolitan. But this could not be outside of Chicago.

COSMOLINE, a product of coal oil distillation, has been well known to the Homœopathic profession for two years, at least. More recently vaseline, which is the same substance more perfectly refined, has been introduced, meeting with universal favor. We have on several occasions called attention to the peculiar value of this substance. Its uses are so numerous that we can not now enumerate them. But an allopathic journal just received informs us that a pharmacist of that school, who writes articles on recent improvements and discoveries, has heard of but has never seen the cosmoline, and thinks "it will at once enter as one of the important remedies on our list of materia medica." Enterprising fellows these who hang on to the rear skirts and still boast of advancement.

THE *trenchant* editor of the Ohio Medical and Surgical Reporter, (there are two of them—we refer to the one who does the cutting—and he is as trenchant with his pen as with his scalpel), proposes to go to Europe "next year and hob-nob with Billroth, Rindfleisch, Barnes, T. Spencer Wells, Paget and Holmes." Poor fellow! he'll find he has raised "hob," about the time when, in ignorance of European etiquette, he pulls the "knob" at the door of these worthies, and presents himself as the representative of the American medical profession. Especially so when they find that he hails originally from the obscure Dominion of Canada. He will doubtless have less to say of his experience when he returns from "Yurup you know" than his predecessors. *Vide* September number said Reporter.



### Who Shall Decide?

It is not especially a part of our programme to please anybody. We are after the truth, both to find it and disseminate it. But our highest ambition is to stimulate others to search for themselves where the truth may be found. It is our aim to make the *Advance* par excellence *inspirational*, so that when one reads it, he will be awakened to thought and action. Now it grieves us that our efforts are occasionally misdirected or misunderstood. An honored and influential friend from the West, referring to a recent article of ours, writes: "I can not refrain from begging you to shut down on your *psychic hobbies*. Pay more attention to the body and let the soul take care of itself. Your Anthropology is worse than Buchanan's. As a matter of *policy*, if nothing else, subside in this direction." We ventured to enter a disclaimer to the charge of riding hobbies; avowing that we only fearlessly expressed our opinions and rode nothing. Our friend replies: "Tyndalism, Darwinism, Biology, Psychology, *et id omne* deserve study, and, I believe, endorsement; but don't give them to much prominence in your journal just yet, nor let it be understood that they govern your teachings. The world is not quite ready for these things, and I repeat my warning *go slow*."

Per contra, an equally valued friend from the North, one who is well known to the public by his writings, says: "I have desired for some time to tell you how well pleased I am with your article in the October number of the *Advance* on 'Psychic Influence in Therapeutics,' and with the discussion which followed it. You are working a rich vein of truth. If I can get time and can bring my mind to it, I may dip in and help to work it a little further." So as our oven is not on a pivot, and we haven't time nor inclination to take it down and put it up differently as often as some might wish us to, we are obliged to let it stand, and if it

smokes in the faces of some, it will give heat to others and help to bake some of the crude ideas that are troubling thoughtful minds.

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### **The Twelve Tissue Remedies.**

“Now, if ye be ready at what time ye hear the sound of the cornet, flute, harp, sackbut, psaltery and dulcimer and all kinds of music, ye fall down and worship the image which I have made, well—”

I tell you it wont do, Hering approves this thing and we should not oppose it.

Indeed! Hering must have a capacious pocket if he can carry in it all the Homœopathic profession. He must have a capacious maw if he can swallow all this stuff of Schussler's and call it “Homœopathy,” and he must have a boundless egotism if he thinks we are all going to accept it on his dictum.

This is not so large a book that it should occasion much of either hope or fear. But we are told that it's the little foxes that spoil the vines. And indications point strongly in the direction of a pretty general acceptance of this new fangled mode of therapeutics. And the chief reasons for this are, (1) its novelty; and, (2) it comes “recommended for investigation by C. Hering.” A great many men are in the Homœopathic profession to-day simply because of its novelty and they stand ready to seize hold of anything else that seems more novel than Homœopathy. Dr. Hering has an almost absolute control of the opinion and practices of a large number of medical men. They are of the sort that worship the duality of Hahnemann and Hering. This is not Father Hering's fault. He does not ask the adulation

that is offered him. And if we do not mistake he is in a fair way of putting a stop to it. A few more such endorsements as this will swamp his credit for sanity. When he says of Schussler's teachings "Is this Homœopathy? of course it is," we may well pause and ask what is Homœopathy any how according to Hering?

Either the system can not be defined, or it takes on as many hues as the chameleon. If Schussler's doctrines are Homœopathy, what then are Hahnemann's and Hempel's and Grauvogl's and Rau's and of many others who have amplified and philosophized upon this subject?

Let us look a moment at Schussler. Fortunately he is not elaborate or abstruse. Let us give Allah praise that we have one writer who does not exhaust the language in verbosity and prolixity. This rare virtue of brevity will doubtless be abundantly abused. Lazy doctors will find it a short and easy by-way to knowledge. Only 88 pages of a 12-mo and two-thirds of that is Hering's addition. There are in fact only 23 pages attributed to Schussler, and a good share of that is made up of confirmations by W. P. Wesselhoff. If Schussler has written much upon the subject, his editor has made but scanty selection and in either case has quite overslaughed him by way of copious explanatory notes.

Says Schussler, "Twelve remedies constitute my whole *materia medica*. They are such inorganic substances as serve the animal organism, a sbuilding materials and physiological functional remedies. I found their indications as given before by study and experiment."

This is knowledge condensed. A whole volume in a half dozen lines. And now we are within eleven of an universal panacea. If Schussler can strike out all but twelve, how long must we wait for the man who can boldly strike out all but one? And if the "study and experiments" of Schussler—and mark you he gives no other data for his conclusions, are sufficient ground for accepting such a theory of cure,

it will be easy to furnish a like reason for any other vagary one may choose to put forth. Every patent medicine vender in the land is backed by the same assumptions. "Study and experiments" forsooth! What has he studied? Have his studies proven to him that the human body is composed of twelve tissues, no more nor less, and that those tissues are represented by the remedies he has selected? Have his experiments shown that the said tissues, being affected by disease, are cured by the application of the corresponding remedy?

On page 40, we have this piece of precious information, "The beginning of a meningitis requires *Ferr. Phos.* as well as in panaritium or pneumonia, *because* in all these three cases we have to overcome a hyperæmia which depends on a dilatation of blood vessels." We have been obliged to italicize the word "because" in order to give it additional strength, lest the undue strain put upon it in making such an illogical connection should break it in sunder.

The whole system is built upon just such bare-faced assumptions; and it is hard to sit still and hear them coolly uttered. Our mental equilibrium is well-nigh lost, when, after a long tutelage under the writings of the Homœopathic masters we come upon such absurd dogmatizing.

Hering's copious annotations do not serve to help the matter much. Chiefly they show the weakness of Schussler's doctrines. He makes objections that are valid and unanswerable, and he might have added more. But he shuts his eyes to his own protests and recommends the remedies for investigation. He does more; he gives an implied adhesion to the fundamental doctrines of the system; and here they are; page 6.

"All constituents of the human body act on such organs principally when they have a function.

All fulfill their functions where they are the cause of symptoms."

Any suggestions of obscurity would only serve to prejudice our own perceptive faculties, and so we forbear. The application of these doctrines has been made in this way. The ashes of the human body (date and place of cremation not mentioned) have been found to yield certain substances—Schussler does not say how many, but he has selected twelve and excluded all the rest. These twelve, given when the respective tissues are involved, will produce a cure.

Hering says this is Homœopathy. We will have to take his word for it. There is no other proof.

In all error there is some truth. There is some truth in Schussler. It will be found that he has made a substantial addition to our *materia medica*, and enlarged our clinical and pathogenetic knowledge of remedies. But his system, as a whole, is false, or being true, it is not Homœopathy, C. Hg. to the contrary notwithstanding. Incidentally there is much of Homœopathy in it, and he is wise who can detect the true from the spurious.

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## Theory and Practice.

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**Vaccination.** By J. J. Marvin, M. D. Read before the Homœopathic Medical Society of Cincinnati.

On the 14th day of May, 1796, Jenner vaccinated James Phillips, a healthy boy, eight years old, with lymph taken from the hand of a dairy maid, who had been infected by some disease by milking her master's cows. He was afterwards inoculated with small-pox matter without taking the disease.

It had been long commonly believed by dairy people that a disease said to originate with the cow and which could be communicated to the hands of the milkers, afforded protection against small-pox. Jenner had been for years aware of this belief, and his mind had dwelt upon it till he felt himself warranted in attempting the artificial introduction of the disease known as cow-pox, believing it to be a complete substitute and preventive of small-pox.

In June, 1768, he published a quarto pamphlet of about seventy pages, giving to the profession and the public his experiments and observations upon them. In this pamphlet he reported twenty-three cases, sixteen of which were infected by milking and seven by vaccination and, at the close, made the assertion that the cases cited fully proved that he had discovered a protection against small-pox.

In England the discovery was at first generally well received by the profession, not as substantiated by the cases cited, but as a most interesting subject for further investigation. Many in their zeal, but without knowledge of the conditions to be observed, commenced experimenting, and through the use of imperfect lymph and without regard to his instructions were without uniform success. There was great danger that the practice would be brought into disrepute through the ignorance and ill-advised zeal of those inclined to be friendly to it, and it was only when these would-be friends became its decided enemies that the practice was fixed upon a durable basis.

It was accused of transforming men into beasts; of entailing upon mankind the diseases of the brute creation. One divine asserted that Job's affliction arose from his having been vaccinated by the devil; another that vaccination was the Anti-Christ. This opposition was more pronounced and violent in England than elsewhere. While foreign kings and princes and senates and learned societies hastened to bestow upon its author their medals and diplomas, and even more substantial evidences of their appreciation, there was much abuse and obloquy from his own countrymen.

Many years before Jenner's experiments with the cow-pox virus, the practice of variolus inoculation had been introduced into England from Constantinople. This was in 1722. This was simply an artificial introduction of the genuine small-pox. The practice slowly, but gradually, extended over Europe. It was, however, attended by a very large per centage of fatal cases. Its advantages were that the system could be infected when it was in the best possible condition to contend against the poison, that other members of the family being infected at the same time, no future danger need be apprehended; that artificial introduction modifies the severity of the disease; that where it was necessary patients undergoing treatment might be isolated. Its disadvantages were, that only wealthy people could avail themselves of its privileges, and it was constantly forming new centers for the spread of the disease. It was undoubtedly valuable to the individual, but highly detrimental to the community. Governments interfered and the practice was abolished.

It is acknowledged that no disease, to which the human family is now or ever has been subject, has been so fatal and productive of so much disaster as the small-pox. Its history has been summed up in the following words: To know that it is fatal to a very large proportion of those whom it attacks; that it is eminently infectious from person to person, and that it seizes, with very few exceptions, upon all who, for the first time, come within its range, is its history.

In Mexico in 1779, of 39,000 attacks, there were 9000 deaths, in 1797, of 24,000 attacks there were 4400 deaths. In Iceland in 1797, there were 18,000 deaths out of a population of 50,000 persons. Out of 1500 of the Mandan tribe of Indians only thirty escaped death. In Prussia, before the introduction of vaccination, the deaths from this disease averaged 40,000 annually. Authentic data make the mortality from this disease, including all ages, one out of six of the whole population. And taking the mortality from all diseases, the deaths from small-pox alone were seventy-two out of every 1000, and when we take into consideration that a great many of those who did not die at once, were so weakened and disfigured

that they became objects of pity and burdens to their friends, we begin to realize the terror inspired by the approach of this disease. It was the signal for an almost complete dissolution of society. It inspired every one with terror. They realized that they held their lives subject to an unknown and indeterminate susceptibility, and they fled from it with despair. It swept over continents like the hurricane or flood, leaving wreck and desolation behind.

In Europe, where the intercommunication between countries was regular, it never prevailed in such fatal epidemics as elsewhere, because it was a constant factor in their tables of mortality and there would always be found many who from previous infection, under, perhaps, favorable circumstances (a mild type of the disease, or superior care and surroundings) had become impenetrable to its attacks. Instead of depopulating countries at one blow, and exhausting itself from lack of more victims, it kept even the balance of reproduction and death.

From this meager glance at the ravages and results of this disease let us turn to the reputed preventive. It never has been claimed that vaccination is an absolute protection against small-pox. Jenner, himself, did not assert this immunity. But he did claim that it was as great a protection as a previous attack of small-pox, and this was no doubt an under valuation of its protecting power;

Louis XVI. of France fell a victim of this disease at the age of 64, although he had had an attack in his youth. There seems to be certain constitutions that nothing will protect. A case is reported of a child that was vaccinated in India with apparent success, on his returning to England, he was re-vaccinated, after this he was successfully inoculated with the small-pox, and after all this took the small-pox on exposure. Another case is on record, showing that the same individual had five separate attacks of small-pox. We are, therefore, fully justified in the assertion, that for certain peculiar susceptible constitutions there is no protection.

It is well known that during epidemics of small-pox, many persons thought to be fully protected have slight attacks of



varioid. Shall we, therefore, condemn vaccination because its protection is not always complete? I repeat the statement that we are warranted by facts in asserting that it is a fuller protection than small-pox itself, whether induced by contagion or inoculation, and, moreover, that when the protection is not absolutely complete, subsequent attacks are robbed of nearly all their severity and danger. And when we remember the ease and certainty with which the artificial disease is produced, the fact that it scarcely interrupts the patient's daily labor, its almost perfect protection and the little trouble or uncertainty there is in obtaining healthy lymph, we are justified in regarding its discovery as one of the greatest achievements of medical investigation.

The following table gives the results of observations made in Sweden, just previous to and after its introduction into that country:

In 1779	the deaths from small-pox	were	15,000
" 1784	" " " "	"	12,000
" 1800	" " " "	"	12,000
" 1801	" " " "	"	6,000
" 1822	" " " "	"	11
" 1823	" " " "	"	7

In Denmark, from 1752 to 1792 the deaths were 9778, or an average of 244 per annum; from 1802 to 1819 they were 158, or an average of a little over nine per annum.

Perhaps the most positive and conclusive demonstration of the efficacy of vaccination as compared with the protection of previous small-pox, is to be obtained from the records of the Royal Military Asylum for children, located at Chelsea, England. It covers a period of thirty years, from 1803 to 1833. There were admitted to this institution those who were reputed to have had previous small-pox, boys 1887; girls 645; total 2532.

Of these, there were attacked, boys 15; girls 11; total 26.

Of those reputed to have been previously vaccinated there were admitted, boys 2498; girls 562; total 3060. Of these there were attacked, boys 19; girls 5; total 24. That is over 12 out of 1000 were attacked after reputed small-pox, while 8

out of 1000 were attacked after reputed vaccination. There were admitted, besides, boys 460; girls 168; total 628, who had not been vaccinated previous to their admission. They were operated on at once. Of this number, two boys and one girl were subsequently attacked. The number that died in this institution of this disease was, boys 4; girls 1, and three of these had had previous small-pox.

I extract from a report of the College of Physicians and Surgeons to the House of Commons the following statement:

The security derived from vaccination against the small-pox, if not absolutely perfect, is as nearly so as can, perhaps, be expected from any human discovery; for, among several hundred thousand cases with the results of which the college has been made acquainted, the number of *alleged* failures has been surprisingly small, so much so as to form certainly no reasonable objection to the general adoption of vaccination, for it appears that there are not nearly so many failures in a given number of vaccinated persons as in an equal number inoculated for the small-pox.

They close their report thus: From the whole of the above considerations, the college feels it their duty to strongly recommend the practice of vaccination. They have been led to this conclusion by no preconceived opinions, but by the most unbiased judgment, formed from an irresistible weight of evidence which has been laid before them. The college conceives that the public may reasonably look forward to the time when there will be an end to the ravages of small-pox, if not to the disease itself.

It may be well right here to devote a little time to the subject of revaccination. It may be asked, do successful revaccinations prove the imperfect protection afforded by the first inoculation? I answer, No. And the reason is, that the inoculation of lymph, either vaccine or variolus is a much finer and more delicate test of susceptibility than is the breathing of an infectious atmosphere, so that most persons, when the lymph of either cow-pox or small-pox inserted under the skin will give, locally, at least, evidences of susceptibility which no atmospheric exposure would have elicited from

them. There can probably be no more ready and complete illustration of this than that persons, who bear marks of previous small-pox, are, in at least equal ratio with those previously vaccinated, capable of producing vaccine vesicles, so that it is impossible to argue that all who on revaccination yield perfect vesicles would on exposure to the small-pox infection be liable to take the disease.

In the Prussian army in 1833, about 33 per cent of the re-vaccinated took with perfect success; about 18 per cent in the Russian army, and it was shown at the same time, that about an equal per cent of persons showing marks of previous small-pox yielded the characteristic pustule after revaccination. These results were substantially confirmed in the Danish army from 1844 to 1848, and in the armies of Brunswick and Baden of about the same period. I am not aware of any satisfactory evidence going to show that the protection afforded by a successful vaccination deteriorates, after the lapse of years, and, therefore, I can not see the necessity for revaccination if the first attempt was successful and was made when the system was in a healthy condition, ready to receive the artificial disease. On the other hand, there can be no objection made to revaccinations, if the whims of the patient demand a fancied greater security. To those who know the influence of the imagination over the body, it will not be hard to account for many cases of secondary small-pox.

Upon the question whether persons can be infected with skin or other constitutional diseases at the time they are infected with the vaccinal disease, there is a division of opinion, and I should like to hear the experience of those who have made observations upon this point.

It may be well to inquire concerning the source or sources from which we obtain crusts or lymph. As bearing upon this point, I wish to relate that some years ago, during an epidemic of small-pox in our city, and whilst I was connected with our public schools, that school was visited by the Ward Physician, and all children who could not show satisfactory marks of previous vaccination or small-pox were vaccinated,

unless their parents made objection. In about a fortnight he returned and gathered quite a harvest of crusts without taking special notice of whether the children were troubled with skin disease or not.

It is necessary, in order to make the vaccination successful, that the system should be in a healthy condition; that the vesicles should be allowed to mature, and that it be not delayed too long after exposure. Jenner says that one herpetic vesicle will destroy the value of the vaccination; that a vesicle robbed of its lymph is not protective, and that vaccination as late as five days after exposure have been protective. He recommends that two vesicles be produced, one for lymph, and that the other be allowed to mature, and that vaccination should never be delayed after exposure.

When Philip of Spain was anxious to confer its blessings upon his American subjects he appointed a committee of physicians to carry the boon, and to make sure of a supply of fresh lymph, he dispatched with the fleet a sufficient number of young boys, which were vaccinated in succession until their arrival at their final destination.

Humanized lymph is probably as efficient in its protection as that derived directly from the cow, nor does its value seem to deteriorate by passing through a large number of persons. In one case Jenner traced its use through 1500 different individuals without any appreciable loss of value. It may be kept for months, even years, if kept from light and air. In England, where public vaccinators are appointed by the government, they are instructed not to use lymph after it is twelve days old in warm weather, or eighteen days in cold weather; to take the lymph from only healthy children and normal vesicles, and never to use lymph from a revaccination.

I believe it has been claimed by Homœopaths in England, and perhaps, in this country, that the internal use of vaccinium, will produce the characteristic pustule, and afford as complete protection as the hypodermic use of the lymph.

What investigations have been made in this direction I am ignorant of, but hope some discussion may bring them out. Its administration would be about as tempting to a sensitive

stomach as poison; triturated bed bugs and spiders; the peculiar secretion of the skunk; the saliva of a mad-dog, or other remedies that sometimes find a place in our *materia medica*.

Inoculations with chancroidal pus, with a view to protection against syphilitic diseases have been practiced quite extensively, in one case 2700 times upon the same subject. The result in each case is a chancroid without constitutional results, and without anything more than a temporary diminution of susceptibility.

When pus from a chancre is used, constitutional syphilis invariably follows, although the local chancre that would result may be prevented from manifesting itself by extirpation of wounds by the knife or cauterly. A cancerous condition of the system, however, seems to destroy the syphilitic poison, so that persons with fully developed cancers can not be inoculated with syphilis. If vaccine virus be taken from a syphilitic patient, before there is any local secretion of pus, vaccinia only follows.

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**Discussion on Dr. Marvin's Paper.** Reported by C. E. Fisher, M. D.

Dr. Owens: The conclusions reached by Dr, Marvin are in complete harmony with general observations on this subject. The usefulness and success of revaccination is not a disputed point; the crusts generally acting quite as well in the second operation as in the first.

It is my opinion that humanized virus acts better in a majority of cases than does that from kine, and is a more certain preventive of small-pox. In all instances, the physician can not look too well to the virus he is using; the safety of the patient, and to a great extent the reputation of the physician

may depend upon the quality of the virus, especially if the latter is not reliable and pure. In one instance, the CITY HEALTH OFFICER gave me a crust of which he had used a part, and upon inquiry as to its action, I found the patient who had been vaccinated from this crust suffering from an enlarged and inflamed condition of the left breast, attended with lameness of the left arm, arising as she declared from the vaccination. I have seen syphilitic eruptions from vaccination, although they are not common. We should guard closely against disease of any form, and too much care can not be taken in using humanized virus.

For the benefit of the younger men present, I will say that the crust should be hard and brittle and of an amber color. Do not use a crust that will flake and scale off; they are to be avoided as unfit for use and dangerous.

Dr. Marvin: Van Buren and Keyer, in a late work on this subject, say that vaccination vesicle may occur on syphilitic chancres, and if the lymph alone, without pus or blood be taken from the chancre and used, syphilis will not follow, but vaccination will.

Dr. Wilson: I think the subject being discussed an eminently practical one. Young men especially want to be put on their guard, concerning such dangerous practices as some physicians are guilty of. I have known physicians to carry a crust in their pocket for weeks and months, until the crust has undergone decomposition from the heat of the physician's person. Others never think of thoroughly cleaning their lance after use, and dreaded results frequently follow a lack of cleanliness. Vaccination is the cause of more disease than are houses of prostitution and assignation. We can not be too careful then in the use of this means to prevent a dreaded disease.

Look well to your crust. The ulcer, after the crust is removed, should heal over rapidly. The crust should be round and a compact homogeneous mass; thick at the center, tapering off towards the edges; it should be hard and brittle, and not flaky. In color it should resemble a mass of blood cells; almost arterial in color and translucent.

Dr. Slosson: I do not agree with Dr. Wilson about this vast array of troubles and bad effects following or arising from vaccination. Where you have acute psora or scrofula there can be no successful vaccination. Where there is a conflict of diseases, the one possessing superior power will occupy the system, and no inferior force can take possession. It is to this force that vaccination owes its value, and if the germ of virus be inserted before variola commences in it, vaccination is the result.

When the crust is scaly or pliable, it is of no value and should not be used. I like to see the brittle condition spoken of, and they are the only scabs that should be used.

Vaccination produces a fermentation in the blood, causing a disease similar to small-pox. If another disease be prevalent in the patient from whom the crust was taken, transmission of the disease may take place; and we have as a result, syphilis, scrofula, erysipelas, tinea capitis and even other diseases attributed to vaccination. Never use a crust from a child who has had croup, tinea capitis or any disease, as the germ may lie latent in the system and be aroused by the operation. An excellent feature of vaccination is that it acts as a prophylactic to other diseases, as the typhoid, and remittent forms of fever, and this is particularly the case in analagous forms of disease. Use due care in choice of crusts and no evil consequences need be feared.

Dr. Owens: Physicians in the East are using tartar emetic instead of the vaccine virus, and report it to be as valuable in the prevention of small-pox as the virus itself. It causes the characteristic lymph and crust, and if carried to a poisonous extent produces an exact counterpart of the small-pox pustule.

Dr. Wilson: Psychic influence in disease exists to a great extent, but the most marked instance which I heard is vaccination by tartar emetic.

Dr. Owens: This influence is not psychic or mental, but physical purely, and I shall try vaccination by tartar emetic the first chance I have.

Dr. Slosson: Mental conditions superinduce certain diseases,

either through physical or mental influences or both combined. Through the latter probably in this case.

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**The Sphygmograph:\* Its Physiological and Pathological Indications.** By Edgar Holden, A.M., M.D.

A Sphygmograph is an instrument which can automatically record the peculiarities of the arterial pulse. According to Vierordt, to whom we are probably indebted for its suggestion, it was simply "an instrument which, when applied over an artery, indicated its character as to force and extent of undulation," and, as originally constructed, could accomplish this only with difficulty and uncertainty. More recently the ingenious device known as Professor Marey's, showed a wider significance in the sphygmographic tracing, and gave promise of great practical usefulness. It is no disparagement of the invention to say, that the sanguine hopes entertained with regard to it have not been fully gratified, and that to no inconsiderable extent the disappointment has been due to certain imperfections in the instrument itself. These, however, have arisen mainly from a want of ready applicability, and a tendency to fall out of repair, from the very perfection and refinement of its own mechanism.

As the word Sphygmograph is, to most of those who know of the device, intimately connected with the name of Professor Marey, it is but proper, before presenting results obtained by

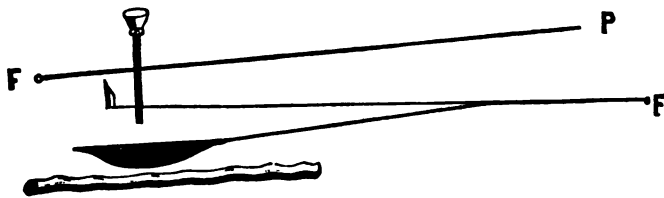
\*The Sphygmograph: Its Physiological and Pathological Indications. The Essay to which was awarded the Stevens Triennial Prize, by the College of Physicians and Surgeons, New York, April, 1873. Two hundred and ninety illustrations. Edgar Holden, A.M., M.D. Philadelphia, Lindsay and Blakiston, 1874.



other means, to allude to the principles, merits and defects of his invention.

This may perhaps be more briefly done by presenting a skeleton diagram of the instrument, or rather endeavoring by an outline drawing to illustrate its action.

A simple lever, attached at one extremity, rests at the other upon the artery to be examined, and compresses it, therefore, in a vertical direction; a second lever, bent at a right angle and lying directly above this communicates its motion by a knife edge to a third, and this latter, which is at the same time a tracer, and has upon its free extremity a peculiar pen, amplifies or magnifies the motion communicated. This amplification is simply due to the fact that, as will be seen by the drawing, the motion is directed against the tracer very near its attached




*Artery.*

F—Points of attachment of levers. P—Pen. S—Screw. extremity. A screw, near the same point, traverses the tracer and regulates the pressure. The other parts of the instrument, being simply accessories, with perhaps the exception of a concealed watch movement, designed to move the paper to receive the writing, need not be described.

This instrument is strapped to the wrist to insure immobility; and in the hand of its inventor has developed features in the arterial pulse never before discerned. Inasmuch, however, as disappointment has resulted from its subsequent use, and its delicacy and cost have limited the observations which should be manifold, within a narrow scope, it is a fair inquiry whether this disappointment may not after all be due, not to a meager pathological or physiological value of the pulse-wave, but to some defects in the instrument employed.

A glance at these may both answer inquiry and suggest a change.

In the first place, the end of the lever, which may be called the pulse-string, rests upon the artery and compresses it, as already remarked, in a vertical direction. Thus, as may be seen in the following drawing, any increase of pressure flattens the vessels, and, as will be shown in speaking of amplitude of tracings and arterial tension, a deceptive result is obtained. 

The movements of the springs are, as observed by Sanderson, not therefore those of the arterial wall in the fullest sense, and extent of motion is inaccurately measured.

As an artery is distended laterally as well as vertically, some of the peculiarities of the contained wave are of necessity lost; especially when the current of blood is small, and the flaccidity of the vessels considerable.

The second defect, as will be conceded by all observers, lies in the method necessary to secure the instrument to the wrist. This is done by straps or rather a bandage, which hooks in alternate loops over wire pegs on the sides of the instrument, or may be a continuous and single band with straps and buckles. The difficulty of adjustment to the artery, even under favorable circumstances, is considerable; and when the patient is nervous and excited or frenzied by delirium, the tracing obtained after a prolonged trial can not be accepted as the correct index of the pulsating wave. Indeed, so great is the liability to obtain an inadequate or erroneous tracing, that many observers have cast the instrument aside, as unworthy the expenditure of time and patience.

Much has, however, been accomplished in the way of remedying this defect by the patient efforts of one to whom much reference must be made in this essay—as having more than any other, endeavored to render the Sphygmograph of Marey of practical benefit—Professor Burdon Sanderson. Yet after all his devices did not perfectly obviate the defect last referred to; and only modified it in so far that the involuntary muscular movements in the wrist of the patient would not impair the tracing.

He adjusted slips of brass to the instrument in such a way that the body rested more firmly upon a surface of bone; but

an elastic band was made necessary for the retention of this and this added to what was a much underrated and additional defect, viz., obstruction to superficial venous circulation by the retaining straps. To be sure, this obstruction would of necessity be slight, but, in obtaining a record, the nicety of whose indications depends upon such minute particulars, even so slight an obstruction might vitiate our results.

To what extent this is actually the case, will be seen by reference to the direct experiments made in this direction, and recorded in this essay.

The third, and, as will be shown by a multitude of observations, vital defect, is the inability to accurately and quickly determine the compressibility of the artery.

By the adjustment of the brass slips referred to, some improvements resulted, inasmuch as, after a series of experiments with various weights, an approximate relation could be arrived at between the distance from the surface of the lever to the spring, and the actual pressure at the time upon the artery.

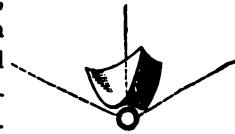
Other workers adopted various devices to remedy this defect, one only, however, seeming to be a real improvement, viz., that of graduating the screw according to a pre-arranged scale, and thus having at hand an index upon the screw itself. By reference to the drawing, it will, I think, be manifest, that the defect consists in the screw itself, since it bears like an inflexible brake upon the levers with which it is in contact, and when we shall consider this compressibility as one of the most important elements in the arterial current, it will be seen that its ready and accurate record are essential to any real practical usefulness of the instrument.

Recognizing, then, the importance of having as few defects as possible in the device we employ to record the peculiarities of the pulse, and feeling indeed that the question of real moment does not relate to the practical utility of any given Sphygmograph, nor yet of *the* Sphygmograph in its best known signification, but to whether there is any deep meaning in the blood current of the accessible arteries, of value in

Physiology, Pathology or Therapeutics, which can be accurately ascertained and recorded, I have endeavored to remedy the defects enumerated, as the best method of answering the question in hand.

Despairing of any success in the direction taken by the eminent observers of England and the Continent, after their but partial success, it occurred to me that a new principle of construction might accomplish better results. In all instruments thus far adopted the attempt has been made to employ the lifting power of the current of blood to obtain a tracing, the difficulties of friction and amplification being the problems to be solved,

The arrangement of the levers and the shape and position of the tracing point, already considered, are probably the most perfect adaptation of mechanism in this direction. But instead of attempting to utilize the lifting why not employ the displacing power of the artery? Instead of having the spring press down upon the artery, let it partially surround it, thus: Then with each pulsation a force is transmitted not only upward, but in an oblique direction as shown by the dotted lines, the preponderance being toward the side upon which the spring may be inclined. Prolong the pulse string, and shorten the distance between the point of attachment (the fulcrum) and the point of pressure, and this upward and oblique movement is evident to the eye. To amplify this, allow the free and distal end to be bent as an inclined plane or the curve of a circle; polish it to obviate friction; magnetize it, if desired, to add a repellant power to the power already evident, and allow it to impinge against another lever quite near its attached extremity, (a lever of the third order); make this last flexible, and its distal end will move with regular, accurate sweep under the distensile power transmitted.



The skeleton drawing above will illustrate more perfectly the principle involved.



*Artery.*  
 B—Place for Pen. P—Pulse String. F—Attachment of Flexible Lever,  
 i. e. Tracer.

The movement obtained by this means is from side to side and not, as in Marey's instrument, in a vertical direction; and in consequence the paper to receive the tracing may lie as in ordinary writing. The accessories necessary to the application of this principle need not be described in detail; they are simply a framework of brass; a sliding post for the attachment of the tracing-lever by which it may be brought in apposition to the inclined plane described; a watch movement for moving the paper to receive the writing; and a means for holding the instrument in the thumb and finger over the artery. Two points, however, of importance, are worthy of a moment's notice, viz., the pen and the means of determining and recording the compressibility of the artery.

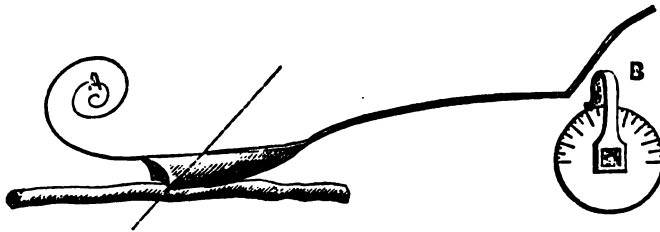
As already stated, the motion obtained is from side to side, and although ample, it is yet so delicate that a hair upon it stops it at once. After many disheartening attempts to utilize chemical re-agents, and the suggestions of various persons of ingenuity, the simple plan of pivoting the writing-point—in fact an ordinary pen—and thus making the paper and not the delicate lever carry the weight, solved the problem—thus:



To ascertain with precision the pressure necessary to obtain an ample tracing, it was evident that no power should be brought to bear upon the pulse, except that of the pulse-spring itself, since relative compressibility could only be ac-

curately determined by variations of the intensity of a common force. The increase or diminution of pressure should therefore be ratios of the ability of the spring itself; in other words, the spring should have within itself the power to press lightly or heavily upon the artery. Its attachment to the body of the instrument was therefore made by the coil of watch-spring, whose tension could be controlled and measured on a dial, at will an amount of pressure being possible beyond any requirements, and reaching four, five or six pounds.

The drawing illustrates both the coil and the recording dial.



It will be at once evident, that coiling the spring from its center A, will bring a pressure just in the very direction most desired, viz., downward and backward against and upon the vessel as indicated by the dotted line. A curved wire B, acts both as a brake to prevent the uncoiling of the spring and maintaining it at any desired point, and also as an index for the dial.

As the best and only test for utility of any invention, is the amount and character of the work it will accomplish, more minute description may perhaps be dispensed with, and reference made to the charts presented in a subsequent part of this essay.

A few words of comment on the extent of pressure sometimes necessary, appears, however, in place at this point.

Most observers, especially Drs. Anstie and J. Burdon Sanderson, have found that a pressure of 100 grammes is the average minimum, and that by the devices of the latter a variation of 300 grammes is easily attainable; this is equivalent to about 3000 grains. It will be observed on the charts appended that 700 grammes were often necessary; and it may

be added, that in some cases I have found it possible to obtain a tracing under a pressure of 1100, or about 17,000 grains.

The dial already described is, as will be seen in the drawing, marked in degrees, the equivalent of each in grains being easily determined by the equipoise of weights upon a balance. The following exhibits the amount of pressure exerted when the spring is coiled sufficiently to bring the index opposite each degree:

0 °	—	about 100 grammes, or	1,560 grains.
3½ °	“	186 “	2,880 “
5 °	“	590 “	10,620 “

Somewhat singularly, the application of this different principle gives results similar and therefore readily comparable with those of Professor Marey, and although the celerity and certainty by which the compressibility can be ascertained has often developed features of a pulse-wave that would have been concealed without this, yet the tracings are so nearly akin that they may be explained and treated under the same rules as his own.

Whether the defects that have so nearly wrecked the science of Sphygmography, ere it has well begun its career, have been fully corrected by the means described or not, the reader, who will patiently review the result obtained, will be able to judge.

Two elements, at least, toward the success of the instrument as an aid to science, will, I think, be conceded to the change in its construction, viz., a reduction in cost down to a reasonable and available point, and a more ready applicability.

The instrument used for this work has not become disarranged or out of order after a thousand tracings, and could be duplicated by the maker at a cost of about one-third that of the imported instrument.

Most of the tracings delineated on the charts were taken during an ordinary visit, and occupied only from thirty seconds to two minutes; no fastenings were employed, and no preparations necessary, not even in most instances the preliminary rolling up of the sleeve, save barely to uncover the radial pulse. The instrument was held by the finger and thumb of

the left hand, the paper, introduced, the ink applied, and the watch-work started by the other. To a great extent, therefore, nervous excitement due to the simple act of examination has not vitiated the tracing, and it is believed that so far as Sphygmographic observations can be the true record of the pulse-waves these are reliable.

Of the many other devices for ascertaining and recording the peculiarities of the pulse, from the simple column of mercury and the semaphoric registration by the aid of photography, to the attempts to utilize the galvanometer, it is unnecessary to speak; since their failure hitherto to develop better results than their predecessors, has not yet brought them a measurable success. The subject of chief interest is, after all, outside of any particular method of observation, and relates to the observations themselves.

We may, perhaps, the better define the true physiological and pathological indications as, first, *the actual value of a knowledge of the minute peculiarities of the circulatory current*, and, then, *the power of an instrument to develop them*.

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**Reflex Symptoms of the Utero-ovarian System.** By Dr. Elmira Y. Howard.

There is nothing special in the mode of studying the diseases of women. Just as the ophthalmic surgeon is led to examine the eye, because the patient complains of loss or disturbance of its functions, or because he feels pain in it, or has some subjective symptom referred to that organ; so by disturbance of function or some other subjective sign, are we led to the discovery of diseased conditions of the sexual organs. When the function of an organ is disturbed, the *prima facie* inference is, that the organ itself, which constitutes the mechanism



by which that function is performed is out of order. No specialist, treating the "diseases peculiar to women," but has constantly his attention called to symptoms and conditions so remote from the utero-ovarian system, that were he not on the alert his diagnosis would be at fault. Many times he would never attribute markedly reflex conditions to a utero-ovarian origin, these conditions being so localized and definite, as to seem primary instead of secondary or reflex conditions. Every intelligent gynæcologist should question closely such patients as present obscure etiological conditions, even then the subjective indications being so in abeyance, he may fail in arriving at the cause of the trouble, though apprized of the obscure possibility. But it is needless to say that every woman who is ill and seeks advice, does not suffer from disorder of the sexual system. But these general or local disorders may in their course react upon and induce diseased condition of the sexual system, as there are disorders in this special sphere, commencing in it and in turn reacting upon and inducing disorder in distant organs, or in the general system. These inter-reactions are exceedingly frequent, and it may be affirmed that no severe constitutional disorder can long continue in a woman during the predominance of the ovarian function without entailing disturbance in this function; and the converse is as true, that disorders of the sexual organs can not long continue without entailing constitutional disorder or injuriously affecting the condition of other organs. These facts point to the necessity of guarding against the error of fixing our attention too specially upon one particular class of symptoms or organs, and while localizing the part which is especially the seat of diseased action, we must not neglect to observe the mutual reactions. Disorders of the pelvic organs seldom continue long without entailing anæmia, disordered digestion, cephalalgia, hyperæsthesia, neuralgia or other manifestations of nervous derangements, or prostration, and so profound are these lesions or reflex conditions, that we are led to question closely the anatomical and physiological relations of the utero-ovarian system with the general organism as the

only rational analysis and explanation of the profound and remote disturbances, that so often arises with and obscures a direct diagnosis in serious local lesions of the sexual organs.

Dr. Barnes in his new work upon "Diseases of Women," Chapter XII, on "The Significance of Pain," says:

"It may be stated as a general law, that pain referred to a particular part or organ is presumptive evidence of disorder, structural or functional, of that part or organ. Of course in some cases the disorder is only secondary, or consequent upon disorder in some other part. Thus one form of headache is the consequence of disordered stomach, and is cured by correcting the condition of the digestive organs. Pain in one part may be the reflex response to distress in another part. Of this, we see repeated examples in the history of ovarian and uterine diseases. Pain in the sacral, dorsal and lumbar parts of the spine is a frequent phenomenon in connection with uterine disease, it is often the predominant symptom. The spinal pain may be severe and enduring, and unless the rule of interrogating all the functions be carefully followed, it is easy to fall into the snare of regarding the case as one of spinal irritation, vertebral disease, or simple hysteria. If this error be committed, the patient will probably be doomed to a long course of mechanical or medicinal treatment, under which the general health may break down, while the original disease is pursuing its course all the while. Attempts, well deserving consideration, have been made by observing the seat of the pain complained of, and interpreting, by the knowledge of the source and distribution of the nerves supplying the pelvic organs, to diagnose with something like precision the nature and seat of the pelvic disease."

The question of the supply of nerves to the uterus and ovaries has been the subject of keen and protracted controversy, and the best and most important summary of this most important matter, and which may be taken to be the latest, and most authentic expression of anatomical science, is the account by M. Boulard, adopted by Cruvielhier.

A brief resume of the nerves, cranial, spinal and sympathetic, will comprehensively place before you the nervous con-

nection and sympathetic relation of the utero-ovarian or sexual system. \* \* \* \* \*

The cranial nerves entering into relation more or less remote with the utero-ovarian system are: The pneumogastric, spinal accessory and petrous ganglion; and springing from the pneumogastric are, the auricular, pharyngeal, superior laryngeal, recurrent laryngeal, cervical cardiac, thoracic cardiac, anterior pulmonary, posterior pulmonary, œsophageal and gastric nerves.

Of the spinal nerves we have the phrenic nerves and the anterior branches of the sacral nerves. From the great sympathetic we have by far the largest contribution, but this always having its nervous communication with the cranial and spinal system.

The renal plexus, hypogastric plexus, solar plexus, aortic plexus, ovarian plexus, phrenic plexus, cœliac plexus, gastric plexus, hepatic plexus, splenic plexus, supra-renal plexus, superior mesenteric plexus, inferior mesenteric plexus, pyloric plexus, gastro-duodenal plexus, gastro-epiploic plexus, cystic plexus, left cœliac plexus, sigmoid plexus, superior hæmorrhoidal plexus, lumbar ganglia, semilunar ganglia, great splanchnic nerve, lesser splanchnic nerve, smallest splanchnic nerve, thoracic ganglia, inferior mesenteric nerve and from it the following branches, the pancreatic, intestinal, right cœliac and middle cœliac branches.

Thus, as briefly as possible, have I given the nervous system, its origin as connected with the sexual system; and have already so entrenched upon your time that to take up its physiological relation is out of the question, nor is it necessary for the anatomical relations, are so obvious that diseased conditions arising in the sexual organs, and through connection more or less remote, an aberrant molecular nerve motion once being established, it is manifest how the reflex diseased conditions successively arise and are propagated.

**Two Cases of Narcotic Poisoning.** By E. S. Stuard, M. D.,  
Covington, Ky. Read before the Homœopathic Medical Society of Cincinnati.

J. J. (colored), aged 30 years, a strong and healthy man, by occupation a farmer, in consequence of the troubled condition of his love affairs, sought death, by taking 1-2 oz of tinct. of opium. At 4 o'clock p. m., one hour after the poison had been taken, was called in. Found the man dressed, in bed, and asleep, skin of a normal temperature, pulse full, slow and laboring, breathing slow and labored; separating eye lids, found pupils of both eyes greatly contracted and in a measure insensible to light. His only response to a vigorous shaking, was a few grunts, and low muttered words. My gentle handling not having the desired effect, with both hands I grasped him by the collar of his coat, and by a strong pull, landed him upon the floor, then, with the assistance of two colored men, my patient was placed in a sitting posture upon a chair, his head wet, neck and shoulders sponged with cold water. I then gave him 10 grs. of sulphate of zinc, followed it up with copious draughts of warm mustard water. I then had my patient walked briskly up and down the room, by my two colored allies. I would frequently order a halt, and pass a feather as far as it would reach down the œsophagus of the would-be suicide.

Fifteen minutes had elapsed, and as yet no vomiting. Gave 10 grs. more of sulphate of zinc, and ordered my man to be taken into the yard. The subtle poison was now working energetically; the patient's chin dropped upon his chest, his legs bent under him, and my assistants were obliged, in order to keep him awake, to drag him from one end of the yard to the other, I occasionally stopping the two to give the middle man a tincupful of mustard water.

Upon my first entrance into the house, I had sent for a stomach-pump, by this time the messenger had returned with the information that none could be obtained in the city; something must be done, so I procured a piece of gum tubing of almost twice the diameter of the rubber tubing attached to a

No. 1 Davidson syringe; passing one end into the patient's mouth I carefully pushed it backwards and downwards until it had reached the stomach. It was too much; for the last half hour, the sick man was afraid he was going to die; and now he was afraid he wasn't. Stomach *versus* Doctor,—after a well contested struggle, stomach threw up, not the sponge, but its contents. I encouraged the vomiting by administering large and repeated drinks of warm water, now and then resorting to the rubber tube. I continued the treatment until I had thoroughly washed out the stomach, then ordered strong coffee without sugar or milk. I then left with instructions to keep the man awake until 10 o'clock p. m. My patient was able to be about next day.

Case II. At 7 1-2 o'clock p. m, on the 15th day of last July, was called in haste to see an infant aged 11 mos., to whom had been given by mistake 1-4 of a grain of sulphate of morphia. The mother had discovered the error some twenty minutes or so after the poison had been administered. I reached the house as soon as possible, and found the child somewhat drowsy, pupils of eyes contracted, pulse strong and full; gave as soon as could be procured, 5 grs. of powdered ipecac followed it with half a cupful of warm water, waited 10 minutes, the child had not vomited, repeated the dose of ipecac and gave a teacupful of warm water, without the desired effect. My little patient by this time was very heavily narcotized, its respiration being very slow and labored. I ordered a tub full of cold water, to be brought into the room, stripped the child of all clothing, stood it upright in the tub and dashed water plentifully upon its head and chest. No vomiting as yet. The stomach pump was my only resort. Not expecting a case of narcotic poisoning so soon after treating Case I., above mentioned, I had neglected getting a stomach pump, but having read of a similar case in which a common Davidson syringe had been used with success, in evacuating the stomach of its contents I determined to use one in this case. I used a No. 1 Davidson. Detaching from the ends of tube the metallic apparatus with which they are provided, and having well oiled one

length of the tube, I passed it down the child's throat until it reached the stomach. I placed the other end of the syringe, in a bowl of luke warm water, and slowly pumped into the stomach about half a pint; I then reversed the ends of the syringe, and pumped the contents of the stomach into an empty vessel, then reversing the syringe I refilled the stomach and withdrew its contents as before.

I repeated the operation four or five times. After thoroughly washing out the stomach, I administered about fifteen drops of tincture of belladonna. I left about 9 o'clock p. m., instructing the parents not to allow the child to sleep until I returned, at 12 o'clock, three hours afterward, I saw the child again. My little patient was still strongly under the influence of the poison; ordered strong coffee and told the parents, that if the child's breathing became irregular or stertorous to plunge it bodily into the tub of cold water. The little one was not permitted to sleep more than twenty minutes at a time until 4 o'clock a. m. of the next morning. The child slept most of the next day and night, the third day baby appeared as well as usual.

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**A Case from Practice—Hernia from Injury—Subsequent Abdominal Complications.** By H. R. Arndt, M.D., Ionia, Mich.

Mrs. S., aet. 63, nervous temperament; health has generally been good with the exception of an occasional bilious attack, occurring, perhaps, once in two to six months, and lasting, with more or less severity, two to four or five days. She had of late considerable pain in the ovarian region. Been under medical care for some time. She fell out of a buggy some five years ago. Husband soon after discovered a slight inguinal hernia, used hot fomentations, and about two weeks after the accident made a successful attempt to reduce it; no signs of it since then.



Oct. 22d, 1873, found patient in bed; pulse 84 and regular; pain in the region of the kidneys; frequent and difficult urinations, of a dark, strong smelling urine, with severe burning before and after; appetite good; tongue slightly furred; little thirst; tenderness of abdomen upon slight pressure, much aggravated by increased pressure; no particular tenderness in the ovarian region; abdomen large and flabby, with a peculiar feeling of the parietes, as of "a thousand little wrinkles under the skin," and again as if she had born a large number of children, although she never had been pregnant. Bell. 12th, cantharides 12th, one dose every two hours.

Nov. 2d, have seen the patient a number of times. The urinary symptoms have wholly disappeared. Find her suffering greatly with colicky pains, especially below the umbilicus, accompanied with a desire for and utter inability to pass wind; abdomen rather hard to touch, although but slightly bloated; frequent rumbling of the bowels, and with it a feeling to the hand of something knotting up immediately below. Colocynth third, nux vomica third, once in one to two hours.

Nov. 10th, have seen the patient once a day. Have given her colocynth, bryonia, carb. veg., mercury, ars., alb., nux., etc. The first only seems to give any relief. Found patient to-day suffering intensely with pain all through the bowels; diarrhœa; stools light colored and very offensive; cold extremities; cold sweat; belching up of foul gas; stomach much distended; tongue a dirty brown; pulse 110 and regular; abdomen hard with a feeling as if hard solid belts, immediately under the hand; very thirsty; appetite fitful; no rest, caused by pain and wakefulness; mind perfectly clear. Similar treatment continued, with addition of hot fomentations, and a weak solution of pure nitric acid in water as an occasional drink.

Nov 20th, have seen patient once or twice per day. Same feeling; tongue dry and covered with a uniform brown coating; occasional passing of wind, with very severe straining, affording much relief; pain in the bowels excessive;

Dec-3

pulse 130 and regular; abdomen increased in hardness and badly distended; stools still frequent; chills, followed by flashes of heat; thirst intense; inability to retain food or drink on the stomach. Ars., alb. 3d, colocynth 3d, hot fomentations, occasional doses of hydro-chloral.

Nov. 22d, patient continues to fail. During the night had a long copious discharge from the bowels; nurse claims there were fully two quarts of bright yellow water; discharge exceedingly offensive, filling the whole house; patient felt relieved after the passage and slept several hours.

Nov. 23d, patient has just died. Vomiting ceased about 2 o'clock, p. m.; passages became involuntary; died without a struggle at 5 o'clock, a. m.

Held a post mortem sixteen hours after death; assisted by Dr. T. R. Allen. Appearance of the body: Found the adipose tissue of the abdominal parietes exceedingly thick, with an almost complete atrophy of the muscular tissue; complete rupture of the peritoneum, the latter presenting the appearance of a band of the width of two inches, and a thickness of from  $\frac{1}{8}$  to  $\frac{3}{4}$  of an inch, extending from a point of attachment to the middle of the greater curvature of the stomach to the symphysis pubis, thus wholly exposing the intestines. The texture of the band was fibrous, and at points almost cartilaginous, most natural in its appearance at its attachment to the stomach. Its color was grayish. The intestines were gangrenous, especially the large intestines. There existed strong adhesion of the intestines to each other, and a solid union of the colon at the sigmoid flexure to the inner pelvis.

The appearance of other organs was perfectly normal, with the exception of a slightly congested appearance of the ovaries, and a slight enlargement of the liver.

What was the cause of the peculiar condition here? A sudden rupture of such magnitude would hardly occur without fatal and perhaps immediate consequences, and much less without the patient knowing any thing about it.

Must we not look for the primary cause in a pathological change of the texture of the peritoneum? I find no light



thrown upon it from authorities. There had been at no time any disease of the abdominal viscera, except the attack of colic spoken of. Who will explain?

**BEQUESTS ETC., TO MEDICAL CHARITIES.**—Mr. Thomas Banting has bequeathed £1800 each to the Royal Hospital for Incurables, the British Home for Incurables, the Earlswood Asylum for Idiots, the Worthing Infirmary, the Sussex County Hospital, St. Mary's Hospital, the Westminster Hospital, King's College Hospital, the Middlesex Hospital, the Charing-cross Hospital, the Lock Hospital, Harrow road, the West London Hospital, the Brompton Hospital for Consumption, the Cancer Hospital, the London Hospital, the Hospital for Sick Children, Great Ormond-street, and the Great Northern Hospital; £900 each to the National Hospital for the Paralysed and Epileptic, the Royal Westminster Ophthalmic Hospital, the Royal Orthopædic Hospital, and University College Hospital; and £450 to the City of London Truss Society, the residue to be applied in establishing a charity to help convalescent persons needing the beneficial climate of Worthing, and to be called "Thomas Banting's Memorial."

Could'nt we stir up some American Banting to help our Free Dispensary and the Homœopathic benevolent institutions throughout the country? It seems to us that physicians might educate the people for such work as this. A man or woman of wealth whose life had been prolonged by the agency of Homœopathy might show proper gratitude by such a bequest.

**TO THE EDITOR OF THE ADVANCE:**

Dear Sir, in the September number of the Advance appears a report of a case of "hereditary syphilis," cured by *Sulphur* 200th and 55<sup>th</sup>. Of course, the case redounds the praise of the Dr., but the report does not. To say that a patient has "syphilitic disease" is as indefinite as to say he has kidney or liver complaint, and if the profession is to learn any thing from reports, they should not be made in that loose and unsatisfactory manner. Can not the Dr. be persuaded to let us

have a differential diagnosis of the eruption, and also the symptoms which lead to the administration of sulphur, and oblige more than yours truly,  
CIN'TI., Aug, 24th, 1874.

F. H. SCHELL.

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## Miscellaneous.

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**Alcohol not a Poison.** By Lewis Barnes M. D., Delaware, O.

On the 20th of March last the well known chemist, Gerhard Saal, M. D., delivered a lecture in Pike's Opera House, Cincinnati, on "What We Eat and Drink."

We are concerned only with the portion which pertains "to such articles of sustenance as are wine, brandy and beer, in all of which alcohol is the active principle; in the last named we find, besides, lupuline, the extract of hops; furthermore [tea coffee, tobacco, opium and hashish." The language of this is peculiar: "In the last named" of the trio (wine, brandy and beer) we find lupuline. This is well enough but how shall we understand that which immediately follows in connection, to wit: tea, coffee etc.? Do these belong in the class of which alcohol is the active principle? It would seem so, for the lecturer goes on in the same paragraph to condense his ideas again. Thus: "The question to be discussed with regard to these articles, (wine, brandy, tea and coffee) is, Have they nutritive qualities? if not, are they injurious? or to state in other words are they poisonous?"

Now the peculiarity is, that a man who is reputed to be strictly scientific should so shift the point of his classification, or confuse its items. Does he mean as he in effect says, that

all these articles belong to the same class and should be considered together? Are tea and coffee for example intoxicating? Have they any tendency to produce delirium tremens? Do they ever lead to violence and crime? Do they ever induce a man to strike his wife and kill his children? Now this great man whose logical statements are so loose or disjointed goes on immediately to expatiate upon the rigid and exact ways of science, proclaiming fundamental truth "regardless of superstition and prejudice." And yet it seems necessary for him, stern disciple of science, to seek relief from difficulty in such a classification! He (with a great many men of great reputation for exact science) puts the fiery spirit of alcohol side by side with the comparatively mild influences tea, coffee etc., as if they were all birds of the same brood, being found in the same nest, and then draws conclusions from the nature of the milder things which make no disturbance in a community. And this is glorified as logic. But "the question whether alcohol is a nutritive element or not," receives no further light from this man. He gives authorities on one side, and on the other, and then proceeds to the most remarkable part of his address, which we must quote at length.

"On one point however, all authorities agree, viz.: We do not use alcohol because it is nutritious, for if taken in large quantities it causes derangement of the processes going on in the body, but on account of its effects as a stimulant and as a means of enjoyment.

From this stand-point let us consider the different modes of enjoyment and discuss them in order.

They possess like many other forms of religious worship, the power of satisfying the mind, to exalt the imagination, and render life more enjoyable without however improving it.

From this yearning after truth with an inclination to self-deception which is a part of human nature, has sprung the necessity in man of finding means to change his manner of thinking, to deaden to a degree his sensibilities. These means are now theine, caffeine, morphine, nicotine, strychnine and alcohol.

They permeate the blood and pass through the entire body and leave it without being decomposed (except alcohol), they do not therefore act in the capacity of nutritive substances, and can act as life-giving stimulants only in small quantities; in large quantities they act as decomposers, like the poisons. Wine is by religion and custom the honorable representative of the means of enjoyment, just as bread is the holy symbol of nutrition.

Wine contains, besides alcohol, certain volatile oils, which gives it its peculiar aroma and furthermore various salts especially potash, which rapidly becomes part of the blood, facilitating the taking up of oxygen and the throwing off of carbonic acid, exciting the heart to contractile power and favoring the entire process of bodily reorganization, just as meat extracts act, and thus creating bodily and mental comfort.

As a banisher of care and a strengthener of the heart it was from time immemorial the subject of song by the most gifted poets: the '*ecce bibendum*' of Horace, as also his '*aqua pota-terribus*,' will last long.

Again and again we are compelled to exert muscular force when it is already almost exhausted, the brain must frequently be stimulated to action when rest would perhaps be more desirable. The uncultivated man may indulge himself, but the cultivated man must be able to control himself at all times in peace or war. Nothing is so efficient in bringing about, effecting this result as alcohol; nothing so lasting in its effects; it is both nutritious, preservative and a poison; it is a *sine qua non*, daily to be used and on every occasion, in every clime and every occupation in life."

Here we find pretty nearly a surrender of the chief point at issue: "We do not use alcohol because it is nutritious, \* \* but on account of its effects as a stimulant *and as a means of enjoyment.*" And we are told that upon this one point all authorities agree. The idea of nutriment therefore is abandoned by this man of rigid science. Alcoholic drinks are useful only as a means of gratification, happiness or pleasure. But his language becomes more and more remarkable as he proceeds. Thus:—

“They possess, like many other forms of religious worship the power to satisfy the mind, to exalt the imagination and render life more enjoyable, without, however, improving it.” And so these forms of alcohol are forms of religion? This is what it says. They make life enjoyable. But (remarkable admission) they do not improve it.

Do they make it worse? Yes; look at the next paragraph: “From this yearning after truth [what! is the appetite for these things a yearning after truth?], with an inclination to self-deception which is a part of human nature [what, again! yearning after truth an innate desire for deception?], has sprung the necessity in man of finding means to change his manner of thinking, to deaden to a degree his sensibilities.” What logic! Because a man yearns for truth, he inwardly wishes to be deceived, and from this comes the need of changing his way of thinking, and deadening his sensibilities! And the means for doing all this “are now theine (tea), caffeine (coffee), morphine, nicotine (tobacco), strychnine and alcohol.” Such is the remarkable power of these forms of religion! And such is the argument of this man of science! Let the reader turn back and re-examine his own language, and see whether we have misrepresented him.

Another statement needs attention. It is this: “Wine is by religion and custom the honorable representative of the means of enjoyment, just as bread is the holy symbol of nutrition.” This brilliant sentiment leaves its glittering height in the air and runs into the ground, through the statement that bread is a mere “symbol” of nutrition. It is not such in reality; we could not live on it; it only *represents* something nutritious.

We are now prepared for a wonderful conclusion; “Nothing is so efficient \* \* as alcohol; nothing so lasting in its effects; it is both nutritious, preservative and a poison; it is a *sine qua non*, daily to be used and on every occasion, in every clime and every occupation of life.” True, he has just said: “We do not use alcohol because it is nutritious,” and that all authorities agree on this point. But why should such a discrepancy between the premises and the final conclusion, stand

in the way? A great scientific reasoner is before us. Why should he be fettered by the ordinary rules of logic?

He proceeds immediately to expand this point a little: "With a soldier on the field, the canteen of coffee or whisky [note the grouping again] can under circumstances compensate for erbsenwurst and bean soup." Although not to be used as a nutriment, as all authorities agree, yet it will answer well for bean soup!

Let the reader take notice that such are the positions and arguments of a celebrated man, and also that he and his friends have thought them worthy of re-publication in medical journals. Does their cause demand such reasoning?

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### Occasional Lectures—Sore Eyes.

*Gentlemen.*—The days of *sore eyes* are passed. This ambiguous term has slipped out of our vocabulary. A friend of mine, many years ago, a professor in one of the medical colleges of this city, drew upon himself no small amount of laughter by an article he contributed to a medical journal. The title of the article was "Old sore legs." But the term is quite as correct in its way as the one we have now discarded. No well informed medical man should seriously talk of "sore eyes". It don't correspond with our modern pathology. We might as well talk of "sore heads," meaning thereby the various diseases of the brain. And then think of grouping the various affections of the chest and abdomen under the euphonious title of "sores." This would simplify our pathological nomenclature, but it would not help to specialize our knowledge of disease.

Ophthalmia is a generic term, under which is included the various forms of inflammation of the eye, and in case of doubt

as to the identity of the affection, we may with propriety give it this very general designation. But of you who have given this subject some special attention, something more will be required. It is curious how differently we look at things as we may happen to be more or less acquainted with them. I can well remember how I once thought there was a deal of nonsense about the pretended revelations of the ophthalmoscope. It didn't seem to me credible that so much could be made out of the examinations. But matters wear a different face now. I feel as though I could swear by, rather than at, the precious little instrument. I find medical men have confidence in that which they understand. You venture upon certain topics, and they say, O you draw needless distinctions; you are over nice in your discriminations. Now the fact is they don't understand the subject, and they naturally conclude there is nothing in it. Take for instance skin diseases. We carry our differential diagnosis to very considerable length. And when you master this department of pathology, you will see real beauty and excellence in it, and not rest content in the belief that "tetter" and "salt-rheum" are the alpha and omega of dermatology or that names are of no account so long as you know what will cure.

Now, to come back to our starting point; when you examine a case of ophthalmia you should know the precise nature of the inflammation. If the eye ball and lids are reddened, with alteration in the secretions and modifications of sight—and these by the way are very common conditions in acute inflammations—you should know if it be the conjunctiva that is affected, or if it be the cornea or the iris. This can not be learned without some clinical experience. But no amount of experience will avail, without the power of observation. You must learn to discriminate. The distinctions are valid and must be recognized. When a medical man sneers at them he is merely trying to hide his ignorance. The evolution of complexity is a necessary law of progress. We can easily and definitely measure our knowledge by our power to minutely classify. If, in pathology, we can readily trace fine shades of distinctions, we may rest assured that we are

not pretenders in the science. And on the other hand if "sore eyes" and kindred terms constitute our nomenclature we may justly suspect the quality of our knowledge.

T. P. W.

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### **Francis Edmund Anstie.**

Not quite forty-one years old and yet dead, leaving a reputation almost world wide. Such men should not drop out of sight unnoticed. They can not, for the human race that has been made so much better by their living, is sensibly shocked at their loss. And yet they are not lost for they will live on through many years to come in the results of their labor. For the principal facts of Dr. Anstie's life, we are indebted to the Medical Record and London Lancet.

"Dr. Anstie was born at Devizes, on the 11th of December, 1833. He was the second son of a manufacturer in easy circumstances; and his family had been established in the locality for several generations. \* \* \* Francis, after being educated at a private school at Devizes, which he left in 1849, was articled in the year after to his cousin, Mr. Thomas Anstie, a medical practitioner of the town. According to the custom of those days he remained with his cousin three years; and entered at King's College in 1853. He passed through the ordinary medical curriculum with credit, and gained the Gill prize for general proficiency at the end of his first winter session. He was a steady worker both at the college and in the hospital, where he was an enthusiastic disciple of Dr. Todd, under whom he served as a clinical clerk, and whose teaching gave a manifest color to his whole professional life. In 1857, being as yet undecided with regard to his future line of practice, he took the post of resident physician-accoucher's assistant in the hospital. In the autumn of the same



year he took his M. D. degree at the University of London, and was for some time occupied in administering chloroform for Sir W. Ferguson. After this he lived for a short time in Stamford street; but in 1859 he moved to Onslow square, and was appointed physician to the Chelsea Dispensary. By this time he had determined to practice medicine; and having been appointed pathologist to Westminster Hospital, he was elected assistant physician and co-lecturer on Forensic Medicine in 1860, in the vacancy caused by the transference of Dr. Russell Reynolds to University College. He subsequently exchanged his lectureship for that on *Materia Medica*, which he held for many years, his course being devoted rather to the therapeutic action of drugs than to matters of mere detail. In 1862 he married, and from thence devoted himself far more closely to the practical business of his calling, displaying a power of steady and sustained work that had previously lain in abeyance, and that rapidly brought him into the first rank of his contemporaries. In 1863 he removed to the house in Wimpole street, in which the rest of his life was spent; and in the following year published his well known work on Stimulants and Narcotics, chiefly the result of experimental research conducted at the Westminster Hospital. His tenure of office as assistant physician was prolonged for thirteen years, during which he applied himself to the work of the out-patient department with an energy and solicitude that never flagged. About a year ago he succeeded to the post of physician, and was enabled to give full scope in the wards to those powers of clinical teaching which his long work among out-patients had cultivated to the utmost. For a short time he shared the lectureship on medicine with Dr. Basham, but had lately given the full course, in a manner that elicited the warm admiration of those who heard him. Besides his appointment at the Westminster Hospital, he was physician to the Belgrave Hospital for Children, and consulting physician to the Royal South London Ophthalmic Hospital. It need no longer be a secret that the most flattering overtures were made to him from New York, to settle there as a hospital physician and consultant, and a lecturer on the principles

and practice of physic; but family reasons, and the feeling of growing success in England, prevented him from assenting to a proposal that was none the less gratifying that it came from those who knew him only by his professional reputation. His last work, and that on which his future fame will chiefly rest was his admirable treatise on Neuralgia, on a second edition of which he was engaged at the time of his decease.

The circumstances of his death will form part of the history of the profession. The schools of the Patriotic Fund at Wadsworth had been visited by a somewhat strange succession of illnesses, and at last some of the children were attacked by a rapidly fatal form of peritonitis. Dr. Anstie was called in to the assistance of the medical officer, and he made a careful examination both of the premises and of the patients. He was at the time suffering from over-work and want of rest, and was hardly in a state to undertake the oftentimes dangerous duty of a medico-sanitary inspection; but after accomplishing it, he made, on Sunday the 6th, a post mortem examination of one of the children who had died from peritonitis.

Whilst thus engaged, the middle finger of his right hand was accidentally punctured with a needle. He sucked and washed the wound immediately, and on Tuesday mentioned the occurrence to some of his friends, but expressed a hope that no harm would result from it. On Wednesday he felt ill, and complained of pain in his right arm-pit. During the afternoon he was so chilly that he sat before a fire wearing an overcoat. Dining with a friend in the evening, he spoke of having poisoned his hand, and said that he had much pain in the arm-pit, that he feared he would have an abscess there. On Thursday he was confined to his bed, and Dr. Brudenell Carter found him with a dry tongue, a dry, hot skin, complaining of distressing headache, and of much pain over the right pectoral region. After a restless night the patient was worse on Friday, and the assistance of Dr. George Johnson was obtained. At three p. m. on Friday he was delirious, his tongue dry, and his temperature  $105^{\circ}$ . There was an erysipelatous blush about the size of the palm of the hand over the right pectoral muscle; there was excessive tenderness on pres-

sure in the right axilla and over the front of the chest, on the right side. His condition at half-past nine the same evening remained unchanged. At half-past nine Saturday morning the breathing was very rapid; there was a distinct friction sound over the middle and lower lobe of the right lung, and dulness on percussion over the same space, the erysipelatous redness and tenderness remained the same. The urine was highly albuminous, and contained numerous epithelial casts. About the middle of the day symptoms of a blood-clot at the right side of the heart came on; the features were livid; the breathing rapid and shallow; consciousness was rapidly lost, and death occurred at half-past two p. m."

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ACCORDING to Prof. Andrews, ozone is rarely found in large towns, unless a suburb when wind is blowing from the country. It is rarely absent in fine weather from the air of the country and is more abundant in the air of the mountains than of the plain. The permanent absence of ozone from the air of a locality may be regarded as a proof that we are breathing adulterated air. Its absence from the air of large rooms, even in the country, is probably the chief cause of the difference which every one feels when he breathes the air of a town or of an apartment, however spacious, and afterwards inhales the fresh or ozone-containing air of the open country.

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PROF. BEIZ has an article in *The Journal of Anatomy and Physiology* on some effects of alcohol on warm blooded animals. He states that the impression of heat felt after taking alcohol is only subjective and is not perceptible by the thermometer. Moderate doses cause lowering of the temperature of the blood amounting to 3° 4° or 5° Fahr. Alcohol diminishes the metamorphosis of tissue and subsequently decreases the urea and the carbonic acid. The answer to the question whether alcohol is a food depends on circumstances. It is not required to sustain life under ordinary circumstances, but is useful when through any cause, such as cold air or feverish excitement, an increase of our tissue metamorphosis arises.

**Lorain County Homœopathic Medical Society.**

The sixth annual meeting was held in the Mayor's office, in Elyria, on Thursday, Oct. 8th, 1874. Meeting called to order at 10 o'clock, a. m., by the President, Dr. M. P. Hayward. Members present, Drs. M. P. Hayward, of Oberlin; C. F. Cushiug, C. F. Park, Mrs. U. L. Higgins, and G. F. Peckham of Elyria; D. W. Starkey and Cath. Arndt, of North Amherst, and visiting member Dr. F. Bond, of Vermillion. Minutes of last meeting read and approved with the following corrections: Dr. Samuel Ackerson and S. Reamor should read of Oberlin instead of Elyria; omissions, Dr. Park reported in writing a case of hepatization of left lung in a girl six years of age, cured by lycopodium. Dr. Wolcott thought lyco. acted better in troubles of right lung than left lung. Election of officers for the ensuing year resulted as follows: For President, Dr. M. P. Hayward; for Vice-President, Dr. U. L. Higgins; for Secretary and Treasurer, Dr. G. F. Peckham; for censors, Drs. Starkey, Park and Higgins. A vote being taken on the proposed amendment to the Constitution, empowering the society to punish a member for immoral conduct, was carried. Adjourned to meet at 1:30, p. m.

Convened at 1:30, p. m. Mrs. Dr. Arndt presented a written report of a case of hysteria, rather peculiar in character, in a young lady twelve years of age. Dr Cushing presented a written report of a post mortem of a Mr. G.—hepatization of lower portion of lungs. Tubercles in different portions of the lungs, and a plugging of bronchial tubes with stone grit. Mr. G. had not worked in stone for eighteen years. Dr. Starkey presented a written report of the action of ergot in labor. Dr. Park presented a written report of a peculiar case of labor; the fœtus hydrocephalous and still born. Dr. Hayward presented a written report of alcohol as a remedial agent, he claimed it never admissible, under any circumstances. A synopsis of the proceedings ordered forwarded to the Cincinnati Medical Advance for publication. Adjourned to meet in Oberlin in June, 1875.

G. F. PECKHAM, Secretary.

Dr. N. B. WILSON has removed his office from Detroit street to 184 Lorain street, Cleveland, West Side.

Dr. H. E. BEEBE, of Sidney, Ohio, was married to Miss Ophelia McDowell, Oct. 8th.

Dr. A. C. RECKER, of Dayton, O., one of the Pulte boys, was married to Miss Bell Rensford, of Cincinnati, Oct., 21st.

Dr. A. K. FRAIN has settled in Laporte, Ind., forming a co-partnership with Dr. C. S. Fahnestock.

A MISUNDERSTANDING on the part of the Cincinnati post master led to the detention of the November number. This may have made our issue seem late, but our readers can be assured that we were as usual on time.

MICHIGAN HOMŒOPATHIC COLLEGE.—The next regular term of this college will commence, December 1st, 1874. "Announcements," or any information regarding the same may be had by addressing E. D. Burr, M. D., Lansing Michigan.

Dr J. B. McSWANE, has removed from Burnt Prairie, to Olney, Ill., in remitting for the Advance, he says, "I have become so much attached to the Advance that I cannot well get along without it. It fills a space in medical literature that stood much in need of being filled."

YOU KNOW we are going to have a Fair in Cincinnati. It will be for the benefit of our Free Dispensary. The inestimable value of this growing Institution is attracting the attention of the public. Its friends are determined it shall not lack support. The Fair commences December 7th. Will our friends lend us a hand?

THE SAN FRANCISCO NEWS LETTER, evidently a very able journal, has opened a vigorous warfare on the quacks of that city. These gentlemen of doubtful reputation are boldly placarded in the pages of the News Letter, and are ordered "to step down and out." This is all right, only the editor assumes that a man is above suspicion if he has a diploma, and all wrong if he lacks that important endorsement. Prima facie this is so—practically it often fails to work. A regular quack and a regular diploma are often seen in company. A man without a diploma may be nevertheless an educated physician, though appearances are always against him. So we say success to the News Letter, and may it wisely discriminate and then persistently give battle to the base pretenders.

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No one can hope to equal the demands of the profession, upon their thoughts and energies, without taking at least one scientific journal. Let us hear from you.

THE  
**Cincinnati Medical Advance.**

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All business communications, relating to the publication or to advertising, should be addressed to DR. T. P. WILSON, S. W. Cor. Seventh and Mound Sts., Cincinnati, Ohio.

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SCRIBNER'S MONTHLY and *St. Nicholas* for 1875. The first for the old folks, and the second for the young folks, makes the household complete. Holding the front rank among the journals of the country, they possess unequaled advantages in supplying instruction and amusement for the home circle.

IF THE Ohio Medical and Surgical Reporter and the United States Investigator will take our article on "Psychic Force in Therapeutics" and logically answer the points it distinctly affirms, they will show their smartness to a better advantage than by selecting and detaching certain sentences therefrom, and ridiculing them. Efforts of this latter sort are more amusing than argumentative or convincing. Apropos, a distinguished writer at the South, referring to this,

says: "Yes doctor, since the forces of nature are correlative, commutable and indestructible, there is no telling how soon we may reach *the unification of all the healing forces*, now apparently so numerous, and for one I am ready to welcome the day. When we can trace remedial influences back to their sources, we will find them wonderfully simplified; but not in the form of *a dozen tissue remedies*. That is a base imitation of science."

"HONORABLE MEDICINE"! And so having worn thread bare the self-assumed title of "Regular" and through their manifold irregularities having demonstrated its absurd application to them, our dear Allopathic brethren have been obliged to coin a new term. Here it is. *Honorable Medicine!* Now, if they could only copy right it so as to monopolize its use, what a patent of nobility they would have to be sure. It seems cruel to deprive them of such a necessary certificate of good character. But Dr. Thos. E. Enloe of Nashville, Tenn., has scotched the thing before it was fairly born. He spoils all the romance that might have clung to this newly created title. His little pamphlet demolishes all their hopes to the name of "regular" or "honorable." And if not these, what then are they? When the Medical Department of the University of Nashville undertook to educate Dr. Enloe they builded better than they knew. In fact the faculty of that institution now find that in more instances than this they have been entertaining angels unawares. Several of their alumni have gone boldly over to the enemy. Dr. Enloe was not a Homœopath educated in an Allopathic school, but a genuine case of conversion. Hence, he may, with honor, claim to have taken advanced steps in medicine unknown to his teachers. A Homœopathic student getting his education in an Allopathic college would only disgrace himself in railing at his *Alma Mater*. His mouth is pretty effectually sealed. And he never exhibits much enthusiasm over Homœopathy. But



the man who goes through the follies of such teaching and then gets his eyes open, generally strikes out with all the boldness and zest shown by Dr. Enloe.

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Occasional Lectures.—A Question as to Progress.

*Gentlemen* :—There are many well informed persons who doubt if the world be progressing or retrograding. And notwithstanding we loudly boast of our progress, there are many facts in history which show that in many things we have thus far failed to reach the high point of development attained by the ancients. If we go to the cradle of civilization—the valley of the Nile—we find that not the mighty pyramids alone, but a multitude of other facts attest the glory of a nation whose light gone out, long left the world in Egyptian darkness. You have doubtless heard of “the lost arts.” But when Egypt perished something more than the arts were lost. We talk of “the Modern Sciences.” We have in them scarcely reached what was quite familiar to the Egyptian scholar. As there was science in Egypt, so subsequently there was philosophy in Greece. And to-day our scholars go to this exhaustless fountain head for instruction. Will the wise men whose names have made Greece immortal—will their wisdom be ever eclipsed? Now as a citizen of the American republic, I am justly proud of my country. I know her power, and I share in the pride of her glory as she spans this great continent and stretches out from sea to sea. But when I look at the people and take some measure of their wisdom, when I look at the young men and women who are crowding to take the reins of gov-

ernment and to rule society, who are in fact to make the future history of this nation, I am staggered at the prospect. Who among them is to become world renowned? And if any, will it be by sheer accident or will they climb to eminence through genuine merit? Must we still go back to the past for our true representative men and women in the higher walks of science and philosophy? If we, as Americans, fail of future advancement, it will be because we are,

First, *Superficial*. How to make the most money in the shortest time is the fundamental law of our national existence. Candidates for the medical profession feel its pressure. They seek to skim the science, but they miss the cream, and with the most rudimentary knowledge they enter upon their duties and remain forever satisfied if they can get business and make money. If one ventures to come before them with an investigation into the deeper meaning of things; to give them a taste of logic or philosophy, or to take a wider view of the relations of the universe, he is taunted with being "visionary, theoretical, non-practical." The value of anything not seen in dollars and cents has to them no value. Why should they cultivate science and philosophy? There is no money in them. Perhaps our medical schools are not more cursed with this tendency to superficiality than other schools, but I fear they are, and I do not see after nearly a score of years of intimate acquaintance with medical classes any improvement in the thoroughness and breadth of information students are seeking to obtain. Exceptionally we find students who find no height too high or depth too deep where they may not go searching for ultimate causes and effects. Possibly our own school may yet develop men who, in natural endowments and varied acquirements, may yet shed a lasting lustre on the profession of medicine, and redeem it from the disgrace of a mere commercial art. But our future advancement is imperilled by our

*Want of Toleration.* We are a nation having fixed opinions. Most of these opinions we have inherited. They come to us as heirlooms from our parents and grand parents. And the longer the line of descent the more sacredly we cherish, protect and defend them. The ancients grew in wisdom because the wise men met for converse in the gates of the city, and with their eager students walked amid the shades of classic groves while engaged in controversy. But our American with his opinions crystalized does not take kindly to opposition. He wraps himself in the mantel of self-complacency and is satisfied that nothing can be better than what he now possesses. Medical men are especially noted for their want of toleration. This is often the fault of their education. Their *Alma Maters* foster in them a spirit of bigotry. But independently of this, most young men start out with certain well defined ideas; and they desire only to be confirmed in their opinion. You break to them never so gently a new truth, a new system of philosophy and if it overturns their preconceived notions, it is not for a moment to be tolerated. There are pleasing exceptions to this rule, but so universally are we intolerant, that we may well wonder if after all the world of thought does indeed progress rather than recede.

“HAS THE Pulte Medical College closed up?” So writes an anxious Michigan subscriber. Of course it has. Having a much larger class than ever before, having over one hundred and twenty-five clinics already presented and lectured upon, besides two hours of clinics daily at the City Hospital and, in all, seven lectures a day, it has no earthly reason for its continuance. If it still lives it must take the responsibility.

**The Philosophy of Cure.** An Introductory Lecture by Wm. H. Holcombe, M. D.

Therapeutics, or the art of cure, is the chief aim of medical science. To its development and perfection all the labors and studies of the profession conspire. The questions are exceedingly complex and intricate. To cure disease, you must understand the human system in general and the individual patient before you in particular; you must understand diseases in general and the special form of the peculiar disease for which you are to prescribe; you must understand remedies in general, and you must be able to specialize and to individualize before you select the one right remedy, for the one case under your consideration. To do all this scientifically, surely and promptly is the business and the glory of the physician.

How are diseases cured? In the first place, how or by what process have we acquired any knowledge of the application of remedies to the cure of disease?

Our knowledge has been acquired in two ways :

Firstly—By experimenting upon the sick, generally according to some preconceived theory of the disease, aiming to oppose or counteract it, and with the expectation that similar results would always be obtained in similar cases with the same remedies. The Allopathic healing art is the accumulated experience of ages according to this method.

Secondly—By experimenting on the healthy system and by observing the effects of accidental poisonings in men and animals, so as to learn the disease-producing power of drugs, in order to apply them to similar naturally-occurring morbid states. This is the Homœopathic method.

The idea, or principle, or law of cure which chiefly dominates in the Allopathic school has been thus formulated:

*“ Contraria contrariis curantur.”*

The corresponding antithetical law of the Homœopathic school is thus expressed :

*“ Similia similibus curantur.”*

It strikes us forcibly that statements so entirely opposite can not be both true, and yet Hippocrates, the father of medicine, affirmed, 400 years before Christ, that diseases could be cured upon either principle.

His words are remarkable.

“A patient is restored to health by taking the remedies which produce a similar disease.”

“That which produces strangury artificially will cure it when it occurs spontaneously.”

“Cough is produced and cured by the same things.”

“Fever is extinguished by that which produces it and vice versa.”

“Thus health may be restored by two contrary methods, and one may prescribe according to the law of contraries or according to the law of similars, determined by the nature and origin of the malady.”

These Homœopathic ideas of Hippocrates were not the invention of his imagination. They must have been founded on facts, on observations and experiments enough to have made them the common property of the profession of his times. He does not offer to explain or defend them. He takes it for granted that they were familiar to his readers. How interesting it would be to us to penetrate the darkness of that ancient time, and to see how and when some primeval Hahnemann extorted from nature her most wonderful secret of cure.

Why is it that this great scientific law of cure, so early discovered, so clearly taught, laid for more than 2,000 years unobserved, unauthenticated, unutilized and unknown?—although endorsed by so great an authority as the father of medicine?

The sagacious Hippocrates himself has answered the question—“The law ‘*contraria contrariis curantur*,’ is the most conformable to nature”—by which he means, conformable to the experience of the senses, or to the common sense of man kind.

How natural and easy it is to think that disease is cured by its opposites; that too great heat is relieved by cold, too great

cold by heat, excess by depletion, weakness by stimulation, wakefulness by sleep, fatigue by repose, etc.

And how unnatural and even absurd it seems at first sight, that what produces a disease will cure it. Common sense would say, that it must aggravate it. Common sense, or the report of the senses uncorrected by the rational faculty, would say the Homœopathic law implied, that poisoning by arsenic would be cured by a little more arsenic, and that sin would be eradicated by committing a little more sin.

Behold, in a nut shell, the secret of the powerful hold which Allopathy has exerted over the human mind, and of the difficulty which Homœopathy has experienced and still experiences in ascending the throne of science to which she is the rightful heir!

In face of the evidence of the senses, in face of the superficial reasonings of minds unemancipated from the thralldom of ancient error, I affirm that the law of contraries is fallacious, and that the law of similars is profoundly true.

Analyze the matter thoroughly and see what is the *basis* of the belief of the law of contraries. It is this: that in the physical world a force or current, or momentum of any kind can only be neutralized or overcome by an opposite force of equal or greater intensity. And this law, *true of the physical world and of material things*, has been illogically translated or elevated into the sphere of vitality, into the domain of animal and spiritual life, which is governed by laws entirely different.

This prime fallacy, that a law which prevails in the physical or inorganic realm of nature, must also prevail with more or less modification in the different and more complex phenomena of organic life, is the starting-point of all the numerous Allopathic theories of disease and its cure. The fountain is impure and the streams are vitiated. The premise is false and the conclusions are unreliable.

Opposites are cured by opposites! Opposites to what? To the *causes* of the disease? What is the opposite to a cold draft of air, to a drizzling rain, to the loss of a night's rest, to an indigestible dinner? What is the opposite of a malaria!

poison, of the syphilitic virus, of a scrofulous taint? We can conceive of these causes as existing or not existing, we can even conceive of them in the relation of *more* or *less*, but what imagination can depict their *opposites*?

If we are to produce a state opposite to the *disease*, we would ask, what is the opposite of a fever, of a dysentery, of a tubercle? They have no opposites, but only degrees of manifestation. Heat is not the opposite of cold, nor light of darkness. Cold and heat, light and darkness are relative terms, implying more or less even to comparative negation, but never opposition. The coldest substance of nature has still heat of its own, and a substance, hot from one standpoint, is cold from another. We really apply heat to a frozen limb when we rub it with snow.

If drugs applied on the Allopathic principle do *not* cure by producing opposite conditions to those of the disease, how is their action to be explained? They do not, can not directly produce healthy or physiological symptoms, but they always produce morbid states which are curative in proportion to their resemblance to the existing disease. No medicine produces health. Every medicine produces a morbid state. It never can be a question of opposition, but only one of more or less likeness or resemblance. The Allopathic medication produces a widely different but not an opposite disease—the Homœopathic a disease resembling the natural one as closely as possible. The Homœopathic principle lies somewhere at the bottom of all therapeutics.

The Allopathic philosophy can not stand the test of either reason or science. It is founded entirely on the fallacious evidence of the senses and the illogical introduction of that evidence into higher and wholly different spheres. Its strongest argument with the populace is that it *seems* to be true. The sun *seems* to rise in the east and to set in the west; the earth *seems* to be a flat surface bounded by the horizon; the sky *seems* to be a blue dome or vault bending down and meeting the earth; but all these appearances, so overwhelming to the senses of a child or a savage, are explained and corrected by the superior observing and rational faculties of civilized

man. So will it be with the delusions upon which Allopathy is founded. They will fade away before the light of intelligent construction of the laws of nature, until men shall wonder how they were ever entertained.

On the other hand this Homœopathic law "*similia similibus*," seems at first sight strange and unintelligible. But so does that grammatical axiom, when we first hear it, "two negatives make a positive." So does the mathematical paradox, that "minus multiplied by minus makes plus." So does the scientific formula, that "like electricities repel each other," or the fact in natural philosophy, that two waves of light may produce darkness and two waves of sound may produce silence. In the moral world how strange it is at first that the law of kindness is far more powerful than our favorite law of force; and that when God revealed himself to Moses, He was not in the whirlwind or the fire, but in the "still small voice." All these things are as strange as Homœopathy.

The Homœopathic law will grow less and less paradoxical as it becomes familiar to mankind. It is a genuine law of nature, vast in its range, and so fruitful in result that its application in the right direction has already constructed a new materia medica and changed the whole face of medical practice. It is not our task in this place to prove its existence and its truth, but to review what has been done to *explain* its operation.

How do Homœopathic medicines act? Let us premise that Homœopathic medicines will continue to cure whether we understand the *rationale* or not. The discovery of a truth very often precedes the explanation of it. The needle pointed to the pole, and the mariner used it as a sure guide upon the high seas hundreds of years before our discoveries in terrestrial magnetism gave a satisfactory solution of the strange phenomenon. So it may be with Homœopathy. We may not yet be able to satisfy the scientific mind as to *how* we cure, but our guiding law to the cure remains fixed and clear.

We can not repress the instinctive cravings of the soul for information about the causes of things, the plan of the uni-



verse, the operation of laws, and the mysteries of life. How? when? where? why? are the little queries continually propounded by our children, and they will not be satisfied without some kind of an answer. And we, who are but children of a larger growth, put the same interrogations day after day to man, to nature and to God. Sometimes the powers we question are as silent as the stars, giving no answer; sometimes our hearts are rejoiced by a partial glimpse or an imperfect explanation.

Hahnemann's own theory of the cure was this:

"A *weaker* dynamic affection is permanently extinguished in the living organism by a *stronger* one, if the latter (whilst differing in kind) is similar to the former in its manifestations."

This theory is untenable and has long been abandoned. There is no proof that the medicinal disease is *stronger* than the natural disease, especially when the latter is given in the Homœopathic dose, and the arguments adduced by Hahnemann were all unsatisfactory.

Trousseau and Pidoux, Allopathic writers, explained the action of Homœopathic medicines on the principle of *substitution*, the artificial disease being supposed to take the place of the natural disease. They do not however state why or how one gives way to the other, and the theory is simply the old one of Hahnemann. With Hahnemann the drug-disease overpowers the morbid state; with the French gentlemen it is substituted for it.

Hufeland and others taught that Homœopathic medicines excite the *reactive* powers of nature against the existing disease. The medicine is supposed in reality to increase the disease, but in that very act it rouses the *reactive* forces of nature more and more against it.

Many others contend that all the symptoms of disease are signs of nature's effort to throw off the interior morbid influence; that nature is frequently incompetent to the task, and that Homœopathic drugs acting in the same line with nature's efforts, facilitate and hasten her cure.

Attomyr even contends that diseases are analogous to plants, springing from seed or by equivocal generation, and have their period of growth, flowering, fructification, decay and death; and that our remedies are food for this process, stimulating the rapid growth and hastening the death of the morbid influence. He originated the paradox that "the cure of disease depends upon the promotion or continuation of diseases."

I refer you to Dudgeon's Lectures on Homœopathy for an account of these and several other curious and transcendental German theories of the Homœopathic cure. And if you ever study the works of Emanuel Swedenborg, and understand his philosophy of the union of the spiritual and natural worlds, you will catch a glimpse of a far more wonderful theory of Homœopathy than any which has ever yet been presented.

I confess that I have been always dissatisfied with these vague and almost unintelligible speculations, and have longed for some purely material or even mechanical solution of the question. I distrust metaphysics; I revere science. I think our hope for the future elucidation of our cures depends upon our increasing knowledge of two great orders of physiological facts, viz: the electro-chemical phenomena of nutrition, and the undulatory movements of the nerve-force.

I am convinced that we shall never get any satisfactory theory of disease or its cure, so long as we look for it in the great complex organs and tissues; so long as we think of medicines as acting on the liver, or the skin, or the heart, or the brain. We must go deeper than that. We must pass from the periphery to the center, from the compound to the unit, from the gross and crude to the microscopic, from the various secretions to the electro-chemical action which underlies all secretion, from the solids and fluids of the body to the ethereal sphere of the nerve-force which from its interior throne dominates over everything beneath and around it.

All the grand movements of vitality are transacted in the ultimate cell or organic molecule, invisible to the eye, and be-

yond the reach of chemical analysis. The chemical nature of the cell and its nucleus, and their chemical reactions with the adjacent blood brought to them through the minutest capillaries, determine all the vital manifestations at that point, determine the secretions, the excretions, the motions, the sensibilities, the health or the disease of the individual.

Disease is perverted nutrition. It begins always in the ultimate cell or organic molecule. An infinitesimal change in its chemical constitution, an atom more or less of oxygen or carbon may be a departure from the normal type, involving by successive degrees a vast train of organic disturbances. The root and fountain-head of all the morbid symptoms in the body is to be found in the infinitesimal electro-chemical reactions of the ultimate cell or organic molecule with the blood. I say electro-chemical, for all chemical changes are accompanied by, and frequently dependent on, simultaneous changes of heat and electricity. The electrical condition and the chemical condition are inextricably associated and interdependent.

Now whatever this electro-chemical state of perverted nutrition may be, which constitutes disease, we are certain that in drugs chosen on the Homœopathic principle, we have the means of producing similar electro-chemical states in precisely the same parts. What must be the effect of a drug applied under such circumstances? The only guide we have at present is the physical law that similar electricities repel each other. How are they to repel each other in this case? The organic molecule and the medicinal molecule do not fly apart and recede from each other, but the electro-chemical action going on in the molecule is suspended or changed to its opposite—or as the philosophers say, the poles are reversed—and so a disease is cured by infinitesimals on the Homœopathic principle.

This theory has been slowly elaborating from the time of Hahnemann to that of Grauvogl, and I am sure that succeeding discoveries in the higher departments of physiology and physics will throw a more perfect light upon what is still vague and obscure in the brilliant and beautiful speculation.

Closely allied to this electro-chemical theory and partly dependent upon it, is the undulatory theory of cure—first propounded by myself in 1852 in a little book entitled “The Scientific Basis of Homœopathy,” and published in this city. I will give you an outline of its contents:

The grey globules in the brain, spinal cord and sympathetic system are the *generators* of nerve-force. It is generated by the electro-chemical nutritive reactions going on between the arterial blood and the nerve-cell. The nerve fluid or *aura* is conducted down the afferent tubes to all parts of the body and returns by the efferent tubes to the nerve centers.

I compare the nerve force to the great solar forces of nature, heat, light and electricity. I extend to that force the undulatory theories so successfully applied to the physical forces. The nerve fluid moves through its medium with exceeding velocity and in waves of infinitesimal minuteness. It governs all the sensations, motions, secretions, etc., and its own character as to rate, form, peculiarities and effects is determined by the electro-chemical nutritive changes produced in the generating nerve-cells by the blood.

Disease is an abnormal undulation, a motion of the nerve fluid deviating from the normal type, This abnormal wave-movement or undulation of the wave-fluid is the prime cause of all the morbid phenomena which make up our symptomatology. Our drugs produce similar peripheral phenomena, and it may be inferred from that fact that they disturb the nerve centers in a similar manner, and produce similar nerve undulations.

Now, similar but not identical undulations of light produce darkness; similar undulations of air produce silence instead of sound; similar undulations in water antagonize each other and produce rest—and as heat, electricity and actinism, (or the chemical force of the sun) are interchangeable powers, and various forms of but one great solar force, it is more than probable that the same laws of wave interference apply to them all.

The action of Homœopathic medicines is now clear. Give a medicine which produces symptoms in all the organs and tis-

sues similar to those of the disease existing, and its minute atoms are carried in the blood to the microscopic gray nerve-cells, where by their electro-chemical action they produce a similar nerve undulation, which antagonizes, neutralizes or arrests the abnormal one already in force. Thus a profuse secretion of bile, a pain in the heart, a cough, a headache, a skin disease, anything, everything, can be promptly cured by remedies which may never go to the apparent seat of the disease, but which strike at the very root and center and starting point of the morbid movement. The nearer to the nerve center the smaller the dose which will be requisite to produce a given result. A nickel, invisible at a little distance, held close to the eye will hide the sun.

When this theory was first promulgated, although amply sustained by fact and argument, it was pronounced by the Homœopathic press to be too far up in the cloud-land of hypothesis to receive any serious attention. The Allopathic press, acting upon its adopted strategy of silence, gave it no notice whatever. One Allopathic professor indeed stole a dozen pages of it and published it in the American Journal of Medical Sciences as an original contribution to the physiology of the nervous system. Many developments since that time in physiology, physics, and microscopy tend to explain and confirm my theory. It will come up again for hearing. I lay my little gift on the altar of science and leave the verdict to future times. Such is a brief resume of what has been offered to explain the Homœopathic cure. We concede that it is insufficient and unsatisfactory. It is a beginning but nothing more. We wait additional light. It will come. In relation to this and to many other mysterious things, nature, our good and wise mother, secretive and reticent, seems to look coldly upon us at present and to say to us, as Christ said to his disciples, "I have many things to tell you but you can not hear them now."

The formula "*similia similibus curantur*," is the only one, which, by its vast range of application and by the multiplicity of its cures has attained the height and dignity of law. Yet while a great deal of Allopathic practice is curative by

the leaven of Homœopathy which it contains, it is undoubtedly true that there are methods or processes by which nature is aided and cures effected, which are not fairly explicable by our philosophy.

Thus, it is always proper, whenever we can, to remove the causes of disease when they are still acting upon the body. To extract a carious tooth for neuralgia, to give an emetic to rid the stomach of an indigestible burden, and to destroy and expel worms are examples of cures of this class.

Again, it is sometimes necessary to use mechanical and chemical measures in the course of our treatment, and these are to be determined and used according to the laws of natural philosophy and chemistry.

It is sometimes requisite to give remedies, such as iron and lime, which are natural constituents of the human body and which may be deficient on account of disease.

It may sometimes become imperatively necessary to restore the physiological equilibrium of the system, and in such cases, a diuretic, a tonic, or a purgative may be of decided value.

It sometimes is a mercy and a duty to relieve pain by anodynes, when it is excessive and uncontrollable.

There are many remedies unclassifiable either as "*similia*" or "*contraria*," which are known by empirical experience as serviceable in certain cases.

Lastly, when we look at electricity and galvanism, at Hydropony, at Kinesipathy, or the movement cure, at animal and terrestrial magnetism, or at the great mineral springs of nature, we see how much there is for us to study and to use outside of pure Homœopathy.

Homœopathy is the key-stone of the arch, the crowning glory of medical science, but Homœopathy is not all. Let us be physicians indeed. Let us be healers of the sick. Let us learn of the greatest and the least. Let our eyes and ears be open to all sides. Let us be teachable in spirit. For, after all, however wise we become, we shall be, as Sir Isaac Newton said of himself, like little children playing with shells upon the shore, while the great ocean of truth lies undiscovered before us.

# Surgery.

## Differential Diagnosis of Syphilitic Chancre and Chancroid. From "Surgical Diseases of Genito-Urinary Organs with Syphilis." By Van Buren and Keyes.

Syphilitic Chancre. Always a constitutional disease.	Chancroid, always a local disease.
Caused by sexual intercourse with a patient suffering from syphilitic chancre or some secondary lesion of or near the genital organs, vaccination, syphilitic blood, accidental or designed inoculation of any vehicle containing the syphilitic virus, upon an abrasion of any portion of the tegumentary expansion.	Caused by sexual intercourse with a patient suffering from chancroid on or near the genitals, accidental or designed inoculation with the secretion of a chancroid or that of a virulent bubo.
Situated usually upon or near the genitals, not infrequently upon the hands, head or nipple	Situated almost exclusively on or around the genitals.
Incubation constant, not less than ten days, usually three weeks.	Incubation, none after absorption of the poison. Ulcer usually formed on the second or third day, very rarely later than the seventh day.
Begins as an erosion or a papule and remains an erosion or ulcerates.	Begins as a pustule or ulcer and invariably remains as an ulcer.
Usually unique or simultaneously multiple; never multiple by successive auto-inoculation; never confluent.	Usually multiple, both simultaneously and by successive auto-inoculation often confluent.

Shape, round, oval or symmetrically irregular.

Lesion is habitually flat, capped by erosion or superficial ulceration or scooped out, or deep funnel shaped ulcer with sloping edges. Sometimes the papule is dry and scaly.

Edges sloping and adherent, sometimes prominently elevated.

Bottom smooth, shining.

Color, somewhat darkish red, gray or black, lesion sometimes livid and scaly, occasionally scabbed.

Secretion, slight, sero-sanguinolent, unless irritation provokes inflammation and a supply of pus.

Not found on patients who have had syphilis previously.

Not auto-inoculable without great difficulty, unless irritated and secreting thick pus.

Slowly progressive, cicatrization slow.

Rarely painful.

Induration: Constant, parchment-like, and very faint, or cartilaginous and extensive, terminating abruptly, not shading off into the parts around, almost insensitive to pressure.

Shape, round, oval or unsymmetrically irregular, with border described by segments of larger circles.

Always a true ulcer, excavated, hollowed out.

Edges sharply cut, abrupt, often undermined.

Bottom uneven, warty, irregular, without luster.

Color, yellow, tawny, false-membraneous looking, sometimes bright.

Secretion, abundant and purulent.

Found indifferently upon all.

Readily auto-inoculable, producing characteristic ulcer by the third day.

Rapidly progressive, cicatrization slow.

Often painful.

Induration: Absent in typical cases. An induration may be caused by irritants or inflammation. It is boggy, not elastic, sensitive to pressure, shades off into surrounding



movable upon parts beneath the skin and not adherent to the latter. Induration may disappear in a few days, usually outlasts the sore, and may remain for years in the cicatrix.	tissues, is adherent to parts around, disappears promptly on healing of the sore, or sooner.
Not transmissible.	Transmissible with difficulty
Phagadena, may occur rarely.	Phagadena, much more common.
Syphilitic bubo constant.	Bubo: In about two-thirds of the cases the glands are not affected; in the other third, inflammatory or virulent bubo occurs.
Prognosis, for local consequences, good, but syphilis follows.	Prognosis, for local consequences more serious, no after effects.
Local treatment but slightly effective.	Local treatment curative.

As we have buboes following chancroid in one case out of three, the authors present a number of points of agreement and difference between those following chancre and chancroid, but we lack space for them.

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**Anæsthetics.** By Geo. B. Harriman, D. D. S., M. D., Boston.

The subject of anæsthesia now claiming the attention of the reader is replete with interest to every intelligent mind. The human body has always been subject to injury, caused either by accident or disease. In numerous cases, the methods of repair and relief have been attended by the most intense suffering, without any apparent means for its mitigation.

The knife has cut tumors from the body, bones have been sawn apart, limbs have been amputated, arteries and nerves dissected, teeth extracted, and all of the endless variety of surgical operations performed without any mode of benumbing the susceptibility to pain be known or attempted.

The anguish and suffering endured from surgical and dental operations in former times, when contemplated by a thoughtful mind, causes an involuntary shudder, which, however, quickly passes away before the light of the discoveries of the present day, and he remembers that the same operations are now daily performed without the slightest degree of pain being felt by the patient.

No wonder, therefore, that at the first achievements of anæsthetics, the hearts of philanthropists beat with joy, and dental and other surgeons were greatly rejoiced. No wonder, when, after repeated experiments, it became a settled fact that pain was entirely unknown to the subject of capital operations, that Oliver Wendel Holmes, M. D., a favorite (as all will attest), of science and the muses, declared: "The knife is searching for disease, the pulleys are dragging back dislocated limbs—nature, herself, is working out the primal curse which doomed the tenderest of her creatures to the sharpest trials; but the fierce extremity of suffering has been steeped in the waters of forgetfulness, and the deepest furrow in the knotted brow of agony has been smoothed forever." No marvel, that the late John C. Warren, M. D., of Boston, a leading surgeon, who had long witnessed the terrible suffering of his numerous patients while enduring surgical operations, when he was assured of the power of anæsthetics,

Slowly said: "Who could have imagined that drawing the knife slowly across the delicate skin of the face might produce a

Rarely painfuxed delight! That the turning and twisting

Induration: Col. in the most sensitive bladder might be ment-like, and ver beautiful dream."

cartilaginous and of surgeon of the days when patients terminating abruptly, the reluctant step to the chair, might ding off into the parts at the profession can now perform almost insensitive to operations, whilst they, who are being

racked and torn, are entirely insensible." But so it is! All honor to the great Creator who has given to us the great blessing, anæsthetics. By the term, anæsthetic, is understood a substance the effect of which is to cause a partial or entire suspension of nervous power. Thereby, benumbing the sense of feeling or producing insensibility. To produce anæsthesia or effect this insusceptibility to pain, had long been the desideratum of surgical operators and their patients. About two hundred years ago, a Frenchman named Papin, assured himself by repeated experiments that consciousness of pain, during any surgical operation, might be destroyed by the use of an anæsthetic, similar to what is denominated chloroform. But his associates and the literati of the medical profession pronounced his ideas as chimerical and impracticable, and he, therefore, for want of encouragement, abandoned the enterprise,

Attempts had been made to benumb the nerves of sensation, previous to the time of Papin, but, with the exception of certain traditions as regards the use in the East of the Mandrake, (*Mandragora*) and of the Hashish, (*Cannabis sativa*) made from Indian Hemp, (*Indica*) the tops and leaves of which are boiled in butter and water, until the water is evaporated and the remaining substance, after straining and being ready for use, we have no evidence that anæsthetic inhalations were ever known or ever practiced in surgery until within a few years.

In 1795, Dr. R. Richard Pearsons recommended the inhalation of Sulphuric Ether as a remedy for Asthma and other diseases, and an instrument for its administration was accordingly invented by Dr. Nystem, in 1816.

In 1800, in his researches respecting Nitrous Oxide Gas, Sir Humphrey Davy remarked, "As Nitrous Oxide in its extensive operation, seems capable of destroying physical pain, it will probably be used with advantage in surgical operations in which no great effusion of blood takes place."

Anæsthesia is of two kinds, viz: general and local, general is when the subject operated upon is rendered entirely un-

conscious; local, when some particular portion of the body is made insensible to feeling.

Local anæsthesia has been attempted by various methods, such as long continued pressure on the trunk leading to the parts upon which the operation is to be performed, the application of various gases, (especially Chloroform and Sulphuric ether), by a true freezing process, which may be performed by the application of pounded ice and salt, contained in a sack of linen or membrane and by either spray. These attempts have not generally been satisfactory, as it has been found impossible to reduce the temperature of the parts to such a low degree as to prevent pain.

As has been already stated, a substance which would produce anæsthesia had long been desired, yet the discovery and appliance of the great allayer of pain was reserved to modern times. I have said that, for mitigating the pain attending ordinary diseases. Sulphuric ether had more or less been administered for three-quarters of a century, but the putting of an individual into a state of unconsciousness, or transporting him to the land of beautiful dreams, was not done until the year 1846.

This wonderful achievement was accomplished in Boston, by Dr. W. T. G. Morton, whose mind had long been exercised in ascertaining and determining the most expedient method whereby his patients might not know how or when their aching or decayed teeth lost their fast hold on the mouth and were hurled where they could neither torment or offend.

Dr. Morton claimed to be the discoverer of the property which ether possesses of causing insensibility to pain when administered to those undergoing surgical operations.

This claim was contested by Dr. Charles T. Jackson and by Dr. Horace Wells, of Hartford, Conn., the latter being a dentist. The controversy was protracted and bitter, but one thing is certain, the discovery was made by one of the trio. Two of the three were dentists and thus, if our profession has accomplished nothing more for the benefit mankind, it will

always occupy a high and renowned position amongst the other professions, because of its connection with this great discovery.

The discovery of Chloroform was made simultaneously in the year 1831, by Samuel Gurther of Sackett's Harbor, N.Y., M. Somberani, of France, and Prof. Liebere of Germany.

The discovery of the anæsthetic property of Nitrous Oxide Gas was made in 1844, by Dr. Horace Wells, of Hartford, a dentist, while witnessing a public exhibition of its exhilarating effects. Not being sufficiently familiar with its nature, he did not succeed in his efforts to introduce it for the alleviation of pain. Therefore, it was soon forgotten and very little more was heard of it until 1863, when the matter was again investigated and successful experiments made which resulted in its introduction as an anæsthetic which has attained the reputation of being the safest of any now in use.

This gas is generated for anæsthetic purposes from the nitrate of ammonia by the application of sufficient heat to volatilize it. Care should be taken, however, not to apply the heat in excess, for then will be found Nitric Oxide, which gas is a poison. Too great heat would also force the gas through the wash bottles at such a rate of speed as to prevent the complete absorption of the impurities it contains.

Great care should be exercised in the preparation of this gas. It should never be intrusted to novices. My method of manufacture requires four jars—one containing a solution of protosulphate of iron; another, a solution of caustic potash, the other two water. As before observed, the nitrate of ammonia must be heated to a correct temperature, when will be obtained Nitrous Oxide in purity. It is important that the gas should be allowed to remain over water from three to six hours, in order that the impurities, which may remain in the gas after washing, may have sufficient time in which to be absorbed. Thus the gas will be more pleasant to the taste and more powerful as an anæsthetic.

Nitrous Oxide may be condensed into a liquid.

It was first exhibited in this form at Paris; by Dr. Evans. It is usually contained in a strong metallic cylinder to which

is attached, by a tube, a rubber sack or bag to which the gas is admitted by turning a stop-cock, and the gas is administered as in the times when first introduced.

The present, and decidedly the best mode of administering the gas is to receive it through a tube to which is attached a mouth piece, constructed for the purpose, direct from the gas holder.

Anæsthesia may be produced by a variety of substances. Among these may be mentioned acetic, nitric, and sulphuric ether, protoxide of nitrogen or laughing gas, (Nitrous Oxide) chloroform, common illuminating or coal gas, naphtha, carburetted hydrogen, benzole or benzine, amelque, and Dutch liquid. Of these, preference has been given to Sulphuric ether, Chloroform, and Nitrous Oxide gas, both, as regards safety and efficiency. It is well to know which is the safest and at the same time the best for the purposes of the dentist. This knowledge can only be obtained by experiments.

In the "Medical and Surgical Reports of February," 1866, Prof. Carnochan writes, "I have performed, within a time, four more capital operations on adults, one amputation of the thigh, one of the leg, the removal of a tumor from the side, and the extraction of a cataract, making in all, since last July, seven successful capital operations under the influence of anæsthesia produced by Nitrous Oxide gas, I have during the same time used chloroform and ether in my operations, and my opinion in regard to the superiority of Nitrous Oxide remains unchanged."

Mr. W. H. Jackson, a dental student at Quebec, testifies that in the month of June, 1868, he witnessed a long and painful operation which lasted forty minutes. It was the amputation of a foot, gangrened from a very severe frost-bite. The operation was performed at the Marine Hospital, of Quebec, and was attended by the greatest success, the patient being under the influence of Nitrous Oxide and remaining unconscious until it was finished.

The same gentleman also witnessed another operation in which the same anæsthetic agent was employed, and was as in the other, a success, the case being the amputation of the thigh of a woman.

Franklin R. Thomas, D. D. S., in a communication to the "Dental Times," of Philadelphia, remarks, "Having practically demonstrated with about eleven thousand persons under the influence of Nitrous Oxide, and those having been administered indiscriminately as they presented themselves, and not in a single instance, as far as known, has any one sustained any ill effect from its inhalation, though many of them were known to have been suffering from chronic and organic diseases of different kinds.

In nearly 4000 cases where I have administered the gas, I have seen no bad effects, and I have taken pains to ascertain that it has been given more than 250,000 times with great success.

There are in its use but two cases of death on record, (and it is not generally believed that either of these was caused by the inhalation of the gas, but from some attendant circumstance), and I think enough has been said of the beneficial effects of Nitrous Oxide to convince almost any one of the appropriateness and safety of its use as an anæsthetic.

In cases of prolonged operations, the inhaler should every few moments be removed, in order that the lungs may become filled with atmospheric air, which being done, the gas may again be administered without the patient returning to consciousness.

I am aware that many practitioners take exception here and consider any suspension of the inhalation of the gas for the purpose of respiration a decided injury to its anæsthetic effect.

And now, in conclusion, it may not be inappropriate to say something concerning the proper mode of feeling the pulse, while administering anæsthetics.

During the administration of Ether and Chloroform, especially, the pulse should be closely watched by yourself or competent assistant, and any deviation from its normal condition should be followed with the greatest care.

No attempt should be made to examine the pulse until the patient becomes composed. The examination should be thoroughly made, and any fluttering or abnormal indications

carefully noted. To do this, place three of the fingers upon the artery which passes along the inner side of the left wrist of the patient, having the thumb so applied to the back of the wrist that the pressure which is applied to the artery may be increased or modified to any extent, so that by the degree of pressure, may be ascertained the number of beats in each minute and the nature, also, of each beat. The pulsations may be varied, as for instance, very distinct, sudden, abrupt, intermittent, convulsive, a rapid thrill, rather to be denominated a vibration than a pulsation, the bound so strong as apparently to force the fingers away, or a cessation of pulsation.

Slow pulse indicates that the patient is not in a state of health.

A sluggish pulse is expressive of languor. The unequal or changeable pulse is a distinctive feature of a nervous temperament, accompanying deficient vital energy, it also indicates spasm of the heart and sometimes inflammation of the lungs and is a very serious symptom.

Intermittent pulse should be closely watched. It may be interesting to the practitioners of dental surgery to all indeed to whom it is not familiar to say something concerning the resuscitation of those who may become asphyxiated while having administered to them an anæsthetic.

In such cases, the first thing to be done, is to draw the tongue of the patient out half its length and *retain it in that position* while artificial respiration is being carried on, which is best performed by moving the arms and shoulders backward and forward, thereby expanding and contracting the respiratory apparatus and so induce natural respiration. And now, in conclusion, allow me to express the hope that all will unite in the belief that the discovery whereby anæsthetics have been applied for the alleviation of pain, when necessity demands the performance of the severest surgical operations, is an unspeakable blessing, it has gone forth to cheer and gladden humanity, but when administered, it should be done watchfully, carefully and judiciously.—*Dental Register.*



## Theory and Practice.

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**Early Difficulties of Young Practitioners, and the Way to Overcome Them.** By A. A. Duncanson, M. D., Chicago, Ill.

It seems to be a confirmed idea in the thinkings of the public that youth is a synonym of folly and ignorance, and age that of wisdom and knowledge. No conception could be more absurd! Very many of the young men who are educated as physicians have had but slight early opportunities, and are consequently feebly prepared for entering our colleges, but these persons generally make the best practical men; they may be inferior, and generally are in theory, but in practice this is more than balanced by activity of habit and a sublime conviction of necessity; close study, supplies that which early opportunity denied. The two or even three sessions required to complete a medical education are soon passed, and the young man is hurried into the active and responsible position of a practicing physician before he has properly tried on his armor or examined the perfection of his equipments. To a sensitive mind, to one who fully appreciates the importance of life and death, especially to one who takes a religious view of these points the position is a trying and difficult one. There is a great and essential difference between parties—the man who has firmness largely developed and self-esteem prominent will dash into practice, ignorance and all, without feeling the least sense of impropriety or being awed under the consciousness of his own inexperience. His more intelligent neighbor will cautiously advance, feeling his way as he goes; satisfied that success, so far as it really can be called so, is the result of knowledge, not of ignorant boldness or of accident. There is a boldness, the result of ignorance and also a product of knowledge. The ignorant surgeon may plunge his instrument into a cavity with great bold-

ness, simply because he does not know and frequently does not care where he goes, but the intelligent is bold, active and successful because he knows his anatomical geography well, and all the tissues through which he intends to pass are patent to his mind, projected before his thoughts; they stand up in a living reality, a kind of impersonation before his view. As in surgery so in medicine, boldness and ignorance in young men are generally associated. Ignorance even in medicine may be a misfortune, it is certainly no crime, it is a great hindrance but may be overcome; it will perplex the mind the first few years of practice but that very practice is the grand school where those lessons are taught that will ultimately cure it. Very few, generally speaking, make surgery a specialty; it is therefore with the difficulties attachable to the practice of medicine, or the duties of the physician that we are specially concerned.

The first and chief difficulty that is felt is *imperfect diagnostic power*. This is the great cardinal quality in a good physician. It is to a great extent intuitive, like its cognate, the quality to know character by instant inspection—few possess it. To it is that a physician at first sight will tell the disease and if he had examined ten years it would not alter his conviction. Another will hesitate, think, rethink, feel the pulse, look wise, ponder, appear muddy, and think it is one thing one moment and alters his opinion the next, and finally comes to no decision at all; would like "to hear what Dr. so-and-so says." It is not to be wondered that a young practitioner may feel hesitancy; his college course has been too generalized; not enough said on the practical part of active diagnosis. In the clinic the cases have been too often presented as cases of given disease instead of exercising the diagnostic power of the students by urging them to diagnose the disease and suggest the course of treatment or operation subject to the professors explanation and approval. In our academical instructions there is too much done for the student, too little by him. To compel him on his own responsibility to diagnose one case would do him more good than any number of *viva voce* lectures. When he comes into actua

practice and has living humanity to practice on and to do it on his own responsibility, he is too often like Mahomet's coffin hung between heaven and earth; what is the disease he has got—can not tell, very unlike anything he has read about or heard of, and too frequently “he goes it blind.” This is a painful condition of mind, but do not be discouraged, there is a way out of it. Make your patient your book, endeavor to see by carefully noting all the phenomena that appear what nature intends to do and enlist yourself on her side; if you go against her the fight will be unequal; she will conquer you and make you sorry you ever entered the city. No man ever attained to perfection in any department at once. Your ability by careful cultivation will gradually grow. Read up every case that you get carefully, both disease and treatment; cultivate self-dependence, do not nail your practice to your book nor to your professor. Your patient is your book and carefully read every leaf that the disease presents; do not think it is all to be done by medicine, and give colossal doses—you may kill the patient but assuredly not the disease, and your expectations may perish with him. Give nature a chance; she is your friend if you intelligibly interpret her admonitions. To work out your first case without depending on any outside help will give a confidence and self-reliance that nothing else can give. Your next case will be easier in its pressure on your own mind and its diagnosis and prognosis better understood! In this way your diagnostic power will increase. When walking along the streets exercise your capability in this department by observing the countenance, posture, mannerism, and value of voice, etc., of those you see around you and suggest to yourself the treatment you would give such and such an exhibition of disease—this is actual, practical education; it will do a world of good. Almost every second person presents some feature of disease. It may be physical, mental, or moral; observe it all; you may have occasion to use your ideas acquired in this way some day and they may serve you a good end! Do not depend on what a patient says; he sees through a diseased medium; do not rely on what friends or nurses say; make up your mind independently of what

you hear from them—listen deferentially, not haughtily as if your office was to teach, not to learn, but let your own convictions guide you in the treatment. You will be frequently carried off your feet if you depend on what is said in the apartment of the sick either by the patient or attendants—never for a moment forget that your book is your patient, and your eyes, not your ears, the mode of reading it. Fortunately imperfect power in diagnosis is not incurable; by careful reasoning and independent observation it will be improved every day. Do not take up the cases you obtain on the same basis as others, you may turn your attention to their treatment if you please but do not make it your standard; take up the case for yourself, carefully separate cause from effects; results from original lesions; remember constitution and circumstances are strong modifying influences and give them weight in your diagnosis. It is probable that the case the professor treated or your friend Dr. Blank treated of the same disease was in a totally different patient; do not fall into the mistake of supposing that the same treatment will do, as you will be disappointed; take in all the modifying circumstances and then proceed. Pneumonia may be a simple disease in A, but fatal in B; keep your eyes wide open! A medicine may have touched and arrested it in A that proved powerless in B; survey calmly the whole field and make up your mind; do not read up a great many books, it will confuse your thoughts, but keep your *materia medica* well in view. Next to correct diagnosis lies an accurate knowledge of medical agents and their specific uses.

The second great difficulty that lies in the way of young practitioners is a *limited knowledge of the materia medica or rather the practical application of medicine*. It is not so much to have our minds filled with the multitudinous details and symptoms so frequently given in books but to know in brief what each medicine can accomplish, its specific application to the disease, to the exact symptoms that present themselves. If we are to follow the detail of the books every medicine spoken of will cure all the diseases flesh is heir to, in its confusion doubly confused. If such books were burned and we

were compelled with our present knowledge of medical science to make our observations *de novo*, it would be a great gain to medical literature and the practice of medicine! The thousand and one symptoms given in connection with each drug confuse the mind of a young beginner beyond calculation; he wishes the whole affair in purgatory and that some kind being would give him but one *specific hint* by which he might handle the medicine skilfully and effectually. By the elective power of nature every medicine is calculated to impress some organ and in some specific way as a stimulant, styptic, sedative, laxative, etc. To know this is the acme of all medical skill! We know the use of a lever, pulley, windlass etc.; we are certain that they will accomplish certain things; we apply them and what is predicated is done! Why all this blundering and conjecture in medicine; is there no fixed law by which therapeutical action is guided; is all confusion and disorder; is this the only realm of nature where God is not; is a plant, or a mineral, or a metal, one thing to-day and another to-morrow? We know better. It is our own blundering and ignorance; everything will be found as certain here as in any other department—the apple does not fall to the ground as a fixed fact with any greater certainty than will medicine cure if we only apply it rightly! Our knowledge should embrace not merely the general fact that such a medicine is a stimulant, or a laxative, or a tonic, but in what sense or what fiber, nervous, muscular, or arterial, and not only on what fiber or organ but in what condition of that fiber or organ. Medicine is not a system of blundering but of a scientific fact, and when properly taught and understood as certain in its results as the inductions and deductions of chemistry.

**This Thing of Diet.**

Under this caption, an honored and influential friend from the West, sends us an article so red-hot and full of spontaneous combustion, that we dare not reproduce it without some comments. He writes :

"The writer was "brought up" the strictest kind of a Hahnemaniann. He had implicit faith in the teachings of the "Great Founder,"—not only in relation to his strictly medical views, but also believed in his teachings regarding the collaterals. Hence, as in duty bound, he regarded the fumes of a match, or of tobacco, or even of flowers, in the sick room, with a proper horror.

In like manner he proscribed, *secundem artem*, the use of fat meats, "*fish without scales*," tea, coffee, spices, and other condiments; tobacco, wine; in short, was a disciplinarian of the most rigid type. The following paragraph will tell you why he was induced to make independent inquiry and experimentation, instead of "going it blind" as do so many of our professional brethren.

In 1849, in company with his father, (who, by the way, instilled this faith into the writer), he called at the office of Prof. P——, of C——. The Dr. then stood at the head of his profession in the West. Young in years, and but a tyro in medicine, it may be imagined with what trepidation the writer approached the august presence. And here was the picture : Seated at his table was the learned Dr., with his fine, commanding physique, engaged in putting up a prescription, while at the same time, *horrible dictu*, he was complacently *smoking a cigar* ! On expressing our astonishment at this violation of the 'code,' he very quietly remarked, with a German accent, '*It makes no difference; our medicines penetrate through everything!*'

This remark led to a train of reflection, altering, in many important particulars, previous convictions, and has been a 'Key-Stone' throughout the writer's medical career. And this leads to the purpose of this article—a consideration of our dietetic rules. Let this be in the form of queries:

Did you ever know a Grahamite—one of these brown-bread and baked-apple fellows, who wasn't a lean, cadaverous cuss—a regular glutton—and who lacked essentially either in physique or mental organization?

(Certainly we have. As a rule, these parties are quite abstemious in fact, as well as theory. Some of the best physical specimens we ever saw, were of the Grahamite persuasion.)

“Unbolted wheat, ‘say they, relaxes the bowels.’ Do they know why? Are they aware of the mechanical irritation it produces? Give one of these gentleman—fed for a week on such food—an injection and a pint of husks, more or less, is the result. Is this mucous irritation *healthy*?

Did you ever know a man twenty-five years of age, who never chewed, nor used tobacco in any form, whose tongue was not coated a dirty-white, and whose breath was not offensive?

(On the contrary, we never knew a man twenty-five years of age or any other age, who chewed or used tobacco in any form, who had a clean tongue or a pleasant breath. The writer is simply sarcastic. How the ladies keep their breath sweet without the use of tobacco, is a mystery!)

Is the use of fish-oil in the North, of garlic and pepper in the South, conducive to brevity of life?

Who are these people, anyhow, who preach entire abstinence from the good things of life, these Dio Lewises, Leo Browns, Fowlers, *et cetera*? Are *they* to be taken as types of the immaculate? A distinguished clerical friend says: ‘The Lord has given the luxuries as well as the necessities of life, let us use them.’

Is a draught of cold water more healthful and more invigorating, taken in the morning, than a cup of coffee? Brutes don't take hot drinks—are they not healthy?” So, too, do brutes lie down and sleep after each meal—do you?

To come back to the physician's exclusive province; it is his duty to heal the sick. It is not necessary to be mere latitudinarians.

You, of long experience, tell me this. Is it better in the treatment of chronic disease, to stop a life-long dietary habit or to prescribe to the individual as he is? Did you ever observe paralysis follow the sudden estoppel of the use of Coffee? Or ramollisement, or insanity?

More practically—How and under what circumstances were most of our Hahemaniann provings made? Were they by non-smoking German students—certain *usus naturæ*? The truth of history compels us to answer in the negative.

Then why all this fuss about diet? Truth is, nature is the best guide, and only in exceptional instances need we take any other. Learned disquisitions by big-headed "Reformers" and Scientific demonstrations may as well be discarded for a little practical common sense.

By the way, one of the learned editors of this periodical accuses the writer of not being "posted" on modern sciences. Perhaps not; but although he reads half a dozen Scientific Journals regularly, he is disposed to believe there are more downright fools, as far as medicine is concerned, among the "Scientists," than can be found elsewhere.

Strictly, our duty as physicians, is with the sick. Enlarging our province we can become philanthropists, humanitarians, and clap-trap reformers generally; but it were better for professional skill, professional renown, and above all, for professional success, to confine ourselves within the strict line of duty.

G. H. B.

NOTE.—If the writer would consent to undertake the diet he so strongly discards, he would find it advantageous in cooling his heated blood. Digestion often effects one's vision, and if he would pursue a Grahamite diet a few weeks, he would have a clearer view of the subject he is discussing.



**Our Climate and our Mortality.**

The effects of varieties of climate upon human health form an interesting subject of inquiry, and which is increasingly discussed at the present day. While within the boundaries of the United States are included almost every variety of climate, from the tropical to the frigid, and from the driest to the most moist, the sanitary results observed in various localities become of great value to the investigator. The question of health is so vital to all our people that although few of them may be able absolutely to choose their residence, or to choose it at will, yet no facts bearing upon this subject which are well attested can be wholly without benefit.

It is much to be regretted that there exists so little thorough or comprehensive knowledge as to the relative mortality of different regions in the United States. The mortality tables of the United States census, although very valuable as covering the entire country, are subject to the immense drawback that they represent only the deaths of a single year, and that year separated by an interval of ten years from the nearest comparison. A five-year census would be twice as valuable to us in supplying data from which to draw conclusions in vital statistics as a decennial census. And the States provide by law for making a complete registry of deaths, in connection with the causes of death, or the table of diseases that prove fatal, deserve great credit for providing for this class of statistics. Unhappily these States are yet so few that no conclusions general to the whole Union can be drawn from them, and we are thrown upon the United States census for our only means of arriving at the comparative statistics which go to show the effects of climate upon the health of the people.

One conspicuous fact evidenced not only in our own country, but in all others, is that the population of cities are subject to a much greater mortality than those of the country districts. While the percentage of deaths to population, taking the average of the United States, amounted only to 1.39 in 1850, 1.25 in 1860, and 1.28 in 1870, the average mor-

tality of the principal cities, on the other hand, was more than twice as great, varying from 1.80 to over three per cent. per annum. That is, while the proportion of deaths in the country was but one and a quarter in one hundred, the proportion in the cities varied from two to over three in the hundred. The causes of the greater prevalence of disease and death in the condensed population of cities are obvious. They may be summed up in impure air, artificial diet and stimulants, traditional hours, and unnatural stimulus and excitement in the condition of living. In the pointed phrase of Rousseau, "Cities are the graves of the human race." While wealth and power are concentrated in them, health and happiness are recklessly squandered. It is believed by eminent physiologists that the population of the great cities of the world would become extinct in a few generations were they not constantly recruited by emigration from the rural districts and from foreign nations. This fresh infusion of healthier blood preserves the denizens of cities from that fatal deterioration which would otherwise overtake them. The vigor of our urban population would soon be lost were it not for these accessions, and for occasional recurrence to purer fountains of health on the part of the citizens themselves. Happy is that city which is so favored in climate and location as to add no stimulus to the causes which continually tend to sap the life-blood of its people.

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**Alcohol as a Medicine.** By Geo. H. Blair, M. D.

A just criticism is always to be commended, and no exception should be taken thereto; but when a mawkish sentimentality, intense ignorance, blind prejudice and erethism born of a public excitement leads individuals to attack the well-

founded and incontrovertible opinions which experience has from time immemorial proved to be correct, it may be as well to squelch them in their incipiency.

The writer has been blamed, publicly and privately for views expressed before the Iowa State Medical Society, in regard to the use of alcohol as a remedial agent. He does not propose to lie under the imputation of wrong doing without a statement of his side of the case, and while the arguments advanced in favor of his views are practically unanswerable upon any reasonable or any scientific basis, he wishes to anticipate his "God in the Constitution" critics, by remarking that right is above sympathy and that sentiment does not govern the law of therapeutics.

But before discussing the subject proper, let this one be understood, that while personal liberty is a delicate question to handle, and "crusading" has proved itself a social nuisance and a political injury it is not proposed to entertain other than a strictly medical and hygienic view of it. Intemperance is frequently, though not always, a sin, and total abstinence is as often an error. It is the purpose of this article to substantiate these propositions.

One flaunting and abominable falsehood, known to be such by every observant practitioner, but singularly permitted to go on without contradiction, is the charge that physicians are responsible for so much of the prevailing intemperance. The fact is, that the taste for alcohol, when properly prescribed, ceases with the necessity for its use, if indeed, any "taste" can be said to have been acquired. In fact in a majority of instances its administration is of so short duration, that there can be no acquired appetite. The real truth is, that "old soakers," especially females, make a convenient handle of this charge, to screen themselves from self-acquired abuses. Not one person in a thousand but knows the effect of an alcoholic stimulant, whether prescribed by a medical attendant or not, and if its use is perverted, it is at the risk of the individual indulging.

A word before entering upon the real subject. The writer

has had a professional experience of a quarter of a century. He has had particular reason to deplore the evils of intemperance. At the same time he trusts he is neither a fool or fanatic, and hesitates not even in the face of a perverted public sentiment to give his well matured opinions. Some times "desperate diseases require desperate remedies"—10,000th potencies to the contrary,—and "some times the end justifies the means." Let us consider.

Alcohol is a poison—granted. So is oxygen; so are thein, coffein and all our condiments. But they are each only so when administered to a certain extent. As stimulants they are productive of good; when carried to the extent of narcotism a positive injury. This consideration is of the first consequence in forming our conclusions. Alcohol is also a food, in the same sense that starch and sugar are. It augments the flow of gastric juice when given in moderate quantities, while it arrests decomposition, not digestion. It is an excitant of the nervous system, especially of the lymphatic. It is the greatest source of a supply of carbon. It is a positive and unequivocal antidote to certain blood poisons. It retards the waste of the system, either through some peculiar action, or because it is a real food as has been abundantly demonstrated. Individuals have been known to live for months upon alcohol alone. And here it may not be inappropriate to say that Liebig, so often quoted by temperance apostles, in his later years, admitted that alcohol was a food; and stated that in the districts of the Rhine "wine is the universal medicine of the healthy as well as of the sick. It is considered as milk for the aged."

A craving for alcoholic drinks is invariably due to a change in the molecular nervous system, either inherited or due to long continued narcotism. Stimulation, alone, never creates this desire. But these reflections, if indulged in, will lead us outside the purpose of this article, which is intended to be of a practical instead of theoretical character.

In the days of the writer's student life, the milk and water diet of Louis and Laurence was the exclusive hygienic pre-

scription for patients suffering with phthisis pulmonalis. Observation led him to oppose the system, and an old and well worn thesis of his own, recommending stimulants, he is glad to say, now meets with the approval of most medical men. The fact is, that in tubercular consumption, alcohol and fat are indispensable, and rank far beyond any so-called medicinal remedies. The virtue of cod liver oil is undoubtedly due to its fatty principle, carbon, and not to its imaginary infinitesimal ingredients of iodine and phosphorus.

In typhoid fever and confluent small-pox, where there is a rapid waste and degeneration of the tissues—without decided local manifestations—were a choice to be made between brandy and milk, and the medicine case in the treatment, the latter would certainly be sacrificed.

For the bites of venomous serpents no other known remedy is available. It is safe, speedy and certain.

In congestive or “sinking” chills, where your patient is pulseless and unconscious, the physician who would not resort to alcoholic stimulants would be criminally guilty and ought to be prosecuted.

It has been the writer's fortune to have had three or four cases of valvular disease of the heart, where the patients were subject to attacks of vertigo and syncope. While cactus, aconite, digitalis, etc., were of no avail whatever, alcohol was a means of relief. And so of many other diseases.

It is presumed there is no antagonism to the law “*Similia*” in the foregoing. Where the benefit was not derived from the food properties of alcohol, or its supplying a needed lost element, the conditions were of a nature not properly coming within our law of cure. Hence other means were to be sought, and were happily found.

In view of the foregoing facts,—and they might be multiplied,—why this uproar because of their statement? If the experience of years is to be called in question, and motives rudely assailed, it is a poor recompense for a life long devotion to a noble profession. The truth is, there is a class of rattle-brained “reformers” who have but one idea at a time, and everybody and everything must be subservient to that.

Pathos takes the place of argument, and false premises substituted for facts. The sooner people come to a realizing sense of rational medicine, the better for all concerned.

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### **Railway Advantages and Penalties.**

The enormous advantages to civilization and progress that are due to the invention of railways have not been achieved without some serious drawbacks. One of these unquestionably is the loss or diminution of air and the habit of exercise necessarily fostered by the older method of traveling.

A little consideration shows that the performing of even the longest journey sitting in a railway car involves no exercise of the limbs, and only a partial or (if too much prolonged) injurious exercise of the muscles. Add to this the fact that railway travel, whether rapid or slow, gives little command of fresh air to the traveler, and that little is commonly overloaded with dust or smoke or both combined, so as to be deleterious rather than beneficial. The older methods of travel in open carriages, on horseback, and especially on foot, involves plenty of air and exercise.

Another conspicuous drawback upon the benefits of railways as means of communication is the fact that they compel nearly all the travel that takes place to run through valleys and low grounds, avoiding the sightlier and healthier regions at a greater elevation above the sea level. Railroads naturally and for economical reasons must hug the valleys and natural water courses. The result to health in the case of those compelled to constant or frequent travel at all seasons of the year, is not beneficial.

The facility of travel by steam has unquestionably cut off the majority of business men from much of the exercise to which they would otherwise be daily compelled. Indeed it would seem no extravagant statement to say that while we

have gained the use of iron horses, we have lost the use of our feet. How few persons are there in the leading cities who take any regular exercise whatever! Such persons are the exception, and not the rule, among the mass of business and professional men and mechanics in most of the trades. Yet nothing is more clearly demonstrable than the fact that long life and sound health are more dependant upon plenty of air and exercise than upon any other conditions whatever. Muscles and limbs which are unused grow weak and flabby. Lungs which breathe only confined air grow shrunken and feeble, and invite all manner of diseases. Maladies of the nervous system, which might be wholly prevented, or cured by a life in the open air, are aggravated and rendered chronic by a life within doors. The modern methods of warming houses, convenient and labor-saving and nominally comfortable as they are, are great poisoners of the vital functions. Those so much vaunted hot-air furnaces, which keep our houses warm in every room and passage-way, are usually so regulated or overdriven as to dry up and dessicate not only the air, but the physical systems of those who continually breathe it. The same remark applies to nearly all railway cars which are commonly over-heated and ill-ventilated during cold weather.

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## Proceedings of Societies.

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### **Homoeopathic State Medical Society of Michigan.**

It will be remembered that at the annual meeting of this Society in this city last May, it was resolved to adjourn for

six months. Yesterday the Society assembled in the Court room at 3 o'clock, with Dr. King, the President, in the chair. Dr. King delivered his annual address, in which he spoke of the formation of two new and thriving societies in the State; St. Joseph Valley and the Saginaw Valley Societies. He spoke with feeling of the death of Dr. S. B. Thayer of Battle Creek, and wished resolutions to be passed commemorative of the deceased. He made some desultory remarks upon the use of the spectroscope, microscope and upon other scientific subjects. His address was accepted and referred to the publishing committee.

The election of officers was next in order and resulted in the choice of the following;

President—Robert King, M. D., of Kalamazoo.

First Vice-President—W. J. Calvert, M. D., Jackson.

Second-Vice President—Miss Fanny E. White, M. D., Jackson.

Cor. Sec.—A. A. Bancroft, M. D., Lansing.

General Secretary and Treasurer—I. N. Eldridge, M. D., Flint.

Wm. D. Clark, of Monroe, and Isaiah Dever, of Dexter were voted into membership; H. J. Seigler, Pinckney, applied for admission and his case was referred to the Secretary.

The Society met again in the evening, with Dr. Calvert in the chair. The first business was the election of visiting delegates to other State Societies.

Dr. Dever of Dexter, opened the discussion on the subject of materia medica. He spoke of the lack of understanding among the profession of the nature of their remedies, and said that if physicians would study into and individualize each case, they would avoid falling in routine practice. He gave a number of cases of ague, cholera infantum, dysentery, scarlet fever, and others which he had cured by adopting the remedy indicated by the symptoms. The discussion was continued by Drs. Woodruff, Sawyer, Jones, Eldredge, and others, and branched off into the number of the attenuation to be used, the practicability of stopping to individualize each



case, and took a very wide and interesting range.

Dr. Tuttle invited the Society to visit the Prison some time to-day, which was accepted for 11 o'clock

Dr. Eldridge alluded to the litigation on behalf of the Homœopathic profession against the Regents of the University, and moved the appointment of a committee to take charge of the suits. Dr. Eldredge, Woodruff, Clark, Sawyer and King were made such committee.

By invitation of Dr. Calvert, the Society then adjourned to Field and Son's where they partook of an elegant repast, and toasts were made and responded to. Dr. Holmes, of New York, spoke of the state of "Homœopathy in the Country." Dr. Sawyer spoke of "Homœopathic Surgery," rejoicing over the advancement of his profession in that department. Dr. Woodruff spoke on "Stimulants and Narcotics," speaking against the use of liquor and tobacco. Dr. Tuttle gave some statistics on the health in the State Prison. Dr. Dever spoke on the "Allopathic and Homœopathic Materia Medica Compared." J. B. Delbridge, representing the Northwestern Pharmacy Co. of Chicago, spoke on "Homœopathic Pharmacy," and the balance of the evening was occupied with chats.

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## Book Notices.

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**A Guide to the Practical Examination of Urine.** By Jas. Tyson, M. D. Lindsay and Blakiston.

This excellent treatise is the fruit of a large daily practical experience on the part of the author.

The text is carefully prepared and written in a pleasing style, while the typography is unexceptionable, and the illustrations numerous. The volume is not large but quite comprehensive and will serve as an ample guide to both practitioner and student. For sale by Robert Clarke & Co., Cincinnati.

**Surgical Emergencies. Emergencies attendant on Parturition, etc.** By Wm. Paul Swain, F. R. C. With Eighty-two Illustrations. Lindsay and Blakiston.

This is an admirable attempt to sift out of the great mass of surgical facts the really practical ones that are called into use under circumstances that do not allow prolonged search in bulky volumes. We can scarcely speak too highly of this work. Every important operation is perfectly illustrated and none too much or too little is said to render the case perfectly plain. Possibly there is very little new in the book but the work is none the less of great importance to all who have thrust upon them the responsibilities of emergencies. For sale by Robert Clarke & Co.

**Transactions New York Homœopathic Medical Society, 1872, Vol. X.**

Before us are ten handsome volumes, they are quite a library of Homœopathic literature. They are monumental of the liberality of the State, and of the intelligence and enterprise of the members of the society. To Dr. H. M. Paine, the Secretary, the greater share of the glory belongs. We understand that the state has withdrawn its patronage from all the medical societies, and this society must henceforth rely upon itself for means to publish its proceedings. We hope it may continue to send out its usual annual volumes, but we fear the present high standard will not be maintained. But if so, it must continue to be the banner State of society proceedings.

**Infant Diet.** By A. Jacobi, M. D. Revised, enlarged, and adapted to popular use. G. P. Putnam's Sons, New York.

At the first presentation of this essay to the public, some three years ago, it attracted considerable attention and was widely quoted. In its present form its value is greatly enlarged and we venture to say that we have no work of equal extent. The re-vision of the work has been very neatly accomplished by Mary Putnam Jacobi, M. D., and in its new shape will be found a great aid to that perplexing question, "What shall the baby have to eat?" For sale by Robert Clarke & Co.

**Erysipelas and Child-Bed Fever.** By Thos. C. Minor, M. D.  
Robert Clark & Co.

We have here a closely printed volume of 131 pages, consisting largely of compilations of the National Census, Health Reports of various Cities and various reports on climatology and diseases in different parts of the country. As it is quite destitute of a table of contents or an index we must either read it wholly through or carefully glean out the topics from the almost chapterless pages. As may be surmized, the matter is not highly interesting by virtue of its variety. But the monotony is happily broken at page 53.

"Florida—That beautiful land, where the eternal kiss of a summer's balmiest sunshine lingers on the lips of a warm, tropical nature, scented with the breath of incense-breathing exotics, musical with the tintinnulations of richly-plumaged warblers. Land of lazy, tremulous languors, where the weary invalid convalesces, while dreaming the time away in a delicious *dolce far niente* state! If Ponce de Leon did not carry back with him to 'Old Andalusia' any of the waters of the fabled Fountain of Youth, he must, at least, have taken a new lease of life during his short sojourn amidst your blossoming orange-groves!"

This is the solitary oasis in a wide desert of statistics the author states his work as "including an inquiry into the connection said to exist between Child-Bed Fever and Erysipelas." But so far as we can see this is the whole work in a nutshell. There is very little of it. At page 119 the author summarizes his investigations as follows:

"Is there a connection between *puerperal fever* and *erysipelas*? If after the mass of figures we have waded through, we have not been able to learn something regarding *puerperal fever* and *erysipelas* it would be surprising. The study of the census tables of 1870, although they fail to give many detailed signs of the connection between *puerperal fever* and *erysipelas*, still teach a valuable lesson. It is this: *In any place where erysipelas is found, there will be found puerperal fever.* In the absence of more minute particulars than are afforded by the census tables we are constrained to only the conclusion is based on the

*they seem to prevail together*

2. *Any marked increase in any one locality of one disease, seems to be accompanied by a corresponding increase of the other.*

3. *Where histories of past epidemics of either disease are obtainable from any of the states, the seeming connection of the two diseases was noticed by physicians at the time of such epidemics, and remarked on.*

4. *For these reasons we are, I think, justified in concluding that there is an intimate connection existing between puerperal fever and erysipelas.*

On page 131 he concludes as follows:

“Need we go on to multiply our authorities on this subject of contagion? I think not. If the reader desires to investigate the special subject of the connection of the two diseases further, a careful reference to the numerous writers I have quoted will, I think, satisfy the most incredulous that there is a connection, and that they are mutually interchangeable. That many cases reported to be puerperal fever are cases of puerperal septicæmia, I have no doubt, and that these latter cases, while infectious to the highest degree, and capable of being manually transferable, can not be said to be genuine cases of puerperal fever as that disease is observed in its epidemic form, I fully believe; as I likewise believe, that erysipelas and puerperal fever are entirely dependent on the same poison—a belief I have frequently reiterated during the course of this article.”

On the whole, Dr. Minor's work pleases us very well, and to the student of pathology it will prove of value, though it is not certain his conclusions will be wholly accepted.

## Editor's Table.

THE MEDICAL RECORD OF NEW YORK after January 1st will be changed into a weekly and the price raised to \$5 00 a year. A better journal is not published in the Allopathic school.

THE PSYCHOLOGICAL AND MEDICO-LEGAL JOURNAL owing to its successful reception by the profession, will hereafter be issued monthly.

DR. TAFEL'S genial face beamed in our sanctum just now. He is making the run of the profession from Chicago to New York, and reports favorably at every point.

Allen's *Materia Medica*, Vol. I. is out and it strikes us, as altogether the finest piece of workmanship in that line we have seen. A glance at the well-filled and beautiful pages satisfies us that this is to be by all odds the most important and valuable addition yet made to our literature. There is a probability that the time for subscription to this work may be extended to July next.

WE HAVE just received six elegant numbers of the *Hospital Bazaar* a journal published at the recent Chicago Homœopathic Fair. From all accounts the enterprise was just like everything at Chicago, a perfect success. The daily paper in question as regards matter and typography challenges our highest admiration.

THE *Scientific American* now in its 30th year, enjoys the widest circulation of any weekly newspaper of the kind in the world. Its contents embrace the latest and most interesting information pertaining to the Industrial, Mechanical, and Scientific Progress of the World; Descriptions, with beautiful engravings, of new inventions, new implements, new processes, and improved industries of all kinds; useful notes, recipes, suggestions and advice, by practical writers, for workmen and employers, in all the various arts. The *Scientific American* is the cheapest and best illustrated weekly paper published. Every number contains from 10 to 15 original engravings of new machinery and novel inventions.

With the *Advance*, the *Scientific American* may be had for \$5.00 a year. Now is your time to subscribe!

THE Free Dispensary Fair held in College Hall, according to the programme, from December 7th, to the 13th inclusive, quite exceeded our highest expectations. The details are recorded in the daily paper, a complete set of which we send all our subscribers. The affair brought out the better part of our Homœopathic strength, and demonstrated the fact that our cause does not lack for noble friends. Nothing in the least marred the entire occasion, which was a source of pleasure, although it called for much hard work. Just at the close, the Elephant race came off with great eclat. Drs. Buck, Holcombe, Bradford, Ehrmann and Hunt, got away and made things lively for awhile. The result stood, Hunt, the victor

followed in order by Owens, Buck, Bradford, Holcombe, and Ehrmann. Large donations were received from Covington, Clifton, Glendale, Oxford, Cumminsville, Richmond, Ind., and Maysville, Ky. Receipts over \$4,000.

IT MAKES us fairly dizzy to think how swiftly the proceedings of the Homœopathic Medical Society of Ohio are coming out. It will be remembered how the matter was talked up at the last meeting and that finally it was ordered that the medical journals should not be allowed to publish one of the articles presented and the Secretary should publish the proceedings forthwith. This was fortunate; otherwise we would have seen nothing of them for years to come. As it is they are not visible to the naked eye. There is no lack of means and to say the parties having them in charge lack the necessary energy would be slanderous—unless it were true. The Homœopathic Medical Society of Pennsylvania showed more wisdom than ours. It generously offered the Hahnemannian Monthly all its papers and we are having as the result in the pages of that journal a series of excellent articles. But the Ohio proceedings have to undergo incubation, the officers doing the setting and we all patiently waiting the event of hatching.

THE MEDICAL ADVANCE FOR 1875. Our Prospectus for the coming year is herewith presented. It seems tame in comparison with those issued by our contemporaries. We might fill it with empty promises and idle boasting, and these might win us a few more subscribers; but we can not consent to put our ideal journalism on a par with the advertisements of patent medicine venders. We are content to state the simple facts and then labor to more than fulfil the expectation of our patrons. The following parties are engaged to contribute to our pages: Prof. W. H. Holcombe (the Dr. has recently removed to Cincinnati and has promised his hearty co-operation.) Prof. Wm. Owens, Prof. J. D. Buck, Dr. Lewis Barnes, Dr. Ad. Lippe, Dr. J. P. Dake, Dr. Geo. H. Blair, Dr. Mary A. B. Woods, Prof. G. Saal, Dr. E. S. Stuard, etc., etc. This is not a long list but our readers know them all as some thing more than mere figure heads, they know them as sound practical writers who may be relied upon to keep our pages filled with valuable matter.

THE

# Cincinnati Medical Advance.

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VOLUME II.] CINCINNATI, O.—FEBRUARY, 1875. [NO. 10.

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AND still anarchy reigns in Michigan. One doctor issues a manifesto, declaring that the Lansing school will rise from its ashes on or about December 1st. Four or five other doctors issue a statement to the effect that the said school will have no immediate resurrection. Michigan may be said to be an unhappy *State* of affairs, Where is the late protectorate declared over it by the Chicago doctors?

Hippocrates refusing the Gold of Artaxerxes is offered as our premium for Vol. III. It will not be our fault if a copy does not grace the offices of all our readers. Just look at the terms on which this elegant picture may be obtained!

IT WAS once characteristic of Homœopathic practitioners that they laid great stress on dietetic and hygienic management of the sick. With no lack of faith in the power of their medicines, they insisted upon their patients following

the strictest rules in regard to eating, drinking, exercise, air, clothing, etc., etc., so much so, that many times persons would refuse to go under such treatment, as they would not consent to be so deprived of the luxuries of life. On the other hand, the "regulars" said very little about dietetic matters, knowing very well that, with their drugs in the stomach, there would be precious little excess of eating. But now matters have changed somewhat. Homœopathic doctors are daily becoming more and more lax. They seem to think with our last month's correspondent, that "our medicines can go through everything." While at the same time our Allopathic doctors are giving special attention to hygiene. And the question for us to consider is, will we allow our competitors to carry off all the laurels in this department? Our right position before the public is, to stand as champions of the public health, and not solely as healers of the sick. Will not some of our young men coming into the profession give their special attention to the science of hygiene and so save to Homœopathy much of her old glory.

WE FEEL a slight touch of sorrow for the Medical Investigator, (Dec. No.) and its gushing Surgical Editor. The latter makes an exhibit of his practice "for the past ninety days" and is no doubt proud of the showing, but if he only knew what a pitiful figure he cuts in the eyes of specialists, he would cut less confidently into the eyes of his patients. Will he take this hint or will he insist on making himself the prince of bagatelles?

NOTHING SO marks the rapid evolution of modern medical history as the prominence which is now given to the study of Hygiene. And doubtless this is indicative of a commencing revolution in medical science that will be as lasting as it is profound. Heretofore the medical profession has given its entire study to drugs and their curative relations to disease. Pathology has been chiefly studied with



a view to ascertain how diseases might be most successfully treated. A glance at our text books and the curriculum pursued by our students will show that our energies have been wasted in the attempt to combat disease after it had declared itself in morbid alterations of the physical structure. We have pursued "a masterly inactivity" until the enemy has entrenched itself and opened up its warlike operations. Over the ground already devastated by disease we have marched with all "the pomp and circumstance of war," and hurled, in blindness and fury, equally destructive agencies, until our victims had nothing left but the sad memorials of a useless conflict. If we failed in our attempt to dislodge the foe we coolly laid all responsibility on "divine Providence;" and if we apparently succeeded, however scant our trophies, we arrogantly gave all the praise to our "divine art." From the days of Hippocrates until the commencement of the present century our policy of war has been "death to the invader." No notes of the enemy's preparation served to rouse us into action. We looked on with stoical indifference until his troops behind their strong battlements began the war of aggression. Not until they were fortified on the "sacred soil" could we find occasion for active operations. During the past fifty years or more, we have changed our policy only in this, that we have sought to overcome the foe with less injury to our patients. We have largely discontinued our heroic practice through a vague realization of the fact that our drugs have been more destructive than disease. But our plan of war has been always the same: to wait until aggressions began, and then manfully struggle in the defence. All this is rapidly undergoing change. The present epoch is marked by the policy of *prevention* rather than *cure*. We are now shifting the theater of warfare into the enemy's own ground. Our allegiance to Æsculapius is at least partially forsworn and, under the rule of Hygeia, we now become the aggressors,

and seek to anticipate the evil before it is born, to scotch it before it is grown to mischief-making proportions. In short, before many decades, Medicine will hold a secondary relation to Hygiene.

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**Mental Dyspepsia.** By R. Ludlam, M. D.

Our mental like our bodily growth is the product of assimilation. Our thoughts and our tissues are organized in a similar way. Before it can be utilized the raw material of both these products must be subjected to a process that is substantially the same.

There is one apparatus for our physical and another for our mental digestion. Each is best adapted to its own especial function, to the solution of the kind of food which it is to prepare, and to the induction of the initial changes that will fit its elements to assume the characteristics of bone, muscle, and brain-product. Both are delicately organized and subject to derangement and disease.

In its own way one of these organs is as important as another. They all help to dissolve the food, to facilitate its absorption, and to render possible the changes which are requisite in order to maintain a healthy balance between the waste and repair of our tissues.

These organs have been created and set in motion with an inconceivable delicacy and power. They seize upon the food, which is the conjoined product of the animal and vegetable worlds, disintegrate it, subject it to a careful solution and analysis, select the elements which are suitable for the several textures, and then mold and fashion them into our bodily forms.

After taking a meal, the best blood in the body is attracted and drawn upon to furnish the ingredients from which the solvent juices are to be made. We take our siesta, and a thousand little glands are busy with the distillation of these delicate compounds. We go about our work, and the little rootlets of humanity within us drink up and pass along the materials of our bodily growth. We plan great schemes, build our colleges and railways, and make a great ado over the progress of the age, and the improvement of towns and cities. Meanwhile the myriads of little cells of which our bodies are composed are quietly rebuilding and repairing our own tenements and fortifying us against the inroads of time and disease.

Not a grain of food can pass the gateway of the nutritive tract without notifying the nervous centers of its approach. It gives a savory signal, and the stomach is on the alert to receive it and take care of it. The pious delight that Pecksniff felt when his digestive machinery was wound up and going imparts an infinite relish to our very existence. The glow of benevolence that comes over one after a warm meal, the hearty invigoration, and then the force evolved from a good bill of fare illustrate the workings of a wonderful mechanism within us. The pulse is quickened, the temperature is raised, there is no friction among the functions, the wheels within wheels spin, and the whole organism is in tune. Harmony reigns and healthy repair is the result. So, in the higher form of digestion, the analogy holds. The brain is the great receptacle of our mental food. Whatever material the senses gather is carried to it for solution, analysis, assimilation. But, instead of one mouth this system has five of them. Instead of one long tube, through which all the aliment must pass, there are many avenues to this upper stomach. And, what is more remarkable, each of these orifices and conductors filters and conveys its own proper kind of food and no other. The eye has no perception of sound, nor the ear of light. The wave on which the elements of thought and enjoyment find access must be the right one, or it will not gain an entrance.

Each of the five senses is, therefore, an aid to mental digestion. Its special duty is to separate the kind of food which it carries and contributes to the common stock. Sight, hearing, taste, smell, and touch stand in a most important relation to our mental powers, qualities, and attributes. To keep us in proper accord with the external world, they are indispensable. If there were no brain there could be no mind. If the senses were obliterated the brain could have little or nothing to do. The elements of thought must be poured into this digester, or its function will practically cease. Shut off the senses, and the elaboration of ideas is at a stand-still, or nearly so, just as incubation stops when you coat the egg with varnish. The hen may set on such an egg until doomsday, but her progeny will never crow nor cackle.

This is the prehension or taking in of aliment, which precedes its digestion. Once the materials of thought have been properly furnished, the healthy brain will take care of them. And the process, like that of physical digestion, is full of enjoyment. There is no pleasure to compare with that which springs from active mental exercise. The blood mounts to the head and winds through the tortuous vessels of the brain as a prime connection of its functional activity. The faculties are clear and the ideas flow. New combinations of old elements suggest themselves. The buds of thought blossom and shed their fragrance all around. The emotions coquette with the will and the understanding. The mind soars with poetry, or settles itself into a philosophical train. Healthy cerebration of brain-work is the highest type of human enjoyment, fascinating, exhilarating and even intoxicating.

If these two forms of digestion were not subject to disorder, the sum total of our happiness would be increased a thousand-fold. But they do not afford an exception to the rule, that the more delicate an organ, and the wider the range of its relations to human welfares, the greater its proneness to become diseased.

There are comparatively few persons who pass through life without more or less of indigestion. Even supposing

them to be born with good stomachs, not more than 100 babies get through "teething" without having acquired the dyspeptic bias. Before they are old enough to eat, their alimentary system is upset. And, as for mental dyspepsia, a majority of the children who have spent a few years at school have had a similar experience. Indeed it would not be difficult to prove that the risks of the nursery, great as they are, are exceeded by those which are contingent upon the acquisition of our "early education," as it is called. For the young brain, which is only half developed at birth, is slow to unfold its faculties, and those faculties are correspondingly weak and susceptible of derangement.

If this question did not touch the secret springs and forces of society, it would not, perhaps, merit our consideration. But I submit whether, these things being so, we should inquire into the causes and consequences of mental dyspepsia?

To insure its proper action, the brain must be healthy to begin with. This condition supplied, its food must be furnished in proper amount and quality. The taste, appetite, and capacity for digestion must be consulted. For it is just as important to regulate the methods of study and observation, the desires and inclination with respect to brain food as it is to the taking of any other aliment. To read a book, no matter how good a one it may be, when the mind does not crave it and can not enjoy it, is like cramming the stomach with what is distasteful and repulsive. Its integral may be of the right kind, but it does not accord with the eternal fitness of things to thrust it upon the organism in such a way and at such a time.

We are all possessed of instinctive desires for certain kinds of mental nutriment, which, if they are not perverted, will sooner or later declare themselves, and help us to decide what knowledge is best for us. If we violate these instincts by arbitrary or artificial rules, we will certainly become the victims of mental dyspepsia.

Now these instincts differ, not only in individuals, but also in the same person at different times. While we could none of us read all books that are on our shelves at a single sit-

ting, or in a month, any more than we could eat and digest as many dishes at one meal, still, between youth and old age, we might, perhaps, find a time in which their contents would be grateful and useful to us.

Unless they are decidedly morbid, the instincts that regulate the appetite are in strict accord with the capacity for digestion, and with the ultimate needs of the economy also. This rule applies to the brain as well as to the stomach. The little child craves an excess of sugar in its food; its stomach is not disturbed by taking it, as yours or mine would be, and so its little organism gets what it wants, and must have in some form or other. Young people of from 12 to 20 years have a similar relish for fiction, and the natural desire may be gratified and satisfied without harm, if their mental condition is sound and their surroundings are what they should be. The child's appetite for sweets will soon change, and it will want something more substantial; the novel reader will soon be cloyed with the husks of literature, and ready and anxious for something better. In either case, if we attempt to force matters we work mischief.

The daily experiences of life change our mental needs as they change our acquaintance. Something of this change is undoubtedly due to fashion, but it is not exclusively the result of caprice or of accident. The ornamental acquirements that we first seek will not and can not always satisfy. Only a morbid appetite will content itself with them. We must develop the inborn ideas, the thoughts and feeling which are not merely decorative, but useful also. Milk answers for babes, but full-grown men and women want a different diet.

It would be unreasonable to suppose that those of us who carry weight in life, and who are responsible to society as its workers, should not vary our mental bill of fare to suit the demands that are made upon us, as well as our changing ability to digest what we have taken. . And it would be still more unreasonable to frame a diet-table regardless of these facts, and then to expect and to hope for the exemption from the consequences of our folly. Next to the wicked

propensity to classify all minds as alike in their needs and requirements, is a criminal disregard of the truism that our mental aptitude to learn and to teach, to plan and to produce, varies from day to day. If we prescribe or practice such habits of study and observation as are framed without reference to this sliding-scale, a mental indigestion with its unfortunate consequences is inevitable.

Moreover it is impossible to maintain a healthy balance among the faculties without changing the sources of thought. If we always read the same authors, and apply to the same springs of information only, the brain will store itself with cock-eyed perceptions and half truths. And not only will its ideas be dwarfed and unsatisfying, but the remaining faculties will become powerless and useless from lack of exercise. So that, within proper limits, a mixed diet is just as necessary for the mind as it is for the body.



### Philadelphia Correspondence.

*Dear Doctor:*—The Dec. No. of the Medical. Advance has been received in advance of time. Your remarks on the Twelve Tissue Remedies have been read with interest, especially, as I had tried my ability to express an opinion on this new Departure, in the October number of the Hahnemannian Monthly. Although “recommended for investigation,” I should think there were but few men among us so *insane* as to accept Schussler's dictum, based on his study and experiment when, at sight, they find him making boastfully absurd statements; when they find him on the physiological and functional crutches, evidently, suffering from locomotor ataxia. All the new discoveries, based on study and experiment,

in any of the collateral branches of sciences, if true, can be made subservient to accepted infallible principles; may they be offered to the world at large; they can be made subservient to religious fundamental truths, if offered to us, as Homœopaths, they can be made subservient to the fundamental and infallible principle, which we are supposed to have accepted when we entered the ranks of a school, founded and characteristically named by Hahnemann. Only the illiberal, contracted mind will reject the proffered facts, because one or another illogical enthusiast has drawn wrong or false deductions from these otherwise carefully stated observed facts. But we do ask ourselves: Why are we punished with these frequent "Departures?" We see the evil, the growing evil; and for all evils there is a remedy. As long as men, in or out of the profession, will submit to be guided by the opinions of miserable, fallible men, these "Departures" will multiply, from Humphrey's Homœopathic Specifics, down to the Twelve Tissue Specifics and Grauvogel's Lapis Albus (another Specific for Carcinoma). It has been men's opinions which have superseded the (by them violated) fundamental principles.

As long as our societies, our colleges, our journals decline to define their views of what is truly Homœopathy, as long as no definition of our fundamental principles is offered! just so long will the increasing number of "Liberals," of men who are taught to believe in the freedom of medical opinion and action, be exposed to the temptations offered "lazy doctors." And if this is so, then the only remedy is, to unite upon infallible fundamental principles, belonging to the school of Homœopathy; such united acknowledgment of principles will require a free discussion of them; to make a beginning in the good work, may I be permitted to suggest for further consideration, a creed of ours, expressed in three sentences.

1. The Dynamic Origin of Diseases.
2. The Dynamized Single Remedy, administered under
3. The Laws of the Similars.



Or, shall we consent to submit these weighty subjects to self-constituted arbitration? The tendency of our days lies in that direction. Permit me to call your attention to "Facts." Vide Hahnemannian Monthly, vol. x. no. 4, p. 183. A well qualified professional gentleman, published a mild criticism of Dr. Korndoerter's translation of Boeninghausen's Fever-Work, with additions, the renowned author resents the criticism, and assumes the responsibility of the work as it stands, but claims the valuable assistance of Dr. Hering, which he says: "Is not deserving of maligning from such a source!" He further says on page 184, "Many symptoms, however, have been purposely omitted. "These are such for which no guarantee of sufficient weight could be obtained." Here we have a self-constituted committee sifting our Materia Medica, and rejecting just what is thought of light weight. In order to show the great danger which such arbitrary proceedings will inflict on us, we shall mention only one symptom of one remedy. Under Eupatorium, we find, "vomiting at the conclusion of the chill." True, Dr. Walter Williamson gives in the Transactions of American Institute of Homœopathy, 1846, the same symptom (150) but also, (Symptom 148) retching and vomiting of bile. After having had a rather enlarged experience by the clinical experiment of the curative action of Eupatorium, especially in intermittent fever, having successfully cured hundreds of cases by means of this remedy ever since 1846, we endeavored to give a concise pathogenesis of it in our text book, and these did give (symptoms 24 and 35) vomiting of bile. Why does the eminent author drop this characteristic symptom? And if his siftings, omissions and alterations supersede in reality the proffered experience of men "who can not give guarantee of sufficient weight," why does he resort to that, among men of letters considered *impropriety*, in answer to a criticism? Must the only critic be the gentleman whom he chooses to parade before the profession as having rendered him valuable assistance, who surely will be exonerated from participating in the reckless manner in really caricaturing, at least, Eupatorium? Dr

Hering has persistently objected to such arbitrary actions, and now is called upon to be sponser to them. C. Hg. has *carefully* collected *all* symptoms of new and old remedies, given by all kinds of men, without considering their color or previous conditions, and was thereby enabled to add very valuable works to our *Materia Medica*. Will the profession submit their principles or their *Materia Medica* to such arbitration? That *is* the question.

Yours, very truly,

AD. LIPPE.

PHILADELPHIA, 1204 WALNUT ST., }  
November 30th, 1874. }

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**Buffalo Correspondence.** By Mrs. E. G. Cook, M. D.

MY DEAR DOCTOR: I am really surprised to see in the *Advance* a statement like the following: "It is my opinion, that humanized virus acts better in a majority of cases and is a more certain preventive of smallpox," etc. It is absolutely fearful to think of the ignorance of physicians who are having so little observation, if indeed they are sincere. And unless Homœopathic physicians can keep pace with the Allopaths in reformatory measures they had better join hands and go backward a few centuries. All the advice given regarding the use of humanized virus, sounds like going back to corduroy causeways, instead of railway coaches. Our experience has been large and we have seen enough bad results from the use of humanized virus to arm us to the teeth against its use in almost any emergency. And as it is so easy to obtain fresh from the kine, why not come out square and recommend it. I could write you of a hundred cases, had I time, where the bad results were unmistakably from the humanized.

Another very important bit of knowledge, especially for our school is, that mixing the crust with glycerine and keeping it for several days should never be used, as septic acid is developed and fearful results have followed its use in our hands.

Preach fresh virus from the kine for every child worth vaccinating!

Please fire a shot at the advocates of humanized virus in this degenerate age and oblige yours, etc.

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## Theory and Practice.

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**Typhoid Fever.** By O. W. Lounsbury, M. D. Read before the Homœopathic Medical Society of Cincinnati.

Typhoid fever, variously denominated illeotyphus, typhus abdominalis, enteric fever, enteromesenteric fever, and nervous fever, is produced in the human species by some foreign *infectious* agent, such as emanations from decomposing animal substances.

It abounds most in those localities which are most cursed with similar contagium.

The germs of typhoid are believed to be *low organisms* or animalculæ, which propagate not only without, but also *within* the bodies of typhoid patients. Occurring in secluded places sporadically without other appreciable cause, this fever has been oftentimes thought to be of *miasmatic* origin.

Overcrowded cities, hospitals, tenement houses, etc., favor, from one cause or another, the development of typhoid germs, and afford special facilities for the dread march of this dangerous disease.

It is claimed that the contagion is less in abdominal typhus, than in exanthematic typhus, and that this contagion clings especially to the dejections of the patient. Exhalations from the lungs and skin may transmit contagion, but this is quite problematical, since it is very rarely that persons in attendance upon the patient are infected, and when infection does occur, it may be entirely due to emanations from his dejections. These emanations are said to be more dangerous than immediate contact with the typhoid patient's person.

There is, apparently, a great difference in the susceptibility of individuals to typhoid infection. Such as are habituated by exposure to favoring causes, are less liable to danger in epidemics than others, as in intermittent fever, persons accustomed to the peculiar *ague* miasm of any section, are less liable to the disease than temporary residents therein.

Again, middle-aged persons are more liable to attacks of typhoid than the young or old. Within the range of my observation, cases of typhoid fever have invariably occurred between the ages of 20 and 45 years; these may not, indeed, be the limits, but such has been my experience. Males are attacked oftener than females, and the poor more frequently than the rich. Pregnancy, nursing, child-bed and tuberculosis, are said to give comparative immunity from typhoid attacks.

According to Niemeyer, the most important pathological changes are to be found in the small intestines, as it is their mucous membrane which is principally affected. At the outset, this membrane becomes hyperæmic, appearing swollen, relaxed, cloudy and covered with masses of mucous and epithelium. This condition may involve the whole membrane of the intestines, but it especially involves that part near the *ileo-cæcal* valve. The mesenteric glands are also swollen, soft, vascular and dark-colored.

Succeeding the above conditions, appears the second stage—that of infiltration—during which the hyperæmia of the membrane intensifies and concentrates on the parts around the solitary and Peyer's glands in the lower part of the *illum*. The swollen solitary gland oftentimes reaches to the size of a pea, while Peyer's patches increase to one and one-half

inches in diameter. These patches usually unite or coalesce in the region of the valve, so that they sometimes cover several inches of the intestines.

Subsequently, these changes are either removed by absorption of the contents of the follicles as in abortive typhoid, or else the glands break down and slough away, leaving a troublesome, typhous ulcer. The following important characters of this ulcer is given in a quotation from Rokitansky: "According as it has resulted from a solitary follicle or from a Peyer's patch, it is round or oval, and, if there has been only a partial slough on the Peyer's patch, it is irregular; it varies in size from that of a pea, to that of a dollar; its seat is in the lower part of the small intestine, and the ulcers proceeding from Peyer's patches, are of course opposite to the insertion of the mesentery. The long diameter of the elliptical ulcer corresponds to the long axis of the intestine; the margin of the ulcer is formed by a bluish-red, later slate-gray border of mucous membrane, about a line broad, which is movable over the surface of the ulcer. The floor of the ulcer is a delicate layer of the submucous connective tissue, which covers the muscular coat.

Sometimes perforation of the intestinal coats occurs as a result of gangrene of the mucous membrane not only, but also of the muscular and serous coats. In this case, the contents of the bowels may penetrate the peritoneal cavity and set up a severe and formidable peritonitis. A mild form of peritonitis often takes place without perforation.

The healing and cicatrization of typhus ulcers, Rokitansky describes as follows: The loose border of mucous membrane, forming the edge of the ulcer, becomes attached to the floor of the ulcer, gradually from the periphery toward the center, at the same time it becomes pale and less thick; the delicate connective tissue layer, which covers the muscular coat in the floor of the ulcer, becomes whitish, thickened, and is finally transformed into a serous plate, into which the adherent border passes imperceptibly, thinning, as it approaches the center. The mucous membrane gradually extends over this plate toward the center of the ulcer, but at the same time, becomes

thinner, from the tension to which it is subjected. When the edges of the mucous membrane come together and adhere, the healing is complete. From the thinning of the mucous membrane, the cicatrix forms a slight depression; it is often somewhat pigmented, it is smoother than the parts around, and studded with a few tufts. Cicatrization of the typhus ulcers never causes stricture of the intestines.

In addition to the foregoing changes, others of a complicated nature sometimes supervene, such, as pneumo-typhus, broncho-typhus, etc. This disease does not run an uniform course, but is greatly influenced by surrounding conditions, and modified by proper medical treatment.

A chill, more or less severe, usually ushers in the the typhoid attack, which is generally preceded by lassitude, weakness, slow pulse, head-ache, and vertigo, besides increasing symptoms of debility, for days or weeks. The chill is followed by fever, which keeps a characteristic typical rise of temperature, from morning to evening, of *one degree*, and a fall of *one-half* a degree from evening to next morning, every day for the first week. Meantime, the pulse rises from 90 to 100 beats per minute, and the patient complains of increased head-ache, vertigo, prostration, flickering before the eyes, and ringing in the ears. His sleep is restless, he has tiresome dreams, and he mutters incoherently. Constipation is usually succeeded by diarrhœa near the end of the first week. The tongue is flabby and coated by whitish fur, followed in a few days by a red, dry, cracked appearance. The abdomen becomes bloated, and painful to pressure in the illeo-cœcal region, where, in cases of typhoid diarrhœa, a gurgling sound is produced. Roseola spots appear upon the chest and abdomen in the region of, and surrounding the epigastrium.

During the second week, all the symptoms of the patient intensify, until the mind is unable to perform its functions, the abdomen grows tympanitic, sordes appear on the teeth and gums, tongue is covered with brownish crust, stool and urine are involuntarily voided.

In the third week, the disease reaches its height, and, if it does not take a favorable turn, followed by a gradual abate-

ment of the symptoms during the latter part of this week, the patient inevitably sinks into complete prostration, somnolence and stupor, and death soon closes the scene.

The treatment of this disease, Homœopathically, presents a favorable contrast to the heroic practice of our Allopathic brethren, both as to its duration and mortality. It is not uncommon for well-chosen Homœopathic remedies to abort the disease the first week, nay, to wipe it out at its first approach.

During the premonitory stages, the proper use of electro-magnetism is often sufficient to entirely avert the disease.

Bryonia and Rhus tox. correspond most nearly to the ordinary typhoid symptoms. They especially correspond to brown-coated, rough tongue, bilious derangements, bitter taste and nausea, constipation or foul discharges, petechia, extreme prostration, low muttering, delirium, putrid or bloody diarrhœa, cough, with stitches in the chest, great thirst and scanty urine.

Arsenicum corresponds to *great debility*, prostration, rapid and alarming, small, thready pulse, cold perspiration, diarrhœa, with dark and offensive discharges.

Ipecac., mercurius, veratrum, phos. and many other remedies will often be indicated as one or another of the concomitant symptoms arise.



### **Discussion on Dr. Lounsbury's Paper.**

Dr. Owens begged to differ with the gentleman, especially on the etiology and pathology of the disease. The paper does not sufficiently distinguish between typhus and typhoid. There is a clear distinction. Typhus is a disease of cities, camps, ships, and springs up where impure air is generated. But typhoid is a disease of the country, where there is no

crowding, and the air is abundant and pure. I do not believe typhoid takes its origin from decaying animal substances. It is essentially miasmatic. Typhus is no respecter of age, while typhoid keeps pretty carefully within the bounds of 15 to 45 years of age. The typhus ulcer spoken of, is on the side of the bowel opposite the attachment of the mesentery. Rhus is indicated by the feeling of exhaustion, bryonia by the feeling of soreness. Now most cases exhibit at the outset both these conditions, and when given in alternation, will, in nine cases out of ten, abort them within the first week.

Dr. Buck: These diseases are exceedingly prevalent in the west. But typhus is found mostly in the Mississippi Valley, while in the north and north-west, we have typhoid. But the differential diagnosis is not always clear. These diseases often blend in a case. You cannot tell with certainty just what you have got. Sometimes the type is markedly bilious, and then baptisia and gelseminum will cure. At the inception of belladonna and aconite given low and in alternation, will break up the attack at once. Typhus comes from a poison absorbed, while typhoid generally comes from exhaustion; the nervous system and blood are affected; this induces the attack. Cases occur which are ushered in by profuse hæmorrhage from the bowels, a vessel half full at the first discharge. These cases require the mineral acids. But if beginning with a profuse watery discharge, then terebinth is the remedy.

Dr. Owens: Terebinth, like aconite, acts on the arterial circulation. If the blood is black, belladonna; if bright, terebinth or aconite. But what shall we do with the phlegmons that so often occur?

Dr. Stuard: If superficial, lance them; if deep, give nutritious diet and hepar sulph.

Dr. Marvin: Suppose we have cerebral symptoms, violent delirium passing down to stupor?

Dr. Owens: Bell. has this symptom, and is the remedy.

Dr. Buck: That depends upon the condition of things. The brain is engorged—if with pure blood, then bell.; if with dis-



organized blood, hyos., or stram. In the first case we would have a furious delirium, and in the second, a low muttering.

Dr. Griffin: Does it make any difference in our treatment whether we have a case of typhus or typhoid?

Dr. Owens: The symptoms must in any case be our guide. But in typhus the blood will not coagulate, whereas in typhoid the clot is readily formed. Our remedies correspond to these conditions. Bell., arsenic, lach., etc., produce and cure blood decompositions. So the pathology is our key after all. Those who treat by symptoms alone are empirics. We are rational only when we go by the pathology.

Dr. Morrow: Are cases treated sometimes successfully without medicine? Is the disease necessarily fatal or is it self-limiting? (No one attempted to answer these questions. We suggest they be propounded again. Reporter.)

Dr. Wilson: It struck me as curious, that after carefully describing the pathology of the disease, the condition of the glands, pyers patches, the ulcers, etc., that no use was made of the information in the proposed treatment. The writer does not say if they indicate electro-magnetism, or bryonia, or phos., or how they are indicated. The remedies point to the aches and pains of the head, and limbs, and body, the dry tongue, the quick pulse, the dry skin, and not a word about the "spreading," "excoriating," "whitish" ulcer, or any of those wonderful pathological pictures. These other gentlemen talk of decomposed blood that does and does not coagulate, of paralysis of the vaso-motor nerves, etc. May I ask how we are to find these things out? Must we bleed our patient and test the blood? Otherwise we are in the dark on these points. It is not clear how these gentlemen make so much out of their pathology. The information one gets out of such descriptions is seriously affected in its value by these two facts: first, it is doubtful if they can be ascertained during the life of the patient, and secondly, it does not appear how, even if known, they are to affect our treatment. I am speaking now of the paper presented, and the discussion following, and not of a universal fact.

**Ulcers.** By E. S. Stuard M. D. Read before the Homœopathic Medical Society of Cincinnati.

Mr. Chairman and Gentlemen:—Having been requested by our honorable Chairman to prepare a paper under the head of Ulcers, the subject for discussion this evening, permit me to submit the following: The materials of which this is composed is not original, but made up from information derived from men and books, and my object in laying it before you, is to fix a common center around which those luminaries that desire to throw light upon the subject may revolve; for I can assure you, gentlemen, that the subject of ulcers, and especially their successful treatment still requires a great deal of light. If there is one class of maladies above another, that causes more annoyance to the patient, and defies the best directed efforts of the physician to heal it is that of chronic ulcers; of their pathology and therapy we have much to learn, and we think we do not err much when we say that the successful treatment of the great mass of chronic sores that afflict the human race, is confined to the efforts of a few physicians only. It behooves us gentlemen of the medical profession, by a closer study of their pathology and proper treatment, to change the order of things in this particular. An ulcer, in the words of Gross, "is a breach in the continuity of a surface, organ, or tissue, attended with inflammation, and a discharge of pus, ichor or sanies." These sores are the results of ulcerative action, and ulceration according to the definition of the same author, "is one of the results of inflammation, causing molecular death in a part as mortification is the destruction of parts upon a large scale." To this day, the nosography of ulcers is very imperfect, although their classifications have been much simplified since the days of the early writers upon the subject. Cooper, in his works, sets down no less than ten forms of ulcers, namely: the healthy, languid, inflamed, irritable, gangrenous, sinuous, menstrual, varicose, unguinal, and cutaneous.

Miller, of more recent date, mentions ten varieties, viz: 1st, simple, purulent or healthy; 2d, the weak; 3d, the scrofulous; 4th, the chachectic; 5th, the indolent; 6th, the irritable; 7th, the inflamed; 8th, the sloughing; 9th, the phagedenic; 10th, the sloughing phagedæna. Helmuth separates them into two divisions: the first embraces the simple, indolent, and irritable, and the second includes those sores that have acquired a specific character from the diseases with which they may be associated. Gross divides the whole subject into two genera, common and specific; and into two classes, acute and chronic.

For convenience, we propose to adopt the classification of the last named, believing with him, "that the catalogue of most authorities upon ulcers, comprehend under different names, diseases absolutely and positively identical." Let us, as Homœopaths, when we come to treat ulcers, strip the whole matter of its divisions and subdivisions, consider each ulcer separately, view the symptoms, local and constitutional, in their totality, find among our provings a corresponding picture, administer the selected remedy faithfully and conscientiously, if the disease does not yield, then try Allopathy, Hydropathy, Eclecticism, so called, use any thing, but heal them as speedily as possible, without detriment to the patient.

Common ulcers are such as are produced by ordinary causes, as common inflammation, etc., abrasions, contused wounds. Specific ulcers are due to the operation of some specific poison, as that of glanders, syphilis, small-pox, and the various forms of cancerous growths.

The admirable description of the acute ulcers by Gross, found in his great work on surgery, is too long for insertion in a paper of this kind; we extract from it the following: "The acute ulcer is distinguished by the rapidity of its progress, and the severity of its symptoms. The sore usually begins at a small point of skin or skin and cellular tissue, from which it speedily spreads in different directions, until it often covers a large extent of surface. In its form, it is generally somewhat oval or circular, but it is frequently very irregular, and instances are met with in which it is of a serpiginous creep-

ing or angular shape." "The parts immediately around the ulcer exhibit all the phenomena of high inflammation, being of a deep-red or purple color, preternaturally hot, painful, and more or less œdematous from sero-plastic effusions, and consequently pitting under pressure." "The pain of the acute ulcer is frequently a prominent and absorbing symptom; it varies not only in degree, but likewise in character, being at one time throbbing and pulsatile, at another, dull, heavy, and gnawing, as if insects were feeding upon the parts." The local affection is usually attended with some constitutional disturbance, which partakes of an irritable, rather than a febrile character, however, when the ulcerative action is rapid and extensive, there is generally more or less fever present.

Chronic Ulcers.—The term chronic, refers to time, and as applied to diseased conditions, designates a class of affections, which have passed through their acute stages, and in consequence of treatment, and the lapse of time, have been modified somewhat as regards their appearances and course. In chronic ulcer, quoting the words of the same authority, "the inflammation now generally exists in a much milder form; there is less functional disturbance, while the constitutional derangement often entirely ceases, and the local phenomena of heat, redness, pain, and swelling are materially diminished. The part, however, is oppressed if not overpowered by fluids, its vessels are sluggish, dilated, and engorged with dark blood; nervous sensibility is perverted, and the restorative tendency is much enfeebled or else completely at a stand; ulceration still goes on, and perhaps serious havoc is committed by the action, but that action is tardy and exhibits few, if any of the phenomena which characterized it in the first instance."

A description of the various forms of specific ulcers would consume too much time, and as we think we have already accomplished the end intended, we will conclude this paper by a brief consideration of the primary syphilitic ulcer.

By most modern writers upon the subject, primary syphilitic sores are divided into the hard, indurated or Hunterian chancre, and the chancroid or soft chancre. The hard chancre

is almost invariably followed by constitutional symptoms, whatever be the treatment.

The soft chancre is never followed by constitutional symptoms, and by no course of medication can it be converted into a sore that will specifically effect the system at large. The specific difference then between a hard and a soft chancre is, that the former effects the constitution, while the latter is strictly a local affection, and when once cured, never gives rise to lesions elsewhere in the body. How can we distinguish between an indurated chancre and a chancroid? A very pertinent question, indeed, but one that can not be satisfactorily answered, until sufficient time has elapsed to ascertain if the system has become infected or not. Prof. V. Sigmund, surgeon in charge of the venereal department of the great hospital in Vienna, where from ten to fifteen thousand venereal patients are treated annually, in reply to the question if he could tell, from its appearance, whether a chancre was of the hard or soft variety, replied that he could not with certainty tell, and that the only means he had of ascertaining the difference, was to await the characteristic constitutional signs of syphilis, if they appeared, then the sore was a chancre, if they failed to make their appearance, then it was a chancroid.

The treatment of ulcers we have purposely omitted, leaving to you, out of the abundance of your experience and knowledge upon the subject, to inform us of the most approved and speediest manner, in which a cure can be brought about.

We would suggest that in the discussion that follows, that the acute common ulcer be considered first, then the chronic common ulcer, and, lastly, the specific ulcer. We would also suggest that in the consideration of specific ulcers, that the gentlemen would confine themselves to the discussion of venereal sores only. In conclusion, we would state the only apology we have to offer for the brevity and incompleteness of this article, is that we know very little of a practical nature about the subject, and our attempt at compliance with the request of our chairman, grew out of a dislike to shirk any reasonable task imposed upon us. We might say further, that it is not an unusual thing in medical societies for mem-

bers to persistently refuse to take part in discussions, and by a neglect, when so requested, to furnish matter or material that might be of interest, seriously impair their usefulness, and pave the way to their early dissolution.

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**Discussion following Dr. Stuard's Paper.** Reported by C. E. Fisher, M. D.

Dr. Owens: Specific ulcers are frequently propagated by inoculation. The treatment of the specific ulcer, in the primary stage, has always been cauterization in some form or another, generally by the application of argentum nitricum, Vienna paste, caustic potash, or some such preparation. When these fail the knife has to be resorted to.

This treatment, which has prevailed for centuries, has its objections, and I do not employ it. My method is to apply dilute acetic acid to the chancre, no matter what the stage, using about the first decimal dilution, penciling the sore thoroughly.

Even when the ulcer is ragged with a lardaceous base, this application is an excellent one, and the sore will heal by granulation, following its use. When applied early the chancre will heal kindly in about ten days, and when applied fifteen days, or more, after the appearance of the chancre, it will heal in about a month.

In connection with the acid, when the above conditions are present, I prescribe, internally, mercurius bin., 2d trit., every two hours.

I have never yet seen a case of secondary syphilis following this treatment, and it thoroughly destroys the syphilitic poison when used in the first stages.

I have used the acetic acid also, in phagadenic ulcers with sloughing, with good results. I am using it now in a case

which came to me on the twenty-first day, with sloughing extending to the root of the penis and the scrotum.

The patient is recovering rapidly, although he has a crop of secondary which will be the subject of after treatment.

For the copper colored spots remaining on the hands and face, after the syphilitic eruption, I find the following very useful, serving to bleach out the copper color from the spots, although it leaves the skin a little whiter at these points than on the surrounding tissue:

R.

Sp'ts Turpentine,	4	ʒ	jv.
Calomel,	1	ʒ	j.

Mix—Wash the spots well two or three times a day.

In buboes, my plan is to keep the ulcer discharging as long as it is possible, after it shows signs of pointing.

Hasten the process all you can, and then by poultices and the use of the indicated remedies, free the system from all the poison you possibly can.

Dr. Slosson: Ulcers of all forms are dependant, to a great extent, on depraved innervation and mal-assimilation. The only case of exemption is that of specific or syphilitic ulcers, and, even in these, this law will frequently hold good. My treatment, in view of the above fact, is nearly always constitutional.

In the specific ulcer, I always neutralize the poisonous discharge and prevent the absorption of it. As an external application, I have used with success, sulphuric acid, diluted, and crude carbo veg., sufficient to make a thick paste. The acetic acid recommended by Dr. Owens, is a new idea to me, but a good one, I think, and I will give it a trial.

The constitutional treatment consists generally of mercury of some form, the biniodide 2d trit. acting the best perhaps. In connection with this remedy, I sometimes use an application of carbolic acid, one drachm to an ounce of glycerine, and keep the ulcer perfectly clean. I always follow the treatment with sulphur, beginning with the 3d decimal trit. twice a day, lengthening the interval and making a higher attenuation to close the case.

When the patient has once been mercurialized, I find nitric acid and sulphur, in alternation, excellent remedies, acting upon the mercurial and syphilitic disease at the same time. Mercurius alone, of a high attenuation is sometimes used, on the principle of Isopathy. Always make it your rule to build up the constitution, and afterward treat the ulcer specifically.

Dr. Marvin: What are the diagnostic signs between the chancre and chancroid?

Dr. Stuard: From an English author of note, I glean the following:

Chancroid is never followed by constitutional disturbance, while the chancre nearly always is, if allowed to run its course.

This is the principal, and, in fact, you may say, the only real diagnostic difference. The chancroid when cauterized presents the appearance of the true chancre. I disagree with Dr. Owens, as to keeping buboes open as long as possible, and always try to heal them as soon as I can.

When constitutional in form, I always give the mercurials, generally the protoiodide, and in ulceration of the throat, give a mild dilution of nitric acid.

Dr. Wilson: In the indolent ulcer, with hard excoriated edges, and the surrounding tissue involved to a greater or less extent, cut it out, and heal the wound by granulation. Other forms are sometimes cured by the plastic operation. Reliable trustworthy statistics can not be obtained, concerning the advantage of Homœopathic treatment, in venereal diseases on account of a lack of hospitals, to carefully compare and treat these diseases. Many cases which come under our charge now, are not syphilitic at all, but purely mercurial, and until we have a fair chance with our Allopathic brethren, Homœopathy must be content with the laurels gained in private practice.



**Rheumatism.** By C. T. Corliss, M.D. Read before the Indiana Institute of Homœopathy.

Rheumatism may be defined an inflammation of the fibrous tissues of the larger joints, either acute or chronic; and has been by writers divided into four distinct forms, viz: acute articular rheumatism, acute muscular rheumatism, chronic articular rheumatism arthritic deformans, or arthritic rheumatism. The pains attendant upon acute or inflammatory rheumatism have been, not inaptly, compared to the tightening of a vise upon some portion of the body to its utmost tension and, then, as a sample of the gout, gives it one turn more.

Rheumatism and analagous diseases are frequently caused by inattention to some of the expanding and contracting principles that regulate the organism. The two inseparable processes common to all animal bodies termed endosmosis and exosmosis, first, the attraction of fluids and ethers from the external to the interior, and second, the repulsion of similar elements from the mucous membranes to the exterior surfaces must be kept in a balanced condition else disease is the result.

A large per cent of rheumatic cases have their origin in a common cold, and in order to a successful treatment of each and every case, the physician should analyze them very carefully in order to arrive at the exact point of attack. The medication for this disease should be, therefore, the same as for a common cold. The first attention should be directed to the surface of the body and limbs. Alkaline, sponge and vapor baths should precede all other treatments. The muscles, poisoned by morbid pent-up secretion, must first be relieved of their load which has been allowed to accumulate through a longer or shorter continuance of collapsed cuticle.

The cause having been removed by this process of exudation, the next care is to select the remedy which is in strict Homœopathic relation to the peculiarities of the affection sought to be removed as to its location, etc.

To every individual in all matters medical, the high court

of appeal is clinical experience, and the physician in his own jurisdiction is the judge upon the bench.

Clinical researches must always hold the most honorable of any department of medicine, and physicians should therefore enter into clinical investigations with ardor and zeal, and in each case not only individualize the man, but also the medicine and dose.

In making diagnosis of a case, the physician can not be too careful in discriminating between the apparent and real affection. For instance: Myosotis or myalgia which is an inflammation of the muscles or muscle pain, is too often confounded with, or mistaken for, rheumatism, which is an inflammation of the fibrous tissues of the larger joints. Again, both may be mistaken for neuralgia, which is a nerve pain, neuron, nerve and agos, pain.

It is therefore of the first importance for the physician called to treat a case ranging itself under one of the above heads, that he make a critical discrimination that he may know to a nicety, which one he has to treat. The anatomy of each being different, calls for a different treatment. It is not necessary to enter into an elaborate discussion to prove this point. I believe the fact to be apparent. If the larger joints is the point of attack *sticta pul.* and *rhus tox.* demand our first attention. *Rhus*, more especially, if there is a general feeling of malaise as when *catarrh* is coming on. The pains which indicate *bryonia* are as if the joints were dislocated when moving them, while *calcareia* is almost a specific for cases contracted while working in the water. *Pulsatilla* for those pains which shift rapidly from one joint to another. *Cimicifuga* is more especially adapted to the belly of the muscles, also where the heart is invaded. The peculiarities of *ledum* are that the pains commence in the feet and work upward, while, like *mezereum*, the warmth of the bed is unbearable. *Cimicifuga* has a peculiar affinity for muscles of the chest and in *pleurodyna* often affords almost instant relief. The action of *cactus grandiflorus* in rheumatic affections of the heart is one of our most valuable agents, and more than divides the palm with *spigelia*, one of our time honored and most effective remedies.

Caulophyllum stands first in the list for chronic rheumatism of the smaller joints, especially of the hands of females; when closing them they are very painful.

Rheumatic stiffness and drawing of the cervical muscles are controlled by gelseminum and sanguinaria canadensis, two most efficient remedies, while a crick in the neck with severe drawing pains between the shoulders, constant, dull pains in the cervical, dorsal and lumbar regions, are relieved at once by rhus venenata.

For gonorrhœal rheumatism, thuja and phytolacca decandra are the most reliable and nearer to specific than any remedy we possess, if we except perhaps mercurius.

Where there is, as sometimes occurs, a gastric disturbance, veratrum viride claims our first attention.

Where there is a latent psoric taint which sometimes complicates disease and makes it difficult of removal, sulphur comes to our aid, and by removing or modifying the same, brings, the cause at least without the sphere of the proper Homœopathic remedy.

In the treatment of all these varieties, the potency of the remedy, and the frequency of the application is left to the discriminating physician. I have used the low potencies ranging from the first decimal to the third. But if any of my brother practitioners cures them with the 200th or 200,000th with him I have no controversy. Some physicians have the temerity to say in almost as many words, that the using of the highest potencies is indicative of a higher and more refined degree of Homœopathy and the physician prescribing them is therefore, par excellence on a higher grade of Homœopathy than his fellows who use the low dilutions. When a physician tells me that he has successfully treated a case of fever of a complicated type I do not stop, to ask him what potencies he used, but what was the medicine prescribed. If in battle I bring down my man with an ounce bullet, it is just as well as if I did it with a buck or bird shot.

I present some cases from practice:

Florence B., act. 10 years, nervous sanguine temperament, size medium, skin pale, transparent, freckled; hair auburn.

Was attacked with rheumatism about the first of August, 1872, in the inferior extremities. Large joints principally affected

She was treated by the best Allopathic physician of this city with only temporary relief. Was most of the time on crutches till in June, 1873, when she went from home on a visit and received some relief. Had a fresh attack Aug. 10th, 1873 from which she suffered much for several weeks.

In the mean time the parents thought seriously of taking her to the hot springs in Arkansas. Influenced by friends of the family they were induced to give Homœopathy a trial.

Sunday, Sept. 14th, I was called. Patient came hobbling in on crutches. Examined the case and found they ranged under the head of *sticta pul.* Pains in the large joints, no appetite, feeling of general malaise, listless, with none of the sportive feelings of young girlhood. Prescribed *sticta 1st* 3 drops every two hours till amelioration should set in.

In forty-eight hours after she commenced treatment, threw aside her crutches and has not had occasion to use them since, now, eight months ago. There was no variation from the first prescription, except Oct. 1st when she had slight headache which was relieved at once by *cim.*, and on the 25th when there was some pain in the hip joints for which prescribed *calc.* with prompt success. I would add that the first course was the baths alkaline and vapor. She also wore a suit of perforated chamois skin under wear. Attended dancing school all winter without experiencing the least inconvenience. Appetite good and in the more full enjoyment of physical and social life than she has been for years.

Case 2. A young married lady, aet. about 20 years. Nervous sanguine temperament, slightly built, hair deep auburn. Had been suffering with what her physician—who by the way is one of our leading Allopaths or regulars—called rheumatic neuralgia (if any one knows what that is) for some five or six months. I was called to see her on the 9th of April, 1874. Found her suffering from much pain in the head, to all appearances of a catarrhal nature evidently aggravated by the treatment she was under, which was the very scientific one of quinine and morphine in a combination pill.

As in case No. 1, the larger joints were principally affected. Dull heavy pains, no appetite and the taste of her beefsteak was like sand or no taste at all. Nights restless; little or no sleep. Weak, debilitated and that feeling of general malaise.

After full examination I determined to apply the strict treatment as before. Gave the 1st 3 drop doses every 2 hours till amelioration, etc. Saw her again on the 11th, reported better, continued same; 13th found her to-day very much better, slept well last night, appetite returning, little or no pain in the head or elsewhere; 15th saw her again, improvement continued, directions the same except 5 hours between the doses; 17th called for the fourth and last time patient convalescent. Medicine five times a day two drops.

Friday April 18th called at my office with the remark, that it was the first visit down town since last Christmas.

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### **Our Climate and our Mortality.**

Considering the great fatality of consumption and other pulmonary diseases among the maladies which carry off their great annual quota in this country, it is interesting to note what regions are most affected by these complaints. Important additions to our knowledge upon this subject were contributed by the results of the last census, as well as by the observations of medical men, occasionally brought to light and published in scientific or medical journals. Accurate statistics have been kept at the office of the Provost Marshal General at Washington, which cover the examination of all drafted men and substitutes during the late war. These examinations, reaching to hundreds of thousands of individuals, have lately been tabulated, and show the precise relative number of men rejected on account

of physical disability from phthisis. Taking into account the localities of each, the relative prevalence of this disease in different sections of the country is shown to have been as follows: In the New England States 27 in each 1,000 examined, were found to be exempt from military duty on account of pulmonary disease. In the Middle States there were found to be only 23 men in each 1,000; and in the Western States, 13 only in each 1,000 were rejected on account of pulmonary disease. The startling fact thus appears that consumption and its allied diseases are more than twice as prevalent in New England as in the Western States generally.

Taking the country in another sectional distribution, it was found from these tables that along the sea coast there were  $27\frac{1}{2}$  in each 1,000 disqualified from military service from phthisis. Inland, in the Eastern States, there were  $19\frac{1}{2}$  in 1,000 disqualified; along the lake shores  $16\frac{1}{2}$ , and in the Mississippi Valley only 13 in each 1,000 were rejected from this cause. Here again it appears that the moist climate of the sea-shores and the lakes, is decidedly active in predisposing to pulmonary disease, while, as we diverge into the drier regions of the country, immunity from lung troubles is increasingly found.

The most salubrious portions of the country, are unquestionably those States which have the most elevation above the sea level. Experienced and skilled physicians are more and more inclining to send all patients afflicted with pulmonary diseases to the elevated interior and mountain regions rather than to the sea-shore, even though the latter would secure them much warmer atmosphere. A late report by Dr. BOWDITCH to the Massachusetts Medical Society, on the subject of the causes of consumption in the State of Massachusetts, shows conclusively that the portions of that State where the earth is damp and the soil saturated with moisture from lakes and springs, and where fogs form and linger, are those most fatal in the production of this malady. The favorable influence of high altitudes upon this class of patients has been borne out by observations in thousands of

cases. It was once fashionable for consumptives to flock to South Carolina and Florida to spend the winters; and many persons far gone in consumption have died in the Southern States, where they had gone in hopes of amelioration or recovery. There is a sultriness in the air for a large part even of the winter season in those States, and a moisture upon the seaboard, which are eminently unfavorable to weak lungs. In the dry and pure air and great elevation of Colorado, on the other hand, as well as on the Laramie plains of Wyoming, the conditions are united which appear to offer the very best hopes of relief from those insidious maladies which shorten the lives of so many of our people, and annually carry off such an extensive quota of the population.

Experienced army officers who have been stationed in nearly all parts of country, and who have had ample opportunity for prolonged comparison of climates, testify that the high table regions of New Mexico, elevated some six thousand feet above the sea, combine those conditions of dryness of air and mildness of climate, with equable winds, which are most conducive to perfect health. The tables of the census of 1870 establish the important fact that those States which combine the lowest elevations and the greatest area of ponds, lakes, rivers and wet lands to their whole area, have the largest number of deaths from diseases affecting the various organs. For example, the percentage of deaths from consumption to the total mortality in the year 1870, was, in the State of Maine, 25.75, or more than one-fourth, carried off by this fell disease. This State, abounding as it does in standing water and wet lands, and having a greater average of rainfall, as well as snowfall, than any other State in the Union, is thus shown to be prolific in pulmonary complaints. New Hampshire comes next, showing a mortality from consumption of 22.20 in the one hundred. Vermont loses 20.16 per cent., Rhode Island 20.14 per cent., and Massachusetts 19.93 per cent. from these diseases. By the census of 1860, the mortality from consumption in each of the New England States was in even greater proportion to the whole number of deaths. The proportions of deaths

from consumption in some of the Western States were as follows: Ohio, in 1860, 14.13 per cent.; in 1870, 17.77 per cent. Indiana, in 1860, 11.77 per cent.; in 1870, 15.89 per cent. Illinois, in 1860, 10.09 per cent.; 1870, 10.81 per cent. Kentucky, in 1860, 10.57 per cent.; in 1870, 17.42 per cent. These latter figures show in all cases so large an increase of mortality from pulmonary disease in the ten years as to put us upon the inquiry whether the figures are accurate or deceptive. And they add much point to the regret we continually feel that no adequately full statistics of mortality, with the causes of disease, are provided for in the West by State legislation. Will not our intelligent professional men take up this subject and endeavor to secure a reform?

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## Miscellaneous.

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### The Unconscious Action of the Brain.

It may be taken as one of the commonest mental experiences of most men, that a fact, and especially a name, which they endeavor to remember, which escapes from the determinate effort of recollection, often suddenly jumps, as it were, into the recollection without effort, after they have been thinking of other matters. Dr. Carpenter explains this by the theory that the part of the brain engaged in storing up and reproducing past impressions is not the same part of the brain which is engaged in the consciousness of those impressions, or in the consciousness of their reproduction; and that after the seat of consciousness has given up its futile labor, the seat of memory unconsciously continues its activity, and when it has unconsciously brought its work to a successful issue it communicates the result to the seat of consciousness; then,



and not before, the fact is consciously remembered. Upon this we must remark that the conscious effort to command the memory without guide or clew, is generally and singularly unsuccessful in result. The only way to succeed in remembering some forgotten thing is to seek some clew, some thread of ideal association which may lead us to it. The direct bald effort fails, for the simple reason that the attention is fixed on the effort, and not upon the idea sought. Withdraw the effort, and the attention fixes upon the idea. The memory of the thing was in the brain, must have been there all the time, or it could never again have been remembered. Memory is a latent power, and always unconscious. Recollection is the mental activity which opens the cells of memory to the consciousness and recollection, therefore must always be conscious. That any portion of brain-work is done unconsciously in the act of recollection, is a theory to which we can not subscribe without far stronger evidence than any which we have yet seen adduced.—  
DR. BUCKNILL, in *Popular Science Monthly*.

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### **Railway Advantages and Penalties.**

The effects of railways upon the life and health of those engaged in running them is an interesting field of inquiry. Of late years considerable attention has been devoted to this subject in France and England. Facts have been assembled bearing upon the subject. Railway conductors (who are styled "guards" in England) are found to be subject to the same class of maladies which attend those who constantly travel by rail. Railways in England embrace upwards of twenty different occupations, each constituting a business in itself. More than one hundred and fifty thousand individuals are employed on British railways. The engineers (who are

styled "drivers") are a class of picked men. All the great companies insist upon certain qualities of robustness, steadiness, and sobriety, before admitting any one to that service. To be able to endure the fatigue of the railway service, a man, must not only be of perfectly sound and healthy constitution, but he must begin young. It was found by a medical commission of inquiry, recently appointed in London, that men over thirty or thirty-five found themselves unable to acquire a tolerance of the fatigue of body and brain involved in the duties of driving railway trains. The effects produced on men commencing railway work in middle life, as described by officials themselves, are that they age rapidly. "They can't stand it. They lose their heads and become old men in no time," was the expression of an experienced engine driver.

This is the natural result of the tremendous wear and tear of certain faculties which the engineers of railroad trains are subjected to. Ten years of exposure to the incessant shocks of the engine and the constant and violent vicissitudes of the atmosphere, are commonly found enough to "knock up" almost any constitution. Softening of the spinal marrow, caused by standing too long, and by the continued violent vibration inevitable in locomotives, is one of the effects. Neuralgia of the face, sciatica in the right side, with cramps, arising from a continued strain upon the muscles, are other effects. Phthisis and bronchitis are among the diseases to which drivers and stokers are liable, Rheumatism is almost always brought on by prolonged service in the control of railway engines. Diseases of the eyes and ears are also not infrequent. Firemen and engineers are obliged to be daily for several hours near an intense fire, on a machine in a constant state of motion and vibration, exposed to all atmospheric changes, with all their senses on the stretch to avoid dangers. Yet, well selected and sound constitutions stand this well at first, and even become more vigorous for a brief period. The majority of them, as the testimony shows, get stouter, and delicate persons have been restored to perfect health. Much is due to the fresh air and change of occupation. Still the longest

period that railway engineers can stay at the business is declared to be twenty years.

This class of railway employes are in most cases greatly overworked. In England, drivers of locomotives are at work from thirteen to sixteen hours per day. In France they are daily on duty for about sixteen hours or more. Dr. Duchesne, of Paris who has written a book on railways, and their influence on the health of engineers and firemen, states that after fifteen years of service drivers become incapable of managing an engine, and have to give up their employment.



### **The Height at Which We Live.**

In a hygienic sense it is to be regretted that our larger commercial cities do not occupy more elevated sites. The reasons why cities are generally built upon low ground are obvious. The leading pursuits of men in cities—commerce, trade and manufactures—are such as could not be carried on extensively in mountainous regions, or upon very elevated ground. Commerce and manufactures both demand the immediate vicinity of water, and the familiar saying of that unsophisticated philosopher who pointed out the fact that Providence had made nearly all the rivers flow by the largest cities, is the reflex statement of a great fact in the history of civilization. All our great cities in this country, as well as those in Europe, are situated either upon the sea-board or upon navigable streams; some, like the great metropolis of New York, being located upon both. Of great cities containing over 50,000 inhabitants, there have not been, either in ancient or modern times, more than ten which were not built in the immediate vicinity of water-courses. The exceptions are somewhat notable.

In Mexico and Peru the anomalous spectacle has been seen of the construction of cities on the highest table-lands, remote from the sea and from rivers. The Syrian sites of Baalbec and Palmyra were built up among vast elevated ranges of rugged hills. Persepolis, the famous capital of Persia, the extensive ruins of which prove it to have been a great city, was located in a vast arid plain or table-land, remote from any large body of water. And Jerusalem, the sacred city of the Jews, was one of those cities set upon a hill, which are almost unknown in the modern world.

While there is little doubt that the elevated regions of the world, whether hills, mountains, or high plateaus, are more salubrious than the low alluvial valleys of rivers or the tide-water regions stretching along the sea-board, it is an indisputable fact that the majority of mankind instinctively settle in the latter regions. Thus it appears from tables accurately compiled, that all the cities and large towns in the United States containing more than 5,000 inhabitants, scarcely a dozen approach the level of a thousand feet above the level of the sea, while the most populous of all average a height of less than fifty feet above tide-water. Witness the following table of the twelve most populous cities in our country, with their respective elevations, in feet, and population:

Elev'n. Pop.		Elev'n Pop.	
New York.....	35 942,292	Boston .....	40 250,526
Philadelphia .....	35 674,022	Cincinnati.....	575 216,239
Brooklyn, N. Y.....	40 396,099	New Orleans.....	10 191,418
St. Louis.....	475 310,864	San Francisco.....	50 149,573
Chicago .....	585 298,977	Buffalo.....	580 117,714
Baltimore .....	60 267,354	Washington.....	45 109,199

The great majority of the citizens of our large American towns and cities are living at an elevation of only a few hundred feet above the level of the sea. There are eighty cities located at an elevation of less than one hundred feet, and showing an aggregate population of about five millions. Three million more of the denizens of cities are located at an elevation of between two hundred and one thousand feet; and it is a noteworthy fact that the site of a single American city can not be shown to have been selected by its founders on ac-

count of the especial salubrity of its locality. So powerfully do immediate utility and convenience overweigh all considerations of health, comfort or longevity. The number of our United States cities which are located at anything like what we may call a mountain height is extremely few. The loftiest of them is Virginia City, Nevada, which occupies a height of nearly 6,200 feet. Next comes that capital of the Mormons, Salt Lake City, which stands at an elevation of 4,350 feet above the sea level. These, it must be remarked, are wholly exceptional among our cities in the great heights they occupy. Then follow, in regular gradation, the following cities and large towns:

	Elev'n	Pop.		Elev'n	Pop.
Winona, Minn.....	1,500	7,102	Hudson, N. Y.....	1,100	8,615
Springfield, Mo.....	1,360	5,555	Corry, Pa.....	1,100	6,809
Jamestown, N. Y..	1,350	5,336	Atlanta, Ga.....	1,050	21,789
Staunton, Va.....	1,350	5,120	Titusville, Pa.....	1,050	8,639
Altoona, Pa.....	1,220	10,610	Madison, Wis.....	1,050	9,176
Council Bluffs, Ia..	1,200	10,020	Nebraska City,.....	1,000	6,050
Adrian, Mich.....	1,200	8,438	Knoxville, Tenn...	1,000	8,682
Johnstown, Pa.....	1,200	6,028	Meadville, Pa.....	1,000	7,103
Mahoning, Pa.....	1,200	5,533	Atchison, Kansas..	1,000	7,054
Mansfield, O.....	1,140	8,020	Canton, O.....	1,000	8,660
Delaware, O.....				1,000	5,641

These are all the cities and towns of the United States numbering over 5,000 in population which occupy an elevation of 1,000 feet or over above the sea level.

Turning from city to country, it is found that the extremes of elevation in different States are very great indeed. Thus, while the whole of Florida has an average altitude of only sixty feet, and Louisiana of only seventy-five feet, California, located on the opposite ocean, has an average elevation of 2,500 feet, while Nevada goes up to 5,400, Colorado 6,500, and Wyoming, which caps the climax of elevations in the United States, has a mean or average altitude of 7,200 feet above tide-water. Between these extremes lie the great central belt of States, Virginia, Pennsylvania, Ohio, Kentucky, Indiana, and Illinois, all of which have an average altitude, varying from six to eight hundred feet. This, it may be remarked, represents at once the medium average altitude of the States as well as the greatest aggregate production of the cereal

grain. At least half of the territory of the New England States, and of New Jersey, Delaware, Maryland, the Carolinas and Georgia, has an elevation of less than three hundred feet above the sea. It is an interesting fact that as we ascend above the region of tide-water, the temperature of the air commonly falls in the ratio of about one degree for every three hundred feet of ascent. It is thus estimated that three hundred feet of elevation produces a change of climate almost precisely equivalent to moving a geographic degree farther north. This rule is however subject to many exceptions.

The claim has been frequently made, and indeed poetic literature is full of it, that mountain regions are far more favorable, not only to physical vigor, but to independence of character, than the plains, the alluvial rivers, or the sea-board. Who has not read of the mountain homes of liberty, of the spirit of independence which dwelt in the breasts of the hardy Swiss mountaineers, and of the indomitable spirit bred in the hard and rocky hills of Vermont and New Hampshire? The Highland populations of the world, we are told, are the best material for Republics and reformers. Yet this observation, although it may be generally true, is subject to wide and important exceptions. The greater part of the Netherlands (as their name indicates) is not only as flat as a floor, but lies rather below than above the level of the sea; yet, where in the wide world was there ever witnessed courage and endurance more indomitable, or a spirit of freedom more inflexibly determined than among the Dutch in the glorious era of the Republic? Nor does our own more recent history prove that citizens bred by the sea-board of Boston or New York, or along the banks of the Ohio, or on the low-lying shores of the great lakes, fought for liberty with any less courage and endurance than their fellow citizens who were bred among the mountains.

**Physiology of Nerve Cells.** By E. Seguin, M. D.

Chemical changes of a very complicated sort are going on constantly in the cells and nerve fibers of the central nervous system, constituting the essence of nutrition. In a state of health the acquisition of new material by the tissues is so balanced with the separation of effete matter, that, in spite of great internal activity, the parts are maintained in a uniform (not mathematically equal) condition. We should never forget that this chemical action in myriads of parts can not take place without producing other correlative effects, such as nerve force, heat and electric currents.

The fibers possess certain special physiological properties. In the first place, they conduct the impressions they receive in both directions, from the central organs to the periphery and *vice versa*. This conduction is not by any means instantaneous or even very rapid, as it takes place in isolated nerve fibers at the rate of less than sixty yards per second, whereas the speed of electricity is 464,000,000 yards; that of light, 300,000,000; that of sound, 332; that of a cannon ball, 552. In the living body the rate of transmission is from forty to forty-five yards. This conduction is done, furthermore, in a perfectly isolated way by individual nerve fibers; there is no interference between fibers on their way to and from the central organs. Nerve fibers are excitable, that is, respond to stimuli—mechanical, chemical and electrical—by motor manifestation (or by sensation when the motor or sensory filaments are experimented upon. This excitability is quite independent of the nervous centers, and is inherent in the nerve, as is shown by the fact that a nerve continues to react to stimuli for three days after its separation from continuity with the nervous center.

Nerve cells have properties whose existence we learn in part through reasoning by exclusion, after having ascertained the properties of nerve fibers, and in part by direct experimentation. In the 1st place, certain nerve cells have the power of furnishing force (motor impulse) to nerves and muscles; this is called motricity by some authors. Another

property of nerve cells is sensitivity, that is, the property of transforming impressions received from without by and through the sensory nerves into a sensation. That nerve cells possess a power over the nutrition of parts non-nervous, we now incline to believe; but we hardly yet dare name and define this property. But nerve cells have, I believe, yet one physiological property, viz: that of retaining impressions made upon them; a property for which I now propose the term retentivity. I have for some time believed that nerve cells (and other cells to a degree) do in all parts what they do in the cerebral convolutions—they possess memory or the property of registering or retaining impressions. That this is probable is shown by the fatality of numerous actions occurring a second time and oftener. The occurrence of a sensation will give rise to a flow of ideas associated with the sensation, and this under normal conditions will be repeated whenever the sensation is renewed. An action of the class, called reflex or sensori-motor, is after its first performance, fatally repeated whenever the same initial sensory irritation occurs. A bolus of mixed foods passing down the alimentary canal provokes in a necessary or fatal way the action of various muscular, vascular and glandular organs. The well-known experiment of placing a drop of acid near a frog's anus, illustrates my view of the possession of memory by the nerve cells of the spinal cord; for in this experiment the hinder legs of the animal are drawn up and moved in an apparently intelligent manner, in such a way as to remove the irritating acid. Three years ago, in spring lectures given here, I explained this phenomenon by saying, that the frog having during its life often performed this act for the same purpose, its occurrence after cerebral death takes place by necessity, because the same sensation is transmitted to the spinal cord. Additional proof of the correctness of this theory is to be obtained from a study of the mode of acquisition and retention of complex co-ordinate movements such as walking, dancing, piano-playing, etc. Motricity, sensitivity and retentivity are therefore the chief special physiological properties of nerve cells.—*Medical Record.*



## Book Notices.

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### **Allen's Encyclopædia of Pure Materia Medica. Vol. I.** Boericke and Tafel.

This is the initial number of what promises to be the largest and most complete Materia Medica ever produced. It will, when completed, be a noble monument of the industry and learning of the distinguished author, and a lasting honor to our school. The assumption that it is a "Pure Materia Medica" admits of question. The author will no doubt cheerfully acknowledge that he has gathered with his wheat an abundant amount of tares. And all will agree that the latter should be winnowed out. But for the present this is left for each one, guided by his own experience and observation, to do for himself. The present volume includes the pathogenesis of 107 remedies from abies canad. to atropinum. Subscriptions to this work will be received by the publishers until July next. It will be sold to subscribers only.

### **Annual Record of Homœopathic Literature, 1874.** By Chas. G. Raue. Boericke and Tafel.

The profession may congratulate itself on the fact that we have one so well qualified as Dr. Raue willing to devote his energies to such a task as this, and that we have a publishing firm of sufficient enterprise to issue such a book. That an annual production like this meets with the approval and receives the patronage of the profession is a matter of the greatest gratification for it speaks volumes in proof of the advancement and intelligence of our school. But it is very clear that

Dr. Raue and his assistant gleaners miss a great many good things. They seem never to go back of the statements they find, to enquire into their reliability. The book abounds in observations from men who impress us with nothing but their superabounding credulity. These men fill our journals with trash, and its a pity that it must be gathered up and put into the Annual Record.

**A Practical Treatise on the Surgical Diseases of the Genito-Urinary Organs, including Syphilis; with engravings and cases.** By W. H. Van Buren, A. M., M. D., and E. L. Keyes, A. M., M. D. New York, D. Appleton & Co., 1874.

Both of the authors are professors in the Bellevue Hospital Medical College, New York, and consulting surgeons to various hospitals in that vicinity. The senior editor has had peculiar advantages for the study of the diseases treated of, and the profession has reason to congratulate itself upon the fact that the result is so valuable a contribution to medical literature. It will receive a hearty welcome, although not a complete endorsement. Most, and perhaps all, Homœopaths will agree with the author that mercury and the preparations of iodine are the drugs to be depended upon for the specific treatment of syphilis, but we most respectfully protest against the size of the doses recommended. In part I, the author includes all diseases treated of in the work except chancroid and syphilis, while part II is devoted to these. Fournier's classification is adopted, and chancroid and syphilis treated as entirely distinct and different diseases. On pp. 531 to 535 the reader will find a table for the differential diagnosis of syphilitic chancre, chancroid, herpes and ulcerated abrasions as well as the accompanying buboes of the former, which for completeness we have never seen equaled.

The publishers have done their part well, and paper, type and binding all testify to their determination to give the book an attractive appearance. The wood cuts are generally well done, those of instruments particularly so. Marvin.

**Specific Diagnosis, a Study of Disease, with special Reference to the Administration of Remedies.** By John M. Scudder, M. D., 1874.

Dr. Scudder is a voluminous writer. Too often he seems hasty and careless. But he is always instructive and entertaining. This his latest work has been wrought with commendable care and its many points of excellence quite overbalance the few seeming objectionable features it contains. It occupies the middle ground of Modern Therapeutics. It is so far ahead of the best ideas of the Allopathic school that we doubt if it will fall within their comprehension. To one standing in the advanced position of the Homœopathic school it will appear in some sense childish and primitive in its character. While to the Eclectic school it will be as the Shekina to the wandering Israelites leading them up out of the darkness and bondage of ignorance into the glorious light of the liberty of law. There is both empiricism and dogmatism in abundance in the work. But these are inseparable from the writings of one who has but an imperfect and partial view of the essential truth of medicine. Dr. Scudder is undergoing a rapid evolution in his medical opinions, and this book is full of his brightest and latest thoughts.

We have received the following recent publications:

*Homœopathy. What It Is And What It Is Not.* By Lucius D. Morse, M. D., Memphis, Tenn.

*"Honorable Medicine," and Homœopathy.* A defense of individual freedom in the study and practice of Medicine. By Thos. E. Enloe, M. D., Nashville, Tenn.

*Rauc's, Record of Homœopathic Literature for 1873.*

*Transactions of the Eighth and Ninth Annual Sessions of the Hom. Med. Society of Pennsylvania.*

*The Legal Relations of Emotional Insanity.* By E. Lloyd Howard, M. D., of Baltimore.

## Editor's Table.

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DR. WILL MURDOCK has removed to Akron, Ohio.

DR. T. C. BRADFORD, our worthy confrere has just recovered from a long and painful illness and is again at his practice as usual.

DR. E. H. DRAKE, of Detroit, was suddenly killed by a locomotive at Ypsilanti a few weeks since. His loss is very greatly to be deplored.

THE N. Y. STATE HOMŒOPATHIC MEDICAL SOCIETY, meets at Albany, February 9th and 10th. Dr. Wm. Todd Helmuth delivers the annual address.

A DOCTOR in the west writes us that he is "journal poor," and after receiving the *Advance* for nearly two years, he sends them all back by express at our expense. Just how we have helped to impoverish him is not clear unless we failed to pay him storage. But this is better than we are served by some who fail to pay our bills, answer our letters, return our journals or thank us for the courtesy shown them.

DRS. GISH AND YOUNG, of Hopkinsville, Ky., under date of Nov. 26th, 1874, write: We have several good locations in view in the surrounding towns containing from 500 to 2500 inhabitants and surrounded by rich farming country where a young man's expenses would be moderate, and he would in a few years have accumulated energy enough to give him a fine start in larger places. Kentucky offers more openings to men of education and energy than any other state in the Union, and we are anxious to see her filled with Homœopaths.

"PORTELANCE" is writing "Letters to a Medical Student," in the *American Observer*. In his first attempt he reaches these sublime conclusions: The Pulte Medical College is one of the "minor schools." The increase of clinical advantages and multiplicity of text books "confuse the student's mind,"

and "the students are not much better than were the students" of his time. When this gentleman gets through with his communications we will engage some "medical student" to write him a series of letters and give him some information that he stands sorely in need of.

HERE is the picture of a busy doctor's life—one whom we solicited to help us in contributions to the Advance.

"I am forced to admit that my opportunities for acquiring surgical experience are perhaps above the average, but I either lack the faculty of making this experience available (journalistically), or it requires more time than I have at my disposal. The fact is just this, there is hardly a day that I get through my work much before midnight, and then weariness induces me to postpone writing until a more favorable occasion, and the result is indefinite postponement. I have now several papers on my hands in an unfinished state, hanging over me like a nightmare, and should I undertake more, my peace of mind (and perhaps piece of mind) would be gone sure. However, doctor, I look forward to that delightful time when I will not have to labor so hard for the bread that perisheth."

And so it is with hundreds of others. In fact, we all sing of "The good time coming," when, in fact, we are not likely to see better times than now. And the doctor who exhausts his energies in such ceaseless toil, now, will have no future worth living for. Our friend, the writer, is young, ambitious and rising to eminence, but he should not sacrifice himself even though his profession demands it.

WHEN Dr. H. M. Paine gets on the war path, it is for good and sufficient reason. The Allopathic school have come to dread his waking up as do the Alpine shepherds the launching of an avalanche. An attempt is being made quite simultaneously throughout the country in many of the states and at the National Capitol to establish "Boards of Health" made up of course of experts, or in other words, of doctors and of course Allopathic doctors if nothing happens. But something does happen and that is Dr. H. M. Paine. He happens to

object to any onesided legislation, and he sounds the alarm along the entire line, and demands that we see to it in every state in the Union that we as a school are properly and justly represented. These "Boards" are a novelty and their powers are but imperfectly defined. That they will be used to our disadvantage on every possible occasion is just as certain as the old school get control of them. This fact should arouse us all to action.

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### **A Presentation.**

On New Year's eve the students of the Homœopathic Medical College clandestinely assembled at the residence of Prof. T. P. Wilson, 97 Dayton Street, and when the doctor descended to the dining room he found it strangely wrapped in darkness. As suddenly as the lights vanished from Tam O'Shanter's gaze at Kirk Aloway, just so suddenly the lights here returned, and there were found full two score of men standing round the loaded table, and at its head a magnificent silver coffee urn, which, having been duly unveiled, was presented in behalf of the class by Mr. J. W. Clemmer as follows:

"Prof. Wilson: In behalf of the students of Pulte Medical College, I have the pleasure of presenting you this piece of silver ware. It is a token of our respect for you; and an index of the appreciation of your professional services.

It is an indication that your qualities, as a gentleman and as an instructor, are highly prized and commended. It is trusted you will accept this mark of respect—not for its nominal value—but for the social feeling in which it is proffered.

Now, on the event of a New Year, we hope this occasion may contribute something to the continuance of a happy life—both for you and your family."

Supper, with toasts and speeches, followed; and before the happy company dispersed, the New Year dawned.

THE

**Cincinnati Medical Advance.**

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All business communications, relating to the publication or to advertising, should be addressed to **DR. T. P. WILSON**, S. W. Cor. Seventh and Mound Sts., Cincinnati, Ohio

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THE remarkable dullness of one of our city Allopathic journals is at last accounted for. The sapient editor voluntarily confesses that he throws his best communications into the waste basket.

**DR. IRA BARROWS**, of Providence, Rhode Island, is reported to have met with a serious and very curious accident. His buggy broke and horse ran; a hook caught into one of his eyes and tore it completely out.

**HIPPOCRATES REFUSING THE PRESENTS OF ARTAXERXES** (24x30) BY **A. L. GIRODET-TRIOSON**.—As a grand classical composition, this picture is worthy of the great masters of the renaissance period. The numerous figures are grouped with wonderful skill, and are full of force and dignity. The engraving, which reproduced the painting, attracted a great deal of attention, and, it is needless to say, fully deserved it.

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Unconscious Cerebration!—That is what one of our facetious reporters called it when a very drunken tragedian went faultlessly through his part of a long and varied performance.

A contemporary editor warns his brethren against too much editorial matter in our journals. The space he thinks can be better occupied. So far as his journal is concerned that may be true. He ought to know.

WE NOTE with commendable pride the fact that our city is unrivaled as a center of medical learning. There are at present six medical colleges in active operation, well patronized and doing legitimate work. The students of the Pulte Medical College have been favored with remarkable clinical advantages during the present term. Over five hundred clinics have been presented and lectured upon with care. Over two hundred of these have been presented from the poli-clinic of the college, and the balance at the City Hospital. This will go far to place the Pulte in the front rank of clinical schools. The Committee on Homœopathic Colleges, at the next meeting of the American Institute, will please not overlook these facts.

ST. JEROME (24x30) BY MASSARD.—The head of St. Jerome, by Massard is a work that is a credit to the century which produced it. It has the pathos of Guido at his best—for Guido's pathos was not infrequently theatric and novel; combined with the intensity of Salvator Rosa, and the terrible realism of Spagnoletto. The expression of the eyes is wonderfully touching, and in the treatment of the skin of the forehead, and especially of the hands, the physical sufferings and long fasting of the saint are forcibly indicated. It is in these anatomical details that the picture rivals Spagnoletto; but while it has all of the power of the latter painter, it is notably free from the brutality which is the characteristic feature of his perverted art.

Our subscribers can have their choice of the above picture as a premium, according to our terms, if they send their orders early.

HOMEOPATHIC MEDICAL SOCIETY of Ohio.—The next meeting will be held in Columbus, May 11th and 12th. It would afford us great pleasure to publish the long list of honorable names that have been placed on the various bu-



reus. There are *thirty-one* in all. But everybody knows that not over ten of them will give any sort of attention to the subject. These do-nothing fellows like to see their names in print, but the work they accomplish will not pay the expense of setting up their names in type. After the meeting our readers will all know who did the work, and how well they did it. Remember the time and do not fail to respond.

SPECIAL Announcement for Vol. III.—In addition to our usual amount of varied and original matter we are happy to announce that, 1. Prof. W. H. Holcombe will maintain a department of clinics, and furnish reports of cases each month. These will have special value, and be highly prized. 2. Prof. Wm. Owens will write a series of articles on *Materia Medica* of a novel and original character. These will add much to the practical worth of the *Advance*.

“WHOM the gods would destroy they first make mad.” If this be true, the reign of Allopathy is fast running to ruin. They have ceased being content with dominating in every department of the government. With the army and navy at their command, and an almost absolute, exclusive control of every civil appointment of a medical character, they rush madly at the work of wresting from the hands of the members of other medical schools, even their personal rights. By an evident concert of action, they have simultaneously laid siege to the national, and a large number of state legislatures, in order to procure the passage of laws that would give them despotic powers over medical practitioners. Under the guise of seeking the public health, they are wanting according to Dr. Steven Smith, President of the American Public Health Association, to establish a “State Medicine” “empowered to enforce the most thorough medical education, and to suppress all forms of irregular and irresponsible practice.” Well we all know what that means. We are not forgetful of the past. Indeed the work has al-

ready been begun. The Board of Health in Texas has passed a rule prohibiting the practice of medicine by any, "save graduates from medical colleges entitled to representation in the American Medical Association." And now Michigan Allopaths come in with a law to impose fines and imprisonments on all who may be deemed irregularly in the practice of medicine, and to put a tax on those long settled in reputable practice. Every state legislature in the country is, with few exceptions if any, being urged to pass a law creating a "State Board of Health", with the avowed design of having it fully in the hands of the Allopathic School. But the spirit of protest is aroused. From all parts of the country we are receiving appeals that must count for something if the love of justice and liberty be not dead.

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### **The Philosophy of Cure.**

Dr. Holcombe's Address, published in the January number of the Advance, has recalled my attention to our philosophy of cure. Perhaps the whole subject needs reinvestigation. Our decisions are in many respects unsatisfactory. I do not propose to go over the whole ground, but merely to state a few points on which further light is needed, although to some minds they doubtless seem clear enough.

1. We say diseases are cured by the law of similars. Dr. Holcombe argues, in effect, that they are not, and can not be, cured on the principle of opposites, because there really are no opposites in the case. Thus, in regard to the causes of disease, he demands; "What is the opposite to a cold draught of air; a drizzling rain; the loss of a night's rest; an indigestible dinner; malarial poison; syphilitic virus; scrofulous taint?"

Now suppose a person of common understanding should answer: A warm and balmy breeze; no drizzling rain; a good night's rest; a digestible dinner; no malaria, no syphilitic virus or scrofulous taint!

He furthermore asks, in relation to disease itself, "What is the opposite of a fever; of a dysentery; of a tubercle?" He himself answers, "They have no opposites, but only degrees of manifestation." But let us think a moment. Is this true? Would not the state of no dysentery, or tubercle, be opposite to the state of disease indicated? Has every man who thinks himself clear, only a less degree of manifestation? But the Doctor supports himself by saying, "Heat is not the opposite of cold, nor light of darkness." It may be that the world is wrong in thinking that light is not opposed to darkness (mental or physical), but would it follow, even then, that disease is not the opposite of health?

2. The Professor admits that in the physical world there are opposite things, even opposite forces, and that here "a force or current or momentum of any kind can only be neutralized or overcome by an opposite force of equal or greater intensity, but that the domain of animal and spiritual life is governed by laws entirely different." Now, where is the evidence of this radical difference between spiritual and natural things? And even if there is such a difference, is it not still true that diseases are brought to our notice on the plane of the physical world and of material things? Does not our friend himself admit this, when he says that "Our hope for the future elucidation of our cures depends upon our increasing knowledge of the electro-chemical phenomena of nutrition and the undulatory movements of the nerve-force?" Are not these nutritive phenomena and nerve forces manifestations in the world of material things, let their origin be where it may? But he goes on to settle the point beyond controversy, as far as he himself is concerned, thus: "Disease is perverted nutrition; *it begins always in the ultimate cell or organic molecule.*" This point is clearly physical and material, and as clearly below the mental or spiritual. And since it has been admitted and announced by our worthy friend, that in this "physical

world" the law of counteraction by opposite force is the only one which prevails, has he not overturned the very theory he was laboring to establish? Does not our law of similars fare badly in his hands?

3. But how is the cure wrought? Somewhat in this manner: "Disease is an abnormal undulation, a motion of the nerve-fluid deviating from the normal type." "Our drugs," probably, "produce similar nerve undulations." "Now similar but not identical undulations of air produce silence instead of sound; similar undulations of water antagonize each other and produce rest," etc. So, Homœopathic medicines "produce a similar nerve undulation, which antagonizes, neutralizes or arrests the abnormal one already in force." Upon which it may be remarked:

Suppose this theory of nerve undulation to be true, and that disease or abnormal movement is antagonized and arrested in the way indicated; what is really the law of cure? Does the antagonizing drug undulation meet and stop the other by virtue of its likeness, or by the power of its difference? When one vibratory movement of light, air or water overcomes another, is it not because one is just enough larger or smaller, coarser or finer, or different in direction, to bring the undulations against each other, while the general movements are just enough alike to bring them in contact? And therefore, may not the law of similars be only apparent, while the real law of cure is that of opposites, or direct opposition?

How, indeed, is silence produced by the contact of similar undulations? Prof. Mayer illustrated it before the Academy of Sciences. He took two similar resonators, as near alike, probably, as he could get them. He placed "the planes of their mouths at right angles to each other." In this angle he placed a corresponding tuning fork, "so that the broad face of one of its prongs faces the mouth of one resonator, while the space between the prongs faces the mouth of the other. Complete interference of the sounds issuing from their mouths is obtained." But if the mouth of either resonator is closed, the other one will reinforce the sound of the fork. These undulatory waves are therefore annihilated by coming

together, but is it not done by their mutual opposition? They meet each other at RIGHT ANGLES.

Again, is not the explanation in itself essentially faulty? Thus, when these undulations of light, etc., come in contact they are both destroyed. Neither one is corrected and permitted to go on its way. Now we are told that disease "is a motion of the nerve-fluid deviating from the normal type." A correction of this abnormal deviation might be a cure for the disease, but by this theory the motion of the nerve-fluid itself would be stopped. Would not this be death? We sometimes charge our opponents with results of this kind, but we hope better things of our theory.

4. The Doctor says again: "The only guide we have at present is the physical law that similar electricities repel each other." But how does this matter stand? Perhaps the latest purely scientific work which treats the subject of magnetic currents, is that of Balfour Stewart, Professor of Philosophy, at the Owens College, Manchester, published in 1874. He says, "When unlike poles are placed near each other, the circular currents which face each other are then all going in the same direction, and the two will, therefore, attract one another, but if *like* poles are placed in this position, the currents which face each other are going in *opposite* directions, and the poles will, therefore, repel one another." So these forces, though apparently similar, or rather alike, are in reality directly opposite.

This critique has not been written from ill will to Dr. Holcombe, or from non-appreciation of his attempt to solve the mystery of Homœopathic cure. We read his theory very carefully, as first published more than twenty years ago. We admired it, or rather the ingenuity of its author, but could not see, and can not now see, that the real basis of our law is revealed. It was read with avidity, from the fact that Hahnemann's explanation appeared so faulty.

We must look further, and perhaps higher. Will not the Doctor tell us something of that "wonderful theory of Homœopathy" of which we may catch a glimpse, in the works of Emanuel Swedenborg? If he can give us a rational theory,

we do not care so much where he gets it. If it will satisfy the higher laws of mind, it may prove to be reconcilable with the more rugged laws of science. If it does not contradict reason itself, it will probably not be at enmity with facts.

It is quite possible that disease has a two-fold nature. If it is "an abnormal undulation" of the nerve-fluid, it may also be an abnormal something in the mind, spirit, thought or passion which is within or above the nerve-fluid. If it is "perverted nutrition," it may not continue, or even begin, "always in the ultimate cell or organic molecule" If it is, even sometimes, a result of moral or *mental* transgression, it surely does not always begin in the material cell. Perhaps, therefore, the only way to understand the process of cure is to view it in the light of both physical and metaphysical investigation.

LEWIS BARNES.



**Mental Dyspepsia.** By R. Ludlam, M. D.

Concerning the real value of acquirement as a matter of discipline, authorities are not agreed. No doubt the mind may be strengthened by training, as the physical digestion and bodily health are improved by exercise. But with too many persons this discipline is the chip in the porridge that does little harm and no good. It is a serious question whether the men and women who load their minds with the juiceless roots and remains of the dead languages and literature exclusively are not in the condition of the fabled frog, who swallowed the shot which he could not digest, and which would not let him leap when he wanted to.

Brain exercise increases the development of the brain, and stimulates its digestive power. But while this exercise

is being taken the physiological requisites of its healthy action must also be supplied. Some increment of knowledge must remain, or the student will become a mere literary pugilist, and not a producer.

No man who indulges to excess in the luxury of mental gymnastics can live on the chaff of controversy and still keep a sound mind. For it is as possible to have a mental dyspepsia from over-work and under-feeding as it is to have it from over-feeding and under-work.

Six weeks ago a girl of thirteen came to my clinic for relief from a distressing and intractable headache, which for several months had come on every morning and continued until 2 o'clock in the afternoon. The pain was severe, and her expression gave evidence of martyrdom. I said: "Do you go to school?" She answered, "Yes." "For how long a time have you been to school?" "Three years." "How many studies have you?" "*Eight.*" The case was one of mental dyspepsia, induced by over-feeding and cramming of the mind. And no wonder she was ill. If eight dishes were thrust upon the stomach, in season and out of season, whether the appetite craved them or not, month after month, what would be the consequence?

This amount of mental pabulum was absorbed but not assimilated. The poor girl had a load on her mind that was indigestible and alien to her faculties.

The brain revolted against such treatment, and her periodical headache was a sort of flagging the train, a signal of danger ahead. Of course the remedy was to take her from school and place her on a more sensible bill of fare. She was cured in two weeks.

In this matter of feeding the intellect, and of contributing to our mental growth, I know of no better rule than to obey the maxim which commands one to "stop while the appetite is good." If we read or study too much, or too many subjects or authors, the attention flags, the interest is gone, and the mind does not seize upon thought-factors with avidity. What clogs the appetite will clog the digestion. A loss of relish is a sign of repletion. There is a time to stop as well as a time to begin this brain-work.

The celebrated Dr. Benjamin Rush recommended the plan of reading at night, just before retiring, in order that one's ideas might be clarified during sleep. With many persons this is not a harmful habit. They fill the mind with the materials for thought, and, while they sleep, the brain unconsciously filters these materials and reorganizes them. Not a few students may be said to do most of their thinking while they are asleep. Under these circumstances the world is shut out, all distracting influences are cut off, and the mind works out its problems without interruption or embarrassment. An essay which has the flavor of the early morning air in it is a very different thing from that which smacks of the tea or the cigar that kept the writer awake after everybody else had gone to bed.

But there are cases of mental dyspepsia which are due to this practice of reading at night. And it is very singular to note how little reading at such a time may suffice to make one ill. A very intelligent young lady had suffered for a year with a severe morning headache, inability to sleep after 4 a. m., and a loss of appetite, especially for breakfast and dinner. She had lost interest in everybody and everything except her Bible-class, which she attended regularly every Sunday afternoon. She was not morbid nor melancholy, but weak and wretched. The headache was an incubus on her spirits, which suppressed but did not wholly extinguish her vivacity. All sorts of remedies were tried, but without avail. Finally, I said, there must be some thorn in the flesh. Some particular habit which is responsible for this peculiar and persistent suffering.

It proved that, although for many months she had not been able to read or to study anything else with comfort, yet she had formed and continued the practice of "getting" her Bible lesson every night before retiring. Sometimes she would spend an hour and sometimes two or three in this way. Then she would go to bed, sleep soundly until 4 o'clock, and waken again with the old headache.

This habit was the source of the mischief—not because the Bible text was any more indigestible or harmful than that of other books, but because the brain refused to work properly



after so late a meal, and resented this kind of treatment. Her dyspeptic symptoms came the day after the imprudence, and were as directly traceable to it as if they had been limited to the stomach and had followed the eating of a hearty supper. There are plenty of mental dishes which, in order to insure their digestion, should be taken some hours before sleeping; and there are plenty of people whose brains will work well at one time and not at another.

In no single respect are the interests of science and of letters advancing so rapidly as in the direction of special studies. A special aptitude for learning implies a necessity for special nourishment, for something that the mind is particularly fitted to appreciate and to appropriate. But this gift and the culture that comes of it are the outgrowth of a general intelligence. In every department of human effort, as throughout all nature, the general must precede the special. If we try to reverse this order we shall derange the process and stop the progress. For mental development is a progressive affair, and capacities for improvement increase with experience.

In their haste to be rich or famous (which in this case are synonymous), men often take the shorter route, and expect to accomplish in a brief period as much or more than it has taken others a lifetime to acquire. And this blunder reacts with terrible force upon their mental faculties. The mind has not been fortified by the steady accretion of knowledge. The appetite has not been governed and educated in a gradual and healthy manner, but is ruled by caprice or accident. The ability to digest and to utilize the class of facts that are taken is impaired; and the specialist, who of all men should have a clear intellect, becomes the victim of a mental dyspepsia. He has tried the experiment of taking food that was too strong for him. It is like feeding a baby whose teeth have not appeared with solid beefsteak or a bit of cheese.

The world is full of these dyspeptics, of men and women who should have waited and watched for the dawning of a special genius and adaptability before determining upon their especial pursuit. It is not in love affairs alone that we are mis-mated. It is not the times alone that are out of joint.

We are apt to settle into the wrong groove, and to fail and flounder there because the digestive capacity of the brain was not considered, and because our natural tastes and inclinations were overborne by something else.

There are those who, having acquired a smattering of knowledge, assume to be thoroughly prepared to digest and discuss all special topics. This is the characteristic of the Veneering family. Its members constitute a tasting committee for society at large, and the function is a useful one. But it curdles the meaning of special knowledge to submit its claims to the minds of such people. Nothing, indeed, will induce a fit of mental indigestion more quickly and surely. Good, bad, or indifferent, the flavor of our brain-food will be in the fiber of our thought.

A glaring error of certain specialists is based on the theory that, because they have worked a single vein of research successfully, therefore they are practically familiar with all the rest. Granted that we are blessed with special endowments, to have discovered what they are, and to have developed their best fruits, should be glory enough.

Dr. Priestly was a natural born chemist, but an unnatural theologian. His discovery of oxygen alone will make him famous while men continue to breathe; but his seventy volumes of controversy, and the bitter experiences which come of them, will always illustrate the most virulent form of mental dyspepsia. And yet the mistake of this wonderful man is being perpetuated. Men who have a genius, for science and for nothing else, are working as vigorously, and writing and teaching as if they were not out of their orbit. And some who belong by gifts of the head as well as of the heart to morals, have a strange propensity to disturb their own equanimity, and to damage their usefulness, by going out of their way for something that is foreign to their faculties. In every line of thought there is the same blunder, and with a similar result. The consequence is that in our current literature the symptoms of mental indigestion are as common as the signs of sunrisc. The only antidote to this strange predilection is to amend the old proverb so as to read: "Let every *mind* mind its own business."

Perhaps the most unfortunate result of mental mal-assimilation is known in those cases in which there is not only a consequent impairment of the mental vigor, but also an acquired insensibility to moral and social distinctions. For, strange as it may seem, this kind of dyspepsia is liable to take on a chronic form, in which, beside the inability to digest the proper nutriment, there is a positive loathing of it, and a train of morbid symptoms that make everybody around both wretched and unhappy.

Horace defined the poets as "an irritable people." Every diligent scholar is more or less sensitive, but there is a point at which this peculiar irritability becomes a symptom of mental disease. While the mind works well, no matter how slowly or how swiftly, there is no jar nor friction. The brain may fag, but feed it properly, and give it a little rest, and it will recuperate. It may have had an incredible yield, and nobody, not even its owner, shall realize the work it has done. For, like the great forces of nature, it has played its part in silence and without any clatter. But the moment that men or women begin to worry, and to talk or to think of overwork, to fret about excess of employment, to magnify or to multiply their duties, and to imagine that all the cares and responsibilities of the community have come down upon them, they are the subjects of a confirmed and perhaps of an incurable dyspepsia. These are the people who are soured with human nature, and who see no good in anything or in anybody. They have few real friends, and no lovers. They turn "state's evidence" against the church and the state. They declare with a perpetual echo that everything is going to the bad, because they feel so badly, and this, you know, is a characteristic sign of dyspepsia, whether it be located in the brain or in the stomach.

By so much, therefore, as these persons have been popular and prominent, is their after-influence a deleterious and unhappy one. The morbid croaking of Carlyle and the ranting of Ruskin are mischievous in their effects, because these famous authors were once well known and read of all men. But, if we compare their later writings with those of Guizot,

their bluster with his calmness, their pesimism with his reliance on Providence, we have a good illustration of the operations of a healthy and a disordered mind in those who have grown old as brain-workers. Nothing so dignifies the race as the steady, straightforward, persistent, and fruitful use of our faculties, so as to shield us from the reproach of being very disagreeable, peppery, ill-tempered, suicidal, and ridiculous. A literary scold is an unmitigated dyspeptic.

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### **Modern Allopathy. Its Workings Brought to Light.**

Our Allopathic brethren make very plausible pretensions. Before the public they appear to be the very paragons of wisdom. One would think, and many do think, there is no medical knowledge outside their fold. Unfortunately, however, a little daylight is occasionally let into the work they are doing at the bedside of the sick.

We have here a couple of cases worthy of study:

CASE 1. On Monday evening last he appeared in better condition than at any time during his illness. His physician pronounced him cured, and it seemed really that all that was lacking was his wonted strength. He was out of bed, walking about through the rooms, was in a fine flow of spirits, and talked cheerfully with his friends who came to see him. But after he had retired for the night he became very restless and nervous—so much so that he could not sleep. He continued in this condition until after daylight, when he showed symptoms of great nervous distress. Mrs. B. sent for the physician, who came and administered a hypodermic injection of opium, thus quieting his nervous system and enabling him to sleep. About half past 11 o'clock the Doctor came again, and finding his patient resting quietly, went away with the satisfactory impression that he was doing well.

The family continued watching by the bedside. Once only during his sleep Governor B. was observed to open his eyes. Mrs. B. spoke to him, but he only replied: "Let me sleep on;

I feel so comfortable." Directly afterward Mrs. B. went down stairs to the dining-room to bring him a cup of coffee that she might have it ready when he should awake. But she waited in vain. Her husband had closed his eyes never to look upon her again. When she returned to his bedside she noticed an alarming change in the expression and color of his face, and observed that he was breathing with difficulty. Mrs. B. immediately summoned the family to the bedside, and endeavored to arouse him, but he was already beyond the reach of human aid—beyond the sound of the familiar voices which called his name in the vain hope of some response. In this condition he lingered for nearly an hour, and at 1 o'clock breathed his last, peacefully, unconsciously, and without a struggle.—*Daily Paper.*

CASE 2. M. H., husband of the deceased, testified—She (my wife) had been feeling unwell the last seven weeks. Her health previous to this had been good. She complained of a severe pain in her bowels and kidneys. However, being of short duration, no attention was paid to it until the return of the same pains on Sunday morning about 8 o'clock. I then called in Mrs. B., who is my landlady and lives next door, and by her advice and assistance we applied warm applications to her bowels and feet, and gave her chamomile tea to drink. There being no relief by half-past 2 o'clock in the afternoon, I called for Dr. —. He came and examined her, and prepared some medicine in the form of powders to be given, one every hour in a teaspoon of water. I think he left about nine powders. We gave her the first powder about 3 o'clock. The Doctor ordered a mustard draft, which we also applied as directed, across the bowels. She took the powders regularly as prescribed, taking the last one about 8 o'clock, at which time she said the pains had partially left her, but that she felt very weak, and found difficulty in breathing.

When at the Doctor's office the last time, he gave me a vial of medicine, which he said would give her more strength to counteract the medicine given before. He directed if I should find her sleeping on my return not to give her medicine of any kind, but to let her sleep. I returned about 9 o'clock, and found her asleep, lying on her right side, breathing easier than when I left. When I was convinced that there was no pulse nor breath, which was about a quarter after 12 o'clock, I shook her, called her by name, and seeing no motion and receiving no reply, I was satisfied she was dead.

Dr. F., sworn—I prescribed three weeks ago for Mrs. H., in my office, and again about a week after that. I prescribed for

uterine hæmorrhage. I made no personal examination, but prescribed for her from the information she gave me. I saw no more of her until yesterday, about 3 o'clock. I found her at the house, lying on a lounge, and learned that she had been vomiting all day, was feeling very weak and prostrate, complaining of violent pain through the whole abdomen. She had had a motion from the bowels and had passed some undigested food. I asked her if this pain proceeded from her womb as she thought. She said she did not know, as she had pain all through her bowels. I prescribed; left her eight powders, each containing one-tenth of a grain of acetate of morphine, two or three grains of nitrate of bismuth, and one-half grain each of calomel and capsicum, telling them to give one every hour until her pain was relieved, to keep her extremities warm, and to apply a mustard draft over her abdomen, and told her husband if she was not better in the evening to report to me about half-past 8 o'clock. Her husband came to my office and reported that he had given five of the powders, that her pain was easier, but that she had become very nervous and restless, and complained of difficulty in getting her breath. I said to him that possibly her restlessness might have come from the morphine she had taken, assuring him that there was not enough of the morphine to produce any danger, but that some people were very much disturbed in their nervous systems by small amounts of morphine in any form. I then gave him an ounce vial containing a nervine, and told him to give a teaspoonful of it every hour until she slept, and in that case not to disturb her, but to let her sleep. I was at a loss to account for her symptoms, when I was first called to see her at her house, as she had had hæmorrhage of the womb, and probably a miscarriage. I supposed, however, that the pain from which she was suffering might have come partly from diseased womb, and partly from colic, the result of indigestion. I made my prescription from this divided view of her case. I was very much surprised to hear this afternoon that she was dead. I did not weigh the medicine, but gave it by the eye, as I consider from my long experience that I can give morphine as accurately as I can write it.—*Coroner's Inquest.*

And these are called specimens of "Scientific Medicine." They are typical of the sad record of thousands of patients who are *secundum artem* sent out of the world. The doctors are typical of their profession, the members of which talk very learnedly about pathology, and it all results in a hypodermic injection of morphine. And this active principle of

opium is an efficient paralyzer of the nervous centers. And these nervous centers are the only hope and stay of the patient when struggling with disease. Now comes in your modern Allopath and knocks these ganglia squarely on the head. The pain and the symptoms, which are the only agents that can tell the doctor where and what the disease is, are all put to rest, and the doctor, finding the patient sleeping, goes "away with the satisfactory impression that he is doing well." And then, when he returns, and finds his patient dead, he professes to be surprised; not thinking, perhaps, that he had struck the patient quite so hard a blow. And this is done every day, and the coroner does not investigate them, and the truths remain hid from the eyes of the people. It will not be many years before the right estimate will be put upon such work. It is a relic of barbarism and a manifestation of ignorance that will not survive the march of progress.

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#### ***Anstie and Dupre on the Action of Alcohol.***

About the last literary work of the lamented Dr. Anstie was to describe what with unconscious prophecy he called his "Final Experiments on the Elimination of Alcohol from the Body."

Though fatal to a fundamental position of the ultra-temperance party, that alcohol is treated by the body precisely like a poison and eliminated without chemical change, the investigations thus closed will be more fruitful for good to the genuine temperance cause, we believe, than anything else that has been done during the period of Dr. Anstie's labors. Moral and social reform can have no permanent basis other than in truth. And seeing no possible cure for the curse of intemperance except through remedies suggested by real

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knowledge of the physiological as well as the moral and social problems involved, we cannot but regard Dr. Anstie—notwithstanding the opposition of the nominal temperance party—as one of the truest and most efficient temperance apostles of the time. This in justification, not apology.

The controversy began some fifteen years ago on the appearance of M. Lallemand's work, in which on the evidence of certain qualitative experiments detecting alcohol in the urine, it was asserted that alcohol passed through the system unchanged. This being true; the alcohol contained in wines and other spirituous beverages—as the temperance party were not slow to discover and teach—could be regarded only as a disturbing element, a poison, not only unserviceable to the system, but positively harmful.

A result so strikingly in opposition to universal experience could not go long unchallenged. Among others, Dr. Anstie immediately instituted several series of experiments which proved that the idea of the non-destruction of alcohol in the body under normal conditions, and its copious elimination by the kidneys, must have arisen from nothing less than an experimental blunder. Except in conditions of profound alcoholic intoxication, there appeared in the urine only the most minute fraction of any substance which the comprehensive chromic acid test would lead one to believe might be alcohol: a position confirmed by the subsequent researches of Schulinius and Drs. Dupre and Thudichum.

In 1867 Drs. Anstie and Dupre together made another series of investigations, covering a period of six months, and carrying the question of elimination as regards the urine to a higher certainty of conclusion. It was found that when, during any twenty-four hours, not more than an ounce and a half of absolute alcohol by volume was taken—whether under the form of beer, wine, or spirit of any kind—it was never possible to obtain evidence of the presence, in the whole day's urine, of more than a small fraction of a grain of unchanged alcohol, reckoning as such everything that affected the bichromate test. When, however, the daily quantum of one and a half ounces of absolute alcohol was



greatly exceeded, a larger portion of alcoholic substance was found in the urine, though never more than one or two grains; notwithstanding as much as three or four ounces of absolute alcohol had been consumed.

These experiments were followed, and in a general way confirmed, in 1870, by those of Drs. Parkes and Wollowicz, who, while admitting that it was quite improbable that any large amount of unchanged alcohol escaped through the kidneys, yet maintained that the amount might be larger than Drs. Dupre and Anstie had estimated, the period of elimination assigned by them being, it was said, too short.

The objection seemed well taken, and Dr. Dupre made, in 1872, a new series of investigations to test the matter more thoroughly. Two unexpected and very important observations resulted. Some time previously Dr. Dupre had established the fact that—contrary to the assumption of Lallemand—it was possible to recover from urine, by distillation, any alcohol it might contain, within an exceedingly minute fraction. He now discovered that there is, in the urine of persons who drink no alcohol, a small quantity of a substance, which not only affects the chromic acid color test precisely as alcohol does, but is similarly convertible into an acid which reacts precisely like the acetic acid derived from alcohol. If it is alcohol, it is certainly not alcohol which has been taken into the body as such, since it appears in the urine of teetotalers. He found further that this small normal constituent of urine represents that minute portion of supposed alcohol which can alone be found in the urine after moderate doses of alcohol. After narcotic doses, however, the larger quantity of material, capable of reacting like alcohol, which appears in the urine, undoubtedly represents a real alcoholic elimination.

As for the temporary retention of alcohol within the system, as had been suggested, to be eliminated by the kidneys at a later period, the facts were altogether adverse. For example, during the course of twelve successive days, during which something over nineteen ounces of alcohol were taken, not one thousandth part was eliminated by the kidneys;

and the rate of elimination was no greater at the end than at the beginning of the period. There remained fully nineteen ounces of alcohol to be accounted for; it certainly could not remain unchanged in the system without creating violent disturbance.

Possible eliminations by the skin, the bowels, and the lungs remained to be tested. These were not, and had not been, neglected. Already Dr. Anstie had made many experiments, admittedly rude, but still sufficient to prove that no considerable quantity of alcohol escaped by the skin except during dead drunkenness. In 1866 Dr. Dupre estimated the alcohol in the feces of a typhus patient whose daily allowance of brandy was six ounces; the alcohol eliminated by the bowels proved to be less than one-tenth of a grain in twenty-four hours.

The question was thus narrowed down to possible elimination by the lungs. This too had been repeatedly tested, and only the most trivial quantities were found to be so eliminated; and as Professor Binz subsequently pointed out, the amount would naturally be overestimated, since the volatile ethers, which we smell in the breath of persons who have been drinking wine, brandy, whisky, and the like, affect the chromic acid test precisely like alcohol. During the twelve days above mentioned, Dr. Dupre found, by methods proved by careful check experiments to be capable of indicating at least two-thirds of the alcohol which might pass out with the breath, that about half as much alcohol was eliminated in the breath as in the urine.

Experiments like these would seem to be sufficient to dispose of the elimination theory; but more exacting ones followed, in consequence of Victor Subbotin's study of the action of alcohol on rabbits inclosed in a Pettenkofer chamber, a plan which made it possible for the whole of the excretions—breath, urine, dung, and sweat—to be collected, and the amount of alcohol in them estimated. The experiments made by Subbotin were unsatisfactory in that the doses of alcohol administered were enormous, and the rab-

bit is an animal specially incapable of withstanding severe alcoholic narcotism.

It was unfortunate at this stage of the investigation that London did not contain a Pettenkofer chamber large enough for research on human beings, and Dr. Anstie and his associate were unable to provide the four thousand dollars which one would cost. So they were forced to content themselves with a smaller apparatus and smaller animals. Dogs were selected, being known to bear alcohol with some approach to human tolerance for that substance. Two healthy terriers were chosen, one (A) weighing 10 pounds, the other (B) weighing 9 pounds 12 ounces,

We have no space for a description of the apparatus prepared, or the processes and precautions taken to guard against deceptive results. Suffice it to say that the experiments on the dog, A, showed that two drams of brandy, containing 47.73 grains of absolute alcohol, can be disposed of by a little terrier within eight hours, with the elimination of only one-fifth of a grain of unchanged alcohol by all channels together. It was further ascertained (before brandy had been given) that there was in the dog, as in man, a small normal elimination of substances capable of reacting like alcohol.

With dog, B, the experiments were even more conclusive. For a period of ten days he was given daily one ounce of brandy, containing 190.92 grains of absolute alcohol, administered in two portions. On the eleventh day he was killed, quickly cut into minute fragments—bones, skin, and all—and the amount of alcohol in him carefully determined; or rather, the whole of the substances in the body and blood capable of yielding acetic acid. The experiments on this dog showed that a terrier of less than ten pounds' weight could take with comparative impunity nearly 2,000 grains of absolute alcohol in ten days; that on the last day of the regimen he eliminated by all channels only 1.13 grains of alcohol; and that on being killed two hours after swallowing half an ounce of brandy, there were recovered from his whole body

and all its contents (elaborately treated, so as to provide against material loss during the examination) only 23.66 grains of what might be taken for alcohol, a considerable portion of it due, undoubtedly, to the normal constituents of the unalcoholized body, previously noticed.

These results tally so closely with those obtained from the human organism, by other methods, that it is altogether unlikely that the case against the theory of alcoholic elimination could have been made much more conclusive had Dr. Anstie lived to submit a human subject to the chamber test.

Alcohol in less than narcotic doses is thus evidently disposed of almost entirely within the body. What becomes of it? That it cannot be stored up permanently in the body is proved not only by the experiments above narrated, but by the everyday experience of thousands of drinkers. The excess of ingestion over elimination would long since have stored their bodies with more than their own weight of alcohol, were there no internal disposition made of it. What can that disposition be? Does alcohol play the part of a food?

The complex function of food is (1) to build up the body ; (2) to repair waste ; (3) to maintain the bodily heat ; (4) to evolve energy to be expended in internal and external work. Does alcohol meet any of these requirements ?

There is no evidence, thus far, to show that its products can help in any way to form tissues ; hence we cannot give it credit for building up the body or repairing waste. On the contrary, it seems rather to retard tissue change, either constructive or destructive. To those who hold the ancient doctrine that physical energy is developed only by tissue destruction, the last mentioned fact bars the way to any recognition of the possible usefulness of alcohol as a force producer. But every physiologist of standing now admits that the force required for the great bulk of the work done in and by the organism is evolved directly from the food carried to the several organs by the blood, without its previous employment in tissue forming. The objection is therefore groundless.

Does alcohol meet the fourth requirement of food? A very large part of the available energy of the body is developed by the oxidation of hydrocarbon, like fat. Being a highly oxydizable hydrocarbon, it would be strange indeed, as Dr. Anstie remarks, if its oxidation did not prove to be the mode by which alcohol disappears within the system. There is much to sustain this view, and not a fact to disprove its correctness. The theoretical force value of the alcohol daily disposed of by multitudes of sober people is very great. It is incredible that so much alcohol can be transformed in the body without the evolution of energy, for good or evil. It does not, in the temperate people in question, produce any visible disturbance of their bodily functions. It must therefore be vitally useful, and belong, where Pavy and universal experience put it, among the force-producing foods, its usefulness depending very largely, it would seem, in the rapidity of its transformation, and the promptness with which it supplies available energy.

This, it is proper to add, with important limitations. Beyond a certain small dosage, perhaps six or eight hundred grains in twenty-four hours for an average adult in health, alcohol is demonstrably a dangerous narcotic poison, not the least of its disadvantages being that it cannot be eliminated to any considerable extent. If employed at all, in health, it is obvious that it should be used for special purposes and with great care, unless it be in the diluted condition in which it appears in cider, beer, or light wine.

In many diseases, the system seems to be able to make use of almost unlimited quantities of alcohol, with strikingly beneficial effects; but that is a field upon which it would be out of place here to enter.—*Scientific American*.

WE ARE in want of number 4, Volume I of the Cincinnati Medical Advance. Copies will be paid for, if not to be had otherwise.

**Human Nature.**

- It is a current phrase that human nature is the same all over the world; that from generation to generation its general attributes do not vary. Is it so? The differing customs, laws, institutions, governments do not so report. The savage man and the civilized confess no identity of nature. The races do not assume it, but face each other with blank countenance and lack-lustre eyes. Human nature in the West is stranger to human nature in the East. Human nature in the South fails to comprehend human nature in the North. There is small affinity between human nature in priest-ridden Spain and human nature in free England; between human nature in Turkey and human nature in the United States; between human nature in Cork or Dublin and human nature in Boston or Chicago.

The Italian of mature age does not find himself at home in the New World; the German, the Celt, the Chinaman instinctively herd with their own kind, as if afraid to trust themselves with people they do not understand. The New Englander and the Hollander have as much ado in fraternizing, except on the principle of mutual toleration, as if they belonged to different species.

There are, no doubt, certain established identities; for experiences are identical, and result in the same cardinal qualities which come at last to be characteristic of humanity.

In the course of their development, all human creatures meet three stages of experience, and achieve three things. Existence is impossible anywhere unless three things are secured,—safety of the person, safety of property, safety of the home. But what infinite variety men exhibit in the means of achieving these three ends, the means of preserving them, and the estimate of their value when they are attained! Here men go armed, and have all the instincts, beliefs, convictions of the soldier; there their weapons are laid by, their use is forgotten, and men have the instincts, beliefs, convictions of the civilian. In this place property is defended by force, in that it is protected by written or unwritten law; and the whole man is invested

in each method. Compare the domestic arrangements of a wealthy Turk, Egyptian, or Arab with those of a wealthy Englishman, Scotchman, or American. Compare the sentiments with regard to women in India and in Germany! Consider the different places assigned to the same qualities in different states of society! Think how the lowest attributes in one race are ranked highest with another, so that virtues and vices change positions!

“If,” says Pascal, “man had known the economy of the world he wishes to govern, he would not have established as a maxim that each should follow the customs of this country. The splendor of true justice would have subjected all peoples, and legislators would not have preferred to this constant equity the fancies and caprices of Persians or Gauls. We should see it planted in all States of the world and in all times, instead of seeing as we do now scarcely anything just or unjust that does not change quality with climate. Three degrees of higher latitude overturn all jurisprudence. A meridian decides the truth; fundamental laws change every few years. Right has its epochs: the entrance of Saturn into the constellation Leo marks the origin of a special crime. A pitiful justice that, bounded by a river! Truth one side of the Pyrenees, error the other!” What Pascal records in bitter scorn, holding human nature in derision, the man of science quietly makes note of, as indicating that human nature is a product, dependent on conditions, varying with soil and climate, shaped by contingent experiences, and taking hue and flavor from the elements that pass into it.—*Index.*

Dr. CARROLL DUNHAM, Chairman of the Committee of Arrangements for the World's Homœopathic Convention, to be held in Philadelphia, 1876, writes us that he wishes assistance from his colleagues in Ohio, “those whose special gifts, opportunities or studies have qualified them to do good, creditable work in one or another department of medical science.” Now don't all speak at once. Dr. Dunham's address is Irvington-on-the-Hudson, N. Y.

## Theory and Practice.

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### Source of Muscular Strength. M. L. Holbrook, M. D.

In a general way we have already shown that our strength of body comes from our food. It is proper now for us to inquire whether it comes from the proteids, fats, amyloids, or salts. Liebig taught us that all muscular strength exerted was at the expense, the breaking down, using up, metamorphosis or oxydation of the muscular tissue. So much muscle destroyed, so much strength exerted. Now the proteids, that is the albumen, fibrin, gluten in our food go to make up muscular structure; and Liebig taught, and all physiologists accepted his doctrine, that during exercise the destruction of muscles was the source of the strength exerted. This would be very much like a theory that a saw mill received all its power to saw logs from the wear and tear of itself. His theory made it necessary that the proteids of our food should be converted into muscle, and then during exertion destroyed, new proteids constantly, during rest, being converted into muscle for further use. Liebig also taught that the fats and amyloids were only necessary to supply heat for the body; but it seemed never to have entered his head that they were the source of muscular power.

In the present state of science this is all changed. Now the muscles are not regarded as the source of strength, but the vehicle to convey or exert it. In exercise they are not metamorphosed or oxydized or used up to any extent sufficient to account for all the strength; but their destruction is comparatively small. Now the theory is that the proteids supply the material for building up, constructing the body, and especially the muscles; but the main source of muscular strength is the fats and amyloids.

How came about this change of view? In this wise. It was found that men could do very hard work for a while



when deprived of proteids in their food. It was also found that the urea in the urine was not in sufficient quantity to account for all the force exerted, nor was it much more, often less, during long continued exercise than during repose. As long as 1862 Troube asserted that all muscular strength was derived from the oxydation of the fats and hydro-carbons; and in 1864 Donders was convinced that the transformation of muscle was not sufficient to explain all the forces exerted in the body. Soon after Dr. Edward Smith showed that while the amount of urea in the urine (urea is the product of the oxydation of muscle) was not increased by exercise the amount of carbonic acid (carbonic acid is a product of the oxydation of the carbon of the fats and hydro-carbons) was greatly increased, showing that during the manifestation of muscular power there was a great increase in the destruction of fats and amyloids. The most powerful argument, however, against Liebig's theory was yet to be given, one which Liebig himself saw the force of, and never satisfactorily answered. It is the argument, or rather the result of the experiments of Fick and Wislicenus, made in August, 1866.

In order to make the subject clear, a very brief statement of these experiments is necessary. On the 29th day of August, 1866, these gentlemen prepared themselves for the work of climbing to the top of one of the Bernese Alps mountains, called the Faulhorn, 6,417 feet above Lake Brentz. Their object was to see if their muscular strength could be supported in this arduous undertaking on fats and amyloids and without nitrogenous food, which could be converted into muscle and then oxygenized. To prepare themselves for the work, for seventeen hours before they commenced their ascent they ate only solid food, composed of starch, fat and sugar, compressed into solid cakes. They began their ascent by the steepest and most dangerous route at 5:30 in the morning, and at twenty minutes past one in the afternoon they had, *without fatigue*, finished their journey. Now what was the result?

1. That they had, without a nitrogenous diet, easily accomplished their task.

2. That the amount of nitrogen excreted was one-third less during the hours of vigorous exercise than the hours before and afterward.

This not wholly unexpected result was almost conclusive proof that the source of muscular power is mainly found in fats and amyloids, and not in the proteids. Now let us glance at the work done.

Fick, weighing  $145\frac{1}{2}$  pounds, had climbed 6,417.5 feet high. This was equivalent to raising 934,746 pounds one foot high. Wislicenus, weighing 167.5 pounds, had climbed to the same height, which was equivalent to raising 1,074,931 pounds one foot high. In addition, however, to mere labor of ascending the mountain, was the labor of the beating of the heart, and respiration. Now according to the calculations of Donders, each heart beat is estimated to be equal to raising 4.65 pounds one foot high, and each respiration equal to 4.56 pounds one foot high. Let us then add this to the other work done. Fick says that during his ascent the heart beat at the unusual rate of 120 per minute, while his respirations were 25 per minute. There then must be added to the other work for this man 220,968 pounds for heart and respiration work, and if Wislicenus was in the same proportion there must be added for him 257,796 pounds. Adding these sums together we have the work done as follows:

Fick in  $5\frac{1}{2}$  hours' work, raised 1,154,714 pounds one foot high; Wislicenus 1,332,727 pounds one foot high. Now the amount of urea excreted in Fick shows a destruction of muscle which, perfectly oxygenized, would only have raised 498,525 pounds one foot, while Wislicenus shows the destruction of even less, namely sufficient to only raise 481,618 pounds one foot high. These results show conclusively that, in their cases at least, by far the larger source of muscular strength was derived, not from the destruction of muscle and nitrogenous food, but from the destruction of fats and amyloids; the proportion being about two-thirds of the latter to one-third of the former.

Recent experiments confirm the general result of those above given. From an economical point of view, these re-

sults are interesting. If the source of muscular strength is entirely the destruction of muscular tissue then the labor of assimilation, the constant repair of destroyed muscle would be very much greater than economy would dictate, for all the nitrogenous food would have to be converted into muscle before available. But if the source of strength is largely fatty and amylaceous matter, then much is saved, for they become oxydized and give out their virtues in the capillaries when they meet the oxygen.

Whether brain and nerve energy has the same origin is not yet settled, but there is little doubt that, to a certain extent, they have; though it is likely the addition of phosphorus, and perhaps other substances, are necessary for this work. The practical value of these facts might be very great, if properly applied.—*Eating for Strength.*

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### **Scarlatina.**

The Buffalo Courier with commendable enterprise publishes the statements of the leading doctors of that city on the all-absorbing question of the prevalent epidemic. We have space for only a few of the many answers given to the following questions.

1. Is there any well-established theory as to the causes which produce scarlet fever?
2. What are your own views on the subject?
3. Do you regard the disease as infectious?
4. Is there not a conflict of opinion among authors and practitioners on this subject?
5. Is it safe for families in whose homes the disease has found a lodgment to communicate with their neighbors during the prevalence of the disease?
6. What time, if any, should elapse after the subsidence of the disease before it is safe to receive visitors at a house which has been afflicted with the disease?

7. Should the disease be subjected to any unusual sanitary regulations; if so what would you regard as the best mode of procedure?

8. Is there any specific against the approach of the disease?

9. What would you suggest as a means of preventing the spread of the fever?

10. Do you consider the disease as now prevailing in the city more serious in its consequences than usual?

STATEMENT OF A. T. BULL, M. D.

1. I think there is no well established theory as to the cause of the disease.

2. In the absence of any positively determined knowledge, I am disposed to look upon the theory which assumes this to be one of a class of diseases which originate in and are propagated by organic germs, as a rational one.

3. I believe it to be an infectious or contagious disease, but not exactly in the same sense that small-pox is infectious. I think in scarlet fever the communicability of the disease depends more upon conditions, either in the system or surroundings of the persons exposed than is the case in small-pox and other similar diseases. Assuming the germ theory to be true, the difference is analogous to that which we see in the fertilizing energies of different vegetable seeds. Some seeds will germinate in any soil under any conditions, while others remain infertile unless the soil and all the conditions are exactly suited to them. The small-pox germ apparently has a hardy energy like that of the seeds first named, while the scarlet fever germ may lie planted in many systems without becoming fertile. Hence there is more uncertainty in the contagion; and while it is a contagious disease it is not surely contagious as some other diseases are. At the same time there is a lingering persistency of vitality in the poison, where clothing is impregnated with it, for example, which is hardly exhibited in any other disease.

4th. There is a conflict of opinion among authors and practitioners.

5th. Not without careful precautions.

6th. A week at least after the period of desquamation—that is after the peeling of the skin is completely at an end—should elapse before it is safe to receive visitors.

7th. The patient should be completely separated from others in the family and those having care of the patient should change their clothing often. Children in the house should not mix with other children at school or elsewhere. Bed clothing should be changed frequently; ventilation of the sick room should be thorough; on the termination of the disease the use of disinfectants and the cleansing of the room, bed clothing, furniture, etc. cannot be too thorough.

8th. As a prophylactic I regard Belladonna as the most efficient.

9th. The spread of the fever can only be suppressed by such precautions as I have indicated above.

10th. The disease is more widely spread and more malignant in its character than usual.

STATEMENT OF A. C. HOXSIE, M. D.

I think it is generally understood that scarlet fever can only proceed from a specific virus the nature of which is but little known, and from contagion.

I regard the disease as infectious; but there are some practitioners who think differently.

As a rule, I do not think it safe for well families to visit those sick with the disease and *vice versa*. It may not be safe for them to do so under six weeks.

I think the disease should be subjected to quite strict sanitary regulations.

I do not know of any specific against the disease.

As a means of preventing the spread of the fever, I would not allow children to attend school from any family which had contracted the disease. I would have the sanitary regulations enforced about the same as if we were dealing with small-pox, except that all cases should be cared for in their own homes.

From all I can learn, I do not think the disease as now prevailing in the city, is any more serious in its type than usual.

STATEMENT OF MRS. E. G. COOK, M. D.

The disease is produced by its own specific poison, and is both contagious and epidemic.

There is a conflict of opinion as to the infectious nature of

the disease, and those who hold to the contagious view have by far the most adherents and, to our thinking, the best of the arguments.

It is not safe for children or persons under twenty years of age, who have never had the disease to come in contact with any member of an infected family. There are mild types of the disease, as in most cases where preventives have been used, which do not seem to be contagious. Dr. Cook has treated a far greater number of cases than I have, and he enjoins upon families infected not to admit to their houses persons under twenty years of age, who have not had the disease; nor to allow those who have had it to go into other people's houses, to school, or to church, until four weeks have elapsed from the convalescence. He has never known more than one death in a family, and has lost, in a large practice of over twenty-five years, seven patients.

Should the disease be subjected to any unusual sanitary regulations, etc.? we say *emphatically* yes; not only on account of this, but for every disease in the calendar. Typhoid, diphtheria, dysentery, erysipelas, etc., as well as to favor a perfect physical development, with power to resist disease. All closets and sewers should receive thrice weekly a solution of sulphate of iron (copperas) in proportion of one-quarter pound to one gallon water. It is odorless and cheap in comparison to other disinfectants. Little or no meat should be allowed during the epidemic. Great care should be taken of the skin, and every condition upon which the most perfect health depends should be carefully studied. The habitations and food of the cows which supply so much of our food should be looked after. They should have all the pure water they will take, and never be allowed, under a heavy penalty, to eat still slop or damaged grain.

Is there any specific. It has been our practice to give sulphur (Homœopathically) mornings, and belladonna at bedtime, to all persons and children liable in the families in our care, and not a child thus far *this* season in these families has suffered from the disease. Following these directions religiously answers the ninth question.

Tenth and last question. We have seen no reason for greater alarm than usual.

In conclusion let us add, the people have a right to look to the doctors whose lives are devoted to this work (or should be), to teach them the laws of health. If, as in some countries in the old world, the physician's pay was stopped when the people get sick, we think there would be an awakening among the M. D's., to this important subject. We feel that having practiced both schools of medicine, and seeing the vast superiority of Homœopathy over the old Allopathic mode of practice, we cannot discharge our duty to the public if we failed to note that this epidemic is another scourge providentially permitted to sweep among us, teaching unmistakably the utter incompetency of Allopathy to cope with it. The sequela of scarlet fever at the best is bad enough without having whole families swept off in a few hours, and the people have a right to know the difference.



**Early Difficulties of Young Practitioners, and the Way to Overcome them.\*** By A. A. Duncanson, M. D., Chicago, Illinois.

When a young man enters practice, so lame and uncertain has been his college education, so generalized and imperfect, that he is in a quandary; he reads and reads, thinks and thinks, and eventually is driven to the "shot-gun practice." It is a sad commentary on our progress that this is the case. If the apprentice, after his studies are over, is sent out with the knowledge of his saw, plane, graver or painting brush or color, how is it that we send out young men to be in "wandering mazes lost," to feel their way, not to see it and there continue from year to year.

\*See January No. Advance.

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The only way to get clear of this terrible imperfection is to make it a point to cautiously give medicine, do your utmost to find out the great aberration of nature; fix your eye upon the most suitable medicine you can think of, and give only one or two medicines and give them separately and watch carefully their effects; you will come by and by to know what will go right to the spot, and also why it goes there. Take case of compounding—you can not do it in your present state of knowledge, and if you did it how will you know which medicine produced the effect, how was the prescription inert, aggravating or curative? You can never know this by jumbling as we have done in our day six, eight or ten medicines together and then watching the result, and being as wise in the accurate therapeutic use of drugs as we were before. By giving one medicine for each leading feature of the disease, you will hasten the cure, but see that your observation of what is needed and what you have in the shape of a drug is suitable to that needed; give them separately and watch the effect of each; you may give them successively if you choose, but give each free room to act without interruption from another, and you will soon come, by close attention to what you see, to be able to look straight through your patient by a kind of spiritualized inspection see the diseased surface and apply your healing power with a correct and precise certainty, as a plumber would with his soldering bolt apply his solder and stop a leak. Let no man say medicine is a game of chance, a system of conjectures; it is not true! The man who says it, only reveals his own ignorance and flares abroad the defects of his education. Medicine has been debased by the mode in which it has been studied, and the class of minds engaged in teaching it. Specific medication lays the basis of a higher knowledge and a new departure and a more glorious dignity to that inaugurated by Galen and Hippocrates and the other medical solons of antiquity. All hail to specific medication, it unlocks the grand future of our glorious and god-like profession!!

The third early difficulty of the commencing professionalist is *ignorance in obstetric manipulation and obstetric knowledge.*



In obstetrical classes, mal-presentation, fatal hæmorrhage, convulsions, etc. are insisted on so frequently that the student begins to think that they are to be met with in every second case, and it is with trembling and uncertainty, with grave premonitions of the result that he attends his first call. If matters go well, as they will go a thousand to one, he comes away happy, having escaped from a position that hung as an impending calamity over his head. If the least matter goes awry, he is placed on the rack; broken alive on the wheel, all the imps in the universe are let loose against him, and he feels anxious and miserable. If it is a primipara, he wonders when in creation the case will be through or if the child will be born at all; he manipulates the surfaces and they feel hard, tonic and rigid, and he believes he has got a case of mal-formation of the pelvis, and a thousand spectres of a dead mother and children and degraded doctors dance before his eyes. He consults an aged practitioner who has been in the ranks sometime, who tells him to return and wait till nature is ready; that she understands the business and will perfect the whole work in time. In obstetrics the didactic is too great, the instrumental and manipulative too small. Not one student out of five thousand that leave the classes can handle the forceps or knows accurately the toucher. They have a dreamy sensibility of something to be done, but how it is, is an enigma, a Gordian knot. How much needless pain, what tardy time, how much after suffering comes to the patient from this ignorance who can tell?

All this is curable! The student must be taught by personal contact to handle the forceps upon the dummy and perform the processes of turning, etc. A part of each lecture hour should be set apart to it or one day in the week to these operations alone, under the direction and superintendence of the professor. You say it is done, in our school it is a fixed part of the education; but are the students compelled to attend? It should be as much a point to be certified to, when they come to have their tickets signed, as that they have dissected during their course one entire subject. If this were the case we would not hear of part of the vaginal or uterine wall

being locked in the forceps and torn away, or rectal or vaginal fistula, or extensive laceration of the perineum, or the head of the child torn from the body, arising from stupid and unlettered manipulation, or a practitioner waiting forty-eight hours for nature to change an arm presentation into a natural one, while the patient is suffering untold agonies, instead of turning the child and relieving the hitch that nature had taken. Didactic teaching is easily forgotten, but one trial in the manual exercise of the forceps would do more to show a student what was to be done than a dozen oral lessons. Give him the tools to handle and it will inspire a confidence in himself that nothing else can do.

An accurate knowledge of obstetrics is of more consequence to a practitioner than at first sight appears. No case of this kind can occur without calling together all the talkative women of the neighborhood, and sometimes from a distance—the case is discussed and the merits of the attending accoucher. If he does his duty well it is a great lift in practice; if he fails he is hung in that quarter and will not recover from the result for years. Obstetrical knowledge is one of the best introductions to a practice that exists. The knowledge of infantile diseases is valuable, and success in it will pave the way to a lucrative business. With these in hand no man need fear success. In some cases it may come earlier than in others; but it will come.

It is often recommended to take a book on midwifery to the sick room, and read it while waiting on the case. It must be a strange student of humanity that gives such instructions. Yet professors of obstetrics have done it. If a young man wishes to seal his fate this would be the quickest way to do it. Let any female see him reading on the subject in the sick room, and she will immediately conclude, and she has a right to do so, that he does not understand his profession. Our knowledge must be in our *heads* not in our *books*. If you wish to read let it be done at your office, but show yourself *au fait* when you are in the sick apartment. Take matters calmly; do not get excited; command yourself; where fussy women are present and a nervous patient you will

have enough to do. If the fussy women can be disposed of do so at the earliest date ; they will make your patient nervous and confuse your own mind. Such persons have no business there. You are boss of the situation, and it is expected that you know what ought and ought not to be, therefore annihilate them by getting them engaged in some other apartment. Additional nervousness is additional loss of strength, and your patient requires it all. She has no strength to spare. Get quit of these women at all hazards.

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**Pathology of the Pneumogastric; Illustrated by a Case.** Read before the Indiana Institute of Homœopathy by J. N. Lucas, M. D., Shelbyville, Ind.

I have chosen for my remarks, a subject suggested by a case which brings into requisition both physiology and pathology. I shall then endeavor to treat upon both of those subjects in one essay.

I was led to the selection of this subject because the case suggestive of it was both interesting and puzzling to me. I speak of it not so much in hopes of edifying you by anything I may say, but that the article may bring forth an expression from some one, which shall elucidate the trouble. It is the pneumogastric nerve to which I wish to call your attention. This the largest of the cranial nerves from its origin and manifold distribution, together with its extensive relation with the great sympathetic, might naturally be supposed to exert a profound impression upon the human organism. In order to refresh our minds with its importance, it may be well to review its origin and distribution. According to Draper and others, we find that it arises by six or eight filaments from the groove between the olivary and restiform

bodies below the glosso-pharyngeal, and like it, may be traced to the floor of the fourth ventricle, it finds exit from the cranium through the jugular foramen, and descends the neck within the sheath of the carotid vessels. It gives off numerous branches, chief among which are the auricular, the pharyngeal, the superior and inferior laryngeal, the cardiac, the anterior and posterior pulmonary, the œsophageal and the gastric. We thus see that it supplies these great classes of organs, viz: The digestive, as the pharynx, œsophagus, stomach and liver. The respiratory, as the larynx, trachea and lungs. The circulatory, as the breast and great vessels. Its association with the sympathetic is intimate, and with it forms several important plexuses. This nerve is dualistic in office, being both sensory and motor. This being the case we readily see that the pathological condition of this nerve may give rise to numerous and grave affections of any or all of these organs. And it is to this source that I shall attempt to find a solution of the various affections in the case to which I shall now call your attention.

Mrs. B., aged 62 years, of nervous temperament, has been an invalid for twenty years, and during that time the subject of several series of sickness. She has also been a victim to that disease so common to the American people—dyspepsia—and from it has suffered long and much. She came under my treatment one year ago last September, at which time I found her suffering from a severe attack of cramp colic. When the severity of this attack had subsided, she was left the subject of a troublesome diarrhœa which was so weakening as to confine her to her bed the greater portion of the time for one month; during this time she suffered more or less from pain in the stomach. Remedies given produced prompt effects, but they were usually only temporary. She informed me that she had been subject to such attacks each fall for a number of years. During last winter and early spring she was able to go about the house most of the time, and frequently took rides about town.

On the night of the 30th of May I was hurriedly summoned to her bedside, found her propped up in bed gasping

for breath, could scarcely speak or swallow, pulse imperceptible, extremities cold, the forehead and face covered with cold perspiration. Life seemed almost extinct. In about two hours reaction slowly came on. As she began to talk we noticed some aberration of the mind which continued through the night and during the next day. She now complained of severe pain in the throat and stomach, and a difficulty of respiration. Next morning found her more comfortable, but very much prostrated. In this condition I sent for Dr. J. B. Hunt, who visited the patient with me the following evening. We found her somewhat improved, but complaining seriously of the throat, especially on attempting to swallow—anything in the form of solid food could not be swallowed at all. Upon examination of the throat we found the fauces, uvula and tonsils much inflamed; the uvula being both elongated and enlarged. Under the course of treatment we prescribed the throat improved; but as it grew better the stomach became more troublesome. Then on directing the treatment more especially to the stomach, the throat grew worse, and thus the trouble continually changed from one point to the other, and sometimes both throat and stomach would improve for a few days, and then she would complain of the chest, region of the liver or bowels. But during the whole of this time the throat never improved sufficiently to permit her to swallow solid food, and any and all kinds of food that she did eat would disagree after using them for a few days. Under the circumstances convalescence was slow, but improvement continued until July, when she began to complain of pains in the lower extremities. A few days later the limbs from the knees down were covered with purple spots resembling bruises. The pain and soreness now became so great as to prevent walking. In about one week the purple spots changed to a greenish yellow color. About this time she was taken with an exhaustive running diarrhœa, which was so weakening as to confine her to her bed the greater portion of the time. She then had several slight chills, some fever, and the diarrhœa changed to a dysentery, which lasted about a week; but as it improved there was a

disposition for the diarrhœa to return, and for some time was obliged to give her something daily to keep it in check.

Once more convalescence seemed established, and improvement went on pretty well until about one month ago, when she again began to complain of pain in the limbs. A few days later they broke out with purple spots the same as before, except they were more extensive and more painful; this time preventing movement of the limbs almost entirely. Where each spot appeared there was a hard lump. These spots paled away, and instead of the lumps the whole limb is swollen, and especially the ankle of her left foot, which is still red and very painful. There is also an aggravation of the throat and stomach symptoms since the limbs began to improve. Since the attack last May she has at no time been able to swallow solid food, while she is very sensitive to the action of medicine—remedies very soon cease their beneficial effects.

After having watched the progress of this case for more than a year, noted its many symptoms, and their changes, I am disposed to locate all the trouble in the pneumogastric nerve or perhaps that portion of the brain where the nerve finds its origin may be involved. As I find nothing in the books that would warrant such a conclusion, I, of course, advance this only as an hypothesis and invite your criticism in hope that some satisfactory explanation may be given.

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**Scarlet Fever followed by Dropsy of the Brain.** By O. W. Lounsbury, M. D.

Master T., aet 9 years, had suffered 2 years with angular curvature of the spine at the 7th cervical and 1st dorsal vertebra. At times the pain extended down both arms with such violence as to extort agonizing cries for whole days and nights, baring short intervals of ease. Repeated applications

of electro-magnetism and the continued use of calc. carb. 30th gave relief.

Sometime after, he visited the country and amid his recreations rode on horseback. This exercise proved too severe for him, as it brought on renewed paroxysms of pain. Electro-magnetism and calc. carb. 30th again relieved him.

Shortly thereafter, scarlet fever attacked him with moderate violence. The usual remedies were given, and, to all appearance, the disease progressed favorably until the 3d week, when I was summoned to the bedside of the patient to witness and to alleviate excruciating pains.

The following symptoms announced the outset of dropsy. There were puffiness of the face and extremities, scantiness of urine and finally total suppression of the same, obstinate vomiting and diarrhœa, followed by constipation, headache, twitching of the muscles, pupils contracted, tongue dry and slightly coated, pulse hard and 160 per minute, complete delirium for 3½ days, and a peculiar shriek every now and then.

He rejected food and medicine, spitting out everything which touched the tips of tongue and lips. Medicines were given in small powders, and dexterously placed upon back of the tongue to which they adhered.

The remedies employed were arsenicum 30th, apis 30th, helleborus 30th and 200th, with sulphur 30th, intercurrently.

During the 4th day of delirium, the patient slowly returned to consciousness and convalescence was assured. Total paralysis of nerves of motion of the lower extremities, followed for days, which gradually yielded, leaving the patient in a much better physical condition than for months previous to this attack.

#### **Deficient Secretion of Milk Cured by Electricity. O. W. L.**

Mrs. E. was confined about 5 months since with her 4th child. She was healthy to all appearances save prolapsus uteri which came on after her 3d. child birth. She had a good getting up. During the 3d. week after delivery the supply of milk which had been abundant, suddenly failed without appreciable cause.

The ordinary remedies failed to restore the secretion and I resorted to electricity applying the positive electrode primary current to the 7th cervical vertebra and the negative upon the breast passing from above downward to the nipple for 10 minutes twice a day, the deficiency in the secretion of milk was wholly overcome in about two weeks.

This was the more remarkable from the fact that her mother had always been subject to a similar deficiency, and it seemed hereditary with my patient.

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**Commencement Exercises Pulte Medical College. Feb. 11, '75.**

This occasion passed off with great eclat. A full audience gathered in College Hall, and was highly entertained by the address of Rev. Dr. Wise. The following is the programme:

**ORDER OF EXERCISES.**

Faust Fantasie.— <i>Gounod.</i>	- - - - -	MR. L. E. LEVASSOR
Address	- - - - -	REV. DR. ISAAC M. WISE
Soprano Aria.— <i>Arditi.</i>	- - - - -	MRS. FLORA MUELLER
Valedictory	- - - - -	DR. J. E. BAKER
Tenor Solo.— <i>Thomas.</i>	- - - - -	MR. MAX MOSLER

**PRESENTATION OF SOCIETY DEGREES.**

Hahnemann Society	- - - - -	Prof. W. H. HOLCOMBE, <i>Pres.</i>
Contralto Solo.— <i>Donizetti.</i>	- - - - -	MISS EMMA KAUFFMAN
Philadelphos Society	- - - - -	Prof. T. P. WILSON, <i>Pres.</i>
Duet.— <i>Arditi.</i>	- - - - -	MRS. MUELLER and MR. MOSLER

Prof. M. H. Slosson in behalf of the Faculty made the following

**AWARD OF PRIZES.**

Preliminary Examination, \$30 00	- - - - -	S. H. Randall
First Clinical Prize, \$35 00	- - - - -	J. C. French
Second Clinical Prize, \$25 00	- - - - -	D. B. Morrow
Third Clinical Prize, \$15 00	- - - - -	Geo. C. Jeffery
Special Clinical Prize, \$25 00	- - - - -	S. S. Black
Commendatory Clinical Prize, \$5 00	- - - - -	J. F. Brown



(a) Last Hope.—*Gottschalk.* } - - - - - MR. L. E. LEVASSOR  
 (b) Pilgrim Birds.—*Satter.* }  
 Conferring of College Degrees - - - - - HON. BELLAMY STORER, *Pres.*  
 Quartette.—*Flotow.* MRS. MUELLER, MISS KAUFFMAN, MESS. AVERY & MOSLER

LIST OF GRADUATES

Frank Adams.....Ohio	Geo. C. Jeffery.....New York
J. F. Brown.....Michigan	O. J. Lyon.....Iowa
S. S. Black.....Canada	J. T. Lowry.....Kentucky
Thos. W. Brown.....Ohio	L. C. Lukens.....Ohio
J. E. Baker.....Ohio	D. B. Morrow.....Ohio
I. W. Buddeke.....Tennessee	H. McGrew.....Ohio
C. E. Fisher.....Kansas	S. H. Randall.....Ohio
J. C. French.....Ohio	W. E. Rukenbrod.....Ohio
S. R. Geiser.....Missouri	W. A. Shappee.....Ohio
S. Griffin.....Iowa	E. A. Whitlock.....Iowa
Jacob Hummel.....Ohio	H. Whitworth.....Michigan
W. L. Williams.....Ohio	

PROF. HOLCOMBE'S REMARKS.

Gentlemen of the Hahnemann Society:—The diploma of this Society is a pledge or token of your mutual esteem, confidence and friendship. It will remind you hereafter of your "student life," of your friendly debates, your genial emulation, your helpfulness for each other. It is indeed the emblem or symbol of *co-operation*.

You are about passing, my friends, from this stage of co-operation into the stage of competition for the prizes of professional life. Hitherto you have stood side by side as fellow-students, assisting and sympathizing with each other; hereafter you will stand face to face as rivals, competing for the favor of the public.

It is a most important point in your career. The spirit of *competition*, so natural and indeed so necessary to man, unless wisely regulated and held in check, has a tendency to develop all that is selfish and cunning, and over-reaching and base in our natures. The spirit of *co-operation*, on the contrary, is always friendly, brotherly, and liberal: it always ennobles and exalts, and such is the spirit which speaks to you through this diploma.

As the portraits of great men hung upon the walls of their descendents, remind them continually of their ancestral

honors, and stimulate them to equal or nobler deeds, so may this diploma plead with you in all the after years of your life, by the tender association which cluster around it, for the faithful performance of your duties to each other.

You should never forget or neglect to extend to every practitioner of our School the warm hand of friendship. Obey that sublime dictate of religion embodied in the golden rule, do as you would be done by, by always feeling as jealous of the rights and honor of your professional neighbor as of your own. Applaud his virtues, conceal his defects, rejoice in his victories and share in the humiliation of his defeat. Regard the entire Homœopathic profession as a band of brothers, who should present an unbroken front to the common enemy.

Striving after this grand ideal, you will adorn the profession you have chosen, reflect honor upon the professors who have instructed you; and promote usefulness and glory to the Homœopathic School.

PROF. WILSON'S REMARKS.

Gentlemen of the Philadelphos Society:—Before you go hence let me hold you a moment to the consideration of a single important thought. It was rare bit of philosophy that led one of the world's wisest men to exclaim, None of us liveth to himself. A young man just starting in the world easily looses sight of this fact. We will suppose that he has attained his majority and so is released from certain legal subjection to his parents, perchance like you, he has achieved a professional education and now he goes abroad to seek his fortune and carve his fame. He has no wife to encircle him with her loving arms, no children clinging to his knees. He stands alone and so, under the influence of the natural selfishness of the human heart he yields to the spirit of self-aggrandizement. But it does not take much experience in the ways of the world to teach him that it is not good for him to be alone.

He finds he needs companionship just as much as he needs food and water. And then experience teaches him before

long another lesson and, that is that human society is not based upon selfishness; that it rests upon the principle self-abnegation. Individual interests are secondary to the welfare of the state. That things contrary to this exist in society is only because so far our conditions are abnormal. There are many, I am sorry to say it, who practice medicine out of purely selfish motives, and other men practice law or preach the gospel just for the dollars and cents they can make out of them.

You realize in nature every where contrary forces at work.

The one is the formative spirit fashioning all forms of beauty bringing world out of chaos and lesser forms from the dust of the earth. The other is the spirit of disintegration which is forever tearing in sunder that which has been carefully united breaking up and destroying every thing of a complex character that it may be resolved into its simple elements. Society into which you are now entering and of which you will form an important part for good or ill is subjected to the same influences. On the one hand are a large number of forces, religious, scientific, social and political, all conspiring to conserve and develop humanity. On the other hand are many forces of quite an opposite character personified in the demagogue, the charlatan, the hypocrite, the thief, the liar, and the slanderer, all conspiring to prey on the vitals of society; cormorants and vultures are they, eating out the eyes and devouring the flesh of their victims. If now you go forth into society to live solely for yourselves you will inevitably gravitate towards and join this hellish crew and become the destroyers of good. But if you nobly live for others you will not fail to win from earth and heaven the imperishable crown of glory upon which is written in letters of light "Well done good and faithful servants."

After the exercises, Prof. S. R. Beckwith invited the Faculty and students to an elegant banquet at his house. Thus came the termination of the third annual session of Pulte Medical College, and by universal consent it was declared to be from first to last unequalled in pleasure and success.

## Book Notices.

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### **A Series of American Clinical Lectures.**

G. P. Putnam's Sons purpose to commence the publication of a series of Clinical Lectures by representative American medical teachers, upon topics of practical interest. The enterprise has been suggested by the Volkman "Sammlung klinischer Vortrage" (Collection of Clinical Lectures), which has met with great success, and fills an important place in the medical literature of Germany, and the special value of which is well known in this country.

It is intended to select for publication in the series only lectures by recognized medical instructors; either professors in colleges or hospital physicians in the large cities of the United States. These lectures to be upon medical, surgical, and a few special topics.

The lectures will be carefully and handsomely printed in pamphlet form; each number to contain from twenty to thirty octavo pages, which will be so proportioned as to leave ample margin for binding.

The first number of the series will be ready about February 1st, and will consist of a lecture by Prof. Lewis A. Sayre, on Disease of the Hip-joint.

**The Physicians' Monitor, for 1874.** W. A. Townsend, Publisher, New York.

**Eating for Strength** is the queer title to a little work just issued from the press of Wood & Holbrook, 13 and 15 Laight street, New York. The author is M. L. Holbrook, M. D., the well-known Editor of the Herald of Health. His discussion of dietetics is so out of the usual track, so novel, simple, and truthful, that we earnestly wish the book might fall into the hands of the profession, and by them be pressed upon the attention of their patrons. By all means read it.

**The North American Journal of Homœopathy.** Boerick and Tafel, New York.

This is now our only medical quarterly and being without a competitor there is danger that it may lack the necessary impetus to excellence. The February number, just at hand, dissipates our fears. We can commend it for unusual excellence. The New York Ophthalmic Hospital which, for a long time, has been keeping most of its good things to itself has really broken out in the present number, and gives three very readable articles by Drs. Houghton, Hills and Norton. Iritis, blepharitis and diseases of the mastoid are variously discussed by them. Dr. Gilchrist gives a readable article on Conservative Surgery about which he seems to know a good deal more than he does about operative surgery. We hope the North American will be handsomely supported.

**Braithwaite's Retrospect.** W. A. Townsend & Co., Publishers, 177 Broadway, N. Y.

This celebrated epitome of medical science, now republished over one-third of a century, still keeps up its unprecedented and constantly increasing circulation.

*Received.*—State Medicine and a Medical Inquisition. By a citizen (Dake), Nashville, Tenn.

Series of American Clinical Lectures, Vol I. No. 1. G. P. Putnam's Sons, New York.

Advance sheets Twenty-fourth Annual Meeting New York State Hom. Medical Society.

Text Book, Medical and Surgical, on Homœopathic Principles. By Dr. Ruddock.

Scribner's and St. Nicholas for March.

Vick's Floral Guide for 1875 is a real beauty. But the innumerable flowers he helps us to cultivate are more beautiful.

The Illustrated Annual of Phrenology, etc., S. R. Wells, New York, is full of most excellent things. We heartily commend it as worthy of a place in every family circle.

Vaccination. Dr. E. L. Griffin. Reprinted from the Transactions of the Missouri Medical Society, and worth a careful perusal.

DR. J. W. VANCE has left Lawrenceburg, Ind. and settled at College Hill, O.

THE wife of DR. T. J. WILLIAMSON, of this city, died last month at the age of 22.

DRS. E. C. BECKWITH and W. F. SCHATZ, of Columbus, O. have formed a co-partnership.

DR. H. T. F. GATCHELL has entered into practice with DR. JESSE GARRETSON, of this city.

DR. ED. ULRICH has moved from Cleveland to Toledo. We congratulate the latter city on the accession made.

DR. and MRS. C. W. PRINDLE, of Grand Rapids, Michigan, had a jolly wooden wedding February 8th.

WE WERE in error in saying that Allen's Encyclopædia of Materia Medica is sold to subscribers only. It is on sale at all the Pharmacies. But to subscribers the cost is one dollar less per volume.

JUST ABOUT one thousand dollars will give an equal partnership for six months and after that the whole of the business, together with office, furniture, horse, harness, buggy and sleigh, all in one of the prettiest towns in the state of Ohio. Address Medical Advance Office.

DR. J. G. GILCHRIST calls our attention to what he deems unnecessarily severe remarks about him in the last number of the Advance. We give him our personal assurance that we have no malice towards him. We have every reason to regard him highly as a gentleman and he must reflect that our criticism only adds to his fame. Our plainness of speech is meant in all kindness.

WE find the following in a recent daily paper. It is significant of the current of events. It is a recognition by the public which we may expect to be repeated elsewhere than New York if we remain true to ourselves. This is the item:

"In response to a petition from a large number of the most prominent citizens of New York City, one of the public hospitals has been placed in charge of Homœopathic physicians. The petition set forth that more than one-half of the taxes were paid by persons of that faith."

THE

**Cincinnati Medical Advance.**

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Subscriptions to the ADVANCE should be sent to DR. T. C. BRADFORD, P. O. Drawer 1284, Cincinnati, Ohio.—\$3.00 a year, IN ADVANCE.

All business communications, relating to the publication or to advertising, should be addressed to DR. T. P. WILSON, S. W. Cor. Seventh and Mound Sts., Cincinnati, Ohio

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DR. WM. TOD HELMUTH delivered the annual address at the last meeting of the New York Homœopathic Medical Society. The subject was "Professional Animosities," and the papers persist in saying "it was exhaustive." We hope so. But how such a topic could be treated exhaustively, or exhausted by treatment, don't strike us just now. We nevertheless hope for both results.

IT MUST be a pleasant thing to be physician to the Court in China. When the late emperor died his physician was immediately decapitated. This must have been on the theory that he killed his patient. If every so called doctor in this country who became the cause of his patient's death were similarly treated—well the idea is too personal to be entertained.

April-1

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DENTISTS are at a discount. Hollow teeth are at a premium. Dr. J. H. McQuillen uses one for macerating the muscular fiber of mutton. After five hours' treatment the specimen was taken out and mounted on a slide, and the ultimate fibrillæ were beautifully brought to view. But five days are nothing. We know teeth in which specimens of that sort have been lying for five months, and the material is not very tender yet.

HYPODERMIC INJECTIONS are on the wane. This new-fangled therapeutic machine, the hypodermic syringe, fortunately never did find much favor with Homœopathic practitioners, but in the Allopathic school it has for several years been all the rage. But the disastrous results that have followed its indiscriminate use have wakened some of the more judicious, thoughtful members of that school to the necessity of abandoning it. Dr. Stephen Rogers, in the *New York Medical Journal*, has repeatedly written against it, and justly speaks of the "pernicious fashionable hypodermic medication." To be sure he opposes its use, especially in quinine injections, because they are so apt to be followed by extensive abscesses and sloughing. But we can safely add to the list nearly every other agent used, and it will appear that the instrument is so seldom useful or necessary that it amounts to an almost discarding of it.

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#### "Iritis and its Treatment."

In the last issue of the *North American Journal of Homœopathy* Dr. Alfred K. Hills presents us a carefully prepared paper upon the above topic. It has the very great virtue of freshness and novelty. It is evidently intended to be quite exhaustive of the subject; and its importance is enhanced by the fact that the writer belongs to the staff



of the New York Ophthalmic Hospital, and so represents the progressive ideas of that excellent institution. No doubt Dr. Hills intended to astonish us all by the radical departure he makes from the ordinary line of treatment. But this did not save him at the outset from slipping into a repetition of a common and faulty definition of the disease. He says :

“ Iritis may be defined as an inflammation, with effusion of plastic lymph at the edge of the pupil, or on the surface, and into the stroma of the iris.”

To be sure Solberg Wells gives the same definition ; but Solberg Wells is an exceedingly verbose writer. And no writer can redeem this definition from its bungling character.

Iritis is an inflammation of the iris—no more nor less. Like all other inflammations it has various phenomena. Why should a part only, or any of these appear in the definition? Let us have the whole if any. Better let us have none ; but let them appear in the subsequent description of the disease. The fact is, our text books, to say nothing of the articles in our medical journals, are just so loosely written, and we buy such a superfluity of words that the excess alone makes beggars of us.

Following the definition comes the doctor's classification : “ 1. Simple idiopathic iritis ; 2. Serous iritis ; 3. Parenchymatous iritis ; 4. Syphilitic iritis.” Here we have iritis four times, when once would have made matters just as clear. But the writer is following Wells, and hence the redundancy. Now, Dr. Hills knows very well that this classification is largely arbitrary. It may be a matter of convenience to beginners (we doubt it), but it is very far from being scientific. Scarlatina, rubeola and typhoid fever might be justly classified as distinct diseases, but when these phases of iritis are so classified, it is quite another matter. Their differences are based upon no such distino-

tion as mark the former diseases, and they should not be so presented without very definite qualification. They greatly mislead the learner. Yet, Dr. Hills does not hesitate to say, that "The above classification, together with the more characteristic symptoms of the disease, have an important bearing upon my analysis of the treatment."

If his treatment is as faulty as his nosology, it needs careful revision. Why can't our teachers, possessing the independence and intelligence of Dr. Hills, break away from the trammels of the old school? He can not defend his definition of iritis on the ground of style, which, according to Herbert Spencer, is that choice of words which will present the least opposition to the mind of the reader. And how, as an avowed Homœopath, he can place his therapeutics upon such a sandy foundation as the classification he has given, is past conception. Dr. Hills could have found in Stelwag a much better guide; for this writer very carefully avoids the factitious distinctions so dogmatically presented by Wells and his imitators.

We come now to the matter of treatment; and we find the doctor at once leaving the beaten track, and showing that he can think for himself when he tries. The chief point of interest is the very narrow limit which he gives to the use of atropine. The general misuse of this article is an undeniable fact, and the doctor evidently feels that he is pioneering the reactionary protest. We applaud his courage. But we have at the same time strong fears that the reaction, as seen in Dr. Hills' paper, is fraught with more danger than beneficial results.

The doctor knows very well the disastrous results of the neglect these cases suffer at the hands of inexperienced general practitioners. Too many cases of iritis are recognized only after extensive adhesion to the capsule have taken place. We are only just getting these men to see the need of early treatment with atropine. We are in hopes of hav-

ing a few eyes at least rationally treated by them, and so succeeding in saving sight and suffering.

Now comes the reaction, so emphasized that most general practitioners will, after reading Dr. Hills' paper, do just what they have done before—give remedies and neglect the use of atropine. Imagine a physician not a specialist seeking knowledge by a perusal of the doctor's article! On page 323 he finds:

**"APPLICABILITY OF ATROPINE IN VARIOUS FORMS OF IRITIS."**

This is precisely what he wants to know. And at the very head of the chapter he finds this:

**"NEVER ADMISSIBLE AFTER EXTENSIVE ADHESIONS HAVE FORMED."**

And at the top of the page he finds this:

"The instillation of atropine subsequently to the formation of any considerable adhesions, *is actually injurious in every respect.*" (We venture to italicise the part that strikes most forcibly.) Now the difference between "slight" and "considerable" adhesion makes a fine point, and the general practitioner is not likely to be adequate to the discrimination. The result is, he will avoid so dangerous an agent, and go on in his usual way.

For more than twenty years oculists have been emphasizing *the immediate use of atropine in iritis*. Who can estimate the number of eyes that have been saved by its employment? It was quite natural that mistakes should occur, and unfortunate results follow. But what are they, and how many? Dr. Hills thus collates them, page 325:

"That atropine will sometimes cause an outbreak of glaucoma in cases of intra-ocular tumor, and acute exacerbations in chronic glaucoma, was pointed out by Dr. Graefe in A. F. O., xiv. 2, 117. Dr. Derby, of Boston, has also related two cases in which the instillation of atropine was directly followed by an outbreak of glaucoma. (Trans. Am. Oph. Soc., 1869.) Solberg Wells confirms the above

statement in several instances. Continued use of atropine has been found to produce permanent dilatation of the pupil, and atrophy of the iris. Wells says a mild solution will in some persons produce great irritability, and sometimes erysipelas of the lids and face, increase inflammatory action in the tissues of the eye, even to granular conjunctivitis, and choroiditis."

This indictment may be all true, but what does it amount to? Simply this: the drug has been in some instances abused, but the evil seems small in comparison with the good that has been accomplished. Even acknowledging all that is charged, it doesn't seem wise or necessary to capitalize our warning against its use.

If in a beautiful public park it had been found necessary to keep watch dogs which were quite harmless when kindly treated, and dangerously savage when abused, how little it would enhance the pleasure of persons frequenting this park to find posted on every other tree: **BEWARE OF THE DOGS, AND DON'T MAKE THEM ANGRY!**

Dr. Hills has certain theories concerning exudations and absorptions; and he brings them forward to show, as additional reasons, why atropine in many cases should not be used. These will be seen to have value when they have been tried. Put them to the test and give us statistics before we are obliged to accept such confident assertions. We know what atropine will do when properly applied. Nothing can lessen its great virtue as a remedial agent. It is possible something better may be found. If so, by all means let us have it. But if we exaggerate accidental abuses, we may blind the eyes of inquirers to the real value of its use.

But we propose to join in a direct issue with Dr. Hills in the sweeping statements already quoted. It is our belief that atropine has its use in eyes wherein "extensive adhesions have formed." It is a common experience to find such eyes suffering from recurrent iritis. There is no hope

of detachment, but the pain and inflammation must be subdued, and we know that atropine will do this *tuto cito, et jucunde*. Having seen many such relieved, and none followed by glaucoma, we incline to look upon atropine as quite admissible and desirable.

It may not be easy to say what Dr. Hills means by "extensive." We have had cases so extensively attached to the capsule that it was the work of three or four months to get the iris free; but it was done by the persevering use of atropine, and the eye left unharmed. That it could have been done otherwise and better, does not alter the fact that atropine did it well. Dr. Hills is frightened at shadows, when he talks of "leaving an enlarged immovable pupil, partially occluded and with more or less deposit of pigment upon the anterior capsule," "when atropine *alone* is used." They are much like the fearful aggravations so often seen by some of our high dilution brethren. They exist, no doubt, but their importance is enhanced by a quarter inch objective.

The fact is, Dr. Hills started out ostensibly to write up an elaborate article on iritis and its treatment, but his article lapsed into a protest against the use of atropine. And he has unduly exaggerated the evils which come from its abuse, and unfortunately lost sight of its many virtues. In the large hospital to which he is attached, and with his extensive knowledge of materia medica, he may be able to do without atropine, but, when he deprives the profession at large of this agent, or stains its fair name with so many questionable qualities, he should know that he is not doing a high service to medical science.

**Why is Homœopathy more Curative than other Systems of Medicine?** By W. H. Holcombe, M. D.

Are diseases ever cured?

A strange question, indeed, for a medical man to propound to an audience of medical men. And yet it is a question of deep significance, not so easily answered as might be supposed. There are many intelligent people who doubt it, and not a few who strenuously deny it. The expectant school of medicine is founded on the belief that all the old theories of cure are untenable; that drugs are either wholly inert, or absolutely injurious; and that nature alone, with good nursing and proper hygienic conditions; is capable of conducting all manageable diseases to a safe issue. This skepticism of the most thoughtful part of the profession has so far inoculated the public mind, that distrust of the doctor and his drugs may be said to be one of the prevailing sentiments in the cultivated sphere of modern society.

What a vast revolution from the blind credulity of former times, when mankind acknowledged the divine right of the king and heaven-descended power of the priest, and reposed implicit faith in physic and physicians! What has driven the human mind from one extreme to another on the subject of medicine? Evidently the inefficiency of medicine itself and the incompetency of the medical man for the task he undertakes. Had our so-called science attained to anything like the fixity and precision of the genuine sciences, the whole world would now believe in the truth of our theories from the uniform success of our practice. There is no discrediting the facts of astronomy or mathematics or natural philosophy. In medicine, however, we have such confusion of thought, variations of statement, ever-changing and conflicting opinions, dogmatic assertions, inadequate performance, theory after theory, sect after sect, school after school—each destroying what the other had constructed—that our common sense, revolting against this chaotic condition of the curative art, cries out, "Throw physic to the dogs!"

If we analyze this curious skepticism in medicine, we will

find that it is but a part of the general skepticism of the age in which we live. It is one of the most hopeful signs of the time, and a surety of future progress. The critical spirit has been everywhere at work, dissecting, without fear or favor, the old dogmas of religion, philosophy, and science. History has been largely curtailed of its myth, religion of its superstition, and science of the false interpretations of nature, made by immature and incompetent minds. From the carelessness which accredited any hypothesis, we are passing into that stage of caution which acknowledges nothing but *fact*. The ideal is discrowned; the real is king.

It, was the spirit of caution, engendered by this critical philosophy, which made my old preceptor, Dr. Jackson, of the University of Pennsylvania, say to his class: "Never state that your patient was *cured*. Say, only, that he *recovered*."

The rapid growth of Homœopathy has undoubtedly stimulated the skepticism of the public mind, and greatly modified the opinions and practice of the Allopathic school. If so many people get well from serious diseases under a medication which seems next door to nothing, what is the use of the terrible ordeal to which old physic has subjected us? The fear of old medicine, and the distrust of all medicine, have frequently led intelligent persons to the trial of Homœopathy. Attracted at first merely by its harmlessness, they became gradually convinced of its power.

But skepticism has always its limits, Infidelity is never permanent. After every revolt of the human intellect against the fallacies of the past, there is a rebound into higher and purer regions of faith. When history is divested of the myths which envelop it, we obtain a clearer knowledge of the primeval condition of man. When the clouds of superstition are dissipated, we are blessed as never before with the light of true religion. And the medical art, after passing through the purifying flames of scientific criticism, will be a better and nobler instrument of use, renewing the faith while it cures the diseases of mankind.

The Homœopathic school occupies at present the most advanced stand-point in the medical world, which is the true

reason why it is misunderstood and misrepresented by the laggards of the time. It recognizes the light and order which the critical spirit is bringing into the old chaos of hypothesis and speculation. Retaining all the good things of the past, it is keenly alive to the better things of the present and the future. It discards many ancient theories as fallacious, and even some of the old modes of thought as inadequate and useless. It concerns itself chiefly with the collection of **FACTS**, leaving to after-times the *theory* which shall explain them. It is a legitimate child of the positive philosophy. It works only by experiment upon the healthy, and by observation of the sick. It believes in the recuperative powers of nature and in the sanctity of the human body. It does more: it teaches us, and it proves to us, too, that our diseases are curable—announcing to us, for the first time in the history of man, a great *natural law of cure*.

In that word "law" lies the foundation of our faith, our confidence, and our hope. On the discovery and application of *law* depends the curability of disease, the advancement of medical science, and the regeneration of our suffering humanity. The discovery that all things, from the greatest to the least, are governed by fixed and invariable laws, is one of the grandest achievements of modern thought. It has dissipated the vagaries of superstition and the follies of chance. The laws of the universe, spiritual and natural, are the expressions of the divine will, and every phenomenon we witness is due to their silent but sure operation. No department of knowledge is truly a science, until it has been reduced to definite laws. Medicine, too, wearied of its haphazard *methods*, looks anxiously for its guiding *laws*.

Why should there not be a *law* or *laws* for the cure of disease? When law reigns everywhere else, why should speculation and theory dominate in the field of therapeutics? There are laws, or great *organic reasons*, why, under certain conditions, we live and feel and move. There are laws, or great *organic reasons*, why, under certain conditions we are sick and suffer, and die. So, also, there must be laws, or great *organic reasons*, why, under certain special conditions, we are



restored to health. That law and order should reign supreme throughout nature and in our own systems in health, and that in disease all should be darkness and disorder, and no law or guiding star to be discovered, is simply incredible to the mind and impossible in fact.

There can be no absolute certainty that diseases are curable, until the laws whereby they are cured are discovered. A *law* of cure must be something far greater than a mere *method* of cure founded upon a given theory of disease and indorsed by some magnate of the profession. It must be a grand and fixed principle upon which nature operates—a clear statement of the conditions under which cause and effect are invariably related.

Hahnemann, the founder of Homœopathy, was the fortunate discoverer of the first, and, as yet, the only genuine law of cure which has ever illuminated the darkness of the medical world. Like many other great natural laws, it was discovered almost by accident, whilst he was experimenting upon himself with Peruvian bark. Intending only to investigate an obscure corner of the *materia medica*, he struck upon a vein of thought which has been richer in result than any discovery of modern times:—like the Indian who was clambering up the mountain side in pursuit of a deer, and tearing up a shrub by the roots discovered the silver mines of Potosi!

Peruvian bark, from which quinine was subsequently extracted, produced upon Hahnemann a paroxysm of ague and fever. The law that a drug will cure in the sick man a group of symptoms *similar* to those which it produces in the healthy system dawned upon his mind, and he easily found a thousand confirmations of its truth in the history of the medical art. From that little germ of thought sprang the great school, which in spite of all opposition, has spread over the world, and is destined in the natural march of events to revolutionize the science of medicine.

It being conceded that diseases are curable, and by laws which are discovered or discoverable, some one perhaps

will ask, "Is Homœopathy more curative than other systems?"

Everything founded upon natural laws, must find sooner or later, a mathematical demonstration or its equivalent. Homœopathy approaches that decisive and victorious point. I do not allude to any of the numerous and cogent arguments which have been already advanced in defense of the system, but to recent statistical discoveries of great importance, which will do more than anything hitherto presented to confirm the truth of the Homœopathic law by establishing the superiority of the Homœopathic practice.

Statistics are of little value, except when drawn from a consideration of very large numbers. The sources of fallacy are so numerous that the experiences of individuals, the affidavits of patients, the reports of hospitals, the result of epidemics, do not make much impression on the cautious and scientific mind. In very large numbers alone is there safety. It is only when we analyze or compare fifty thousand or a hundred thousand cases, that we begin to discover the operation of any fixed natural law.

The great interest of life insurance is founded upon a recognition of this fact. Whatever local and temporary fluctuations may occur, we are quite certain that out of a hundred thousand people, an average number, subject to but slight variations, will remain alive at the expiration of any given year. Nothing of the kind could be predicted of a hundred people, or even of a thousand people. It would be impossible to say whether or not a suicide would occur in a small village during the coming year; but in the city of London we may safely affirm that between 200 and 300 suicides will occur in the same period. For many years the annual suicides in that great metropolis have oscillated, from the pressure of temporary causes, between 213, the lowest, and 266, the highest figure.

These vital statistics have been so long and faithfully kept in some countries, and so carefully analyzed, that it can not only be safely predicted how many people will die in a

stated period, but what diseases they will die of; how many will be murdered; how many will commit suicide; and among suicides, how many will choose hanging, drowning, shooting, poison, etc. These extraordinary facts, proving the uniform operation of occult laws and forces, could never have been discovered or verified except by the analysis of very great numbers of cases.

Now for the application of these principles to the practice of medicine.

The mortuary reports for the last three years in five great cities—New York, Boston, Brooklyn, Newark and Philadelphia—have been carefully sifted and classified. No burial is permitted in these cities without the certificate of a licensed physician. The aggregate population of these cities is nearly three millions. The number of deaths reported in three years is a little over 80,000. The number of Allopathic physicians whose names are attached to those certificates is 4,071; the number of Homœopathists is 810. The deaths are taken exclusively from private practice, no hospital reports having been admitted, because that would have been obviously unfair to the Allopathic school, which still retains control of almost all the public institutions. Deaths from still-birth, accidents, and violence were also rejected, as having no bearing upon the question of medical treatment.

Have we not here the elements of a fair comparison with great numbers? Three millions of people, three years of practice, 80,000 deaths, 4,071 physicians on one side, and 810 on the other, all duly licensed, and the data given in perfect good faith before either party had the least suspicion of the use which would be made of the facts.

Why should not the averages drawn from such an extensive field, be a fair expression of the relative merit of the opposite systems of practice.

Such is the inequality between men that individuals can seldom be fairly compared. There might be some uncertainty of result in comparing ten with ten, or even fifty with fifty; but the contrast 810 physicians, great or small, of each school, must give us something like a fair average result.

It can not be contended that the average number of cases treated by each Allopath was greater than the average of each Homœopathist. The great and growing popularity of the new school forbids the idea. The contrary is probably the fact.

It is not a comparison of recoveries, about which there might be a great deal of doubt on both sides, for all recoveries are not cures, but a comparison of the worst cases—those ending in death.

The old charge, once partly true, that people employ Homœopathy until they get desperately ill, and then send frantically for the "regular" doctor, is now fairly offset by the corresponding fact that a great many Allopathic patients call frantically for Homœopathy at the eleventh hour. If I were to deduct all such cases from certificates of death I have given in the last twenty-five years, the rate of mortality attributable to me would be sensibly diminished; and my colleagues in the new school have, no doubt, had a similar experience.

It may be conceded that Homœopathy has one advantage over its opponent in the comparison—viz.; that its patients belong to more intelligent classes, who are provided with better accommodations, food, nursing, and those general attentions which contribute largely to the cure of disease. But even this difference, so obvious in the early history of Homœopathy, is fast disappearing. So striking have been the benefits of Homœopathy, so easy and cheap in its administration, so rapid its cures, saving both time and money, that it is being patronized in all the cities by a large and increasing body of the laboring poor. In New York, for example, the Allopaths stand six to one Homœopathist: but the seven Homœopathic dispensaries prescribe for one-fifth of all the sick poor in the city who apply for dispensary relief.

All the elements of comparison are now perfectly fair, if we concede an equal average degree of education and capacity in the two parties pitted against each other. This we are perfectly willing to concede to our opponents. If

from their special stand-point, they choose to deny this equality, and to consider the majority of Homœopathic physicians as illiterate fellows, incapable of diagnosing a disease or treating it properly, the chances are then clearly in their own favor, and they need fear nothing in a comparison with an equal number of men, professionally speaking, so inferior to themselves!

What is the result? The sum total is this:

4,071 Allopathic physicians report 72,802 deaths.

810 Homœopathic physicians report 8,116 deaths.

Upon analyzing 80,918 deaths, the average Allopathic physician loses annually by death more than 17 of his patients, while the average Homœopathic physician loses but 10. And this wide difference between the success of the two schools is maintained, not only in the general result, but in the special reports from each one of the five cities. So uniform is the result, if we could compare the two systems in other cities and countries, and throughout the whole world. The grand total average would be that Allopathy will always lose 17 patients where Homœopathy loses 10.

If Homœopathy alone had been practiced in the five cities above mentioned for the time specified, about 32,000 lives would have been saved to the world. The average duration of human life will increase with the spread of Homœopathy, and the gradual absorption of the old school, which it is sure to effect.

Allied to these mortuary reports is a curious statistical fact, drawn from the records of the New York Homœopathic Mutual Life Insurance Company. That company insures the lives of Homœopaths and of non-homœopaths in separate classes, giving the former advantage of ten per cent. in the rate of insurances. It has insured 1,437 professed non-homœopaths, of whom 37 have died. On the other hand, it has insured 4,470 professed Homœopaths, of whom only 32 have as yet died. It is too soon to draw momentous inferences from such small numbers, but the disparity thus far presented is startling and extraordinary. If it should continue throughout successive years, and with

increasing numbers, and grow to the dignity of mathematical demonstration, it will compel the attention and belief of the scientific world.

To Dr. E. M. Kellogg, of New York city—intelligent, honest, indefatigable—the profession and the public are indebted for these interesting and instructive statistics.

They are unimpeachable; they are open to the inspection and criticism of all. What do they teach?

If Homœopathic medicine is really nothing but sugar and water, is not Allopathy, with its greater average fatality, absolutely destructive to human life?

If, however, these Homœopathists have cured their patients by secretly using Allopathic measures, the fair inference would be, that they practiced Allopathy more scientifically and successfully than the professed adherents of that school. Is that credible?

No! no! Homœopathy does not succeed by the occasional Allopathic prescriptions which its practitioners see fit to employ. It could never beat the old school on its own peculiar ground. It succeeds by its own great intrinsic merits. The true cause of the difference in the mortuary results is not to be found in the points upon which the schools *agree*, but in the points wherein they *differ*. That fact must be clear to the most obtuse comprehension.

In what do they differ? They do not differ materially in surgery, or obstetrics, or chemistry, or in the various empirical measures which Homœopathists occasionally adopt. These are their points of agreement, and would give nothing but similar results. They differ only in the use, by one school, of attenuated medicines, upon the principle, "*similia similibus curantur*." There, and there only, lies the secret of our unquestionable superior success.

It having been made clear that our diseases are curable, and by laws which are discovered or discoverable; and it having been mathematically demonstrated that Homœopathy is more curative than other systems, can we give any philosophical explanation of the fact?

Enough to satisfy the most exacting and logical mind.

In the study of any given case of sickness, there are four cardinal points to be considered: The patient; the disease; the remedy; the law; according to which the remedy is applied. Now, about each one of these points, the method of the Homœopathic is vastly superior to that of the Allopathic school—a fact sufficient, in the eyes of those who know the meaning and value of *method*, to account for its superior success.

Method, in the language of philosophy, is the mental process by which truth is discovered or applied. The method of a man of genius, says La Place, is sometimes of more importance to the world than his discoveries. A man of feeble intellect, pursuing a right or true method, will achieve far more useful results than the most talented person who pursues a wrong or imperfect one. The method of studying the patient, the disease, the remedy, the law of cure are therefore of supreme importance. So different are the methods employed by the two schools, that the law of Allopathy is *perpetual oscillation*, while that of Homœopathy is *perpetual progress*.



**Abnormal Calcareous Formation in the Human System.** By  
Wm. Taft, M. D.

The wood cuts accompanying this article represent a very singular solid ossific structure removed from the humeral region of a subject for dissection at the dental college the present winter. Its length is over four inches, its greatest breadth exceeds one inch, and is as shown by the illustration flat and jagged in its outlines and spongy in its internal parts. Situated in the lower part of the left upper arm—imbedded in the brachialis anticus muscle—it lay obliquely across from the inner to the outer side, the downward or narrow part resting

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over the trochlea of the humerus and making an articulation with it by a fossa-like depression, the joint being well supplied with inter-articular cartilage and firmly held in position by strong ligaments extending laterally to the condyles. This location of the bone materially interfered with the flexion of the elbow joint, which could not be performed much beyond a right angle.

FIG. 1.



FIG. 2.





Fig. 1 represents the external surface, the upper part is broad and sends off two processes, one at each angle, the outer one being short, flat and hook shaped. The inner one longer, more rounded and broad at the base. The line from tip to tip of these processes presents an irregular curve which corresponds to the convexity of the humerus and seemed to be gradually surrounding it. Upon this surface foramina, affording passage to minute nutrient vessels, are noticeable. At about the middle is a groove in which lay the ulnar artery in its downward course, and there also may be observed a small hamular process indicating the junction of the narrow and broad parts of the formation. Almost the entire inner border gave origin to fibres of the brachialis anticus muscle.

Upon the internal surface, fig. 2, there is nothing of particular note excepting the depression or articular surface at the lower end, previously alluded to, and the foramina for nutrient vessels as upon the external surface—it may be here stated that some of these vessels passed entirely through the specimen—the calcareous matter evidently having been deposited around them, forming canals of transmission. There is presented further in this arm an anomaly of the brachial artery, in sending off its principal branches, the ulnar and radial, just above the upper end of this bone and proceeding from thence to final distribution. So much for the description.

Of the history of the individual from whose body this formation was obtained little is known; it was a colored female whose death is said to have been caused by intemperance. The skull was of extraordinary thickness; the other bones were also greatly developed; and it is reasonable to suppose that the causes which tended to advance normal ossification to such a degree would also manifest itself in favoring the development of abnormal bony structures or calcareous concretions whenever the other conditions were favorable for their development.

Such deposits in the muscle—in which the present was found—would appear to have been the result of some injury to the soft parts in the course of life. The consequent change in the muscular tissue would probably give it the character

which the periosteum exerts in the separation of phosphate of lime from the blood, and in separating the excess of acid. Even the injuries which the periosteum sustains and the subsequent developments by the recuperative powers of life increase the power of promoting ossification. Such an increased action of the power of the periosteum is of the greatest advantage in repairing the fractures of the bones and in the formation of a callus for establishing the continuity of the solid parts. In many cases the peculiar tissue called into existence in fracture of the bones, supply the ossific material so abundantly as to endanger the occurrence of ankylosis when fractures occur in the vicinity of joints.

Of the causes which give tissues formed after injuries the power of eliminating phosphate of lime from the blood it seems difficult to form any satisfactory opinion. It may depend on the number of cells generated from the plastic lymph, on their peculiar size or on their power of modifying or controlling vital forces. If we follow the custom of most physiologists and reason from the doctrine of final causes, the connections of these calcareous effusions with the organic growths succeeding injuries may be ascribed to the wise provision which exists in life for maintaining the integrity of the human frame and for averting the evils which threaten the existence. The effect of this provision is not confined to the union or the repair of broken bones, for it is probable even the infiltration of calcareous matter in certain tumors may have often a beneficial influence in preventing or retarding them from assuming a malignant form.

In modern times it has been customary for writers on human physiology, and pathology, to collect facts from the entire range of the animal kingdom, in order to throw light on the vital phenomena of the human frame, and on the diseases to which it is subject. [Between the formation of shells in lower forms of life and the productions of bones in animals of higher organization some relation may be based, though the difference between both operations is very great. While in our bones phosphate of lime is largely in preponderance, shells consist almost entirely of carbonate of lime, they are permeat-

ed by no vessels and the crystalline form which, in most cases the calcareous matter exhibits, shows that it must be regarded as an excretion and that its deposition has little dependence on the operation of vital forces. Notwithstanding this, even shells have a provision similar to that of bones for the repair of fractures, the injured membrane and tissue supply an excessive amount of calcareous matter, and it is said that the Chinese obtain casts in carbonate of lime by introducing metallic coins into certain kinds of shell fish (Mollusca) inhabiting their coast.

Why some should have the power of secreting calcareous matter and others devoid of the power is a question which involves much difficulty. Agassiz was the first to direct attention to the fact that the greater part of the fishes of the primitive geological ages had their vertebræ composed of unossific cartilage and that the phosphate and carbonate of lime was deposited abundantly in their scales, which from this cause are found in a good state of preservation with bright surfaces after having withstood destructive effects of an immensity of time. Even in the human frame certain causes may divert the supply of phosphate of lime which the blood affords from the bones to various localities. Ossification has been known to occur in the liver, the heart, and many of the other organs. The ossification of the arteries is common in old age and often has an important influence in bringing life to a close. Nearly every tissue in the body contains a small amount of phosphate of lime, and under peculiar derangements of the vital forces, there is an excess of it concentrated at certain localities, and under rare circumstances this concentration is carried to such an extent as to lead to such formations as the one now under consideration.

These calcareous growths are also indebted for their existence to the nature of the aliment introduced into the system. It is well known that a large amount of phosphate of lime exists in milk and unbolted flour, and the use of such articles of diet may be expected to promote not only normal ossification, but also those irregular calcareous deposits which are due to some disturbance of the vital forces. Water supplied by wells

and impregnated with a large amount of carbonate of lime has the same effect. The blood in its normal condition contains soluble or acid phosphate of lime, and the introduction of carbonate of lime would favor the production of the basic phosphate which is insoluble and contributes to form not only the bone but also calcareous deposits and growths of an abnormal character. Of the other possible causes which may give rise to these morbid phenomena most are involved in such obscurity that it would be unadvisable at the present state of science to enter into a discussion respecting their action.

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### **An Outside View.**

This is the way an intelligent editor of one of our daily papers looks at things. No doubt there are many laymen just like him. It will do our college professors and medical men generally "to see how ithers see e'm."

"The approach of spring brings the usual "commencements"—that is to say, concluding performances—of the medical colleges of this city, the usual letting loose of several hundred medical graduates, licensed to practice upon human life, the usual effort of each college to advertise itself, and the customary addresses exalting the physician's occupation as the noblest, and the study and practice of physic as the broadest and highest intellectual culture. To all of this everyone is inclined to say, amen. The — college has just made this annual deliverance, the Dean announcing, as proof of its superiority to all the rest, that it had graduated more than the crop of any former year, and that this college could boast more students than all the other medical colleges in the city together.

The number in the grist ground out, bring the test of merit, the question of standing of the members of the col-

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lege faculties, and whether they have attainments and experience to add anything to the stock of medical knowledge, or to point out any improved way in its pursuit, becomes unimportant. It is like the test of the merit of a newspaper by its circulation, in which the trashiest often excels. But does not this numerical standard tend to let down the standard of attainments, and to make the passage through the college broad and easy? Has it not abolished the class of the deferred, who failed to pass, and made a diploma a sure thing to all who will go through the form of matriculation, lectures, and passing examination? And does not this numerical standard tend to let down the professional standard in the college, and to make the passage to the faculty as broad and easy as the passage through the college to the student?

The chief specification of the pre-eminent nobility of medicine in the valedictory address at this commencement performance, was that its mission is to save life. Now, if the art of medicine does save life—which is a violent assumption—and if they whom the medical colleges turn out are competent to practice the art so as to save life—which is a more violent assumption—and if they who enter this profession do it from philanthropic motives—which is also a violent assumption—still the proposition that the saving of life is the highest good to mankind is a most violent assumption, and will not bear a moment's investigation. To show how to spend life usefully is more than to show how to prolong useless lives. To spend one's life in doing good is better than to tinker lives which are of no good. The sum of human happiness and the progress of mankind to a higher condition are not promoted by keeping life in the diseased.

To teach how to bring forth sound beings is higher than to tinker the unsound; but this is a field into which the profession of physic has not dared to enter. It seems to be content that mankind shall remain in ignorance and propagate diseased constitutions to bring grist to its mill. The medical profession has not audibly lifted up its voice against

the ignorant fatalism which casts the responsibility for propagated unsoundness on Providence.

But, suppose that physic, through that great stride in advance which its professors are always telling of, shall be able to prolong the average duration of human life ten years; would that be a blessing? If so, then to prolong it twenty years would double the blessing. Would this increase the sum of human happiness? If so, then the work of creation was all wrong.

Whether the chief orator of the occasion disposed of Darwin or not, as to the origin of species, it is evident that real human progress, physical and mental, is by the survival of the fittest, not by perpetuating the unfit, which is the principal work of the medical profession.

The valedictory orator said the study of medicine embraces both science and literature, and gives a higher development to the intellectual faculties to add to moral character than any other scientific, literary, or business pursuit. It needs not commencement oratory to tell us this; the sublime lives and culture of the members of the profession proclaim it. He recited some of the superstitions of former times, to give the measure of the advance made in the practice of medicine. Can we not parallel these in our own times? Need we go to the superstitious charms of the ignorant for it? Will not the Allopathic school pronounce the whole Homœopathic school of medicine an imposture? Are there not several different schools of medical practice, which each one will pronounce an imposture—a practice upon credulity and superstition?

The valedictory was liberal in characterizing the medical practice of former times as ignorant, in order to make a great advance for this time; and the great elevation which he specified was in the lifting of physic from a practice found by empiricism or experiment to a science. If we knew what is meant by science, we could better judge the height of this lift.

If it means the application, direct and analogously, of the

facts settled by experience, then this science is not different from the empiricism to which it seeks to give a bad name. If it means completeness of knowledge, by which the applicability of the medicine is found by the structure of the body, or by the symptoms of its diseases; by which physiology and pathology point inevitably to the therapeutic treatment, it would be interesting to hear in what single particular this "science" has ever shown itself. What remedy is there in use in the whole medical practice, cathartic, emetic, narcotic, tonic, diuretic, or any other, whose applicability was discovered through knowledge of physiology or pathology, or any scientific method save experiment—that is to say empiricism?

Why should the profession try to give a bad name to the process by which all the knowledge it possesses of the treatment of disease has come? Quack scientists are striving to put on the pretense of scientific methods by inventing theories to explain the operation of medicines which have been found by empiricism; but in this they have succeeded only in putting forth absurd conjectures which they can not verify. The most dangerous of medical speculations are those that pretend that the applicability of medicines can be deduced from scientific knowledge of the structure of the body or of the chemical properties of the medicines.

The valedictory exalted Harvey's discovery of the circulation of the blood as having "first and forever lifted up the mere empirical art into the recognized science of medicine." We have to inquire how the discovery of the circulation changed the practice of medicine, or introduced anything scientific into it, save the scientific fact, ascertained empirically, that the blood circulates? Did this important acquirement in the knowledge of physiology enable any body to deduce from physiology and from knowledge of the chemical properties of drugs their curative applicability? Did it even make any change in the practice of bleeding? It was practiced before; it continued the same; and now it is disputed whether it was ever beneficial. The circulation of the blood may be called a fact of science; but what therapeutical fact has been deduced from it?

We see the professors of medicine trying to give a bad name to all the process by which they know anything, and by which the art of medicine has any existence, and pretending that there is a process of scientific analysis and logical reasoning by which they can shove aside all the knowledge that has been gained by experience, and launch out into the cure of diseases upon original thought. If it were not palpable that this is mere quackery of science and of physic—a giving of it a pretentious name without any change in its methods—society would have good reason for alarm at the turning loose of a hundred graduates every year, their heads inflated with the notion that all the knowledge of the operation of medicines that has been gained by empiricism—that is to say intelligent experiment—is to be cast off, and they are to launch into the treatment of diseases with remedies found by scientific deductions and pure reason.”—*Gazette.*

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#### **Cincinnati Homœopathic Free Dispensary.**

It is the only institution of its class, under the direction of the Homœopathic School, in the city, and is supposed to represent the spirit and work of the benevolently minded patrons of the “little pill” system. The dispensary was established about seven years ago, and has been in active operation ever since. Two fairs have been given in its behalf—one last December, which netted something over three thousand dollars, which sum is now in the hands of the Treasurer, R. M. Bishop, Esq.

The entrance to the dispensary is on Seventh street. To the left of the inside hall are four pleasant, well furnished rooms. The rooms fronting on Seventh street are devoted to eye and ear cases, and those on Mound street to general



medical and surgical clinics. On the floor above, are rooms set apart for the treatment of female diseases, and are in charge of two lady practitioners, both graduates in medicine. All these rooms are open daily. Five physicians and two or three advanced students are in constant attendance. During the afternoons, after 2 o'clock, the rooms are generally crowded with patients. From thirty to sixty prescriptions are made for poor patients every day, and the medicines are readily furnished at the desk of the dispensary clerk—the simplicity of the medicines making it an easy matter to supply applications.

An inspection of the records gave at once an idea of the work performed, under this system of treating outdoor poor patients. The work of the dispensary is not confined to the city alone, but extends to neighboring States. All classes of diseases and accidents are treated, no applicant being refused attention. This, of course, applies to the poorer classes, who are unable to pay.

The last annual report of the dispensary gives the amount of business transacted during the past year as follows: Patients treated, 1,369; prescriptions made, 5,865; outdoor visits made, 747. In the eye and ear department: Patients treated, 825; prescriptions made, 4,002. Whole number of patients treated, 2,294; whole number of prescriptions made, 9,867.

All this work of benevolence is carried on without the expense of one penny to the city. The Medical and Surgical staff of the dispensary receive nothing for their services, and no profits are made on drug bills in charity cases. What it costs the city to take care of the sick poor we have already been at considerable pains to lay before the public, and according to the foregoing showing, it is fair to presume the work performed by the dispensary forms no inconsiderable portion of the medical care given to pauper sick of the city, outside the hospitals. Now, our reporter was informed that the total drug bill of the free dispensary during the past year does not exceed *two hundred dollars*. If the work is as well performed—and it is claimed to be by the Homœopathic school—the contrast of the foregoing figures with what the

city is compelled to pay is very suggestive. If one dispensary can be conducted for such a trifling sum, and accomplish all the good that is claimed for it, what would half a dozen such in different parts of the city accomplish?—*Commercial*

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## Theory and Practice.

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### Traumatic Injury to the Cornea-Fistula.—Treatment and Recovery.

Mrs. M., patient of Dr. G. D. Jenney, of Kenton, O., was brought to the clinic in consequence of an injury to the eye. Some days before, while standing several feet from a gun which was being fired, she felt a sharp pain in the right eye, and it was discovered, on careful examination, that a piece of cap was lodged in the cornea. No attempt was made at removal and the body lay in sight until she left her home for Cincinnati. When she came under my observation a large abscess was found on the outer border of the cornea, quite to the sclerotic junction. A flat needle was passed carefully into the abscess, and, meeting with no obstruction, was carried into the anterior chamber and the aqueous evacuated. The contents of the abscess escaped in part outwardly, and in part into the anterior chamber, producing well marked hypopion. Pus yet remained in the corneal layers, but relief was temporarily obtained. The abscess filled again, and two days afterward, was again evacuated, but no foreign body was felt or seen, and it was a matter of extreme doubt as to its presence.

The abscess persisting, a more thorough exploration was undertaken. The anterior wall of the abscess was laid open, and the contents cleared entirely out, and then there was dis-

covered a piece of gun cap two lines square, lying flat wise upon the inner corneal layer (membrane of Decemet). It was with difficulty extracted, and with it came the aqueous humor. The eye was bandaged and arnica given every two hours. The following day, on examining the eye, it was found that the corneal opening had not closed, and the aqueous was still escaping. The same treatment was pursued another twenty-four hours, and no change in result. At the end of the third day, the fistula still persisting, the opening was touched with a strong solution (20 grs. to the oz.) of nitrate of silver. This was repeated the next day, and the day following the opening was found to be closed, and the anterior chamber was again filled. The patient was then sent home, with directions to keep the eye well bandaged for one week. One month after Dr. Jenney writes, "The eye is quite well, and as good as ever." The peculiar points of interest in the case, are, the position of the foreign body and the resulting fistula, which, after four days, healed without injury to the eye. Corneal fistulæ are rare in my experience, and I think so generally with the profession, and hence I submit this report.

T. P. WILSON.

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**Should Forceps Slip from the Child's Head?** By O. W. Lounsbury, M. D.

Dr. W. C. Richardson, in the March No. of the American Observer, recites a rare case of hemorrhage resulting from coiling of the funis around the neck of the child *five* times. The patient had been in labor sixteen hours—only the last hour or two with the bearing-down type of pain. Head engaged in the superior strait, os largely dilated, membranes ruptured, vertex presentation, very strong pains every four or five minutes, and during each contraction of the uterus there was poured out a large quantity of fresh, unclotted blood.

No placenta prævia, hemorrhage occurring only during expulsive pain.

Becoming alarmed at the profuse hemorrhage the doctor called counsel and applied Hodge's long forceps with some difficulty. He says: "Waiting for the pain, I made traction, but unfortunately the forceps slipped from off the head without moving it in the least." "This operation was repeated five times, the forceps slipping off the head each time, and this notwithstanding the fact that Dr. K. and myself both felt distinctly the ear within the fenestra."

After the administration of ergot and the re-adjustment of the forceps, by powerful traction during pain, the head was delivered. Hemorrhage at this point was so fearfully great as to require the forcible extraction of the body, the placenta being born with the shoulders, the funis from the last coil to the placenta being but *four* inches.

The child was dead beyond resuscitation. "But," says the doctor, "we had the satisfaction of a lucid explanation as to the cause of the profuse hemorrhage, which was in this way: Every pain, the cord being taut, that advanced the child in the least, tore the placenta from its uterine attachments, the blood naturally poured out of the uterine orifice of the severed vessels."

Now, this is indeed a rare case, and is worthy of record. We thank the doctor for its contribution to our medical literature, but what we now desire most is "the satisfaction of a lucid explanation as to the cause of the" slipping off of the forceps from the child's head for a half dozen successive times.

With the forceps carefully adjusted and locked, the ear ascertained to be in the fenestra, added to ordinary skill in the use of obstetric instruments, there would seem to be no need that they should slip from the child's head *once*, to say nothing of *five* repetitions.

We are not informed whether the patient sustained any laceration of the soft parts owing to the aforesaid "slipping off." If she did not, we can not but believe her escape quite providential. Furthermore, we are not surprised at all that it required the powerful influence of ergot to supplement

instrumental force when the forceps so feebly clasped the head of the child as to slip off during extractive effort *six* consecutive times.

The doctor may be able to explain satisfactorily to the profession the cause of this "slipping off," and thus free himself from the grave suspicion of being guilty of reprehensible obstetric practice.

Until sufficient reason is given therefor, we must earnestly protest against special editors of our medical journals publishing for the information of their professional brethren such apparently gross violations of obstetric rules, lest their practice mislead young and immature obstetricians.

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### **Therapeutic Notes.**

**TINCT. ARNICA.**—Dr. J. C. White (Allopath) now declares tincture of arnica both dangerous and useless. He has seen it produce "severe attacks of acute eczema." The only good effects that have ever followed its use are due solely to the alcohol combined with it. "Dr. White thinks the profession should cease to accord to so useless and dangerous a drug a confidence to which it is in no way entitled." This is very saddening. By the way, did he ever try dilute arnica, and wouldn't it be both safer and more effectual? That's the way we Homœopaths use it. Try it doctor and report again.

**SALICYLIC ACID** "is the best disinfectant agent known. It is without odor, tasteless, not poisonous, and even in small quantities absolutely preventing putrefaction. Meat immersed in a solution of salicylic acid in an open vessel remained perfectly sweet for weeks. It prevents milk from coagulating. Fruits do not become mouldy, and wounds heal without festering. In case of a patient whose leg was amputated, the wound was sprinkled with a little salicylic acid and lanced

for six days without being touched; it was found to be healed without the slightest formation of pus." Other wonderful things are told about it, and to be taken without salt more or less. Other agents have, within our recollection, been equally vaunted and subsequently found to be of less value than they promised.

**AURAL DISEASES OF CHILDREN.**—Dr. H. C. Houghton considered that the chronic diseases which link themselves with the earaches of childhood may be divided into suppurative and non-suppurative. The non-suppurative diseases of adult life are often the results of sub-acute catarrh of childhood, or of suppurative inflammation, which after causing decided lesion has abated, leaving foundation for serious chronic disease. Many physicians advise their patient "not to meddle with the ear," but Dr. Houghton believes that the immediate results of non-suppurative inflammation could always be overcome by the indicated remedies, and *dilatation* by the eustachian catheter or Politzer's method; the emphasis is placed upon dilatation, because cases pass on under the prescription of our best men, due to adhesion. During the year he had been led to the study and application of the galvanic current in contrast with the faradic, which he had used more or less for two years. He believes that results are more favorable by the current, supplemented by specific prescriptions. The remedies chiefly used, kali hyd., iodine, mercurius viv., and sulphur. He reported several cases corroborating his statement of the success of this method of treatment. Dr. Houghton believes there is a decided difference in the therapeutic value of instruments, as the elements differ. Electricity developed from chemical action between zinc and carbon, is very different from the electricity which comes from zinc and copper. Using the ordinary galvanic battery, in which the elements are zinc and carbon, you can not apply over three to five elements with safety. The doctor exhibited an electrode of his own invention, which he successfully uses in the treatment of this form of aural disease.

**MEMBRANOUS DYSMENORRHŒA.**—Dr. L. B. Waldo, of Lansingburgh, presented an interesting report of a case of

membranous dysmenorrhœa. The case was a lady thirty-seven years of age, who had given birth to eight children. The patient suffered from great pain, attended with very copious uterine hæmorrhage and great prostration from loss of blood and want of rest. The pains resembled strong expulsive labor pains, and were frequent. Examination revealed that vagina contained, besides a large coagulum of blood, a group of membranous shreds attached to a larger substance within the cavity of the uterus, and adhering to its inner walls, but which by slight traction was easily removed. The substance was the size of an orange, and proved to be a perfect and complete cast of the uterus. Besides this large tumor, there were numerous globular shaped substances, resembling horse chestnuts. The remedies he had found to be most useful in the treatment of this disease, were hamamelis, sulphuric acid, nitric acid and sesquichloride of iron.

Dr. Gray, in a reply to a request of Dr. Waldo, said that the only efficacious means he had found, either as a palliative or prophylactic, was guiacum, long ago used in the old school. After his conversion to the new practice he dropped down from the old dose of fifteen drops of the tincture to one drop, and he had found the smaller dose equally as useful as the larger. During the last month he had been consulted in a case in which, on account of severity of the symptoms, some doubt arose as to whether it were not an abortion. But the membrane under the microscope proved not to be decidua vera; it was the shred menstruation. Concerning the obscure etiology of this form of dysmenorrhœa, he entertained the conjecture that the shred product is not the result of catarrhal inflammation, but of a state of the mucus lining of the uterus, closely analogous to that which occurs in conception, though not conception. He has treated during his long experience many cases of this malady, mostly single females, but has seen no case like Dr. Waldo's in which the false membrane is studded with concretions or tumors, and he thinks as they have not been found in celibate females they may result from the marriage relation; a kind of false conception.

April-3

**ESMARCH'S METHOD.**—Dr. Minor stated that the “bloodless method,” as it is called, is a very simple procedure by which all kinds of operations can be performed upon the extremities without the loss of a drop of blood during the operation. Esmarch’s method consists in his first enveloping the limb in oiled paper, or what is better, thin rubber cloth. The object of this envelope is merely to prevent the bandage from being soiled by the discharges from ulcers, etc. An elastic bandage is then applied from the extremity of the limb to a point above the place to be operated on. This bandage is of the same material from which suspenders are made, but it is wider and stouter. It is usually about two inches wide and three yards long. The application of this bandage is the most important part of the proceedings. In the last case upon which I operated, it took about fifteen minutes to put on the bandage. The case was one of necrosis of the tibia, and after enveloping the leg in rubber cloth, I began at the toes and applied the bandage with all the force in my power to a point three inches above the knee, putting a compress in the popliteal space. No reverse turns should be made, the bandage is wound round and round the limb, its elasticity causing it to adapt itself perfectly to the part. It is also unnecessary for the bandage to overlap. As soon as the bandage has been carried as high up as the surgeon desires, the next step consists in the application of the constricting cord. The bandage presses all the blood out of the part, the cord keeps it out. This cord is of solid rubber, one third of an inch thick and about a yard long, with a hook on one end and a chain on the other. It is wound around the limb just where the bandage terminates, with the same force applied to the bandage. As soon as the cord is fastened, the bandage is removed, the envelope taken off, and you have the deadest looking limb before you that you ever beheld. It is of waxy whiteness and all the tissues are of the same color. Not the slightest trace of blood follows the knife, and even the bone itself is entirely destitute of any appearance of vascularity.

You can readily appreciate the advantages of this method.



Of course the saving of strength and of life by the prevention of hemorrhage is its strongest recommendation, but when I first used the method it struck me as being not only a good thing for the patient, but also a great convenience to the surgeon. I recollect many an operation that I have been called on to perform unaided. I have given the chloroform at one end of the patient and operated at the other with no other hands than my own to depend upon. If the patient began to come from under the influence of the chloroform and a large artery began to spout at the same time, the situation was likely to be both lively and embarrassing as you may readily imagine. But with this method you may operate at your leisure, without assistance, and without difficulty. The danger is that the operation will seem too easy and that the fear of immediate hemorrhage being removed there will be a great temptation to cut too much, and the homogeneous appearance of the tissues—all of them a dead white—renders it likely that important nerves and arteries may be severed unless great caution be used. In one case I operated upon a thumb for the removal of a vascular growth without using the elastic bandage. I used instead, a flannel bandage, applying it first to the thumb, and then from the tops of the fingers to the wrist, putting a compress in the palm of the hand, and using five or six turns of another flannel bandage at the wrist instead of the rubber cord. The result was successful in rendering the whole hand perfectly bloodless.

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#### **Scrofulous and Kindred Affections.**

Dr. Clotar Muller, of the Leipzig Hom. Dispensary, in the Intern. Hom. Presse (translated in the British Journal of

Homœopathy), presents us an excellent article on Scrofulous Affections. He insists upon a recognition of this peculiar dyscrasia as essential to a proper understanding of the correlative character of many chronic diseases. He says:

“Although the individual affections comprehended under ‘scrofulosis,’ often having no connection whatever in the strictly pathologico-anatomical sense, yet, in running their course, they become so essentially distinct from simple affection of the same organs, and, on the other hand, possess among themselves such concordant peculiarities, that no unprejudiced observer can doubt their specific correlative and their common origin.”

He insists also upon the fact that the “crisis” doctrine of the physiological school and Hahnemann’s much ridiculed doctrine of “Psora,” are, after all, one and the same. In the crisis theory we have typhus, tubercle and cancer, and in psora we have itch, syphilis and sycosis, selected as tripartite sources; while under the designation of “scrofula” we have them all and much more included.

He then proceeds to discuss two very prevalent forms of scrofula met at the Dispensary. The first is

BLEPHARITIS.—“According to my experience I must reckon *merc. cor.* and *graphites* as the chief remedies, but if the ailment be not long standing and have not yet induced any very troublesome local symptoms, or if besides the eye other scrofulous indications be present, as ulceration of the lymphatic glands with suppuration exanthema, ozena, otorrhœa, then I generally employ at first a long course of *sulphur*. When bones are implicated *calcareæ* or *silicia*. To pay all possible attention to the general disorder is always the main problem and task. For however severe be the local ailment, even when it is of itself very serious as a mere partial and alternating expression of the general disease, one sees very clearly that sometimes the apparently most obstinate eye affection disappears totally in a few days; but that suddenly tinea, otorrhœa, bronchitis, disease of the bone or some other outbreak of the constitutional scrofulosis makes its appearance. Such occurrences most strikingly teach us how un-

likely any mere local treatment with desiccatory salves poultices, caustics, etc., is to have any radical result."

"After *sulph.* or *calc.* has worked for two or three weeks, or in any violent and troublesome affection of the eyes even at the outset, I take one or both of the above named local specifics, and I use *graphites* mostly when the eye-lids present separate granular stye-like tubercles and suppurating points with swelling of the lids and profuse discharge of mucus and pus so that every morning the lids and eye-lashes are agglutinated. If the margins present an uninterrupted red and sore surface with scabs and ulcers on the lids, and there is a commencement or threat of entropion or ectropion, then I betake myself to *merc. cor.* Both these I generally use in the third centesimal trituration enough to cover the point of a penknife, morning and evening, for two or three weeks. When the lids are swollen, painful and erysipelatous, I mostly find *bell.* successful. In œdematous swelling of the lids with copious secretion of acrid serum, causing soreness and ulceration of the adjacent portions of the cheek, *rhus tox.* When large boil-like eruptions are formed near the eyes, and especially on the scalp, and generally when there is obvious complication with tinea capitis, *hepar sulph.* For special affections of the laryngeal gland and duct with supuration, denoting abscess, *puls.* For dry redness of the lid margins, with hard tubercles and destruction of the eyelashes, *staph.* For dark red eyelids, everted or swollen-like bags, and for puffy red prominence of the conjunctiva, like raw flesh, *apis.*"

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**Granular Ophthalmia.** By W. H. Woodyatt, M. D., Chicago.

For pale, grayish or yellowish-white granulations, with large bases, conical in shape, confluent it may be, largest in the fornix and upper margin of the tarsus rising out of an infiltrated conjunctiva and sub-conjunctival tissue, with but little discharge, with marked photophobia and lachrymation tannin, locally is almost a specific. The tarsal conjunctiva is of course reddened and somewhat thickened; the cornea with pannus in the upper half at least, and conjunct. bulbi slightly injected, and in some cases also thickened and infiltrated, and of a purplish

color. I use the tannin mixed with glycerine, one or two drachms to the ounce, and applied twice a day. Such brilliant results I never saw follow any other treatment. Two weeks have sufficed to transform some foul looking cases into comparatively sound ones. It has often acted like magic. Twenty-four hours has changed the whole appearance of the patient from a blinking, squinting, melancholic look to one that is happy, buoyant, open-eyed and clear-faced.

Here is another: Merc. sol. ʒoth, taken perseveringly, together with cleanliness and politzer every other day will clear out a host of cases of suppurative inflammation of the middle ear with perforated and thickened drumhead, and with occasional discharge of white or yellow mucus. I sometimes accompany it with the local application of hydrastis canad. to the nasal passages by means of atomizer if catarrhal symptoms are prominent.

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**Anstie and Dupre on Alcohol.** By Lewis Barnes, M. D.

MR. EDITOR:—I see in your last issue an article from the Scientific American, detailing certain experiments of Drs. Anstie and Dupre in regard to the use of alcohol.

The claim is that "alcohol in less than narcotic doses (not more than an ounce and a half) is evidently disposed of almost entirely within the body." And the question is, "Does it 'play the part of food?'" It is admitted in reply, that it does not "build up the body," does not "repair waste," or, as yet appears, "maintain the bodily heat."

Does it therefore "evolve energy to be expended in internal and external work?" To this, the chief point at issue, the editorial replies:

"It is incredible that so much alcohol can be transformed

in the body without the evolution of energy, for good or evil. It does not, in the temperate people in question, produce any visible disturbance of their bodily functions. It must therefore be vitally useful, and belong where Pavy and universal experience put it, among the force-producing foods, its usefulness depending very largely, it would seem, on the rapidity of its transformation, and the promptness with which it supplies available energy."

Now, we have been convinced for more than ten years, that whether alcohol is all or nearly all eliminated unchanged from the system or not, is a matter of no essential importance in this discussion. A poison may be seized with avidity, and whether retained, digested or assimilated, or expelled without change, it may be equally deleterious or deadly. So, an agent may undergo no change, and may be expelled in the breath, by the kidneys, and through every pore of the skin, and yet be not only harmless but essential to life. Such an agent is water. We have long wondered why so many temperance people were so anxious to show that alcohol is not assimilated, and their opponents to show that it is.

How, then, should the question be decided? Simply by the effects. How do we determine what arsenic, opium, beef-steak, or any other article will do in the human system? Do we administer them and then search all the excretions to see whether they are assimilated, or expelled unchanged from the body? Are we so very particular with regard to the amount that may have been given? Is it not sufficient to know that enough has been used to produce an effect! Do we go upon the assumption that a certain quantity will produce one effect, and a different quantity another? Do we, in regard to any other article, have anything analogous to the idea that an ounce and a half of alcohol is merely stimulating, while two ounces may be narcotic and hurtful? Let this matter be examined on the same scientific principles that we apply to all other agencies.

Is it true, then, as stated in the medical authorities, that alcohol tends to produce inflammation and schirrous or cancer of the stomach? granular disease of the kidneys? the nut-

meg liver? the blotched nose? delirium tremens? perpetual insanity? If continued and much drinking almost surely produces some of these effects, does not drinking itself tend to do it.

And then, how shall we know whether or not this agent imparts strength to the body, or mind? Might we not presume that it has no such tendency, provided it produces the effects above enumerated? If it tends in itself to disease and insanity, the conclusion seems to be legitimate that the tendency in necessity to weakness of both mind and body. Health is certainly strong, and disease no less certainly weak.

But let this point also be tested by experiment. Are men stronger when drinking, even moderately, than when they do not drink at all? Can they lift a greater weight? Can they do more work? Can they work longer? Can they endure more fatigue or exposure? Are their heads clearer? Can they reason better? Are they wiser? Are they more trustworthy?

It will not do to let drinkers decide these points for themselves, when even in the slightest degree under the influence of this beverage; for, it is well known that although they may be scarcely able to stand, they may think themselves as strong as Sampson, or as wise as Solomon when supremely foolish. This fact shows the tendency of its influence. When Surgeon-General Hammond, therefore, thought he could do his work better while taking an ounce and a half of alcohol, he might have been greatly mistaken. He might not indeed have been drunk, in the common acceptation of the term, but if he felt it at all, as he in effect confesses that he did, he was in a corresponding degree under its deceptive influence.

Let this matter therefore be examined by the same rules and methods that we apply to other agents, and let us abide the result. Let there be no fallacious logic, or assumption of material points.

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WHAT hope is there for Hygiene in this country? Will it succeed? Can it be planted among the people? And will it flourish? In my opinion, Hygiene has a grand future in this country; I will tell you why I think so. The American youth and especially those who come here to study medicine—have

a practical turn of mind; they do not believe much in theories they believe in the useful first, and after that, the beautiful; It is an acknowledged fact, that our medical men are among the best practitioners in the world; they have more science on the other side of the ocean, but our students are always wanting to know what will cure their patients, and they generally find out, too. Now, I hold that this practical turn of mind is the best kind of soil for the cultivation of sanitary science. Let the seed be planted there—it will take root and grow, and it will be perennial; the seed will be scattered over the length and breadth of the land, and the harvest will abound more and more; the calamities that befell Memphis and Shreveport will not occur again; the beauty and healthfulness of our rivers will not be marred by dead animals, by the refuse of factories, and by sewage; there will be more to live for, and life will be more desirable; there will be less sickness and less need of medicine. Hygiene will be invited to come to our banquets; she will be a perennial guest in our homes; she will be the presiding genius of our hospitals; she will adorn our temples; she will be sculptured in marble and wrought in bronze in our public parks; and she will be raised high above Medicine, and enthroned in the Capitol of the nation with Liberty.—*Sanitarian.*

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### **Danger of Tin Vessels for Cooking Acid Fruits and Vegetables.**

In a paper addressed to the French Academy of Sciences, Dr. Fordos gives the results of some experiments on tin vessels used in laboratories and hospitals, and even in private families, for infusions and similar purposes. These utensils generally contain lead in certain proportions, and it was, therefore, desirable to learn how far that poisonous metal might be injurious to health in the long run. Dr. Fordos began by introducing water acidulated with one per cent of acetic acid into a tin can provided with a lid. After letting it stand a few days, he

observed on the inner surface of the vessel a slight white deposit, which was soluble in the acidulated water, and communicated to it all the characteristics of a lead solution; iodide of potassium yielding a yellow precipitate, sulphuric acid a white one, and sulphureted hydrogen a black one. Nevertheless, the latter test is not reliable, since it causes a dark precipitate, with a salt of tin likewise dissolved in the liquid. The existence of a salt of lead in the white deposit is, however, sufficiently proved. It is confirmed in another way: if the inner sides of the vessel be rubbed with a piece of clean wet paper, a solution of iodide of potassium will turn it yellow. In certain experiments, a crystallized salt of lead was detected at the bottom of the jug. In other series of experiments, wine and vinegar were tried; they both became charged with lead, as they dissolved the salt deposited on the sides. Again, tartaric lemonade, left for twenty-four hours in the vessels, became impregnated with lead. Hence, Dr. Fordos concludes that in alloys of tin and lead both metals are attacked, the latter being generally the first, when in contact with the atmosphere and acid liquids, such as wine, vinegar, lemonade, etc., and that consequently there may be serious danger in using such alloys, either in the shape of vessels or in tinning culinary utensils.

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WHO CLOTHE the young? It is done under the guide of maternity. How is it done? The legs are bare, the arms are naked, the neck and upper part of the chest are exposed, scanty clothing is put on the *body*, and that is all. Why so? Would you believe it? It is done to *harden* the little ones, to give them good constitutions! How cruel, how sad, how touching, and how lamentable may be the result! The mother means this for good. But let her dress herself as she does her infant; let her give it a fair trial; depend on it, the trial will not last long. Will you dissipate on the winter air the warmth that God has provided for developing your child into the full vigor of manhood and womanhood? Will you imitate that poor mother, who gave her newborn infant a daily snow bath? The gods had compassion on her tender babe and took it away. I will not say that she was guilty of infanticide.—*Sanitarian*.

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**Correspondence.**

ST. MARY'S O.—We have a large amount of sickness here this winter. Pneumonia, pleurisy, catarrhal fevers and catarrhs of the chest have been very prevalent. I have had unusual success in their treatment. "Humbug," "quack," "unscientific" and "little pills," as I have been kindly and facetiously called, still, from some cause or another, our system has proved its superiority over the "learned," "intelligent," "scientific" gentlemen of the big and bitter pill persuasion. What will our patrons do when the old school doctors succeed in legislating us out of existence? The question is not distressing. C. W. HAMISFAR, M. D.

MT. MORRIS, N. Y.—I send you six dollars for the Advance. We have plenty to do, but have to take our pay in beans, oats, cats and promises. Everything is current but currency. I want that picture of "Hip" refusing the gold of "Ax." I want it as a curiosity—a doctor that won't take money when it is offered him. There is nothing of the sort out this way. H. M. D.

COLUMBUS, O., March 1.—We have been very busy of late. An unusual amount of sickness prevailing. Small-pox has become almost an epidemic. The police report one hundred cases up to last Thursday. Malignant diphtheria has made its appearance in the country. I am using the chloride of lime treatment, and am disposed to speak well of it, but I will not abandon the old stand-by remedies until I am quite sure the lime treatment is the most efficacious.

E. C. BECKWITH, M. D.

ROCHESTER, N. Y., Feb. 15.—The report of the Health officer, for the month of January, shows the largest mortality for that month in the past six years at least, and probably the largest for a score of years. One-quarter of the whole number were from scarlet fever. This disease has never raged so malignantly in this city as this winter—the percentage of deaths being far above the average. Pneumonia claimed a seventeenth part of the dead for the month—while consumption took one-eighth of the whole number. A sort of influenza, with diphtheritic symptoms, was epidemic during

the month, but no deaths seemed to be recorded from it. Eruptive diseases, aside from scarlet fever, do not claim any victims. Our exemption from small-pox is something wonderful—and is attributed to the thorough vaccination had two years since. Stringent vaccination laws will most assuredly protect communities from the ravages of this loathsome disease.

MEDICUS.

LINESVILLE, PA.—All the lady physicians I am acquainted with take the *Advance*. We have here a regular epidemic like the epizootic of two years ago. This gives us plenty of work. It is seldom, if ever, fatal, and easily controlled by acon., gels., bry., bell. and merc.

JENNIE BEARBY, M. D.

DAYTON, O., March 12.—Our Dispensary has been discontinued for want of funds. Our report for the year past shows: No. of treatments 3,345; visits, 905. This is a very good showing for a city no larger than ours, and it is to be regretted that the small sum of seven hundred dollars could not be raised to keep it going another year.

A. C. RECKER, M. D.

[We feel assured the good physicians of Dayton, and their many friends will not allow the enterprise to terminate in this way.—ED.]

NEW YORK, Jan. 28.—Lippe says, in the February No., just received, that our creed consists in:

1. The dynamic origin of diseases.
2. The dynamized single remedy.

What is dynamic or dynamized? There is too much *mystification* in that word *dynamics*, unless strictly explained. You or Dr. Lippe would oblige many of your readers by giving a definition of dynamics, as neither *force* nor *power* are explicit enough. Vide Beale, Drysdale and other authors.

S. L.

[We are not responsible for the views of our contributors. We don't believe all we print, but we propose to give all sides a fair hearing. No doubt the writer of the above could answer his questions better than any one else. We suggest he try.—ED.]

**College and Miscellaneous Items.**

**COMMENCEMENT EXERCISES OF THE CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE.**—The exercises took place in the College Hall. The annual address was delivered by Rev. Dr. Jeffers. The following received the degree of doctor of medicine:

G. E. Barker, Martin Besseman, J. D. C. Heineman, W. E. Keith, J. B. Sargent, and C. H. Strong of New York; J. H. Borger and J. F. Thompson of Indiana; Miss A. I. Brindle, S. W. Hickman, I. M. List, Miss S. F. Rose of Pennsylvania; Mrs. M. A. Canfield, James Dickson, Will A. Egbert, E. R. Eggleston, A. A. Harding, J. B. Lewis, Mrs. L. M. Lincoln, Miss L. A. Robinson and F. C. Steingraver of Ohio; D. S. Moore, Wis.; Charles T. Mitchell, M. D., Ontario, and Mrs E. F. Hollenshead of New Jersey.

Prof. C. H. von Tagen delivered the valedictory address; after which, the Baldwin and other prizes were delivered.

**ANNUAL Commencement and Reception of the N. Y. Ophthalmic Hospital** transpired March 5th. The following named gentlemen were graduated: W. P. Fowler, M. D.; Chas. E. Rowell, M. D.; Geo. C. McDermott, M. D.; Alfred Wanstall, M. D.; Valedictory address by G. C. McDermott, M. D.; Address in behalf of the Faculty by Prof. H. C. Houghton.

**SURGICAL BUREAU AM. INST. OF HOMŒOPATHY.**—Dr. L. H. Willard, Chairman of the Bureau, sends us the following as the names of the members and subjects they are expected to report upon at the next meeting:

W. Tod Helmuth, M. D.—Inflammation.

E. C. Franklin, M. D.—Compression and Concussion.

H. F. Biggar, M. D.—Disease of Prostate (Surgical).

G. A. Hall, M. D.—Fracture Clavicle and Inf. Maxillary.

J. H. McClelland, M. D.—Fracture of the Femur.

J. R. Flowers, M. D.—Fracture of Tarsal Bones and Ribs.

M. W. Falkand, M. D.—Fracture Acromion and Humerus.

H. M. Jernegan, M. D.—Dislocation of Inferior Maxillary and Compound Dislocation.

L. H. Willard, M. D.—Dislocation of the Hip.

By giving a short notice and soliciting cases from practice on any of the above subjects you will render our Bureau more effective and useful.

Yours truly,

L. H. WILLARD, M. D.

ALLEGHANY, March 7, 1875.

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## Book Notices.

**Handbook of Obstetric Surgery.** By Chas. Clay, M. D.  
Lindsay & Blakiston, Philadelphia.

It would, in our estimation, be difficult to say too much in praise of this work. At the outset its brevity commands our attention. And the illustrations and text are admirable. There is described upward of one hundred and eighty operations, very many of which have scarcely any place in the usual general treatises on midwifery. For sale by Robert Clarke & Co. Price \$2.25.

**Homœopathy in Venereal Diseases.** By Stephen Yeldham.  
Henry Turner & Co., London.

This work came to hand some months since, and was mislaid. It should have been noticed before, but it will be quite in order now. Such a work is a constant necessity to all our practitioners. The excellence of this may be seen at a glance. Only 180 pages, but they are well filled with valuable information. The present is the third edition, revised and enlarged. Our pharmacies have it on sale.

**Dr. Lowe's Sacrifice; or, the Triumph of Homœopathy.**

This little story is issued from the Homœopathic Publishing Company, of London, and it is not hard to guess that it

is attributable to the prolific pen of Dr. Ruddock. It is a truthful and characteristic account of the trials of a physician of the old school who gets his eyes open to the facts of Homœopathy, and then honestly accepts them. In a cheaply bound form the book might have a wide and useful circulation.

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## Editor's Table.

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WE PAY all our own postage.

DR. J. LYON, M. D., has settled in Harrison, O.

DR. A. C. RECKER, late resident physician of the Dayton Dispensary, has located for general practice in Dayton.

C. E. FISHER, M. D., writes us that he has settled in Antonio, Texas a thriving town of 18,000 population on the Mexican border.

THIS closes the second volume of the Medical Advance. Thanks to our numerous friends and our own hard work we have assured our future.

DR. F. L. DAVIS, of Evansville, Ind., is holding an interesting professional controversy, and evidently showing much skill and success.

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DR. JAMES H. P. FROST, died at his home in Danville, Pa., January 21st. Dr. Frost was a man of fine abilities, an eloquent and instructive writer, a close, careful student and a man of genial character. His life and labors have been an honor to our profession. His loss will be deeply and universally felt.

DR. W. E. SAUNDERS, of Cleveland, recently died quite suddenly. He was only 36 years old, and gave promise of a long and useful life.

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## Medical Advance Office.

### Special Items.

IF YOU want a piano, look at Marchal and Smith's advertisement and call on us to negotiate a bargain for you or your friends.

A FEW years ago it was difficult for even one pharmacy to make a living in this city. Now we have two of them both first class and doing a large business. Just notice our advertisements.

A LARGE number of physicians rely upon stimulants in their treatment of disease. Others reject them altogether. Those who use them will find the Trommer Extract of Malt worthy of attention.

THE Homœopathic Mutual Insurance Company of New York have just completed their arrangements for establishing agencies in the State of Ohio. Mr. C. McLaughlin is the General Agent, and established his rooms at 78 West Third Street. He will soon place himself in communication with every part of the state, and give our doctors a chance to aid him in the good work. The Company's advertisement may be found in the present number.

AN English physician recently removed a section of a patient's liver, placed it on a plate, scraped it carefully, and returned it to its place, fully restored to its normal action. This promises to work a revolution in the treatment of disease, and in a few years we will have an addition to domestic literature something like this: Husband, I wish you would take John's right lung down to the doctor's this morning and have the middle valve fixed;" or, "Will you stop in to the doctor's when you come home this noon and see if he has Mary's liver mended, as she wants to go out to tea this evening." The practice will become so common in time, we are sure, that none of the neighbors will be in any way startled to see a wife with a veil tied around her head leaning out of a bedroom window, shouting to a receding husband: "Je-re-miah! Tell Dr. Scrapem to send up Willie's right kidney at once, whether it is done or not. He's had it there more'n a week, and the child might as well be without any kidney and done with it!"—*Danbury News.*

















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