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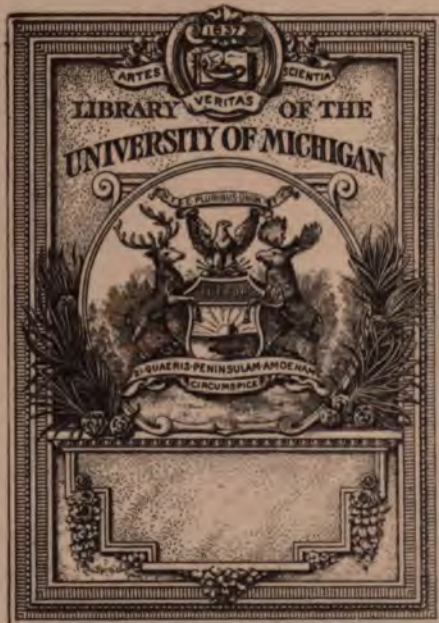
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THE CINCINNATI

MEDICAL ADVANCE

VOLUME VI.



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

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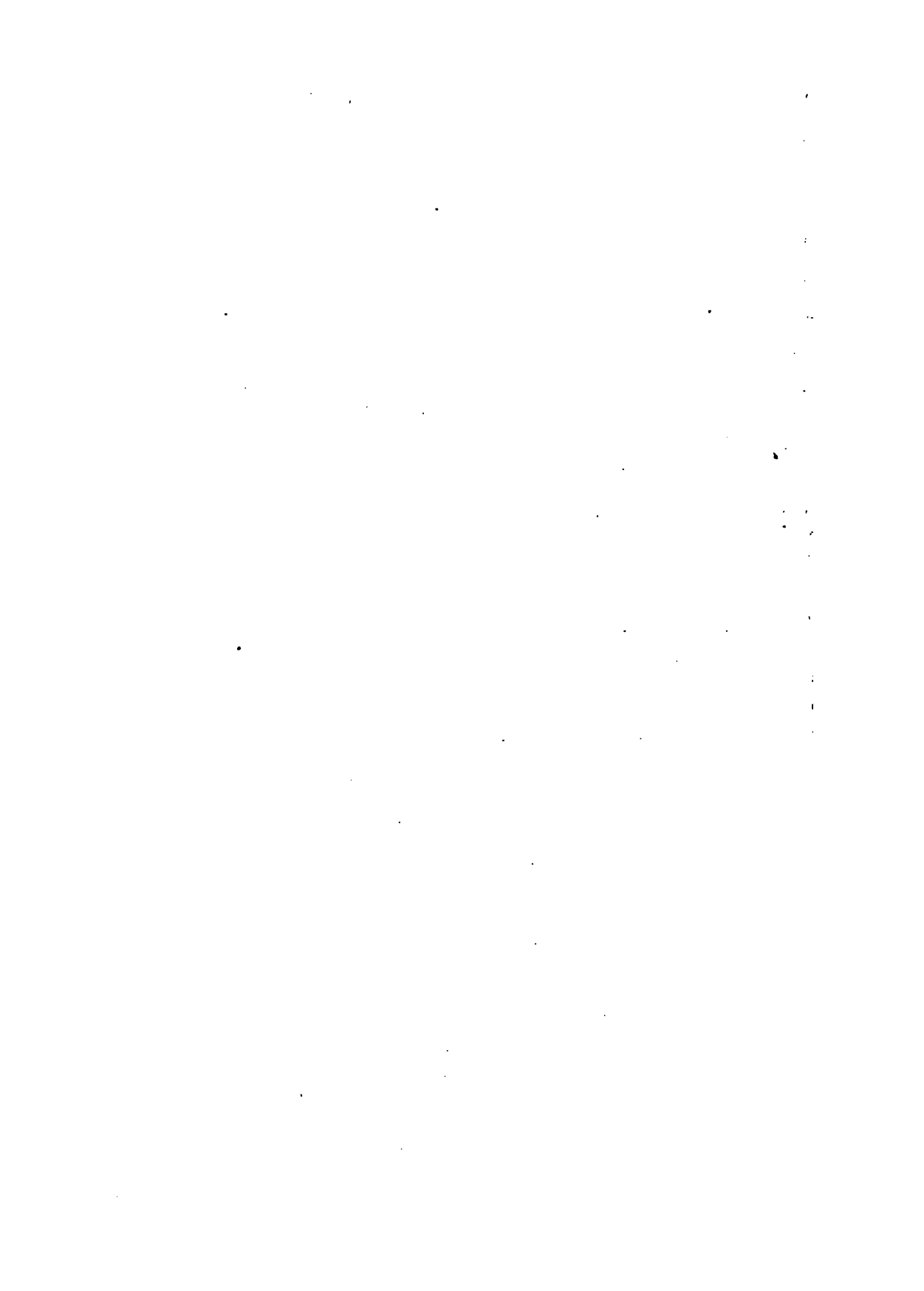
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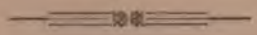


THE
Cincinnati Music Hall.



— AND —

May Festival.



Published by the Cincinnati Music Hall, Cincinnati, Ohio.



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

VOLUME VI.

CINCINNATI, O., MAY, 1878.

NUMBER 1.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, 130 Broadway, Cincinnati, O. Terms \$2.00 a year.

DR. WILSON.—Dear Sir: "Please send me a specimen copy of your valuable journal, and oblige, Yours truly, W. H. H., M. D."

ANSWER.—Dear Doctor:—We recognize in your note the fact that you belong to a numerous family. By blood ties you all are related to the blood leech's daughter who cries "give, give." More than two hundred of you are already on our list, and we have been just green enough to comply with each several request, and what do you think has been the result? Not a half dozen of you have ever sent in the expected subscription, or acknowledged the reception of the copy sent, although each one has been requested to do so. Now the fact is, the half dozen who have acted in good faith, do not belong to your tribe. And when these latter persons send for a specimen copy it is hard to distinguish them from the large number of professional dead beats, who get a respectable amount of reading in the course of the year, by sending in regular rotation to all the medical journals for a "specimen copy." "Your valuable journal!" Ah, Doctor, you flatter us. Let us hide our rising blushes. It has often so seemed to us—a peculiarly "valuable" journal, judged even from the low standpoint of the printer's bill. Howe'er you came to know it, you have arrived at the exact truth. The ADVANCE is valuable to the amount of twenty cents for a specimen copy, and two dollars for a year's subscription. This specimen copy business is a swindle, and the sooner

the publishers of journals come to know it and act upon it the better. But what a god-send to these frauds is a new medical journal. They are sure to get it six months or a year for nothing. It would make you smile to look over the first year's ledger of a medical journal. Ah, what great expectations of future rewards! It takes about five years to rid a journal of its barnacles. At the end of that time a publisher comes to know who is who, and above all to shut down on filling orders for specimen copies not accompanied with the cash. Please remit and oblige, yours truly.

IT IS URGED that the highest and in fact the only duty of a physician is the curing of his patient, under or without any law of cure, and that a strict adherence to a certain line of policy, to a certain law of cure is not always expedient, if possible, but often involves a disregard of a patient's best interests. It must be granted that the relief of pain, the eradication of disease, and the saving of life are the especial duties of medical men; and it is well that physicians realize this responsibility.

But is not the welfare of humanity as a whole of far more importance than that of the single individual? And are not the interests of the one so closely interwoven with that of the many, that anything which advances the welfare of the many will in turn benefit each individual part of the whole? And are not the interests of humanity best served by the careful, systematic and persevering working out of principles of cure which shall place the medical man into a position where he can not merely diagnose correctly, but treat the sick with that intelligence which will enable him to see clearly marked out before him the line of treatment which shall restore health to the individual patient? And can that goal ever be reached without careful and strict adherence to certain propositions, certain laws of cure? How can the insufficiency of a law be demonstrated except by repeated failures under its conscientious application? How can its correctness be proven except by its successful cures made under its painstaking application?

If such a law be found—and has it not been? what a blessing to humanity, what a blessing to the individual sick! And what of him who willfully tramples upon it while pleading the utmost devotion to his patient's interests?

The physician is a dual being; on the one hand he is a man standing upon the common level; on the other he is something more, a being of higher power and of greater responsibility than all others—a physician. The kindness of disposition, the hearty sympathies of pure manhood added in a proper measure to the dignity of the physician increase his usefulness; but if not properly held in check they may

become a source of weakness to himself and of ruin to his patient by unnerving the hand that should be firm; by clouding the judgment that should be unerring; by perplexing and confusing where perfect clearness should exist. With some men this well meant but unhappy outflow of a too anxious interest in the welfare of a patient prevents the cool, deliberate adherence to a fixed line of treatment. In the case of many, a lack of stability of aim and purpose causes it. Empiricism is quackery in the weak minded; it is a crime in the well informed. The patient is far safer in the hands of a physician who employs the most heroic treatment, the massive dose, but understands himself and the nature of the means he uses and who is trying to work out a certain distinct problem, than he is, under the care of him who gives a professed adherence to the most beneficent theory or law of cure, but is so swayed by every impulse that he has not the firmness to try one thing and abide by its consequence, or whose conceptions of facts are so mixed up, that he does not from one day to another know where he stands, what he believes what he is trying to do, and what he can do.

ARNDT.

LEGALIZED VICE.—Our esteemed friend and co-laborer, Dr. CAROLINE B. WINSLOW, of Washington, D. C., editor of the Alpha, writes: "I am rejoiced that you take a stand against legalizing vice. You are setting a good example for others to follow. I hope you will invigorate the tone of other M. Ds." This is a clear case of unconscious cerebration. If we have done it, we don't know it. And that may be the very point we don't see in the Doctor's compliment. We have no knowledge of having said anything upon the subject, and hence the statement may be pure sarcasm. No doubt it is well deserved. Well, we have honestly tried to have an opinion upon this very important question and here it is. If not original, it is at least genuine. A bad man is no better than a bad woman. In unlawful cohabitation they are both prostitutes (consult our forthcoming lexicon for new and improved definitions). In the scales of justice they exactly balance each other. Just what the law can or should do with them, we are not able to say, but whatever it may attempt to do, it should not discriminate against the women. This thing can not be safely ignored, and yet it seems to us an open question exactly what to do. We confess ourself open to conviction upon several points. As for the M. Ds. too much must not be expected from them. They are all good fellows, but not moralists by trade.

PROBABILITIES.—Low barometer with dark clouds and high winds about the city of New York. The course of the storm is westward, and may strike the region of Put-in-Bay about next June. Look out for some heart and jaw breaking resolutions about freedom to be

nominally a homœopath and practically what any one's fancy may dictate. If such nonsense as that doesn't break up the homœopathic school into pieces we are greatly mistaken. But then the fragments will be worth saving.

Theory and Practice.

Epidemic Influenza. By D. H. Beckwith, M. D. Read before the Homœopathic State Society of Ohio. Part II.

Jessius says that "Grippe of 1733 appeared in France after an offensive fog." Pettet says "Influenza appeared after a dense fog." Darwin supposed the material which caused a dry fog caused epidemic catarrh in that year. Dr. Sydenham says, "It appeared after a dense, moist fog." Rush, Gilchrist, Currie and other scientific men take the same view of the appearance of catarrh. Dr. Clymer says, "Whenever influenza has prevailed, the atmosphere has been marked by moisture." M. Currie says, "Air containing ozone has an irritating action upon the throat and lungs when an excess be present. When it is breathed in large quantities it will produce death. Inaction will reduce the number of respirations per minute and lower the temperament of the body."

Experiments made by Dr. Redfern, of Queen's College, Belfast, show that inhalations of oxygen containing only 1-240 of its volume are rapidly fatal to animals. M. Schoenbein, of Basle, says, "It has the effect, when breathed in large quantities, of irritating the mucous membrane of the air passages." While making his chemical experiments, and breathing an excessive quantity of ozone, he had an asthmatic

cough, which compelled him to discontinue his investigations. Cavill says, "Ozone has an antiseptic effect on decomposing matter, and is a salutary application for fœtid ulcers." Watson says, "The occurrence of epidemic catarrh, as well as most other epidemics, is unquestionably connected with some particular state or contamination of the atmosphere." Gilchrist says, "At the time that influenza occurred, the weather was thick, warm and rainy." "In 1816," says Currie, "it occurred during a thick, damp and unusually mild state of the atmosphere, and the very severe epidemic of 1831 was preceded by great variations of temperature." In 1837 the disease occurred in damp weather. In 1847 the disease was severe in London, the mortality being much greater among aged people. Dr. Cleme, of Frankfort, Europe, says that eleven saddle horses contracted inflammation of the lungs in consequence of being run against a South wind, very powerful and rich in ozone. The greater number died.

In 1876, during the summer months, experiments were made with the atmosphere of the Adirondacks. Ozone was found prevalent at all times. Similar tests were made at Hoboken; ozone was deficient, while at the same time catarrhal colds were abundant. Dr. Seitz, for the past four years has been experimenting with the atmosphere at Munich, and finds that in the months that ozone is more abundant, catarrhal affections were increased.

The experiments made by the medical and scientific club of Koninsburg in the year 1878, prove that an excess of ozone did not always increase catarrh. Dr. Pfaff, of Saxony, concludes from his experiments that "a large porportion of ozone acts in a mischievous manner on diseases of the respiratory organs, that it favors the development of inflammatory affections, and has little or no effect on other diseases." Dr. Spengler made experiments at Roggendorf, and says: "Just before an epidemic of influenza no ozone was to be detected. Directly, however, catarrhal troubles set in and every one was coughing, ozone was manifested. As the disease gradually diminished, so did the indications of this body decrease." Dr. Heidenreich says, 'a strong ozone reaction co-

incided with an exhibition of pulmonary affections." It has recently been ascertained that the test paper used to detect ozone contained impurities rendering it unfit for scientific purposes. This explains, in part, why writers differ as to the quantity of ozone in the atmosphere.

DISINFECTANT.—For several months past I have used ozone as a disinfectant in cases of diphtheria and scarlet and typhoid fevers. I am sure that my patients have not been injured by it, but how much they have been benefited by breathing an air rich in ozone I can not tell. I have one patient suffering from great nervous prostration, who has used it daily for some months, with great benefit, so she thinks. Mild cases of influenza, which have prevailed here for the past few months have been relieved by it in the primary stage.

HAY FEVER.—I wish to call your attention for a few moments to "hay fever," or what may be more properly called summer influenza. The symptoms are similar to those which I have described in common influenza. As to the cause, Dr. Wyman says truly, "we know but little of the origin of this strange disease." The most common hypothesis being that it is due to animal or vegetable germs.

Elevated regions prove good resorts for persons attacked, or liable to be attacked during the summer months. At an elevation of twenty-five hundred feet the ozone in the atmosphere increases, and there is the stimulating air to breathe, which lessens the sensitiveness of the mucous membrane of the air passages. The ozone in the atmosphere diminishes during warm weather, and reaches its lowest point in July and August. There are more attacks of hay fever in these months than at any other period.

As soon as a patient reaches an altitude where the air is rarefied, the catarrh disappears. The White mountains, Adirondacks, Rocky mountains, summit of the Alleghenys and Denver, Colorado, are all points of elevation from three to five thousand feet, and are places where patients find relief from hay fever. As the winter months approach, the air contains more ozone and patients can return to their

homes. Those in the old world who suffer from this summer catarrh, generally find immediate relief in visiting Switzerland for a few weeks. Often a trip across the ocean will cure a person whom the disease has already attacked, the ocean air containing an excess of ozone.

I trust that in a short time chemistry and microscopy will enable us to give a scientific explanation of the cause of influenza, hay fever and diphtheria, and that when the atmosphere has been thoroughly studied by scientific men, they will point out to us the causes of many diseases of which we now know nothing.

In this city diphtheria has been much more prevalent for the past three years on the west side of the Cuyahoga river than on the east side, the cases being much more severe and attended with a much greater fatality. This may be due to the machine shops and oil refineries in that vicinity rendering the air impure and so causing a diminution of the ozone.

TREATMENT.—The room of a patient suffering from influenza should be kept at the temperature of sixty to sixty-five degrees Fahr. A thermometer should always be kept in the room and the nurse instructed to keep an even temperature both day and night. A sleeping room looking east or south is to be selected, if possible, where the sun's rays can have free access. The room should be kept well ventilated; an open stove or grate aiding the ventilation more than most people are aware of. If the attacks are of a mild character it will not be necessary for the physician to insist upon the above rules.

DIET.—During the inflammatory stage the food should consist of milk, farina, oat meal, imperial granum and such articles of food as will digest readily. If diarrhoea should be one of the symptoms, boiled flour and milk should be used in preference to any other kind of food. As soon as convalescence begins, a more generous diet may be allowed, beef tea, beefsteak, oysters, lamb broth, etc. If there is great prostration the patient being advanced in life or having bronchial or lung disease, *Whisky* and *Glycerine* may be given three times a day, the physician in attendance to prescribe the quantity.

If influenza, hay fever, typhoid fever, scarlatina and diphtheria are caused by a deficiency of ozone in the atmosphere, the treatment would point to supply the deficiency by chemical means. Dr. Bell says, (*Sanitarian*, 1875, page 504): "Recent theories in regard to the bacterian origin of diphtheria would seem to give this study an additional impulse, or, at least, should give ozone a new application, for if this theory of the cause of diphtheria be true, and ozone is as potent as it is said to be in the prevention and destruction of bacteria in the atmosphere, we see no reason why its local application would not be an important agent."

Dr. Cornelius Fox says, in his work on Ozone and Antozone: "As the recent investigations of Chaubeau and Sanderson prove that the poison of an infectious disease, as scarlet fever, measles, etc., consists of excessively minute particles of living matter, which may be diffused or wafted by the air, and that bacteria are carriers of infection there is some reason for thinking that a *materies morbi* may be rendered inert by atmospheric ozone."

I have used ozone in several attacks of hay fever and the patients have been so much benefited by it, that they have not deemed it necessary to leave the city. I have also used ozone with marked benefit in attacks of catarrhal cold, where there was sneezing and a copious watery discharge from the nose.

PRINCIPAL REMEDIES.—*Aconite* and *Gelsemium* for inflammatory symptoms.

Arsenicum, violent pains in the head, discharge acrid and burning; tongue red at point and side.

Belladonna, spasmodic cough, heat in the head, restlessness, tongue red; delirium.

Macrotin, rheumatic pains, pain in the back; tired, oppressed feeling; tongue coated brownish, constipation.

Mercurius, sore throat fluent coryza, bleeding at the nose; bilious diarrhœa; pain in the head and teeth.

Nux vomica, rough, hollow cough, violent frontal head ache, vertigo, constipation, nausea, sleeplessness, loss of appetite.

Podophyllin, watery discharge from nose, sore throat, pains in the back, bilious diarrhœa.

I regard the above remedies as the polycrests indicated in ordinary attacks of influenza. I have found ozone beneficial in malignant cases of diphtheria, typhoid and scarlet fever and measles. Patients suffering from pulmonary disease think they derive benefit from using it in their rooms. I am now using an ozone generator in the room of a patient who has heart disease attended with dropsy, and I think it renders breathing easier.

If it could accomplish in my hands what some physicians claim it has done for them, I should never fail to recommend its use. The following statement is from a physician favorably known to many of you:

M. MILSOM, Buffalo, N. Y.:—I have within the past year experimented with ozone in various forms of sickness, and have seen very beneficial results; notably so in two cases of heart disease. In one case of enlargement of heart by dilatation, with dropsy, where there was great dyspnœa, so that the patient was unable to lie down at all, and great distress in breathing in any position. Entire relief of this distressing symptom followed within six hours after the ozone was taken into his room. The other case was valvular disease, where the patient had not been able to lie down in seventeen years, and in one weeks time he was able to do so. I am satisfied it will do much in relieving whooping cough, and that in diphtheria it is an excellent aid in the treatment. Respectfully yours, L. M. KENYON, M. D.

HOW TO MANUFACTURE OZONE.—For a disinfectant I prefer M. Leider's formula; equal parts of *Peroxide of manganese*, *Permanganate of potash* and *Oxalic acid*. For a medium sized room place in a saucer one tablespoonful of the mixture and add one ounce of water,

Second. Another method of manufacturing ozone is to pass electric sparks through air by the electrolysis of acidulated water.

Third. Take three parts of *Sulphuric acid*, two parts of *Permanganate of potash*, mix, and ozone is generated.

Fourth. By slow oxidation of *Phosphorus* in moist air. Take from four to six cups, two inches deep, fill them nearly full of water, add to each one a stick of *Phosphorus*, two inches, and cover them all with a porous jar in order to admit air.

If the patient be affected with lung or heart disease, the generator may be left in the bed room or near it. The *Phosphorus* will last from two to three weeks.

In preparing the first formula great care should be exercised, as the least concussion will cause the powder to ignite. I use this formula in all cases of diphtheria, scarlatina and typhoid fever. One to two teaspoonfuls make a great change in the air of the room.



That Report on Intussusception.

In the December number of the *ADVANCE*, Dr. Lippe reviews and comments on my case of intussusception published in the same journal in March, 1877.

With no desire to begin or keep up a controversy in regard to the management of such cases, and wishing only to come at the truth, I will notice several things in this reply of Dr. L.'s which very much surprise me, coming as they do from a physician who occupies the position of a teacher in our school and whose opinions on medical questions are received as good authority by younger practitioners. Had such statements been made by a young practitioner who was fired by enthusiasm and so carried away by his success in treating simple disorders as to believe that the infinitesimal simillimum could cure every thing, I should allow them to pass unnoticed; but coming from such an authority I wish, in a most positive manner, to enter my protest against such teaching.

First, on page 356, twentieth line, the writer asserts that to deny that an invaginated bowel can be cured by internal medication, is worse than ordinary folly. In other words he assures us that we may confidently depend on curing such a disorder by medicine alone. With a full knowledge of the pathology and morbid anatomy before him as revealed by the autopsy, and knowing that the suffering of this child was caused by a displaced bowel, he still insists on our applying the law of similars, and sets us to thumbing our symptomatology, to find the right remedy.

If I were called to see a man whose humerus was luxated, and should take out my Repertory and go hunting through it for a remedy that caused "pains as if dislocated," and should take out my bottle of *Rhus cc* and should put ten drops into ten teaspoonfuls of water, and order a dose every two hours, promising to return on the morrow, I should most certainly find on my return that some doctor who understood the case had been called and by mechanical means reduced the luxated bone, relieved my patient of his suffering, and if he had branded me as an ignoramus, I could not have said he was mistaken.

Now if Dr. Lippe can show me the difference so far as the principles of treatment are concerned, between a displaced colon and a displaced humerus, and can furnish well authenticated evidence of cases of intussusception cured by medicine, I will then give credence to his assertions.

I do know that dislocated bones are occasionally spontaneously reduced. It would be just about as reasonable to attribute such a cure (?) to medicine that might have been given, as to assert that we had cured intussusception with medicine, because in a given case, where we had a few of the symptoms of this affection, recovery followed the exhibition of *Bry.*, *Merc.*, *Thuja.*, etc.

If Dr. Lippe will refer to page 518 of my report he will see that there are several distinct diseases which closely simulate and may readily be confounded with invagination, some of which are amenable to treatment by medicine. To illustrate, I was once called to see a child one year old, who was

suddenly seized by abdominal pain, coldness, collapse and stercoraceous vomiting. I prescribed the indicated remedy, and in a few hours the child recovered. Here was a case of what I diagnosed as intestinal obstruction from rotation of the intestine on its own axis, reduced not by my medicine, but spontaneously by the act of vomiting.

Again, I was called to a case of typhlitis, in which there was present the abdominal pain and tenderness, the sausage shaped tumor in the right lumbar region, obstruction of bowels, etc. Medical treatment cured the case. I have seen such cases reported in our medical literature as invagination cured by medicine, the result of which can only be to mislead the credulous in their therapeutics.

Now if Dr. Lippe had given a small portion of the time he has devoted to the study of materia medica to the study of pathology, that branch of medical science which he seems to disdain, I doubt if he would encourage us to believe that internal medication would cure such affections. His article reminds one of the anecdote of the four blind men who went out to view the elephant, each examining a single limb or member, and going away satisfied that he had a definite idea about the animal. If one were to judge by this article, they would be forced to believe that the Doctor had seen but one part or limb of the medical elephant. The law of the similars is a great law, but it won't do when we come to treat intussusception, which is not a disease any more than a dislocated humerus is a disease.

In the case reported, the cœcum was inverted into the colon. This irritation of course excited violent peristaltic contractions of the muscular walls of the colon, the inevitable result of which would be to force the invaginated portion further and further into itself, and by the continued constriction to render the parts tumid.

Now to any rational, unprejudiced mind, it at once occurs that in *Opium*, whose primary action is to paralyze the peristaltic action of the bowels, we possess just the remedy we need to relieve the spasm, stop the pain and relax the parts, rendering it possible to replace the invaginated part by the

application of *vis a tergo*, provided the constriction has not rendered the parts so tumid as to prevent reduction. The fact that we find nothing in the Organon justifying such use of *Opium*, is too weak an objection to merit notice. "The letter killeth" when we so poorly comprehend its spirit as to attempt to practice surgery, obstetrics and every thing else by the exclusive use of the law of similars.

Second, I am further surprised that Dr. Lippe should criticise me, because after ten or twelve hours fruitless endeavor to relieve the most terrible agony of this child, by well indicated homœopathic remedies, I should consent to bring relief by an agent, which at the worst could do less harm than the continued and intense suffering which the patient was undergoing. What is the true calling of a physician? Dr. Lippe writes as though it were at all hazards to stick to and verify the law of similars. My conception of his duty is, that it is his business to relieve pain and suffering, and that failing in one way after a reasonable time, he is blameworthy if he does not resort to other means. Yes, I prescribed *Opium*, and my only regret is that I did not give it sooner.

Third. But Dr. Lippe confidently affirms that the treatment of the case was not homœopathic. I am proud to admit that as soon as it became known that the case was one of intussusception, all hope of a cure by the action of any medicine was abandoned. But if I, after a study of the *materia medica* for ten years, and my counseling physician after a large and very successful experience in homœopathic practice of twenty-six years, are prepared to judge, the remedies were indicated, according to our best authors, at the time they were given. The coldness which led to the choice of *Verat.* did not develop until three hours after *Nux v.* was prescribed. When a patient is frantic with agony, I consider three hours quite long enough to wait for relief from any remedy, and both my counseling physician and myself have studied the Organon.

Now I wish Dr. Lippe no greater harm than to have the privilege of treating a case of intussusception according to his plan. It takes no prophet to write the prognosis—death,

unless, perchance the patient should recover, after sloughing off the constricted portion of the bowel. If the Doctor had had a few such cases, I doubt if he would have written such an article.

I want to say in conclusion, that I make this reply, and a year ago reported this case, not to get into a controversy, but to stimulate some of my professional brethren to investigate and be prepared readily to diagnose and skillfully to treat this rare, dangerous and alarming affection. It occurs so rarely that many who have practiced ten years and upwards have never seen a case. It is an affection where we do not dare first to experiment with remedies, and then resort to mechanical means as a last expedient. What is done must be done quickly. Even when on the alert it is not always easy to diagnose intussusception until it is too late.—A. C. RICKEY, M. D., Dayton, O., Jan. 15, 1878.

Some Cases from our Note Book.

In this paper I purpose to report a few cases which seem to show the action of highly potentized remedial agents in a class of diseases usually considered incurable. That in one instance at least, and I could give others, the curative response was not obtained from lower potencies when given under equally favoring circumstances, though a prompt response followed the giving of a high potency. We do not ignore any potency found capable of effecting the curative response and we are far from being able to say that low potencies will not sometimes prove the most effective. Our object is to show that what is called the extreme of attenuation or potentization is followed with curative reaction; and also to throw out some suggestions which may lead us possibly to more profound en-

quiries into the philosophy of pathogenetic relations to curative reactions. And here let me remark that I think the true similimum is what is essentially pathologically analogous, as well as what is typical and characteristic in symptoms, that one remedy is always better than two, for in one must always be included the truer similimum. If I confess that I sometimes alternate or use an intercurrent remedy, I also affirm that my most splendid achievements have been uniformly with a single remedy.

Case I. Chas. W. Willard, member of Congress, First District of Vermont, of a nervous sanguine or nervous lymphatic temperament, light hair and blue eyes; subject to family consumption. The second year that he was in Washington, began to run down with a cough; was treated in Washington for a while and then went to Boston to consult Dr. Bowditch, who decided his case to be tubercular consumption. Sent him to Rye Beach in June where he grew rapidly worse, and went to his home at Montpelier, Vt.

Was examined by allopathic physicians there and case pronounced incurable. He afterwards came into my hands. I found him emaciated and with an almost entire arrest of the functions of the stomach. He had frequent chills followed by heat and afterward inclined to sweat; odor of sweat, fetid or mouldy; chills apt to begin on the back of the hands where he frequently felt horriplation, also run over the back, usually from below upwards. Expectoration rather free, of a mucopurulent kind, inclined to greenish streaks, tough and somewhat ropy, more free than *Sulphur* usually has; apex of right lung dull; very despondent and gloomy, thinks his case about hopeless; tenderness over upper region of the chest on right side. Gave *Pulsatilla* and *Phosphorous* to no purpose; *Stannum* did no better. Gave one dose of *Sulphur* 100m, Fincke, selected from two or three symptoms, the constitution and temperament, but from the fact that I had recently seen striking results in one or two cases of incipient tuberculosis as much as from any symptoms I found in the case. I was gratified to have him tell me the next time I saw him that I must have given him a different remedy for he felt the effects of it

almost instantly, and he also felt that it was doing him good. I did not give him *Sulphur* again for a week, but when I did he remarked the next time I saw him that he had experienced the same sensations as a week ago, and he thought I must have given him the same remedy. The result was that by adding a good hygienic management and sending him to Denver in the August following that he made a recovery on three or four doses of the 100m of *Sulphur*. The following year he had fistula in ano, and which I think goes to confirm the fact of a tubercular diathesis.

Case II. a farmer by occupation, began to decline in winter from what seemed to be gastric troubles accompanied with constipation. He lost flesh, and after awhile began to cough; cough mostly dry and hacking. He was descended of a family in which consumption was the family scourge. Grandfather, mother, uncle, several aunts and all of his sisters, three in number, having died of the disease; later his father died of it; he had done little for himself when he consulted me. I gave him *Nux* hoping to relieve him of his constipation and told him I should be that way in a few days and I would see him again. I do not remember what I gave him at my next call, but it did him no good. He spoke of the family disease and said that he supposed nothing could be done; I told him to come to my office in eight days. As yet his lungs did not seem to be very extensively infiltrated, but there was marked tissue waste, loss of assimilation and retrograde metamorphosis was setting in with rapidity, without the arrest of which in my opinion he would have died of tuberculosis of the lungs in twelve months; was indeed in the second stage of tubercle. He came ten miles to my office and not a whit improved or one symptom ameliorated. I gave him three doses of *Sulphur* 100m he taking one at my office, with the injunction not to take another for one week and if improving to still wait. He commenced to improve from the first dose. That the *Sulphur* had something to do with his improvement seems a great deal more than probable from the fact that his constipation which had been on him for months was immediately cured. Curative reaction was instituted and

he went on to complete recovery taking only five or six doses in the following six months.—G. N. BRIGHAM, M. D. Grand Rapids.

Materia Medica.

A Proving. By H. W. Taylor, M. D., Crawfordsville, Ind.

All along the length and breadth of the redoubtable Wabash country, there is, running beyond the memory of the oldest inhabitant an autumnal erythema, known as the "paw-paw rash," "pawpaw measles," "pawpaw scratches," etc., from the traditional connection between the eating of the succulent fruit of the uvaria triloby and the appearance of a characteristic eruption.

On the 27th day of September, 1877, I brought home a half bushel of the fruit in various stages of ripening, some specimens being hard and green. All of my children, (they were five then, heaven help me, they are but three now), partook very freely of the pawpaw without being fastidiously nice as to the ripeness or greenness.

Next morning they seemed a little languid and pale, but being unusually strong and healthy, I took little note of their condition, and the pawpaw eating went on unrestrained by a parental veto. However, about ten o'clock p. m., of the 28th, I found my only boy with a violent fever. He had vomited awhile before I arrived, and on throwing a bright light upon him, I found that he was covered with a bright scarlet eruption. His pulse was one hundred and thirty, full

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and steady, and at half past ten p. m., the thermometer remaining in the axilla ten minutes, showed a temperature of one hundred and five degrees. Among the vomited ingesta were many small pieces of unripe pawpaw.

On the 29th the eruption remained in full blush, the temperature dropped to one hundred and four degrees, the fauces were red and somewhat swollen, the tonsil and submaxillary glands were considerably enlarged, and a diarrhœa of yellowish discharges sat in.

Each day the temperature dropped until on the 30th it was normal; a general desquamation of the cuticle took place, and a carbuncle formed on the anterior aspect of the left thigh, and was two weeks finishing the process of suppuration. The diarrhœa continued more than four weeks, although many remedies were given to check it or control it.

I should have said that this little boy was but two years and six months old. He was of robust health, strongly built, dark complexion, large black eyes, hair yellow and curling. He talked plainly; complained of frontal headache, soreness of the throat and nausea. The eruption in all its phases, the fever, the diarrhœa, were much like some cases of scarlet fever. All the other children had the eruption on the neck and upper extremities—all had diarrhœa lasting a long time after the other symptoms had disappeared.

Less than two months after this proving, I carried this little sinless child dead in my arms—dead! and such a death! Only those who have seen their young children strangled by malignant diphtheria, can form an idea of the horrible torture that seems to have broken my heart and my spirit in those three terrible weeks when my best loved children fared slowly and painfully on that horrible road to death. This may seem irrelevant matter, but it appears to lead up naturally to what I wish to say upon another subject. Has any one examined the pharynx and larynx after death by hydrophobia? So far as my recollection goes, all the inquiry has been expended upon the brain and spinal cord in the few autopsies reported. I nursed and carried about in my arms my two best beloved children night and day, while they were

dying with malignant diphtheria. When the fell disease had passed into the larynx, I was horrified by the likeness of the hoarse, short cough to the fierce bark of a mad dog that I saw and heard when I was a child. The tough unyielding saliva that worked out of their parched and blackened mouths and defied all efforts for its complete removal was like that which clung to the jaw of the rabid brute that was the terror of my infancy.

The restless moving about from place to place, the wild, fierce, yet apprehensive glitter of their eyes, the staggering trembling walk were as they had been burned upon my childish brain on a summer day many years ago. The repulsive likeness of my dying children (my darlings for whom I would, oh! so gladly have yielded up my life) to a rabid dog forced itself upon my mind, and was finally completed in the most horrible characteristic. My gentle dove-eyed daughter of five years, she who had gotten spontaneously from all who knew her the title of "angel," before it became hers in reality, she who was so buoyant of spirit, so glad of heart, so joyous, so patient, so uncomplaining, turned upon me with a fierce, snarling cry, and sunk her four little white teeth in the skin of my neck, and clung there with a horrible pertinacity, that froze the blood in my veins. Even now I can see two little round purplish spots upon my neck where her teeth were planted. The wound was but skin deep—the pain went down into the soundless depths of my parental heart.

Would Swan's *Lac caninum, mm* have helped her? May there not be a nearer relation between *Dog's milk* and malignant diphtheria than my friend Breyfogle thinks? Had it been the milk of the bitch mother of Cerberus, I would have given it freely to my children with the hope that it might help them in their struggle with death.

But if an uncertainty rests upon *Lac caninum* in malignant diphtheria, there is another drug which in my mind is as universal a specific for this dread malady as *Cinchonia* for malaria. Sometime I may tell how large doses of *Kali Chloricum* kept a part of the sunshine from going out of my home,

kept a little of hope in my heart, and planted the wavering feet of my faith in drugs upon a rock as unyielding as the Rock of Ages. It will be the one great regret of my life that I did not know the imbecility of all other drugs in this disease, that I might have flown to the scarce tested power of *Kali chloricum* while yet it was not too late to keep my little group unbroken. It shall be a cause for thanksgiving every day, that I did fly to it before it was too late to save all.

I know that this is not a scientific article, perhaps it is hardly worth publication; but who can say what is good and what is bad, save the great doctor of Gallilee? Let us prove all things, even Swan's *Lac caninum mm*, if the *Kali chloricum* should not blossom according to its budding.

Materia Medica. Read before the Homœopathic Medical Society of Marion Co., Indianapolis, Ind. By D. Haggart, M. D.

Truly the present age is one of notable progress and improvement, yet we should in no degree less respect the labors and accumulated knowledge of ages past since they have opened up the way for wider fields of research and improvement to the living and moving present. But in viewing the homœopathic materia medica from a stand point of the present advanced stage of medical science, we can not do otherwise than pronounce it faulty in many respects.

Our materia medica when once perfected differs widely from that of other schools, since it is not based upon vague theories which have been and are still constantly changing as the minds of medical men progress in knowledge and experience. But the homœopathic materia medica is based upon an unalterable natural law, and contains within itself its primary facts or fundamental principles, its law of development and

practical application, hence it is susceptible of being constituted a fixed science. These are propositions which I presume all intelligent homœopaths will admit. But a science necessarily implies the idea of a system, and it is impossible for a science to be of any practical benefit without first being reduced to a system; and this I suppose you will also accept as a well defined and incontrovertible proposition; consequently it follows that our materia medica can not be accepted as a practical reliable science in the true sense of the word until it is thoroughly and concisely systematized. Indeed so clearly manifest is the need for a systematized and satisfactorily classified materia medica that it has become the object and study of some of our most eminent practitioners; and we may safely predict that the time when we will have such a classified and practical work on materia medica is already in the near future. I know not how it may be with you concerning this matter, but of one thing I am sure, and that is that I am eagerly wishing for the time to come in which I can have in my possession such a desirable and valuable medical guide; for I must now acknowledge my utter inability to select at all times the proper remedy to meet a given case from the great medly of incoherent and pretended facts massed together in our materia medica.

I am not unmindful of the fact that the classification and systemization of homœopathic therapeutics seems impracticable and perhaps at first view impossible to those of your number who yet hold to the spiritual doctrine of Hahnemann, that there is in man an intermediate principle between the body and the soul to which is referable all our diseases, and all our vital functions; and that there is in medicine a like force, and that by and through a sort of affinity between these two powers or principles, diseases are cured. This hypothetical idea like many other vague, ephemeral notions of the past, is rapidly vanishing before the onward march of the naturalistic views promulgated by the profoundest thinkers in our ranks; consequently I care not whether you accept as the cause of disease, the germ or the zymotic theory, or the septinous theory lately advanced by Dr. Richardson before the Sanitary

nstitute of Great Britain, you will have to acknowledge and except the fact, that drugs can only effect and act upon the animal economy, and disease in two ways, namely mechanically and chemically; and this fact once fully understood and established the classification and systemization of our materia medica would be, comparatively speaking, an easy task. Just how such a classification should be made, I will not now stop to consider in detail, but may do so at some future time.

The entire want of system and of a proper classification of the different remedial agents is by no means the least and only fault of the homœopathic materia medica.

The fundamental law of the "healing art" as promulgated by the great founder of our school, that similars by similars are cured, is no longer a question of dispute among intelligent homœopathic people. This fixed unchanging law ought then surely to enable the practitioner to make his prescriptions with the same fixed accuracy and unerring precision; and it would, had he recourse to a materia medica equally as true and reliable in its records and teachings. I here ask you has he such a materia medica at his command? The answer comes echoing to us from every page of these conglomerate volumes, no, no, the latest edition not excepted. Let us see for one moment whether the facts in the case will bear us out in this emphatic assertion.

First. The multiplicity of symptoms given to a majority of the remedies are too numerous for any ordinary mind to remember. Take for example our polycrests and you will find that the recorded pathogenesis of any one of them represents or covers almost every symptom and sensation "human flesh" has ever experienced, either in health or in sickness; and the same may be said of a number of other agents which are of infinitely less importance or value than the polycrests.

Second. The frequent and unceasing repetition of the same symptoms in different drugs makes it a matter of impossibility to obtain a clear discriminating view of each separate agent and most always makes a proper selection doubtful.

Third. A very large proportion of our most useful remedies have been proven by illiterate and ignorant men —men who

were perhaps in some instances too enthusiastic, and in others too dishonest to be reliable authority. For proof of this we need only refer to the silly and contradictory reports themselves, which are in many particulars a stain and a reproach upon the literature of our school. Certainly the testimony of one who can not distinguish between actual drug symptoms, and the frequent and constantly varying thought dreams, and bodily sensations which almost every individual is constantly experiencing, should not be accepted as a reliable guide to the conscientious practitioner.

Fourth. We have scarcely a single instance given in which the prover himself has been proven before taking the drug to be tested, which is always essential in order to obtain a correct pathogenesis, for there are but few individuals who have not at times aches, pains, and unnatural sensations, foolish thoughts and dreams, who do not fear approaching death, are sad, full of mirth, weep or whistle at intervals; have fear of ghosts, have fear of men, aversion to labor, chat and laugh, are embarrassed in society, make mistakes in writing and speaking; have a want of moral feeling, are given to wickedness and cruelty, are exalted in love, who do not become giddy after smoking the third pipe, who do not sweat after drinking a hot cup of tea, who do not pass restless nights after eating hearty suppers, have involuntary erections and emissions, and so on to the end of the most supreme nonsense that has ever been recorded by man. All this and an abundance of equally as foolish and trashy stuff, we are told are true drug symptoms, and men who proudly add A. M. and M. D., etc., to their name profess to believe every word of it.

Fifth. We have a full array of drug symptoms recorded of a number of inert substances comparatively speaking, and from which none but the one prover himself could ever elicit or obtain any pathogenesis, or any alteration, or impression upon the organism. The idea that a substance which produces no pathogenesis or impression upon the healthy organism, should possess the power to cure a formidable or even a mild disease is perfectly preposterous and contrary to

reason, common sense, and science, and can not be recognized by the law which governs Homœopathy, "*Similia Similibus Curantur*," but must be classed under the law, if such a law there be of *Nil Nilibus Curantur*, or as the Dutchman would render it, "*Nix by nix ish cured*."

Sixth. In the provings of many of the most important remedies, quite a number of the pathogeneses recorded, have never yet been corroborated by any one, and can not be reproduced either by large or by small doses, by high or by low potencies. Gentlemen, can we, I ask rely, upon such flimsy testimony? Can our patients safely trust themselves to our care, if we blindly accept such provings for our infallible guide? provings which have not been and can not be verified and substantiated? Certainly not. Suppose a physician were to administer the same remedy in the same kind of a dose, to one hundred different patients with the most beneficial and happy results, excepting the last case which dies soon after taking the remedy, that had been acting so kindly in ninety-nine other cases, could an action for malpractice be sustained against the physician, even in an Indian court of justice? You all answer, *not by any means*, and yet we as educated and intelligent physicians accept just such evidence for our guide when the health and life of our patient is at stake.

It may be claimed that the pathogeneses of all our remedial agents have been repeatedly verified through clinical experience. I admit that the characteristic pathogeneses are daily being verified by such experience, but they comprise only that class of drugs upon which there is no dispute, and for which the profession generally is testifying. That class of drugs which have no pathogeneses, can, of course, not be verified according to the homœopathic law of testing the curative properties of drugs, and the limited and scattering testimony we have in their favor clinically, must be accepted with the greatest degree of allowance, since men may err and a large proportion of the ailments of humanity are self-limiting and will right themselves without the aid of our good brethren's miraculous inert agencies.

The conscientious physician can not be content with "guess work," when delays and mistakes may prove fatal. When he has an infallible law of cure, and when he can have a therapeutic guide equally as reliable, he should insist upon the coming of a redeemer of our school, who will give the present materia medica such a thorough sifting, that it will be utterly cleansed from its rubbish, and entirely separated from its chaff, and Homœopathy be purified thereby, and elevated to the proud position of a positive science.

That we can have such a materia medica as this paper contemplates, is a fact so seemingly self-evident to the minds of all practical thinking homœopathic physicians, that any argument upon the question would be deemed entirely superfluous.

How we can have such a materia medica is a question that can be answered in a few sentences. Exclude all inert substances which have no pathogenesis, which are non-medicinal, if you please, for they are not entitled to space in a therapeutic work claiming to be a reliable and an infallible homœopathic materia medica, and admit no pathogenesis or drug symptoms of any given remedy, which can not be definitely corroborated or reproduced upon the healthy organism. Admit no provings where the prover himself has not first been proven. Have all doubtful remedies tested by healthy honest, intelligent, educated persons, who are actuated by no other motive than that of discovering and developing truth, by individuals who are not interested in selling their own wonderful medicines. By grouping the remedies, and properly classifying their pathogenetic effects, a materia medica might be made that would become the crowning glory of our art, that would enable the physicians to cease their stumbling in the dark, that would lessen the number of miserable failures that must necessarily occur while our materia medica remains in its present unsystemized, mixed, muddled and unreliable condition.

Doctors would then no longer disagree upon the remedy to be selected, unless they were not well posted. This arrangement need not of course, do away with our present

materia medica. It could remain as a therapeutic land mark, as a kind of a history of the embryo state of Homœopathy, and for the absolute benefit of those of our profession who still prefer "to hunt the needle in the hay stack," and who still prefer to deal in old, mystical, intangible theories, instead of the practical common sense truths of every day experience.

Obstetrical and Gynaecological.

Short articles and reports of cases in this department may be addressed to M. M. EATON, M. D., Gibson House, Cincinnati, O.

Atmospheric Pressure the most Important Factor in Supporting the Uterus in Situ. By M. M. Eaton, M. D., Cincinnati.

Viewed in the light I now have, I wonder that this assertion was not long since made. I wonder at myself that for over twenty years I have been willing to have no satisfactory understanding of the supports of the womb.

Physicians tell us of the support given by the round and broad ligaments, but we are reminded that there is little power of contraction in them, and their attachment above is such as to preclude the idea that they exert any considerable influence in elevating the uterus. We also hear of the supporting agency of the vaginal walls. This agency after the birth of a child is non est. I deeply feel that upon a proper understanding of the anatomy of the uterus and appendages depends the rational and successful treatment of prolapsus, retroversion, anteversion and I may add metritis as well. Though some stumble into a rational treatment as I believe I did years ago without being able to give the

modus operandi of the cure, *i. e.* hold up the abdominal viscera, create a vacuum in the lower abdomen and the uterus is supported by atmospheric pressure through the vagina if the air is allowed to enter freely. I have always had the most gratifying success in these ailments by the holding up of the abdominal viscera, sometimes one way sometimes another; particular appliances are unimportant so the object is obtained. We must concede that the abdominal cavity is not occupied by atmospheric air outside the intestines. When we draw down the uterus forcibly with the tenaculum or otherwise, and then let go the traction how soon it rebounds, as it were, to its normal position. This every experienced gynæcologist knows from observation. Now there is no contractile power in the broad or round ligaments to account for this, neither is there sufficient contractility in the average vagina to exert any upward pressure to explain the return of the uterus. Now if it was not atmospheric pressure that does this, what is it?

Accepting this theory I can see how ring pessaries have been sometimes useful by distending the vagina and giving more free ingress to atmospheric air which combined with the wearing of clothing suspended from the shoulders, instead of around the abdomen, conjoined with the maintaining of the recumbent position for a considerable part of the time, thereby causing the bowels to gravitate upwards, cases of prolapsus have been cured. I have used hundreds of abdominal supporters with good effect in uterine misplacements, but the rationale of their action has but recently occurred to me.

Dr. Sims in his *Uterine Surgery* has barely hinted at the action of atmospheric air in aiding the restoration of the uterus in retroversion while using his speculum, but he does not develop the idea further, and in retaining the uterus *in situ*, makes no mention of this factor; and so far as I have learned, no one has before me, and as I have remarked I am greatly surprised at it as it now appears so simple and clear that I wonder it has not always been taught.

I recently had a case fully under the influence of *Chloroform* at College Hill, Ohio, for the purpose of removing a fibrous uterine polypus and being unable to get my ecraseur over the tumor in the vagina, I inserted a stout tenaculum into the tumor and drew the tumor out of the vagina bringing the os uteri to the mouth of the same, applied the chain, then of course easily, and as it cut through the pedicle of the tumor, the uterus at once retracted, and on examination I found it about as high in the pelvis as I could reach. The patient being under *Chloroform* there certainly was no muscular contraction anywhere to account for this, and if it was not the atmosphere that pressed it back into the vacuum caused by drawing it forcibly down, then what was it? In prolapsus the pressure of the abdominal viscera, together with the weight of clothing overcomes the pressure of the atmosphere, and we should remove the cause in treating the displacement. Strains and heavy lifting may also produce prolapse and other misplacements by pressing down the abdominal organs upon the uterus, and when displaced the natural weight of the abdominal organs resting upon the depressed uterus may prevent its rising until we restore and hold into position the displaced bowels, when a vacuum in the lower abdomen is produced and the uterus rises as high as the vaginal attachments will allow. In inflammation of the organ we have engorgement and increased weight conjoined with tenderness. Take off the pressure from above, and we in a great measure aid recovery by relieving pressure. Then other treatment has a chance of success. Being prepared for criticism on this paper, I invite it and will cheerfully acknowledge it if shown to be wrong.

J. AUANOFF has obtained an organic derivative of *Phosphorus* termed *metkyldiethylphosphoniumphenylosidehydrate*.

Miscellaneous.

Illinois State Board of Medical Examiners.

In the January number of the Medical Investigator, is published a list of ten questions in pathology, and an equal number on the diseases of woman, which were propounded by Prof. Ludlam, the representative of Homœopathy in the above named board.

Section nine of the law governing the action of the said board, provides that, "Examinations may be in whole or in part, in writing, and *shall be of an elementary and practical character*, but sufficiently strict to test the qualifications of candidates as a practitioner."

Let us examine the list of questions asked by the learned Professor, and see how far they comply with the spirit of the law.

The sixth question in pathology is this, "What are the three cardinal conditions of Grave's disease?"

When we read that, we gave it up. We did not know any thing about Mr. Graves or his disease. Feeling deeply chagrined at our deplorable ignorance of matters "elementary or practical" in medicine, we set to work to inform ourselves on so important a subject. We consulted the following works viz: Da Costa's Medical Diagnosis, Watson's Practice, (old edition), Raue's Pathology, Baehr's Therapeutics, Jahr's Forty Year's Practice and Repertory; Hill's, Gibson's, and Ashurst's Surgeries; Gilchrist's Surgical Diseases; Churchill, Tucker Tyler, Smith, Guernsey, Hill and others on obstetrics; Thomas, Barnes, West, Jahr, Ludlam and Peters on the diseases of Females; ten volumes of the transactions of the Homœopathic Medical Society of the State of New York; first four volumes of Raue's Record, forty volumes of homœopathic medical journals published during the last twenty-five years, nobody seemed to know that Mr. or Mrs. Graves had been sick. We began to grow desperate, and to think we must be the most

unmitigated ignoramus in the profession. We lost our appetite and sleep, began to have a fear of meeting other members of the Profession lest they should discover our dense ignorance of "elementary" medical lore. We then began to skirmish around, first examining the Bible, then the writings of Swedborg, Wesley, Tom Paine and Bob Ingersol.

It was evidently not a religious mania. Then the writings of Darwin, Huxley, Tyndall and other scientists, and several volumes of the Popular Science Monthly were then consulted; none of them seemed to have heard of the trouble in the Graves family. We had now lost so much flesh that we barely tipped the scales at two hundred pounds, and our standing in the Fat Men's Association was in imminent danger.

We then thought we should look into some of the later authorities which we might have done before, but we thought these examinations were of an eminently "practical" character, and of course would not hold physicians practicing without a diploma or license to an exhaustive knowledge of the *latest* acquisitions in medical science. We looked into one of the latest volumes of Ziensen, and lo! there we found out what was the matter with Mr. Graves. We discovered that he was troubled with the same disease that afflicted Mr. Basedow and Mr. Parry, viz: *Exophthalmic Goitre*.

We felt relieved then, for we had read about Mr Basedow's infirmity in Raue's Record. We then looked into Angell on the Eye, and there found fifteen lines about Mr Grave's disease.

We felt so elated that the suspicion of ignorance had been removed, that we rushed across the street into a doctor's office and exclaimed, Eureka! Excelsior!! E. Pluribus Unum!!! Ne Plus Ultra!!!! until our little stock of Latin was about exhausted, when they gave us a smart shaking and asked what was the matter, and suggested that we must have been proving some deadly drug, as homœopaths are wont to do, and that the grain must be pumped out instantly. So three or four of them held us in a chair, while another got the stomach pump, and was about to apply it, when we managed to tell them that we knew what ailed Mr. Graves. Who is Mr. Graves and

where does he live said they. Why don't you know about Mr. Graves, disease and its three cardinal conditions said we. No we never heard of Mr. Graves nor his disease. We then took the opportunity to show up their gross ignorance in a marked manner, and proceeded to read Ludlam's questions. When we came to the question, "what are the symptoms and treatment of vaginismus" we felt very self-confident, because we had seen and cured a case, one of the others had also had a case, but the remainder of the party had no experience and could not answer the question.

Among the lot, was an old army surgeon who graduated in 1835, and was medical director of an army corps during the rebellion, also two other army surgeons of twenty to twenty-five years experience, and one professor then lecturing in a medical college. When we came to the last question, "Is the so called puerperal fever an essential fever," the old medical director remarked that he thought not, as he had seen many hundreds of woman recover from the puerperal state without having it. Another question is this: "Name the uterine displacements in the order of their comparative frequency." This question seems to show that a knowledge of statistics is more to be valued by the Illinois practitioner, than a knowledge of the disease. Another question, "What are the causes of menorrhagia?" How many doctors can on the spur of a moment give *all* the causes of this disease? The old medical director thought the propounder of the above questions had one or both of the following objects in view, either to show off his own superior acquirements, or to compel the doctors on examination to attend a course of medical lectures at the college of which he is a professor.

We submit it to an intelligent profession that the questions are unfit to be asked at such an examination, because not ten per cent. of those holding diplomas more than ten years old ever heard of these diseases; besides they are chronic diseases which gives the practitioner ample time to read up the same degree of ready knowledge, not being necessary as would be in a case of placenta prævia or some similar exigency in practice. Those who have neither diploma nor license should not

in justice be required to have a greater amount of medical knowledge than those who have them. If such knowledge is absolutely necessary for a physician who seeks to practice in Illinois, then let all be put upon the stand, diploma or no diploma, and then, let the fittest survive. There would soon be a good scarcity of doctors in Illinois. MEDICUS

Breyfogle versus Swanopathy.

DEAR DOCTOR SWAN:—In your article you refer to another case of malignant diphtheria, which I presume was treated by Dr. W. C. Pardee, in which you claim the one millionth potency of *Dog's milk* was the only remedy given, and the case recovered. How you can make this statement I can not understand, for the first remedies used were *Bell* 3 afterwards *Merc. prot. 2x*. Now I believe in the teachings of Hahnemann and I believe the *Merc. prot.* continued to act for several days, and really all the medicine the child got, in my judgment, was the *Bell.* and *Merc.* and the recovery was due in a great measure to the strong supportive treatment. "*Cow's milk, Milk punch and Brandy* every half hour" during the whole course of the disease. It is certainly not scientific treatment to give "*Dog's milk* one millionth" or any other remedy every half hour, for three whole weeks, to the exclusion of old and well tried remedies. Such a physician is unsafe and tampers with human life. Next if your potencies are what they are represented to be, certainly alternating the millionth of *Dog's milk* every half hour with *Brandy, Milk Punch, Beef tea, Wine whey, and Cow's milk* is not consistent (and *Brandy* itself is a compound) any physician of experience can see at once that the supportive treatment, saved the child's life. But to admit, my dear Doctor, which I do not,

that this case was actually cured by "dogs milk, one millionth" of what value is it to the profession? Would you have us lay aside our *materia medica*, discard all the things that are good, all the well proven and tried remedies, and take up with remedies that have never been proven, and follow you in your blind effort to establish "Swanopathy?" In regard to the potency, or more properly the dilution used, and as to my own acquaintance with them, I have this to say, viz: that high potencies as prepared by Hahnemann, are upon what I rely in my daily practice for successfully treating disease. On page 193 in Hahnemann's chronic diseases, he says that we should mark the third trituration the 1,000,000th and so on. Every student of Homœopathy knows this, but Hahnemann never taught us to make dilutions after the modern form, and as you pretend to do, even to the extent of mixing one drop of *Dog's milk* in "forty-five and one quarter barrels, of thirty-six gallons each." Such a proceeding would, to my mind, bring the blush to Hahnemann's cheek, were he living to-day. You even go further and say "that your manner of preparing potencies is quite different from Hahnemann's," that yours are "better than his, and cure where *his fail*" and you even go further and say that when the "machine" you have sent for arrives, you can do even better than that. But the climax is reached, when with unblushing effrontery you set yourself up as the model exponent of Hahnemann's teachings, and proclaim all others as "rebels," "eclectics," "mongrels," etc.

Like cats, you make your little senate laws
Then sit attentive to your own applause.

Am I not a homœopath because I do not swallow your dictum without question? Can not a man practice homœopathy who uses the third and sixth decimal dilutions? Would you denounce and read out of our societies all the so-called low potency men?

In the formation of our county and state societies and the American Institute of Homœopathy, all are admitted who are of good moral character and who believe in the law of *Similia Similibus Curantur*. Would you after taking a man into full fellowship, expel him as an eclectic, because he does

May-3

not acknowledge ready allegiance to your mysterious transcendentalism? I repeat again that true Homœopathy is advancing and becoming more popular every day, but it should not be held responsible for all the vagaries and innovations of some of our modern "would be leaders" who out Herod Herod himself. No, the load would be too much to carry. In regard to the use of high potencies, you purposely misconstrue my words. I use in my daily practice almost entirely high potencies, have depended for years upon the thirtieths, and can see no utility or good in such high dilutions as your millionths, the preparation of which is held secret by you. You say I do not know the thirtieth from the two-hundredth, or whether it is the the third or sixth. Ah! Doctor, there is the rub; this secret preparation of medicines by any one should not receive the endorsement or credence of the profession.

It seems it is not fashionable any more to report cases that have been cured by anything less than the two-hundredth, and it really requires some nerve, for a man to do so. I am, sir, truly yours, W. L. BREYFOGLE.

Homœopathy Wounded in the House of its Friends (?) By G. M. Pease, M. D., San Francisco, Cal.

It is not from the allopathic ranks that we now receive our most dangerous wounds; that we are most likely to be ridiculed, but from those who pretend to be our friends.

It seems strange that when one is ignorant of a thing, he should seek to display that ignorance by boldly asserting it and claiming credit for liberality. One would naturally think when a person is not sufficiently conversant with the materia medica to enable him to select a proper remedy for a given disease, that he would not seek to cry down those who are

better posted, and who may be able to successfully treat such disease. But alas, such seems to be the case. This crying out against our school by those who pretend to belong to it, and then calling themselves "liberal," reminds one of the old couplet,

"No thief e'er felt the halter draw,
With good opinion of the law."

These remarks are made because of a letter received from a physician of the old school, who has been for sometime investigating the law of "similia," and who writes as follows:

"In spite of my leaning to Homœopathy, I have always been, as you know, sceptical in reference to your potencies. I am glad that I am not singular in my obtuseness. In the Ohio Eclectic Medical Journal for the last month, (Oct.) there are several extracts from an article of Dr. W. L. Breyfogle, in the CINCINNATI MEDICAL ADVANCE. No doubt you have seen the article, therefore I will make but one or two extracts. 'What one of you would stand by the bedside of a little patient with membranous croup, and prescribe *Hepar sulph.* or *Spongia 75m.* or *100m.*, and fold your hands and wait the result? I would, if necessary vomit him with *Alum.* I would use the fumes of *Lime*, or some other ready expedient, and stand ready, in case all fails, to use the knife' * *

* * * 'I believe that some physicians honestly deserve the reputation of high potency men, and that they actually practice what they preach, but certainly these men can not have much practice.' In the same article I find the following extracts from the proceedings of the Homœopathic Medical Society of Northern New York. 'These remedies (high potencies), ought not to receive the approval of the profession'

* * * * * 'the proving of medicines in doses so small as to be inappreciable in quantity, have no qualities that can command them to the confidence of the medical profession.'

"Now Doctor, if the esoterics thus stagger in their faith, you must not be surprised if an exoteric continues his exclamation 'how can these things be?' And yet I like to read the literature of your school, and converse with the intelligent men of the same."

Now I ask can we wonder that we are laughed at by other schools, when from our seeming midst comes such utter disregard of all our boasted triumphs based upon what some of us suppose and know to be a fundamental law of cure? An honest homœopath is *always* respected by those of the other schools, though they do not any the more believe in his doctrine, because of the sayings and doings of those who claim so much liberality.

My First and Best Cure.

Soon after being emancipated from college, I sat in my office gazing at my diploma and wondering what the plaguey thing meant anyway, when enter patient. Mrs. A., æt. forty; lymphatic temperament; has been a sufferer for fifteen years. Trouble commenced with occasional attacks of pain, once a month or so, located in the epigastric and right hypochondriac regions, commencing gradually, increasing in severity and leaving suddenly. The history of the case shows that from the inception of the disease to the present time, the attacks have increased in frequency and severity, until now they come on every day before noon and are of the most excruciating character. Each paroxysm is dreaded to such an extent, that in her own words, "Life is a burden and I wish I were dead." During the attack patient is very restless, throwing herself about in the vain effort to get relief from change of posture; bowels constipated and at times distended with gas. My diagnosis was gall stone colic, in which I was confirmed by all my professional predecessors. As to treatment patient had "tried everything," external, internal and eternal; Allopathy, Hydropathy, Homœopathy, "roots and herbs," and electricity, but all without avail. I was in-

debted for my call simply because I was the new doctor in town, (and a green one too). I went to my medicine case to make a prescription, the good Lord only knew what, I did not, but I was foreordained to prescribe *Podophyllum peltat*, 2*z*, five powders of about three grains each; the directions were to take a powder before the usual attack came on. Result: next day the paroxysm was not so severe; the second day it was still lighter; the third day merely a trace; the fourth day entire relief, and from then till now, eleven years, patient has had no return. I do not pretend to explain the modus operandi of the cure and perhaps with the light of day I would have prescribed *China* after the manner of Thayer, but I do know that I stumbled into practice and reputation with the help of *Pod.*, and I wish to enquire if any of the veterans can tell me how my patient was cured?—H. M. DAYFOOT, M. D., Mt. Morris, N. Y.

Iodine in the Bite of the Rattlesnake.

I have treated about one dozen cases of poisoning by the bite of the rattlesnake within the last three or four years, curing every case splendidly with *Iodine* alone. I gave from one to two drops of the tincture every hour according to the severity of the case. Have had severe cases, one especially; a lady about thirty had been bitten about thirty hours when called to see her; swollen terribly; mottled spots appearing over the entire body; breathing with great difficulty, and apparently near death. Gave *Iodine*, four drops every hour. In a few hours all the symptoms were better, and in a few days was entirely well. I have used for the last four years no other remedy. I have never tried the dilutions, but doubt their efficacy in a recent case, but would most certainly try

them in cases where the primary effects had passed off, and my patient was laboring under the secondary results of the poison. I do not know whether I cured these cases homœopathically or not, but it will cure every time notwithstanding.—E. F. BROWN, M. D., Hastings, Mich.

THE HOMŒOPATHIC SOCIETY OF TUSCARAWAS AND ADJACENT COUNTIES.—December 13, 1877. Pursuant to adjournment, the first regular meeting of the Homœopathic Medical Society, of Tuscarawas and adjacent counties was held at Dr. Cash's office. The meeting being called to order by the President, Dr. Dickson, Dr. John Miller, of New Philadelphia, was elected a member. An election of the officers was held for the next half year. All of the old officers were elected the second term. The chair appointed a committee to select delegates to the State Homœopathic Society at its next annual meeting. Drs. Cash and Dickson were selected, after which Dr. Carter read a paper on dropsy being clinical cases. The next paper presented and read, was upon obstetrics, by Dr. Drumm which drew out some discussion. Dr. Peck followed by remarks upon *materia medica*. Dr. Dickson then read a paper upon cholera infantum and its treatment which was freely discussed. Dr. Cash offered in writing an amendment to the constitution which would elect the officers one year instead of six months. Drs. Peck, Drumm and Wilcox were appointed a committee on appointments of bureaus. Dr. Drumm was appointed to gynæcology; Dr. Carter, clinical medicine; Dr. Cash, obstetrics; Dr. Wilcox, surgery; Dr. Dickson, *materia medica*, with Dr. Miller on indigenous remedies, Dr. Peck, diseases of children, after which the president delivered his semi-annual address.—NATHAN CASH, M. D., Secretary.

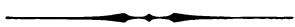
WESTERN MASS. HOM. MED. SOCIETY—The quarterly meeting of the Homœopathic Medical Association of Western Mass. was held at Springfield, Wednesday, February, 20th, 1878.

An excellent paper was read by Dr. Cate, of Northampton, on diseases of the kidneys, also papers by Dr. Woods, of Holyoke, on surgery, and Dr. Sterling, of Amherst, on functional diseases of crystalline lens and ciliary muscle. During the afternoon session free discussions of various interesting medical subjects occupied the time very pleasantly. Cases from practice were presented, accounts of recent post-mortems etc. This society although young is active and vigorous. Its membership increases by squads of six or eight at every meeting and it already numbers some of the best men in the state, although nominally for Western Mass. it draws members from the eastern part, also representatives from Southern Vermont and Northern Connecticut, who are decided acquisitions. The society met with a severe loss in the death of Dr. Swazey who took a warm interest in it. The next quarterly meeting will be held at Springfield on the third Wednesday in May next, (15th), and if any of your readers are in the vicinity at that time they may rest assured they will meet with a hearty welcome on presenting themselves.—C. F. S.

The Student's Hysteria.

In a paper on hysteria, which received a prize at the Physical Society of Guy's Hospital this year, Mr. P. Horrocks writes:—

“During the fortnight following the death of the late Napoleon, Sir James Paget was consulted for stone in the bladder, by no less than four gentlemen who had nothing the matter with them. And this leads me to speak of a form of hysteria which is frequent in males, and perhaps more so in our own profession than in any other class of people. How many students are there of one year’s standing or more, in this hospital or any other, who have not imagined, and really become convinced, that they were suffering from some disease generally a fatal disease? I, myself, must confess that I have, since coming to Guy’s, been thoroughly convinced that my heart was diseased. After a time, however, I felt that I was laboring under a great delusion; it was not my heart, after all, it must be my lungs. I remember listening with breathless attention to Dr. Habershon, as he lectured on phthisis, for I was so convinced that my chest was effected, that I had not, at that time, called up sufficient courage to read it in books, for fear of finding out, without any doubt, that I was a doomed man. One thing, however, I could not get over, and that was that phthisical patients lose their appetites. I have never had that symptom yet, and so, after all, I may only have been suffering from mental delusion. I am not alone in this kind of thing; scores of students consult, yearly medical men, for complaints of which they have not a single symptom. Ask any of our staff; they have had ample experience, and will fully bear out what I have stated.”



Something New About Oxygen.

Recent investigations have disclosed the singular fact that oxygen under high pressure rapidly destroys all living beings and organic compounds. All the varied phenomena of fer-

mentation, in which the chemical action depends upon the presence of living organisms, are completely arrested by the action of compressed oxygen, even if exerted for only a brief time; while fermentations due to dissolved matter like diastase, perfectly resist its influence. Mr. Bert, to whom this curious discovery is due, has found a practical application of it in the field of physiological research. The ripening of fruits is arrested by exposure to compressed oxygen, and hence it must arise from cellular evolution. The poison of the scorpion, on the other hand whether liquid, or dried and redissolved in water, entirely resists the action of the compressed gas. Such poisons evidently owe their power to chemical compounds akin to the vegetable alkaloids. Fresh vaccine matter, subjected for more than a week to oxygen under a pressure equal to fifty atmospheres, retained its virtue; from which it would appear that the active principle in vaccine matter is not certain living organisms or cells, as some have supposed. The virus of glanders, after similar treatment, quickly infected horses inoculated with it; and carbuncular blood, though freed from bacteria, was found to retain its dangerous properties after the same test. These must, therefore, be put in the same class with vaccine matter.

If these results are confirmed by further investigations, the discovery is certainly a most important one, and will lead to the settlement of many disputed questions in physiological chemistry.—*Jour. of Chem.*

Man's Average Height.

Statistical tables taken by army surgeons during the war show the mean height of over a half million men of different nationalities. From these it appears the American Indian stands at the head of the list, his mean height being 67.934 inches. The American white man is next in order, being 67.672 inches. The Scotch 67.066. English 66.575. Russia 66.393. France 66.227. Mexico 66.110.—*Exchange.*

New York Homœopathic Medical College.

The eighteenth annual commencement was held at Chickering Hall on the evening of Thursday, Feb. 28th, 1878. The Dean, Prof. Dowling, gave an introductory address, after which the degrees were conferred upon the graduating class by Hon. Salem H. Wales, President of the Board of Trustees.

The Secretary of the Faculty, Prof. Bradford, then presented certificates to the juniors who had passed a satisfactory examination in any or all of the junior studies, after which Prof. Helmuth, in the happiest manner conferred the prizes upon the various successful competitors in the senior and junior classes in the following order, viz:

First. A Faculty Prize, a fine microscope, one hundred dollars, conferred upon the graduate attaining the highest grade of scholarship through the whole course, to G. R. Stearns, of Buffalo, N. Y. In connection with this prize the following graduates received honorable mention: C. A. Walters, Jr., Greenpoint, L. I., N. W. Rand, Francistown, N. H., T. W. Swalm, of Mahoney City, Pa.

Second. Prize presented by H. B. Millard, M. D., to the best operator on the cadaver and showing the most aptitude for surgery, a fine set of operating instruments to Thomas Dickenson Spencer, of Utica, N. Y.

Third. Prize "Allen Gold Medal," for the best original investigation in materia medica. Gold medal to Edward Chapin, of Chapinville, N. Y. *Apocynum cannabinum*.

Fourth. Prof. Burdick's prize. A pair of obstetrical forceps, for the greatest proficiency in the branch of obstetrics, to G. R. Stearns, of Buffalo, N. Y. Honorable mention: Wm. H. McLenathan, of Jay, N. Y., Henry Von Musits, of New York city, B. C. Shenstone, of Brooklyn, N. Y.

Fifth. Prof. Lilenthal's prize. "A," for the best record of the medical clinics held at the college, pocket case of *m* potences, to Arthur A. Camp, of Brooklyn, N. Y. "B," for the best thesis on nervous disorders, "Wickers on Nervous Diseases," Lond. 1878, to C. A. Waters, Jr., of Greenpoint, L.

I. The subject of Mr. Walters' thesis was Chorea. These two prizes were adjudged by medical gentlemen not connected with the college in any way.

Sixth. Prof. Helmuth's Prize. For the best record of the Surgical Clinics held at the College and at Wards Island Hospital, a very fine pocket case of general operating instruments, to H. C. Blauvelt, of New York city, of the junior class. Honorable mention, Arthur A. Camp, of graduating class.

Seventh. Wale's Prize. Presented by Hon. Salem H. Wales to the member of the junior class attaining the highest grade of excellence in the junior branches, to E. V. Moffat, of Brooklyn, N. Y., a Helmuth pocket case of instruments. Honorable mention, J. W. Candee, of Syracuse. N. Y., R. M. Weed, of New York city.

J. T. O'Connor, M. D., Professor of Chemistry, then delivered a most excellent valedictory address, on behalf of the faculty to the graduating class; after which B. C. Shenstone, M. D., delivered the valedictory address on behalf of the class.

The Rev. Dr. Tucker, after an address, giving some well chosen advice to the graduating class, closed the exercises of the evening with the benediction.

The following is a list of the graduates:

H. J. Beals, New York; C. K. Belden, New York; T. P. Birdsall, New York; G. C. Blakelock, New York; M. M. Bose, Calcutta; L. T. Botsford, New York; A. A. Camp, New York; Eugene Campbell, Iowa; J. H. Chamberlain, New Jersey; E. Chapin, New York; O. C. Cole, New York; G. W. Crosby, New York; A. M. Curtiss, New York; J. G. B. Custis, District Columbia; R. N. Denison, M. D., New York; W. A. Durrie, New Jersey; W. E. Gorton, New York; H. W. Garrison, New York; H. D. Gould, New Hampshire; S. M. Johnson, New York; J. Kastenduck, New Jersey; G. Lounsberry, New York; C. McDowell, New Jersey; W. H. McLenathan, New York; E. J. Morgan, Jr., New York; H. Musets, New York; J. L. Nevin, Pennsylvania; N. W. Rand, New Hampshire; O. S. Ritch, New

York; B. C. Shenstone, New York; T. D. Spenser, New York; C. E. Stark, Connecticut; G. R. Stearns, New York; E. C. Strader, New York; J. J. Sutton, New York; T. W. Swalm, Pennsylvania; C. S. Van Shoonhoven, New York; C. A. Walters, Jr., New York.

A New Microscope.

ZENTMEYER'S HISTOLOGICAL.—The new Histological stand recently invented by Mr. Zentmeyer, of Philadelphia, possesses a number of features that make it altogether a very desirable instrument. It is of small size, compact, of pleasing form and neatly finished. It is also furnished at a very moderate cost. For the physician's use it has all the advantages of the very best microscopes made. Among other points of special merit we notice the fine adjustment—which is the same as used on his Centennial stand, and the plan of attaching the sub-stage and mirror to the same bar, and so adjusting the bar that when an objective is used for condensing the light, the object is always in the line of the principal axis; to what point it may be swung, even when brought above the stage for opaque illumination. Another excellent feature is the short tube. When the draw-tube is closed, giving a height of only seven inches above the object, making it very convenient when working with the tube in the vertical position. When drawn out it gives the normal length of ten inches.—C. P. ALLING.

HOM. MED. SOCIETY OF MICHIGAN.—The next annual meeting will be held in Lansing, Tuesday and Wednesday, May 21st and 22d, 1878. A fine meeting is anticipated. C. W. Prindle, M. D., Gen. Sec'y.

Book Notices.

Address. Introductory to the Eighteenth Annual Course of Lectures of the Hahnemann Medical College and Hospital, Chicago, Ill. By Prof. A. E. Small and H. P. Cole.

Accompanying this, we have four other pamphlets from the same college faculty, first, An Address, by Prof. Vilas; second, ditto, by Prof. Couch; third, a Lecture on Clinical Instruction as a Factor in Medical Education, by Prof. Leavitt; fourth, The Constitution and By-Laws of the Clinical Society of the Hahnemann Medical Hospital. All this shows enterprise, and is quite characteristic of Chicago. Undoubtedly there are live men connected with the Hahnemann, and they know the value of advertising. Of the many good things these gentleman have said we have not space for more than a general commendation. Of the queer things they have said we can not help noticing one. Speaking of the past history of the college, Prof. Cole in his address, says: "It was found as the faculty increased in number the different topics had to be so divided and subdivided and rearranged so frequently that nobody knew just what he was going to talk about and spent most of his time in explaining some pet theory he had discovered, advertising some specialty or describing remarkable cases he had cured to say nothing of the three or four professors who, while attempting to cover the same ground could not agree in a single particular." This is in the nature of a revelation, but unfortunately *post hoc*, rather than prophetic, for now the obvious damage to students is *fait accompli*, and therefore not to be avoided. Still the case may not be so bad after all, for if before the word "spent," the preceding pronoun "nobody" is understood to stand it results that the faculty of the Hahnemann have been all they ever professed to be, but if instead we are to supply "each one" before "spent," then all we have to say is that this is the worst voluntary confession ever made by a medical college in this country or age. To compare this *aber glaube* (after thought) with the annual announcements put forth by this college during the years this state of affairs is said to have existed would be to show a fearful discrepancy of statement. Prof. Cole must see that if what he says is true, he and his conferees have been party to a grand fraud, and his confession of it could have no other object than to throw discredit upon other parties. The fact is, we don't believe the statement, and we caution the public from believing that Hahnemann Medical College of Chicago is or ever has been half so bad as here represented.

Cyclopædia of the Practice of Medicine. Vol. XI. Diseases of the Nervous System. Wm. Wood & Co., New York.

The present volume treats of diseases of the peripheral cerebro-spinal nerves, and is entirely the work of Prof. Erb, of Heidelberg. The singleness of authorship gives a smoothness and unity to the works that are always pleasing to the student. The author covers a much neglected ground in medical studies. To the general practitioner the pathology of the nervous system is often a *terra incognita*. But had investigations into it been always as plain as now made by Prof. Erb, it would have been the favorite rather than the generally avoided study. We can not praise too highly the author's systematic arrangement as well the great clearness and ease with which he discusses his subjects. He treats of all forms of neurosis, neuralgia, anæsthesia, hyperæsthesia, spasms and paralysis, with their concomitant and resultant conditions. Taken altogether this is one of the most interesting of the series, and will, we are sure, be read with pleasure by all who are so fortunate as to possess it. Rob't Clarke & Co., Cincinnati.

The St. Louis Clinical Review. Vol. I. No. I. Monthly at \$2.00 a Year.

Who says the world doesn't move? It is bound to move somewhere and somehow when our gallant friend, Prof. P. G. Valentine takes hold of it. It is enough to say that he is the originator and conductor of this new enterprise, and therefore it is bound to win. It gives us pleasure to welcome this journal, for it is our only Trans-Mississippi representative, and we heartily wish it success. Pray add it to your list of journals at once, for in subscribing since it were well when it were done, it were well it were done quickly.

Editor's Table.

We can publish the *MEDICAL ADVANCE* at the low rate of two dollars a year, only by adhering to the rule of advance payment for subscription.

We expect to hear from all our friends whose bills are enclosed on the reception of this first number of Volume VI. The promptness we show we would like to have reciprocated.

PROF. J. W. DOWLING, of New York, rises to explain. In the recent controversy among the members of the Homœopathic Society of that city, he was reported through the papers of the country as saying that "as for himself he used in his practice emetics, cathartics and quinine in enormous doses." This treatment has raised a general questioning as to what sort of Homœopathy was being taught in the New York Homœopathic College of which Prof. Dowling is dean. The Professor says in a communication to this journal, that on the occasion referred to he said: "I am a homœopath, and as firm a believer in the homœopathic principle of cure, *Similia Similibus Curantur*, as any physician present this evening or practicing Homœopathy today." He further says: "In a practice of over twenty years, I have exclusively followed that principle within the field to which it is applicable." And he then at some length explains in what cases he judges the law not applicable. His entire letter to us may be found in the April number of the American Observer.

OUR JOINT CONVENTION promises to be a grand success. As at present arranged the societies will meet at nine a. m., in the College Rooms, corner Mound and Seventh streets, May 14th. The amphitheater of the College will be used for the joint sessions. A cordial invitation is extended to the medical fraternity to be present with their families and friends to join in the festivities of the occasion.

AMERICAN INSTITUTE OF HOMŒOPATHY next annual meeting at Put-in-Bay, June 18, 19, 20 and 21. Head quarters at Put-in-Bay House.

THE Wisconsin Homœopathic Society will meet in Milwaukee, June 13th and 14th. O. W. Carlson, M. D., Secretary.

THE California Homœopathic Medical Society holds its next meeting in San Francisco the second Wednesday in May. G. M. Dixon, Secretary.

CHARLES DICKENS said that "the first external revelation of the dry rot in men is a tendency to lurk and lounge; to be at street corners without intelligible reason; to be going anywhere when met; to be about many places rather than any; to do nothing tangible, but to have an intention of performing a number of tangible duties to-morrow or the day after."

BY THE WAY, I have never seen an answer to your question, why some doctors get rich while others toil hard all their lives and barely make a living. Let us have the answer. Give us the key that will unlock the mystery. C. W. H.

DR. D. A. HILLER, of San Francisco, has opened a Free Homœopathic Dispensary at Bagley Place. Success to the enterprise.

DR. A. M. CURTIS has been appointed resident physician to the Ward's Island Homœopathic Hospital. We cordially approve the appointment.

DR. J. C. KILGORE has changed his location to New Richmond, O.

THE Nebraska Homœopathic Medical Association meets in Omaha, May 22d and 23d. A cordial invitation to all. H. A. Worley, Secretary.

RECEIVED.

A Plea for Pure Homœopathy Against Eclectic Homœopathy. By Edward Bayard, M. D.

Hoynes's Annual Directory of Illinois, Indiana and Missouri, 1878.

"The Blood is the Life." A Treatise on Immortality. By Joseph Wheeler Bath, New York.

Annual Homœopathic Gazetteer, Iowa, Arkansas, Nebraska, Louisiana, Tennessee and Texas. Dubuque, Iowa, 1878.

The Reformation. A Sermon on Ritualism. By Rev. P. B. Morgan, M. D., Cincinnati, 1878.

Diseases of the Brain and Nervous System. By J. Martine Kershaw, M. D., St. Louis. To be issued in eight separate parts. Part I, Facial Neuralgia and the Visceralgia.

Cyclopædia of the Practice of Medicine. Vol. XVII. General Anomalies of Nutrition and Poisons. Wm. Wood & Co., New York. Rob't Clarke & Co., Cincinnati.

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

VOLUME VI.

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NUMBER 2.

All business communications, relating to the *MEDICAL ADVANCE*, should be addressed to DR. T. P. WILSON, 130 Broadway, Cincinnati, O. Terms \$2.00 a year.

THE EDITOR of "The Organon" banter us. Dr. BLUNDELL, of London, lately died, leaving an estate worth two million, seven hundred and fifty thousand dollars, and the editor aggravatingly inquires, "can you do anything like that in the obstetric line in the States?" To be sure we can. And besides, our wealth is not as in England, all in the hands of our obstetricians. Even our common doctors die here and leave more money than that. And, besides, most of them are saved the trouble of making bequests. A midwife with but a limited practice died here not long ago, and left the whole world to her successors. By the way, Brother SKINNER, how would it do to suggest this in the line of epitaphs: For ordinary people engrave on their tomb stone *Finis*—for defunct obstetricians *Funis*?

"THE FALL OF HOMŒOPATHY."—It doesn't take much to amuse a child. He is sure to be "pleased with a rattle and tickled with a straw." And speaking of straws, such as show which way the wind blows here is one. It is taken from an allopathic journal editorial. What do our New York resolutions think of it? BOBBIE BURNS' prayer is answered at last. They can see themselves now as others see them. But to us it's such a comfort to see the old school enjoying themselves over the supposed death of their ancient enemy. Here is what the editor solaces himself with:—[Ed.

The present month has been made memorable by two notable events—the death of TWEED and of Homœopathy! These events have

so much in common, as that both TWEED and Homœopathy were believed, by their followers, to be worthy of confidence, when, in fact, both were frauds, and both have come to untimely and violent deaths. TWEED has died of a broken heart, because he could not break the bars of his prison, and Homœopathy has committed suicide in the open streets.

For several years homœopaths have shown signs of mortification and of humiliation when the finger of ridicule has been pointed to their absurd doctrine of infinitesimals; and one after another they have denied the faith in this once cardinal element of their doctrines but only that they might contract the more valiantly for the doctrine of *Similia Similibus Curantur*. But now they have pulled down this, the only remaining column upon which the edifice stood, and they lie buried and gasping beneath its ruins. The Homœopathic Society of this city has declared that it will no longer "obstruct science," or make itself the jest and amusement of a laughing world; and it has formally announced its intention in the future to use any medicine which experience had proven to be useful, whether it operated in accordance with the rule of *similia*, or of *contraria*, etc. In short to use what medicine they pleased without reference to rules or doctrines; and this is now, and always has been the precept and practice of the school of medicine from which, for the sake of gain—in order that they might profit by a stupid but popular delusion—they had formally separated themselves. The ground now taken by the homœopaths is the only possible ground for any science to stand upon; and in admitting this, they have virtually, so far as they and their followers are concerned, terminated the existence of Homœopathy. As to the number of the deserters—those gentlemen who have taken the lead in firing upon and hauling down their own flag, say that not three genuine homœopaths can be found in this city—probably not one, not so many, perhaps, as were required to save Sodom and Gomorrah. They, the ungodly people, and their visionary doctrines are, therefore, to be sunk and buried forever beneath allopathic floods of sulphur.

An honest confession is good for the soul! So TWEED thought; but who will pay back to the people the money he has taken under false pretences?

We have one favor to ask of these gentlemen, and that is, that in their search for a new name in place of that which they have now repudiated, they will not call themselves "Doctors," but leave to us the sole and exclusive right to our ancient title.

Perhaps we may suggest that they call themselves "eclectics"—that is, men who do as they choose, or polypathists, or noodles, or anything else but doctors. For reasons which we do not feel obliged to give, we prefer not to be considered as belonging to the same family, or as in any way related to them for a generation or two to come.

There is something queer in the blood, or brains, or hearts of these unfortunate men, which will not be got out of them in a day, perhaps not in a life time. In the meantime, as our own family is already pretty large, and as the alma maters are very prolific, we can afford to wait awhile before we adopt the children of others.

THE RESULT.—Commencing with the fiasco of Dr. WYLD in London last year, we have had running through the homœopathic school a

peculiar epidemic. Wherever it appears it is but a repetition of the folly of WYLD. It is an unseemingly haste on the part of individuals and societies to make themselves conspicuous as representatives of what they consider Homœopathy. It is one of those mysterious tidal waves of thought, for which it is hard to give a rational cause. The same thing is observed in other departments of thought.

The mind, like the body, is prone to morbid states, and delusions like disease simultaneously or successively attack a large number of people. There is no accounting for it with our present knowledge. It is idle to complain of these things. We must set ourselves energetically at work to counteract and cure them. The present epidemic among us and to which we now refer, is the epidemic of definitions. Everybody attacked with the complaint is anxious to answer this oft-mooted question: What is Homœopathy? They all want to go upon the record with a definition. They are not content that Homœopathy should spread and multiply, and day by day add to its victories and its followers. Prosperity of that sort is nothing without a definition. And so it follows that articles must be written, whereases and resolutions must be drafted and these must be displayed to the wondering eyes of the public. There is no more sense in it, than there is in an epidemic of cholera, and it is productive of just as little good. Nay, if its results were negative merely we might be thankful. The simplest *aposteriori* observation shows the result to be most disastrous. What, pray, have we gained by it? Nothing. On the contrary we have lost with each recurrence of the attack. Once Homœopathy was universally thought to be alive and prosperous. To-day, in ten thousand hamlets and houses in America it is believed that Homœopathy is dead; that it lies mangled and lifeless, and is abandoned by its friends. It is our individual experience to meet almost daily intelligent persons who exclaim, "Well, I see you homœopathic doctors have given it up." Patients to whom we give medicine look up in astonishment and say, "Why I thought you homœopaths didn't use sugar pills any more." From the far west comes the word of a physician, "God save us from any more such resolutions. They have been printed in all our papers, and I have lost business, and Homœopathy has lost caste by it." The evil of this thing is not on its face. It seems plausible and takes well with the thoughtless, but with a cry going up through all the land with allopathic and eclectic journals swelling the echo, "Homœopathy is dead!" there must be evil and only evil in the course pursued by those who are so anxious to show how little they know of what they profess, and to put themselves forward as representative of principles which at the most they only half believe. For heaven's sake let us have an end of further definitions. Let us tend to business and show the world what we can do and not what we believe.

Events Viewed Unequally. By J. B. Hunt, M. D., Delaware, Ohio.

I have been much interested in the perusal of an article in the Popular Science Monthly, vols. iii and iv, a translation from the German of a lecture by Prof. Joseph Czermac, on the subject of Hypnotism in Animals, notably crawfish and fowls.

Some very interesting experiments are reported showing that these animals under certain circumstances and by certain manipulations may be rendered unconscious, or at least lose the normal excitability of their nervous systems, and be brought to a condition resembling the mesmeric influence in man. A crawfish under the manipulations of this distinguished scientist would suddenly lose all power of motion, and remain standing on its claws and nose for some time, then wake up and resume its efforts to escape as before.

Wild hens were brought to the table and during their frantic efforts to escape would suddenly become entirely unconscious and lie upon their backs, or in any unnatural position for a quarter of an hour or more.

But I do not propose to write of "hypnotism," but of a subject incidentally introduced by the Professor in his lecture which interested me far more, viz: the quality in man of unequal perception. He says: "Such a circumstance constitutes an event not thoroughly tested, or an incident unequally investigated, and I believe we are not merely logically justified, but morally forced to distinguish among events in the perception of nature a new and especial category, that of events viewed unequally." The facts he gives, or illustrations rather, which force him to this conclusion are as follows, I quote again from the lecture: "During the autumn of the past year, while sojourning in Bohemia, I made the acquaintance of a gentleman who, in the course of one of our scientific discussions communicated to me the striking information that he had not only seen others magnetize crawfish, but had himself succeeded in the attempt. On being asked to explain, the gentleman told me that the whole thing was un-

commonly simple. You hold the crawfish firmly in one hand and with the other make magnetic strokes from the end of the animal toward the head. * * Under this manipulation the crawfish in a short time becomes quiet, places itself on its head in a vertical position, using its feelers and the two claws, which are pushed inward, as a support. In this peculiar and unnatural position the animal remains motionless until passes are again made in the opposite direction, at which it begins to move once more, tries to lose its equilibrium, at last it falls and moves away."

Now this Bohemian friend was a scientific gentleman, but not quite so careful in his investigations as the learned professor. He had seen the passes made, had witnessed the immobility of the crawfish, and believed the one was a direct result of the other. But he viewed it unequally, for the Professor showed him by experiment in a few minutes that the crawfish would do the same thing by merely being held with a string, and the string attached to a glass tube, without any passes at all. It seems to be the natural tendency of the human mind to look for a cause for every result. That is, we reason from effect to cause and not from cause to effect, as is often said. But while this is a fact, it is astonishing how easily the mind is satisfied in regard to cause. We see a fact, a result, and the unskilled mind readily accepts almost anything which preceded it as its cause. The result of this novel experiment was no doubt a surprise to the Bohemian gentleman, and if he were as obstinate as many of our would be scientists of this country, time again he still insisted on the magnetic theory. However that may be, the incident called to the mind of Prof. Czermac an experiment he had seen with hens, the effect of which was similar to that produced on the crawfish, and he concluded at once to experiment upon the poultry yard of his friend, where he was staying. The result of these investigations is given to the class before whom he is lecturing in these words: "He caused one of his assistants to bring him a hen and hold it fast upon the table. This was done after much resistance and many cries from the frightened bird; then with his left hand he held the head and

neck upon the table, and with his right hand drew a chalk line, beginning from the end of the beak, on the flat surface, which was of a dark color. Left entirely free; the hen, though breathing heavily, remained entirely quiet upon the table, then without moving it allowed itself to be placed upon its back, and remained in this unnatural position until the close of the lecture." Now here was science; a wild hen bound immovable with a chalk mark. There was a plain, simple fact; they had all seen the mark made, and the result a motionless hen. No one could doubt what their own eyes had seen. But hold! another case of an event viewed unequally. The Professor in a few moments, with other hens demonstrated that the chalk mark had nothing whatever to do with it; simply holding the fowl and stretching out its neck would produce the same effect.

(I remember when a boy, in killing chickens for the table, I would frequently put them to sleep, as I called it, to see how still they would keep after their heads were off. My process was this: I would hold them firmly by the legs with one hand and with the other stretch out the neck and give them a swinging motion for a few moments, then lay them on the block, sever the head, and lay them gently down on their backs, and instead of "hopping around like a hen with her head cut off," they would remain perfectly quiet, not moving a muscle, or at most a very little motion. I knew nothing of mesmerism or hypnotism then, but explained it in this way: I thought the hen went to sleep and did not wake up until it was too dead to kick.) I give this bit of personal experience partly to corroborate what the distinguished Professor has said, and to show the reader that I have some knowledge of the subject myself. "It is the easiest thing in the world to be deceived." So true is this sentence that it has come to be a proverb, and men love to be deceived—that is, they would rather cling to a delusion than suffer the mortification of confessing an error. If mankind were less credulous and would patiently and carefully investigate the mysterious events which present themselves, we should soon be rid of the many foolish and superstitious notions which

have been handed down to us from the hoary past. But we are prone to view events unequally, and when we do the operation for properly adjusting the mental vision is harder to bear than the operation for strabismus, and men resist it. The healing art is a science, and surely within its sacred laboratory there should be no unequal vision. Though examination in this domain should lead from every effect to its true and legitimate cause.

We of this nineteenth century, and especially of this glorious country, are wont to boast of our attainments,—our scientific attainments,—and indeed pride finds a right good foothold when we compare ourselves with those who lived a few centuries ago. Still we ought not to be loud in our boasting. We are yet inclined, I fear, to insist upon it that our crawfish is magnetized. I have on my table a very old book, "A Synopsis of Medicine," written by Dr. Wm. Salmon over two hundred years ago; printed in the year 1671, which is full of the wisdom of that day. Dr. Salmon was a scientist and one of no mean pretensions either. He was a botanist, chemist and astronomer. He knew more about the twelve signs of the zodiac, it would seem, than the combined knowledge of all the almanac makers of the present day, except, perhaps, Josh Billings. He understood perfectly all the movements of the planets and the lunar and solar revolutions, and the relation of each to the other, and talks learnedly of the influence they have upon things terrestrial; knew which star was to be lord of the ascendant in the radix, and its influence on the sick, and also the moon at the decumbation or otherwise, and its influence over plants, herbs and all medicinal substances. Indeed, one would think from the many maxims and observations of the Doctor concerning the moon and its influence over men and medicine; that the "moon shine theory," of which we have heard much of late, was not indigenous to American thought, or a discovery of the nineteenth century. He was a very close observer and sought to know the cause of every thing that transpired, but like too many of his followers he was very liable, as I think, to view things unequally, and accept as a cause for a given

effect that which was not a cause at all. It would no doubt be interesting, if not instructive, if I were to make some quotations from this voluminous work, but want of space forbids. I will content myself with simply giving a recipe for what he calls a sympathetic ointment, viz:

℞ Bear's grease,
 Brains of a bear,
 Powder of washed earthworms,
 Red sanders,
 Mummy,
 Bloodstone, aa ℥i
 Mass of a dead man's skull not buried, ʒi
 Make an ointment S. A.

This ointment was an infallible remedy for all wounds. The mode of its application is peculiar, and was as follows: "Anoint the weapon that made the wound daily once, if there be need and the wound be great, otherwise it will be sufficient to anoint it every other day. Where note, first, that the weapon be kept in clean linnen and in a temperate heat lest the patient be hurt, for if the dust fall or wind blow upon it, or it be cold, the sick will be much tormented. Second, that if it be a stab, the weapon be annointed toward the point descending." Note three goes on to state that if you want to use the instrument that made the wound, you can take a stick and annoint it and lay it away in linen as directed for the weapon, and the cure will go on just the same.

Now I have no doubt of the success of this mode of treatment. Close observation would reveal the fact that in hundreds of cases there would not be a single failure; yet I presume we will all agree with Prof. Czermac that the good doctor viewed his events unequally, and that a cure in each case would have been just as certain if he had omitted the sympathetic ointment, and given instead one or two doses of the one hundred thousandth potency of *Bitch's milk*. The latter for real efficacy I am sure, would have been as good and much nicer, nothing greasy or mussy about it.

Looking now at the medical profession through the scientific glass of the learned Prof., I see them here and there

manipulating their hens or crawfish, and with their chalk marks or magnetic passes producing effects which are surprising. It was found by one of these scientific investigators that to begin the chalk mark just six inches from the hen's beak, the same quiet would result and with less injury to the hen. And Dr. A., with deeper penetration and actual experiment, observed that one foot away was a still better point to begin the mark. Then Dr. B. with zeal for the cause and careful investigation claims, that three, six, twelve and even twenty feet away, if the mark be carefully drawn, the effect will be the same and more lasting. But the work of scientific observation stops not with Dr. B., for here are Drs. C. D. and E. pursuing the same line of experiments and demonstrating in the clearest possible manner, that if proper care be exercised in the selection of the chalk, and the mark be made in exact conformity to the angle of the hen's eye, that it may begin ten, twenty, fifty and even a hundred thousand feet away, and some of them go so far even as to assert that a single dot with prepared chalk, upon a board one hundred and seventy thousand feet away if it be made to correspond minutely with the totality of the spots on the hen's feathers will have a most charming effect. Now this is science; it may not be exact science, but careful observation has been made every foot of the way, and I admire the patient persevering effort of the men who have so labored. I believe their experiments have been honest even if they have viewed some things unequally.

SCIENCE.

Theory and Practice.

Physical Examination. By O. S. Runnells, M. D. Read before the Joint Convention, Indianapolis, May, 1877.

Investigation is the doorway to truth; is the revealer of the actual; it is the strongest ally to the comprehension; it is the process of exploration and discovery; the handmaid of invention, the forerunner of art and the only pathway to science. The investigator is always inquisitive; is painstaking and minute in all his analyses, is radical and puritanical in every pursuit. He requires to have a knowledge in order that he may have a consideration of all the facts. He demands to know the obscure as well as the obvious in regard to his subject, and is inexorable in these exactions. Out of this process of accurate inquiry comes that certainty of understanding that is the enduring frame work of science, and without which progression is a failure. In its train, also, legitimately follows the best demonstration of art, which is practical application, usufruct, skill.

It is to a consideration of this course of action that I desire to draw the attention of the medical profession in general, and of gynecologists in particular. Why is it that medical science is such a cripple to-day? that apology is necessary here more than in any other field of thought? that the "disagreement of doctors" passes without discount in the mutual currency of the nations, and that of all the soldiers of truth Æsculapius must ever be considered the weakest and most unreliable? Is it because of the tender years and immaturity of the profession? It originated in the very infancy of human society. Have the laborers been few? No vocation has had so many enlistments. Are the ends to be attained ignoble? They are paramount to the goal of every earthly ambition. Let the truth be told: It is because of a radical fault as old as history, that stumbling has occurred through all the ages. The signs have been disregarded or but superficially considered. The evidences as to fact have been but

meagerly taken, and diagnosis has been for the most part shabbily treated.

“Art,” so called, has preceded, and in the main superseded science. It is a disgraceful record of empiricism and ignorance, and we may well share the humiliation of our patron saint.

But at this point, the end of the three score centuries, we have little time for sack cloth and ashes. It will resound more to our credit if we give vigorous consideration to the causes of this condition and expeditiously banish them. We have not been the sole architects of our misfortune. We have been both the builder and the tool—a tool in the hands of society. Society has furnished the atmosphere for the workmen; she has poisoned their blood and paralyzed their members. During the infancy and youth of the race, and so still in varying degrees the world over, the doctor or “medicine man” was regarded as an awful person; as one having superhuman foresight and ability; a kind of clairvoyant or special divinity on earth. His acts were passed without scouting, and his words—from which there was no thought of appeal—were received and acted upon with the most implicit and sublime faith. His commands, like the bulls of a pope, were edicts of power. The fiat of no other vocation had the force of such absolute obedience. This is to be accounted for by the fact that medicine in its introduction and practice had the help of theology. The doctor was a priest, and the priests were doctors—a combination of great potency. The material, worship and fanaticism of the period, furnished the soil for the propagation of its kind—ignorance; it supplied the causes for the lethargy and paralysis of truth, and it gave birth to superstition, a ruler than whom no potentate has ever exerted such damaging power. The blighting effects of this influence have been painfully manifest in every field of human thought, but in none more than in our own.

As we enter to-day this temple dedicated to the healing of the race, it will be profitable for us to pause on its threshold and study its walls. They are one vast engraving of history, the record of hard fought battles and slow advances. The

background of the picture is murky and recedes into nebulosity and blackness, into indistinctness and chaos. As far back as we can discern, soldiers armed with the weapons of the time are on guard or in deadly battle for the preservation of what they believe to be the already ultimate or perfect truth. They consider any modification or transposition of it to be heresy, and various courts martial are visible determining the measure of punishment to be meted out to the "base wretches" who have been so guilty and wicked as to meddle with it—to innovate or differentiate upon it. Each trial has but one culprit, and he stands alone against the surging tide of persecution. Here in the Alexandrian period are men under concial ordeal for dissecting human bodies, which, having the God-image, it is desecration and profanation to destroy. Further on is a man arraigned for stating that the arteries were not filled with *air*, but are occupied by a red fluid termed blood; another for maintaining that the blood is not stationary but moving; that it goes out and comes in, performing the circuit of the system. And so on, *ad infinitum*, the field over. In the foreground of the picture the shades grow lighter, but still portray a continuation of the conflict; the same in kind with a difference only in degree. Every advance costs reputation, struggle and time, and the engraving goes on linking the present to the past, of which it is but a continuation. The old influences meet us on every hand to-day. We still have persecutions and ostracisms for the truth's sake. The age only of a dogma is yet urged as an argument in favor of its perpetuity. The preconceived continues in the endeavor to establish preemption over all territory, and it is only by fiercest struggle that new revelations gain foothold and supremacy. There is the same foolish fear that error will disestablish truth and the cause of the eternal thereby suffer ruin and decay. Superstition, the same yesterday, to-day and forever, meets us in the avenue to every advancement, and adapts itself in varying attitude to the conditions of every question. Science is each day asked to show cause why it is not materialistic and anti-christian. It is expected to prove in advance that its facts will bring no

disturbance to accepted belief; that fanatical dogma shall still have unmolested and harmonious existence. Every scientist, from Adam to the present, has been called upon to confront this expression and demonstrate satisfactorily that he is not controlled by a spirit of evil, and has not ulterior designs on the Ark of Israel. People of good intent have thus through all the ages been egregiously slow in accepting the lesson of experience. Opposition never yet strangled a truth; persecution never impeded it and martyrdom never killed it. It is mighty and will prevail; while error, like the glow worm will scintillate its false and uncertain light for a brief period and die of its own volition. This truth that has been verified forever will serve the world in the present. Darwin and Huxley, Spencer and Tyndall are not forces to be feared for the crucible of discussion and the re-ort of time will educe the genuine and establish the everlasting.

These facts it is true are general and of sweeping application; but they are also special and relate to medicine with peculiar energy. In our profession, generally, there is a lamentable amount of bias and bigotry; of intolerance and suspicion; of inexactness and uncertainty; of narrow mindedness and one sidedness. As a class we do not possess that liberality of conference, of view and of investigation that scientific nobility and true progress demands. There is too ready an inclination to discount another and all that he pleads if he does not accord with us in our pleading; too great an eagerness to mildew his reputation with the terms, allopath, mongrel, fool, if he differs with us on dose, potency or otherwise; to manifest an aptness to get into a deep and crooked net that is difficult to get out of, and that completely bankrupts the vision in every direction. These things lie athwart the threshold of advancement and are a disgraceful barrier. It is the purpose of this physical examination to furnish a definition of them and an effort at removal.

It is an established fact that the less a man knows, the more of an intolerable bigot is he; and conversely the wider and deeper his knowledge, the greater his humility and the more

of a Dunham is he. The reform then is in the alphabet; in the orthography and etymology, medically speaking; in the lines of special study and of radical, accurate inquiry. Investigation is the only word that embodies the idea, and I am happy to note a more wide spread adoption of it. The subdivision of medical thought into specialties, therefore, is a measure pregnant with the greatest good, and is destined to lead to the grandest results. A man is no longer censured for not knowing everything as he once was; if he knows and does one thing well, he is most willingly admitted to the right hand of power and glory. As exponents, then, of the undeveloped science of gynæcology, we have a large measure of effort before us. From Hippocrates down, there has been endeavor to furnish the better half of humanity a way of escape from her untold and untellable sufferings, but the effort has been for the most part a vague and uncertain wandering. When Recamier, fifty-five years ago (1818) introduced and popularized the vaginal speculum, the first enduring step was taken—investigation was commenced, and what we know of the diseases of women is for the most part subsequent discovery.

It is to this much villified and abused instrument and its use that I desire to draw especial attention, for it is upon its christian employment that our progress mainly depends. It is our ophthalmoscope, microscope, telescope, and without its revelations little that is substantial can be accomplished. I plead thus for scientific inquiry in this vast field of usefulness. Let the same rigid rules be applied in the search for facts here that are enforced in other lines of exploration. Consent to no dallying and enter into no compromise for delay, but be absolute master of the situation. So shall our understanding be built up and our feet established on the rock of truth. You who are familiar with the trials to be met can fully understand the difficulties of absolute adhesion to these laws; but I assure you they are more apparent than real. With gentle but absolute firmness, manly dignity and undeviating integrity, every barrier can be broken down, every impediment removed and light established where darkness now abides.

Diphtheria. By G. N. Brigham, M. D.

Much has been written upon this subject, and perhaps by this time you may think the subject is, or should be exhausted, but we have hardly learned to treat the disease after all our discussion, as the records of mortality clearly show. Having given some study to the disease, and tried, for it and its closely allied disease, scarlatina maligna, several of the more noticeable remedies of the homœopathic materia medica, I beg a little space in your journal.

I have remarked that I consider the disease closely related to malignant scarlatina. If my theory be correct we must expect the same, or analogous remedies to meet what will be similar indications in the two diseases. The prophylactic of malignant scarlatina is not *Belladonna*, but *Sulphur*, if we have any, and *Sulph.* is much more a remedy in that type of the disease than *Bell.*

What have we characteristic and diagnostic in diphtheria? First, the feeling of weakness and lassitude such as attends venous congestion and structural degradation. We then have sore throat with plastic exudations upon the tonsils, pharynx or other outlets of the body. We have albumen set free from the blood and often passing through the urinary emunctories. We have decomposition of exudations and fœtid discharges where the mucus membranes are broken down. We have lymphatic swellings of the parotid and submaxillary glands. To summarize, we have emphatically an arrest of vitality through the vegetative system of organic life. We have much the same phenomena in scarlatina maligna.

What remedies have the most power to modify the functions of the organic system? The first we would be likely to think of is *Sulph.* *Sulph.* produces the venous congestion and acts through the vegetative or ganglionic nervous system. It acts powerfully upon the mucus membranes and lastly upon the cerebro-spinal axis, where the diphtheritic symptoms more lately are manifested. We will select a *Sulphur* group of symptoms for the sake of seeing what are

the analogies of the drug to our more usual cases of diphtheria. Pale countenance; or redness and heat about the cheeks; swelling of cheeks, swelling of lips; stitches in the ear; glandular swellings of the submaxillaries; sore throat, with swelling of cervical glands; painful pressure in the throat when swallowing, as if the palate were swollen; sore throat during empty deglutition, as if some substance was in contact or uvula was elongated; choking and sore feeling in the throat when swallowing as if the tonsils were swollen, with pain and prickings in the ear; we have also the symptoms of fetid breath and fetid odor from ulcerated surfaces. I would regard *Sulph.* as an excellent remedy to begin the treatment of diphtheria or malignant scarlatina with, and not to be lost sight of at any stage of the diseases. Another remedy will be found in *Apium vir.* In this also we find a remedy affecting the glands and mucus membranes. Its indications are found when we have red and highly inflamed tonsils, with stinging, burning pains on swallowing; the false membranes quickly assumes a dirty, grayish color; countenance is bloated, and urine scanty or suppressed; parotid enlarged, particularly the right. It admirably supports *Sulph.*

Scarcely inferior to the last as a remedy for this formidable disease will be found *Lachesis.* It will be indicated when we have internal and external swellings of the throat, particularly when beginning on the left side; intensely fetid exuviae from the mouth and nose; pseudo membranes heavy and spreading to fauces; swallowing very difficult. We have also cured cases of malignant scarlatina with enormous swelling of the left parotid; tongue swollen, jaws open, and lower jaw hanging down; small pulse; urine albuminous, dark and scanty; with fetid ulcers extending high up the nostrils; patient restless and unconscious; the capillaries at the same time only slowly responding from pressure on the skin, with *Lach.* 200 and *Apis* 30. The analogies of this case to diphtheria are sufficiently obvious. Nor is this the only case cured by these remedies.

A remedy which I have never tried, but from its provings demands a trial, is *Crotalus.* *Crotalus* acts upon the solar

plexus and pneumogastric nerves. Its characteristics for diphtheria are great prostration of vital forces; very foul breath; tendency to hemorrhages at the outlets of the body; red blood stains in the skin; prominence of right side symptoms; bluish or yellow hue to the skin; tendency to general dropsical effusions. Its analogies, as is seen, correspond to the stage of dissolution of blood corpuscle. We believe we have here given the most reliable remedies for malignant diphtheria. To the list may be added *Lycopodium*, an analogue of *Sulph.* often adapted to exudations affecting the right side. As it has produced false membrane upon the tonsil, presumably it will cure such cases as present the *Lycopod.* type. It hardly belongs to our first class remedies, though often a very good one and becomes the best if the symptoms and pathology of disease best agrees with characteristics and organic symptoms of drug.

Phytolacca has many suggesting symptoms, and in the milder forms of the disease is a sufficiently reliable remedy supported with *Sulph.* But in the greater forms of the disease, it has done little for us, and lacking, as it does, the characteristic blood changes, I do not see how it could. *Sulph.*, *Apis*, *Lach.* and *Crota.* are our remedies.

Catarrh. By E. B. Graham, M. D., Albany, N. Y.

It is not my intention to give the readers of this journal a complete history or treatise on this disease. I take it for granted that it is so common and so prevalent that it needs no extensive article relative to its etiology, or its real pathological conditions. What I desire is to call the attention of the medical profession to the treatment of those catarrhal diseases that the busy practitioner finds daily in his practice,

and which proves to be so obstinate that many physicians are averse to treating those cases. In fact people have come to the conclusion that the physicians can not cure catarrh, and quite frequently they boldly proclaim it. The past two years I have been treating catarrhal diseases by atomization, and to say that I am more than well pleased with the result does not express the gratitude that my patients proclaim in its behalf. I procure a Delano atomizer, no other atomizer answers the purpose that I have seen. This has a long oval tube that is nicely adapted for inserting in the nose, and by holding the head back and using the following recipe for the atomizer:

℞ Aqua rosa or Aqua dist, ʒi
 Carbolic acid, gtts viii

Atomize until it passes down through the posterior nasal cavities into the throat so it can be ejected through the mouth, and then using it freely in the mouth so it thoroughly atomizes on the pharyngeal walls. The sensation it produces is very pleasant and agreeable, and the relief that follows is quick. The dropping that frequently occurs from the back part of the nasal cavities into the throat is soon removed; the patient breathes freer in almost every instance after using it. It can readily be seen that in applying the atomizer in this way its action is two fold. First, it dislodges all incrustations or sordes by coming directly in contact with the diseased parts, acting as a cleanser and in no way irritating the parts. Second, the provings of *Carbolic acid* show it to be homœopathic to a very large number of symptoms that catarrh presents. I do not use *Carbolic acid* for every case of catarrh; I find it oftener indicated than any other remedy. Any remedy that is indicated can be used in the atomizer. The liquid should be warmed to blood heat before using it. It can be used once, twice or three times a day as the patient desires; twice a day is about the number of times I usually advise patients to use it.

I wish also to speak of the use of the atomizer in the treatment of scarlatina and diphtheria. In the former I have

witnessed surprising results. In scarlatina maligna where there was a pseudo formation extending from the fauces up into the posterior nasal cavities, I have witnessed the happiest result by using the spray through the nostrils, also in the throat after using through the nostrils. The remedy that seemed to be most effectual in removing the formation was *Sulphurous acid*, in strength just sufficient to taste the *Acid*. The medical profession will find it to be invaluable in all those cases of scarlatina where there is any quantity of sticky, stringy, ropy, tenacious mucus, which many times is very obstinate to expel or remove, and if left there produces ulceration and sloughing and reabsorption of the virus into the system. I have seen an application through the nostrils remove every particle from the throat, and as often as it collected the atomizer would remove it and give the little sufferers much relief, and they would call for it quite frequently. The cheapness of the atomizer brings it within the reach of all. I commend this to the profession, hoping they will try it faithfully before condemning it or casting it aside.

The Pathological Effects of Drugs. By A. C. Rickey, M. D.,
Dayton, Ohio. Part I.

In a former paper (page 419, Vol. V, *MEDICAL ADVANCE*) we set forth our views as to the value of an accurate knowledge of the pathological action of drugs when used in connection with the subjective symptoms. We wish herewith to present the readers of the *ADVANCE* a condensed, systematised arrangement of the drugs in more common use, which are capable of causing the pathological conditions named.

A large proportion of these remedies have been tried by the writer, and the correctness of their provings verified. No effort has been made to include all the remedies that are adapted to these diseases, but rather to group together those which clinical experience has shown can be relied on; to be used when the busy practitioner has no time to look over extended repertories. It is better to be thoroughly acquainted with the action of fifty remedies, than to have a smattering of five hundred. That order has been pursued which the writer has found most convenient for ready reference.

§1. STOMACH.—Sour: Calc. c., Carbo v., China, Kali c., Natr. m., Nux v., Phos., Sepia, Sulph.

Bilious: Ars., Bry., Cham., Ipe., Mer. c., Nux v., Podo., Puls., Verat. a.

Heartburn: Carbo v., China, Nux v., Phos., Sulph.

Atony of: Hydras., Igna., Iris v., Nux v., Cocc.

Anorexia: Ars., China, Hepar., Hydras., Mer. c., Natr. m., Rhus., Puls., Sepia, Sulph.

Burning in: Ars., Canth., Hepar., Lach., Nux v., Phos., Puls., Sepia, Sulph.

Flatus: Carbo v., China, Cham., Lyco., Nux v., Puls., Salicylic acid, Sulph.

Nausea: Ars., Bry., Ipe., Puls., Verat. a. 2. Carbol. acid, Phos., Tart. em., Sepia.

Vomiting: Ant. cr., Ars. of cuprum, China, Cocc., Natr. m., Nitr. acid.

§2. MOUTH.—Aphtha: Borax, Hydr., Mer. c., Nitr. acid, Staph.

Ptyalism: Merc., Nitr. acid, Sulph. acid, Bell., Lach.

Toothache: Aco., Bell., Cham., Coff., Merc. c., Nux., Puls., Spig., Staph.

§3. LIVER.—Jaundice: Aco., Bry., Merc. c., Nux v., Podo., Puls.

Portal Congestion: Æscul. h., Chel., China, Merc. c., Nux v., Podo., Puls., Sepia, Sulph.

Biliary Calculus: China., Calc. c.

§4. STOOL.—Painful diarrhea: Ars., Bry., Coloc., Merc. c.

Painless diarrhea: Ars., China, Colch., Croton tig., Ferri, Hepar., Phos. acid, Podo.

Undigested: Ars., Calc., China

Slimy: Aco., Mer. c., Podo., Sulph. 2. Bell., Bry., Cham.

Bloody: Canth., Caps., Colo., Colch., Ham., Ipe., Rhus., Sulph.

Constipated: Æscul., Bry., Calc. c., Colins., Hydras., Lyco., Nux v., Podo., Sepia., Sul. 2. Alum, Graph., Kali c., Igna., Opi., Plumb., Verat. a.

§5. ANUS AND RECTUM.—Fissure of: Nitr. acid, Graph., Caust., Silic., Argent. Nit.

Fistula in ano: Silic., Caust., Sulph., Iod. calc., Potassa, Sesqui., Carb. locally.

Ulceration of rectum: Hydras., Merc., Podo.

Prolapsus of rectum: Podo., Ignat., Colch., Ferri. iod. 12.

Piles: Æscul., Aloes., Colins., Graph., Ham., Hydras., Muriat. acid, Nitr. acid, Nux v., Sulph.

§6. COLIC ENTERALGIA.—From indigestion: Ipe., Nux v., Puls.

From worms: Cina. or Santo., Merc., Sulph. 2. Acon., Bell., China, Puls.

From rheumatism: Acon., Coloc., Dulc., Puls., Rhus.

From neuralgia: Bell., Cocc., Coloc., Ignat., Nux v.

From lead poisoning: Alum, Ars., Cocc., Nux v., Opi., Plat., Zinc.

From biliousness: Bry., China, Merc., Nux v., Puls.

From flatulence: Carbo v., Cham., China., Cocc., Lycop., Nux v., Salic. acid.

§7. UTERUS.—Congestion of: Bell., Graph., Nux v., Sepia.

Inflammation of: Acon., Ars., Bell., Bry. Canth., Merc., Nux v., Plat., Puls., Secale., Sepia.

Catarrh of: Æscul., Alum, Calc. c., Graph., Hydr Kali. bich., Merc. cor., Puls., Sepia.

Prolapsus: Bell., Calc. c., Coni., Ferri. iod., Nux v., Podo., Rhus., Sepia.

Ulceration of: Hydras., Kreos., Sepia.

Metralgia: Bell., Cini., Cocc., Coni., Ignat., Gels., Pla.

§8. MENSTRUATION.—Too late, scanty: Graph., Natr. m., Phos., Puls., Secale, Sulph.

Too late, profuse: Caust., Iodium.

Too early, scanty: Coni., Natr. m., Phos., Sepia, Silic.

Too early, profuse: Bell., Calc. c. and Phos., Nux v. 2. Cini., Croc., Plat., Sabi., Trill.

Painful: Bell., Caul., Cini., Cocc., Coni., Graph., Nux v., Puls., Sepia, Amyl. nitr.

Climacteric flushes, etc.: Amyl. nitr., Lach., Sang., Sepia. 2. Bell., Cini., Ustilago.

Flooding: Bell., Cina., Croc., Ham., Ipe., Sabi., Secale

§9. MAMMÆ, OVARIES, ETC.—Inflammation: Bell., Bry., Coni., Graph., Iod., Phyto., Phos., Silic.

Tumors of: Hepar., Coni., Ars.

Cancer of: Coni., Hydras., Phyto., Sang., Scutill.

Ovaritis: Apis., Bell., Bry., Canth., Coni., Ham., Plat., Val. zinc.

Vaginismus: Atro., Borax., Cimi., Coni., Gels., Iodo., Ham., Plat., Plumb., Sepia, Thuja.

Pruritus vulvæ: Borax, Carb. acid, Glyc., Ham., Musk.

Coitus, painful: Ferri. acet., Sepia, Delph., Staph.

Chlorosis: Ferri-Red, China, Natr. m., Puls.

Backache: Æscul., Bell., Bry., Nux v., Sepia.

Hysteria: Brom., Camph., Cini., Cocc., Gels., Igna., Mur., Plat., Torant., Val. zinc.

§10. LABOR, ETC.—Pains too weak: Puls. 1x, Caul. 1x, Cimi. 1x, Ergot. 0.

Pains too strong: Caul. 6x, Cimi. 6x, Cham., Nux v., Gels.

False pains: Secale 1x, Puls. 3.

Hour glass contractions: Secale cor.

Rigid os or vulva: Aco., Bell., Cimi., Gels.

Lochia excessive: Calc., Cham., Nux v., Puls., Secale, Ustil.

Lochia, scanty or suppressed: Aco., Bell., Bry., Caul, Cimi., Puls.

Lochia, offensive: Lach., Kreos., Secale.

§11. URINARY ORGANS.—Nephritis: Aco., Apis., Ars., Benzoat of lithia, Canth., Lyco., Nux v., Sepia, Terebin.

Cystitis: Aco., Bell., Benzo. acid, Canth., Dig., Nux v., Puls.,
Sepia.

Diabites mel.: Ars., Helon., Kreos., Lycop., Lycopus,
Phos. acid, Uran. nitr.

Albuminuria: Ars., Canth., Tereb., Phos., Kali. ars., Berb. v.

Urine retention: Acon., Arn., Camph., Canth., Bell., Ars.,
Coni., Dig., Nux v.

Urine incontinent: Bell., Equis., Ferri. phos., Gels., Puls.,
Rhus., Sepia., Sulph. z. Arn., Caust., Kreos., Saletto.

Urine sandy red: Lyco., Sepia., Phos., Sars., China, Natr.
m., Puls.

Urine milky: Phos., Phos. acid, Coni., Santo.

Urine watery, pale: Cham., Coni., Gels., Phos. ac., Puls.

Urine painful: Canth., Caps., Coni., Dig., Nux v., Puls.,
Sarsa.

Urine bloody: Ars., Canth., Ham., Ipe., Mil., Nitr. ac.,
Secale, Terebura ursa.

Urine fetid: Benz. ac., Merc., Nitr. ac., Sepia., Sulph.

Obstetrical and Gynaecological.

Short articles and reports of cases in this department may be addressed to M. M.
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Report on Diseases of Women. By Dr. D. H. Roberts.
Read before the Homœopathic State Institute, Minn.

The diseases peculiar to women have, within the past few years, received especial attention. Yet doctors disagree, and our unhappy sisters still complain almost if not altogether as piteously and as despondingly as ever. Indeed it is very

questionable whether the physical health of our women, this centennial year will favorably compare with that of the mothers and daughters of one hundred years ago.

Since the speculum has revealed the os-uteri, the cervix and the walls of the vagina to the eye, examinations with this instrument, digital examinations, probing with the sound, etc., have become very fashionable, and no doubt by these means much has been learned of the tangible abnormal conditions to which the female sexual organs are subject. As a consequence, local treatment seems to have become the rule and not the exception.

While our allopathic brethren in accordance with their time honored ideas of the treatment of diseases freely use the knife and caustics, astringent applications and blisters, pessaries and supporters of every imaginable shape and quality, we as homœopaths have been carefully and copiously experimenting in the same direction.

It is believed, however, that in the treatment of these diseases, as in all others, in proportion as we deviate from the homœopathic law, we are ever doomed to disappointments and vexation.

It is true that we may have to deal with mechanical dislocations and conditions that require mechanical interference, just as a broken bone should be set and supported. Yet, as every honest physician can testify, these cases are comparatively rare. With few exceptions all the diseases peculiar to women depend upon some general diathesis, or arise from interior causes connected with the nervous system,—with electric or magnetic conditions, concerning which we may theorize if we will; but the *modus operandi* has not yet been revealed.

We are not, however, left in the dark. Hahnemann teaches us that all theorizing and conjecturing in regard to the interior causes of disease are practically worthless, amounting to nothing more than so many idle dreams and vain imaginings. But, says he, "by the totality or mass of the symptoms the disease always points out the remedy it stands in need of." That this beautiful homœopathic law is applicable to the diseases of women, and that by it we are enabled to cure, has been proved a thousand times.

The nature of the disease may be such that several weeks or even months are required for a cure, but this is no reason that the intelligent homœopath should go back to the palliative leeks and onions of Egypt.

It is the beauty and glory of Homœopathy to make real and permanent cures, and he who would successfully do this, must not only consider the tangible pathological conditions, but also the more ethereal and more potent forces, both physical and mental that cause them. Not that some beautiful theory may thus be woven, a high sounding name given to the disease, and that name doctored, but that the right remedy may be chosen, a remedy the provings of which will cover all the sympioms; and also that all the external conditions favorable to the restoration of health may be observed.

When we remember the very delicate organization of women, and the elasticity with which her physical system responds to the slightest mental emotion, the deleterious effects of frequent examinations of, irritating pessaries, supporters and injections, are quite easily accounted for. The wonder being, in fact, that such unfortunate patients do not die outright instead of dragging out a miserable existence.

The allopathic school deals in palliatives, the homœopathic in cures, and we hope this distinction will ever be carefully preserved. To do this in the treatment of female diseases, we must not ignore the beneficial effects of proper living, proper food, clothing, exercise, cheerfulness and mental discipline, for the neglect of these may thwart all the curative effects of the best chosen remedies.

The true physician has a duty to perform as an *educator*. Every women should understand how best to take care of herself. And as many of the popular ideas of the present day are notoriously absurd and deleterious, we can not be too careful in giving wholesome instruction to our patients.

We do not sympathize with the general cry that our daughters, like their grand mothers, should be brought up to severe physical labor.

The world moves, and the character and constitution of people must and will keep pace. All the tendencies of the

present age are to relieve from the drudgery of severe muscular labor and to develop nerve and brain force. With this comes greater harmony and beauty of the human form, and higher and more refined enjoyments. As a consequence, diseases assume a more dynamic character and our methods of treatment, to be successful, must reorganize this important fact. Especially should we be careful in the treatment of diseases of women, to do no violence to the finer elements and life forces.

It may be well sometimes to use the appropriate homœopathic remedy, per vaginam, directly to the effected parts. This can often be done by the patient herself. The delicate nature of the operation, when performed by the physician, and the risk of evil results, should not be forgotten. Nor should we forget that palliation is not cure, and can not in the end prove an advantage to the patient.

The homœopathic physician of the present day is placed in a very important and responsible position, and a very large proportion of that responsibility is incurred by the treatment of diseases of women. As the advocate of a broader, deeper, and more interior philosophy the tender germ of a higher, purer, more spiritual and more enlightened manhood are entrusted to our keeping, we may not accept Hahnemann as the ultimatum of medical science, yet we surely will gain nothing by gathering up the filthy rags that he threw away. Having decided upon the fundamental starting point and direction of all true medical science, we should resolve to "fight it out on this line," for in the end it must prove the shortest and best.

It is not our purpose in the present brief article to particularize the multiform abnormal conditions of women that physicians are constantly called upon to treat, nor to enumerate the specific remedies required, but rather to call attention to such general principles as the tendencies of the times seem to demand.

Having first secured all the advantages of proper living and removed as far as possible every irritating cause for trouble, the materia medica should be carefully consulted

Mental and nervous symptoms, so far from being disregarded, should receive especial attention.

The patient should also be taught that the doctor can not be expected to cure without her assistance. One of my patients, after having received instruction on this point, replied that she would do her best to perform her part, and she added, "I sincerely hope that we will be able to cure me." She did not say she hoped that I would be able to cure her. she appreciated the situation and said we. If all our patients could see this point and work in good faith with the physician, how much more successful and pleasant would our labors become. Perhaps the cure of no other class of diseases so positively requires the united efforts of both physician and patient as the one under consideration.

The intelligent physician must learn to keep cool, even though he may have to contend with all the powers of darkness and interfering neighbors.

Amid the general turmoil and confusion consequent upon the restless, unsatisfied spirit of this past age, a calm, clear, beautiful undercurrent of hygienic and medical truth is here and there coming to the surface and being recognized, not only by the better educated and more intelligent, but by the unprejudiced of all classes all over the country. The difference between present palliation and permanent cure is beginning to be talked about and appreciated by the masses.

But when professed homœopaths resort to palliative tricks and deception, science is shamed and Homœopathy weeps.

LILIUM TEGRINUM—Bearing down with sensation of heavy weight and pressure in the region of the womb, as though the whole contents would press through the vagina. Frequent desire to urinate during the day, with scanty discharge and a feeling of smarting and irritation after every discharge.—[These symptoms have been abundantly verified.—ED.]

Department of Consultation Cases.

In charge of Prof. WM. OWENS, who will receive and promptly answer any cases submitted to his judgment. Points to be observed by those wishing satisfactory replies to their clinical and consultation cases: First, age of patient; second, sex; third occupation; fourth, history, statement of morbid affections the party has been subject to; fifth, complexion and physical appearance; sixth, growth and development during childhood, puberty and maturity; seventh, history of morbid condition under consideration; eighth, leading pathological phenomena of the case; ninth, a complete history of the medication resorted to, with results.

MOTTO:—BREVITY IS THE SOUL OF WIT.

Case reported by G. M. T. A lady, aet. fifty-six, widow, no children; nervo-bilious temperament, complexion dark; occupation tailoress, lately housewife; suffered fifteen or twenty years with pain in nape of neck and occiput, of drawing, aching character; wakes every morning with headache, relieved by throwing the head back for a moment only; pushing it forward gives the same result; overwork, sitting in church, excitement and constipation aggravate the sufferings: she drinks coffee morning and noon, tea at night; has violent thirst before breakfast, often drinks a dozen times before she gets her meal; usually eats bread, butter, meat, potatoes, and for lunch, pie or cake; tongue coated yellow or whitish, sometimes patchy as if scalded; slightly fissured; large stout prints of teeth on edges; papillæ much enlarged; sitting a long time in one position causes aching and drawing in back of head and nape of neck extending to shoulders; when sitting, the right leg becomes stiff, and is obliged to move it with her hands when rising; has aching pain with boring under right scapula, like a gimblet boring into the back.

Diagnosis: Hyperæsthesia of sensory branches of superior cervical and probably sixth to eighth dorsal nerves.

Etiology: These conditions arise from protracted confinement in one position, in which a considerable degree of tension is made upon the dorsal and servical muscles which impinge upon and irritate these branches; the pains from which are always aching, boring, pinching and stinging; not unfrequently the nerve fillaments of the nerve branches of the brain and cord partakes of this irritation and causes the suf-

ering in the occiput and along the medulla spinalis, and in this case causes the subparalytic condition of the right leg; as the pains in the head, neck and shoulder, and stiffness of the right leg are not permanent, it is probable that as yet no organic lesion of the neurotic substance of the brain or cord has taken place, we therefore offer a favorable prognosis as to life, but unfavorable as to permanent relief, for the reason that the irritation has been long continued, rendering the nerves exceedingly liable to take on similar conditions on re-application of the exciting cause.

Treatment: First, change of occupation; let the patient move about, sit but a few minutes at a time; omit coffee and tea, drink nothing while eating, afterward drink water or milk; no *hot drinks or food* at any time. Second, reduce the local hyperæmia and hyperæsthesia by frequent bathing of the spine from occiput to sacrum with a strong solution of *Salt in water*, followed by brisk friction. The position of the body night and day should be such as to avoid pressure or tension upon these parts. Against bad effects from coffee *Cham.* 3; for stiffness, drawing, boring, pressing, aching and lacerating, *Rhus.*, *Bry.*; for burning pains, *Merc.*, *Nux.* or *Ars.*

General Clinics.

SOME HEADACHES AND THEIR CURE.—Mrs. A., æt. about twenty-three, consulted me for headache; said she had it constantly, or at least could not remember the time when she had been entirely free from headache except for short periods of time; she awoke every morning with a headache, the pain increasing until midday, and continuing until sundown; she was weak; troubled a great deal with

palpitation of the heart; mouth dry, but water tasted so bad she could not drink it, etc. *Natrum mur.* 30 speedily cured.

Mrs. J. C., aet. sixty-five, had been troubled since her youth with violent "sick head aches;" they would come on as often as every week or two weeks, and continuing a variable time ranging from twelve to forty-eight hours in duration; usually the attack would come on suddenly, although at others preceded by a feeling of general malaise and dimness of sight; pain commenced over left eye and went to right; as soon as headache came on was so dizzy as to be unable to sit up; sometimes the pain would be confined to the left side and extend to the neck and shoulders; attacks attended by nausea; patient was weak and peevish; appetite poor, generally felt unrefreshed in the morning after sleep. *Lach.* 200 greatly ameliorated, and *Psori.* 30 completed the cure.

Mrs. L., of a nervo-sanguine temperament, had for several years a headache recurring every Saturday; she thought it sometimes come from the noise of her children who were home from school on that day, but so sure as Saturday came the headache returned; the pain was of a boring character from within outwards, and was attended by nausea and vomiting; binding the head up tightly relieved it somewhat, and if she could get a good sleep would wake up much better *Sepia* 200 cured.

Mrs. G., bilious temperament, complained of a pressing pain in the forehead, coming on especially when thinking or reading, attended by flickering before the eyes; had bad taste in mouth and foul tasting eructations, accompanied by languor and drowsiness. *Nux v.* was given without relief, but *Arn.* 6 quickly cured.—G. M. OCKFORD, M. D., Indianapolis, Ind.

CLINICAL NOTES.—I have found *Lac can.* to be a valuable remedy; it has made some remarkable cures for me which could not have been made with anything else, and I would as soon part with any remedy in our list as with it. I am sure that if it was thoroughly studied, that not one homœopathist in a hundred would be willing to be without it. I

have a case now on hand in which I gave *Natrum mur. cc* in water, to be taken one teaspoonful every two hours; three days after the woman came back and said, "I can not take that medicine; I have tried it for three days, and every time I take it, it makes me so sick that I have to go to bed; can not set up after taking it;" says she has violent heat in front part of head, with great thirst, and had some relief by lying down; trembling of the limbs; stinging and burning in the eyes and lids, (look red); acrid tears in the eyes; heat and redness of the face; bitter taste in the mouth; frequent desire to urinate; dry, hacking cough from tickling in the throat; limbs feel weak and sore; vivid, frightful dreams; feels as if some one was coming to kill her. I gave her *Sac lac.* for a week, then gave *Natr. m. rom.* She came back the third day and said, "You have given me that horrid medicine again; it made me feel worse than the other time." I gave *Sac lac.* for another week when I repeated *Natr. m. rom.* On the second day she returned and said, "You have given me that awful stuff again; it made me wild. I shall kill somebody if you give it to me again." She is now on *Sac lac.* Now is this all imagination? There are the symptoms laid down in Lippe's *Materia Medica* almost word for word. Could she fabricate them? She knows nothing of medicine, neither what she was taking.—J. R. H.

STILLINGIA IN SCROFULOSIS OF CHILDREN.—While we possess in *Calc. carbonica* a powerful remedy against scrofulosis in children, I believe it is used too generally in a routine manner. Hahnemann's original indication, that it is only indicated in children of pale, lymphatic temperament, with tendency to fat, but general flabbiness, is often forgotten and lost sight of. *Calc. phos.* will often prove a better preparation when there is a tendency to emaciation.

I have often found that *Cistus canadensis* was a better remedy than either when the patient was thin and scrawny. *Cistus* and *Stillingia* are near congeners. They correspond to similar conditions of the system. Both are remedies for the scrofulous diathesis, as we understand the term, but while

Cistus is better when we suspect tuberculosis, *Stillingia* is to be preferred when there is any recent or remote syphilitic taint in the blood.

For several years I have relied on the above four remedies with occasionally the *Calc. iod.*, which is often indispensable.

The indications for *Stillingia*, however, are not generally known, and I will here present them as I have verified them in practice:

Enlarged cervical glands; moist, brownish, excoriating eruption on the scalp; muco-purulent discharge from the nose, with excoriations of the upper lip and *alæ nasi*; a dull pasty complexion; capricious and unnatural appetite; tumid and enlarged abdomen; white, pasty stools, very fetid; dull, red, soft, tubercular (or syphilitic) eruption on the skin, ulcerating and furnishing a large quantity of unhealthy pus; a tendency to laryngeal cough.

When these symptoms occur, give the child steadily for weeks a few drops of the first or third dil., in a spoonful of *Glycerine* and *Water*, equal parts, or a sirup made of *Sugar of milk*. This, together with an appropriate diet and good hygienic measures, will cure all cases presenting the above characteristic symptoms.—E. M. HALE,—*New England Med. Gazette*.

Miscellaneous.

Treatment of Carbuncles. By W. E. Green, M. D., Little Rock, Ark.

I have obtained more satisfactory results in the treatment of this painful and often intractable disease by the use of

Carbolic acid and *Collodion*, than from any method recommended by our text books. I claim nothing original for this treatment; *Carbolic acid* having been very generally used on account of its antiseptic and anæsthetic qualities, while the use of *Collodion* is only a more convenient and efficient means of applying pressure, than the strapping with adhesive plaster recommended by some writers. This local treatment is not intended to supersede the internal use of the indicated remedy, but is to be used only as an accessory, greatly facilitating a cure, and lessening the suffering of the patient

The mode of application is as follows, viz: remove all sloughing and diseased tissue as far as possible with the forceps and scissors, and after the wound has been thoroughly cleansed and the superimposed surface cleanly shaved, pure undiluted *Carbolic acid* should be applied with a soft stick or a camel's hair pencil to every part of the ulcerated surface, care being taken to reach every recess. Any small punctæ or papulæ surrounding its summit, should be punctured and the acid applied. This should also be done if the disease is seen in its incipiency. The application of the caustic causes a sharp sticking pain which is but momentary, and followed by anæsthesia. The sloughing process is suspended and the disagreeable odor measurably destroyed by the acid. Its application should be followed by the use of *Collodion*. The whole carbuncle and the surface for several lines beyond its periphery should be painted. Several coatings should be applied allowing each one to dry for a moment, and contract before another is put on. This dressing should be repeated daily as circumstance may require until a cure is effected, always cleansing the wound thoroughly before the dressing is applied.

As the *Collodion* contracts upon the diseased tissue, the engorged capillaries are rapidly depleted and the red swollen surface becomes pale and shrunken. Retained secretions are forced through the opening, and pain and suffering are replaced by ease and comfort. The extent of the disease is at once circumscribed, and the excoriated skin is protected by the shielding influence of the *Collodion*. The same treat-

ment may be applied to boils and felons, but I have found in these troubles, most excellent results from painting them two or three times daily with the following paste, which if used in the early stages will abort the disease:

℞ Pulv. Acacia.	
Pulv. Tannin,	P. ae.
Tinct. Arnica,	qs.

To form a paste.

This should only be prepared as needed for use as it rapidly dries and becomes hard. It contains much the same contracting properties as the *Collodion*, and has in addition the medicinal virtues of *Arnica*.

Dr. Haggart and the Materia Medica. By G. B. Sarchet,
M. D., Charleston, Ill.

I wish the privilege of making a reply in answer to a paper read by Dr. Haggart, of Indianapolis, before the Marion County Homœopathic Society recently, and I feel it my duty to compliment the Doctor on his paper, as being able, well put and a thrust in the right direction.

I am satisfied and many of our school are satisfied that our materia medica abounds in vast thousands of symptoms, useless, worthless and nonsensical in the extreme, and the next stride Homœopathy makes must be in ridding herself of this abomination, and I know of no better way for Dr. H. to immortalize himself than by doing this great work. Before beginning this Herculean task, however, I want to find a little fault with the Doctor's prescribing. You may think it none of my business how you prescribe, and doubtless directly it is not, yet indirectly it is.

When we clamor for reform we should see to it that reform begins at home.

It is not within the bounds of possibility for Homœopathy to be very materially advanced, or that any physician should very materially improve his stock of experience from the constant and never varying practice of alternating remedies. I do not dispute that patients get well under such treatment; so, too, do they get well without any medicine, but looking at the extenuation of the practice, a man who alternates is very apt in extreme cases, not only to alternate, but if in his judgment the case requires, he will interpolate a third, or even a fourth remedy. Now suppose such a man in the course of professional life has one, two, three or more students, all of whom he teaches to alternate, and they in turn teach their complement of students to alternate, how long before they would mix two, three or four remedies in one glass, stir, administer and call it Homœopathy, followers of Hahnemann, etc.? Christ's burning, scalding tears shed at the destruction of Jerusalem could not be more intense than the effect of such practice upon Samuel Hahnemann were he living.

As I understand the law *similia*, it requires us to prescribe from the totality of the symptoms, and this can *always* be done with the single remedy. Suppose a given case to indicate two remedies, we shall always find by closely studying up the case that there are more indications for one than the other remedy. We exhibit that remedy covering the most of the symptoms, and we shall do away with those symptoms and the symptoms of the other remedy will also pass away, and our patient gets well.

I look upon the practice of alternating remedies as productive of more injury, infinitely more injury to Homœopathy than any to arise from a discussion of the potency. We can practice Homœopathy and exhibit any potency. We can not practice Homœopathy at all and alternate.

Not long ago I read a short article from the pen of Dr. E. M. Hale, a report of a case in which he gave two remedies in alternation. I looked at Hering and found one an antidote to the other. One or the other of these gentlemen is

wrong, and a great error promulgated. If Hering is wrong that the remedies were not antidotal, then a great error has gone forth. If he is correct, that they are antidotal, then Hale has published for the gaze of the homœopathic world a very serious error, being a teacher that he alternated.

We can not always select the right remedy, and after giving a remedy a reasonable length of time to act, and see no result, we can make another selection, and this is a thousand times better and more satisfactory practice than to alternate. Many of our failures in practice come from the fact of our having our *materia medica* full of trash, symptoms unreliable and foolish withall.

The time has come and now is, when a thorough cleansing is necessary, when some physician must lay hold of the task and separate the good from the bad. I am satisfied it will be and must be done, and the work of Prof. Allen is the culmination in magnitude of symptoms, and the next step will be the minimum.

Medical Conventions.

It is always with peculiar pleasures that we look forward to the summer season; for with its annual recurrence comes the anticipation of meeting our professional friends in conventions. The renewing, creating, and cementing of acquaintanceship on these occasions, is most highly prized by us; and this feeling is largely shared by all our friends. We are very sorry to confess that we do know a few, who sneer at medical conventions, but they are those unfortunate sore-heads, who will never cease to find fault until they attend their own funerals. So far we have been privileged to attend three meetings, and without exception they were of great interest

and profit. First we went up to Dayton to attend the Montgomery County Homœopathic Society. The attendance was not large but earnest and industrious. Dr. Miller of Springfield, presided with dignity and grace. His address was well received and gently criticised. Dr. J. W. Clemmer read a paper on Uterine Hemorrhage. Dr. H. E. Beebe followed with a paper on Eclampsia, and Dr. Egry closed the work with a paper on Varicose Ulcers. Each paper was thoroughly discussed, and we hope to have the pleasure of printing them. The society was handsomely entertained at the Beckel House, and every one went away happy. Next we found ourself in Paris, Ill., at the meeting of the Wabash Valley Homœopathic Association. Here the attendance was good, and a day of profitable work enjoyed. Dr. W. R. Elder occupied the chair and did honor to the position. Papers were read by Drs. Hoyt, Sarchet, Branstrup and Elder. They were all excellent. Dr. Obetz presented some interesting clinics, and describes his treatment in one case of a disease of the knee joint, and in another an exsection of the hip joint. Dr. Obetz is certainly a rising knight of the scalpel. He will carve his way to surgical eminence if no accident befalls him.

Prof. Richardson, of St. Louis, was present and greatly helped in the success of the day. In the evening the editor addressed a large and intelligent audience in the Methodist Church. Our thanks are due Drs. Mullins, Hoyt and Obetz for a pleasant day in Paris.

THE JOINT CONVENTION.—Coincident with our grand Musical Festival came the joint convention, Ohio in friendly converse with the great West. The meeting was a success. The gathering of distinguished medical men, the brawn and brains of our great West, was never in our experience larger or put to a better purpose. A detail of proceeding is impossible at this time. One thing we recall with pleasure, and that is, not a discordant note was sounded, not the slightest ill will was roused during the entire three days' session. The college was beautifully decorated, thanks to the students. The amphitheater was kept comfortably filled, and all seemed to enjoy the proceeding as well they might. Drs.

J. Hartz Miller and J. B. Hunt as alternate presiding officers, did all they could to make things go on rapidly and smoothly.

The mass of papers presented was almost overwhelming. It seemed a pity to have so many of them read by title and referred. Those present were justly entitled to the floor with their productions, but it does not follow that the convention heard its best papers, or that its poorest were passed upon by title only. Some reform is needed here, and we shall suggest a plan upon this point before long.

On Wednesday afternoon the convention went to the Zoological Garden, and after the wonderful sights had been fully enjoyed, the entire party returned to the city by the way of Look Out. At this point they were entertained with a lunch after Mr. Harf's best style. The following toasts were duly responded to:

First. The Zoo. Thanks to the enterprise and liberality that enabled us to take a look at our ancestors. Response by Dr. W. L. Breyfogle. The doctor is evidently not a Darwinian, and he didn't elucidate the toast upon that point, but he made a pleasant speech nevertheless.

Second. Cincinnati "The Paris of America," and the rest of creation. Response to the first part by Dr. D. H. Beckwith who found much to admire in the Queen City, but his biting sarcasm was greatly enjoyed. Dr. P. G. Valentine responded the last part, and told what he knew about "the rest of creation." The doctor always makes it count when called on. He was greatly applauded.

Third. Medicine and Music. Both when of the right quality are sweet and pleasant to take. Response by Dr. T. C. Duncan who made it plain, he knew something upon both heads. The doctor is musical as well as medical in his composition.

Fourth. Homœopathy. A lively corpse for a dead one. Funeral indefinitely postponed. Response by Dr. J. C. Sanders. The doctor was happy in showing the inherent vitality of Homœopathy, and claimed that the system would not die until Gabriel blew his last horn.

Fifth. The Ladies. Response by Drs. J. Hartz Miller and Jas. A. Campbell. Of course it was a drawn game between them which could praise the ladies most highly and truthfully. The ladies present were all delighted with their champions, and showered upon them great applause.

After this the press was toasted and the company departed for the city and the Musical Festival. Of this last we can say nothing adequate with its deserts. The papers of the convention were divided between the following medical journals: The Clinical Review of St. Louis, the American Homœopathist, and Medical Investigator of Chicago, and the MEDICAL ADVANCE of Cincinnati, Through these channels the work of the convention will eventually find its way to the public eye. Dr. J. Hartz Miller was elected president of the Western Academy and Dr. H. H. Baxter was made President of the Ohio Society. The Academy meets next at St. Louis, and the State Society at Cleveland. It was a glorious meeting.

Some Cases from our Note Book. By G. N. Brigham, M. D.,
Grand Rapids, Mich.

Miss M. of Stavee, Vt. belonging to a consumptive family, began coughing attended with emaciation, and such symptoms as are exhibited in the second, and commencement of the third stages of phthisis; she applied to Dr. Thomas for treatment. After giving her every conceivable remedy promising amelioration or help, I was sent for in consultation. I found her expectorating with difficulty a small quantity of muco-purulent matter. She had night sweats, forenoon chills followed by a mild hectic. Auscultation revealed dullness in the apex of left lobe extending down to third intercostal.

There was a bronchial rale with distinct voice sounds; a pain in the chest going from the front, back into shoulder blade. I am almost certain that there was a small cavity in this part of the left lobe. Retiring to a private room I said to the doctor, I see nothing but *Sulphur* here. He said I have given it with no effect. Very well, I said, in what potency did you give it? In the fourth and two hundredth. Well said I, if *Sulphur* will not cure her, nothing will; she must die, and very likely she will any way. But let her alone till I send you some of the *20m*, and then give her a single dose and watch her for a full week, and if at that time you see no effect, repeat the dose, but if she respond, wait; do not repeat as long as she improves. He did so, and at the end of the week had the satisfaction of seeing her show evidence of curative reaction. But saw as he said no action before about the sixth day. She recovered without any other remedy and without a repetition of the dose.

A similar case but not so far along, with same pain extending through from the anterior walls to the left shoulder blade was promptly cured with the same potency, although I repeated the dose once or twice. I would add that most of these cases were of the sanguine or sanguine lymphatic temperament. None of them were of dark complexion. Although a majority of these cases where I have made any success in the treatment of consumption have been with *Sulphur*, and always with high potencies, yet I have in my note book one cured by a trituration of *Stannum 3* hardly less brilliant in its results. The case came to my hands after being treated by two or three different allopathic physicians. I learned that she had a scrofulous tumor, discussed from the neck by *Iodine* just previous to this attack upon the lungs. I found her with a pulse from one hundred and fifty to one hundred and sixty per minute, with hectic fever and a racking exhaustive cough day and night causing her to expectorate nearly or quite a quart of tough, glairy mucus mixed with purulent matter every twenty-four hours. The quantity exceeding anything I ever saw before or since. She was rather stout built and of sanguine bilious temperament and

had lost her husband a few months previous. Auscultation showed a large cavity in the upper third of right lobe. I first gave her *Calcarea* 30 which improved her so far as to bring the pulse down to one hundred and twenty and diminish the expectoration about one-fourth. In the course of four or five weeks her pulse began to accelerate, and no further improvement was made in cough or expectoration. I then gave three doses of *Stannum* 3 in the course of the next eight days. She was so much improved at my next visit which was in about ten days, that she called herself well. The pulse had fallen to about ninety and she expectorated very little. How there could be such a check of the matter expectorated from the lung, and at the same time such an abatement of the fever, was to me a puzzle. She had but two or three doses more to complete the cure.

The next case which I will report is that of Isaac Tucker; he had hemorrhage of the lungs nine months previous to my visit. Had been treated by three different physicians, and given up as a man in the last stages of tubercular phthisis. So hopeless was his case that the idea of sending for me forty miles away, was ridiculed by them with the significant statement, that there were not enough doctors in christendom to keep him alive six weeks. When I saw him, I thought so myself, and refused to visit him the second time; but arranged to send him remedies by mail. I found him with cavities in both lungs, showing symptoms of septicemia from the absorption of pus from the cavities, a clammy cadaverous sweat was covering his whole body, which had the feeling as if mould was forming; no appetite, and raising large quantities of thick heavy muco-purulent matter, largely purulent. I gave him *Silicia* 200 every other night for a week and then once in four days one dose. He came to my office ten weeks later and I found the cavities very nearly closed and only a slight expectoration was attending. My first visit was in April and in August he rode on his mowing machine in the hayfield and has so far as I know had no return of the disease.

Now two things are learned by these cases unless we say that each is a case of spontaneous cure. First, that high po-

tencies are capable of calling out the curative responses where grave and dangerous invasions upon the vital economy have been made and structural lesions well declared; and secondly, that it does not require a frequent repetition of the dose. The cases I have given, hardly would be expected to recover by spontaneous reaction. And then the changes were so sudden and of a nature which could hardly mislead. The cases in which I have seen marked results from sulphur were accompanied with no very large amount of expectoration, except that of Mr. Willard's where there was considerable.

All cases were of light complexion or inclining that way. All had a constitutional taint. What was most peculiar in the *Stannum* case, was the amount of expectoration which was largely ropy mucous coming from the walls of the cavity. The cure by *Silicia* was an extreme case, which the more I think of, the more I marvel at. The expectoration was copious and purulent. The system nigh overwhelmed, and yet we find it responsive and able under the promptings of a single remedial agent to go on to an arrest of a long continued retrograde metamorphosis by which both lobes of the lungs are crippled and to eliminate from the system all effete accumulations and close up large cavities.

Society Meeting.

The semi-annual meeting of the Marion County homœopaths, at the office of Drs. Jones, Mitchell, and Brigham, Indianapolis, October, 1877, was an interesting one, and characterized by much harmony and good feeling. The attendance was quite full. The meeting was called to order at 8:15 by the president, Dr. C. I. Corliss. After the reading of



the minutes Dr. Boyd read a paper on "Illiberality in Medicine," substantially as follows: The different methods which have prevailed in the treatment of disease show that medicine is not an exact science. One theory has succeeded another, and every author condemns his predecessors. This is particularly true in therapeutics, that branch of medicine perhaps least understood. The folly of any one school claiming to have all truth is evident. Allopaths make medical belief the test of fellowship. The dean of one of the medical colleges of the city was asked how many of his graduates could enter the second year of a first class Eastern medical college, and answered: "Not one." There is something more than professional illiberality in the refusal of allopathic physicians to meet at the bedside or consult with homœopathists when such unfledged cubs are fellowshipped. The old school physicians are further from the position held by them twenty five years ago than they are from homœopathy now. Their bitter opposition to Harvey and Jenner should teach them modesty. Something of this intolerance is growing up in our own school. A belief in the exclusive use of extremely high attenuations is causing this feeling—another instance of the proneness of the human mind to be most captious where least certain. Let us be progressive and make the goal of yesterday the starting point of to-day.

The paper was received and the president called for comments.

Dr. Haggart indorsed the paper, and thought that the prescription among homœopathists was really getting beyond endurance—worse in some points than that of other schools.

Dr. Mitchell was also fully in accord with the author of the paper. It concerns homœopathists little that they are proscribed by the members of other schools. If we are liberal and they are not, we win the hearts of the people. In the matter of potencies he did not stand on the zooth or the zoopath. As an individual he used high and low, as the case seemed to require. The main point is for physicians to be honest in reporting cases and the remedies and potencies used.

Dr. Corliss never stopped to inquire about potency, but asked what remedy was used. He did not like the idea of always dragging in the matter of high attenuation.

Dr. O. S. Runnels spoke of the restlessness of some homœopathsists to curry favor with those not their friends, and alluded to the disastrous concessions made by Dr. Wyld, in England, in trying to bring the old and new schools together. Oil and water will not mix. We are in the van of progress; let us remain so. The question of high and low dilutions should never have been made. It is simply a question of experience. Professional honesty is the thing most necessary.

Dr. Brigham had never seen any reason for liberality. The only cause of division is ambition without knowledge.

Dr. M. T. Runnels said we represent a separate and distinct school which was born eighty years ago, and has never changed since. If it lives, the other schools must die. It is important that we sustain each other and make our profession harmonious. Sooner or later the law of similars must be recognized. We can not compromise that. The old school is gradually giving up that Hahnemann was right. We find his law extends into the whole vegetable and mineral world. There must be an ultimate harmony on that law and all physicians will be guided by it. We may be courteous to other schools on all other points, but we must not give up the victory when it is almost won.

Dr. Williams thought there was a greater difference among homœopathsists on the prescribing than on the attenuation of remedies. True homœopathsists prescribe on symptoms, but many claiming the name prescribe homœopathic remedies empirically. Allopaths have a just ground for refusing to consult with us in the difference in theory, but they base their refusal on an alleged superiority in knowledge.

Dr. Boyd closed the discussion by summing up the points of his paper. Homœopathsists have this advantage, that the symptomatology of eighty years ago is unchanged now. Wherever a fact is well established it is as fixed as a truth of mathematics. Hence homœopathsists are not compelled to throw away their old books as are other schools. He was

M. T. R.

glad to see the harmonious feeling lately established among homœopathists and reiterated the opinion of pathogenesis and not potency should be given as a remedy.

Book Notices.

Congenital Occlusion and Dilatation of Lymph Channels. By Sam'l C. Busey, M. D., etc., etc. Wm. Wood & Co., New York.

To us this seems a remarkably interesting book. That it opens a new field in pathology or gives a needed prominence to a hitherto neglected department must be apparent at first sight. The author says, "When case numbered one first came under my observation on the 8th of July, 1874, it was so novel and anomalous to me, that I neither knew by what nosological term to designate it, neither did I appreciate the significance of the associated morbid phenomena." He here presents eighty-eight cases in all, and has so arranged and studied them as to make clear what before was an obscure and perplexing form of disease. The work is well illustrated, and wonderfully assists the reader to comprehend the appearance of patients suffering from this fearful malady. Many a perplexing case of tumors and hypertrophy of the tissue would find a ready solution by consulting this little work. The treatment to be sure is not promising in favorable results, but then it is all important we should understand our cases whether we can cure them or not. For sale by Rob't Clarke & Co. Price \$2.00.

Clinical Therapeutics. Vol. 1. No. V. By Temple S. Hoyne, M. D., Chicago.

With commendable promptness the first volume has been completed, and this last number furnished with a full index for ready reference to anything the volume includes. There must have been a very large amount of preparatory work done, or else the issue would have

inevitably dragged, and thus greatly lessened the general interest in the work. But the editor has long been known as one of the foremost students of our materia medica, and he has evidently given to the work not only a large amount of close application, but also the aid of a large experience in homœopathic therapeutics. We are pleased to note that the book has met with very general favor, and the succeeding volume will be pushed to completion in good time. The present number includes *Nitric acid*, *Sepia*, *Silicia*, *Staphysagria*, *Alumina*, *Causticum*, *Cocculus*, *Chamomilla* and *Hepar sulph.* As a thoroughly practical work suited to the wants of the busy doctor, Dr. Hoyne's *Clinical Therapeutics* is unrivaled by any work in our rapidly extending literature.

Editor's Table.

PAY UP.—Some of our subscribers are behind hand, and we beg to admonish them that our terms are low for cash.

PUT IN BAY.—June 18, 19, 20, 21. Don't forget the time and place. Buy your tickets to Sandusky. From thence by boat we go over to the Island. Boats also run to the Island from Cleveland, Detroit, and Toledo. Better all things considered go by cars direct to Sandusky. The sessions of the American Institute of Homœopathy and the American Homœopathic O. and O. Association will occur jointly at that time, and physicians and their friends will find ample amusement in boating and fishing. Don't think of spending less than a week on the Island.

THE STATE OF THE MARKET.—Picric acid has gone up,—“Urohæmatine Jones” has gone down. (Vide *Hom. Times*, April, '78).

OPHTHALMIC.—Prof. J., of Ann Arbor, Mich., is said to have cataract. He has, however, been *Couched*, and vision is returning slowly.

DR. GEO. C. JEFFERY has removed to 225 Tomkinson Avenue Brooklyn.

DR. S. E. PECK has removed to Stonnington, Conn.

DR. GEO. M. OCKFORD has settled in Indianapolis. He will be a substantial addition to the railroad city.

DR. HENRY C. HOUGHTON has removed to 44 West 35th Street, New York.

DR. WM. TOD HELMUTH has removed to 229 Madison Avenue, New York City.

DR. M. H. PHISTER has located in Parkersburg, West Virginia.

DR. J. W. DOWLING has removed to 313 Madison Avenue, New York City.

DR. S. W. RUTLEDGE has removed to Rose Creek, Minn.

J. H. BUFFUM, M. D., from Pittsburg, Pa., to 201 East Twenty-third street, New York City—having been elected Resident Surgeon of the New York Ophthalmic Hospital.

DR. B. L. PAINE has located in Lincoln, Nebraska.

ALFRED WANSTALL, M. D., (late Resident Surgeon of the New York Ophthalmic Hospital), has opened an office at 124 North Charles St., corner of Hamilton, Baltimore; and will devote himself exclusively to the treatment of diseases of the eye and ear.

WE HAVE just received a new set of Physicians' Account Books, Day and Cash Book and Ledger, Published by the Henry Bill Publishing Co., of Norwich, Conn. They are by all odds the best thing of the kind we have seen. Call and examine our set.

TOLERANCE AND LIBERALITY.—Tolerance is a kind of moral sense of the mind that allows to others what it asks for itself—the right to think soberly and honestly without passion or self-will. It is a duty like paying our debts or telling the truth. It has no imagination or moral sympathy. It is simply a matter-of-fact practical Chinese quality that gives as good as it takes. Liberality is an ability, an endowment. It is inclusive and finds the kindred tie that runs through things different. It is a grace of soul, a climate of reason, a latitude and longitude of thought, and feeling within which varied fruits are ripened, and many races have their dwelling place. Tolerance is founded in conscience; liberality is founded in reason and imagination.

THE HOMEOPATHIC MUTUAL LIFE INSURANCE CO., OF NEW YORK.—The examination of the affairs of this company has just been completed by the Insurance Department, and although there are one or two items of difference in the valuation of securities as assumed by the

department and the managers of this company, we are happy to find that even with all these deductions conceded, the department arrives at the conclusion that the surplus as to policy-holders, after providing for all liabilities, amounts to \$51,552.68, a feature of safety that must afford to all those concerned the satisfaction of perfect security. But in arriving at this balance there are left in abeyance \$13,000 in town bonds in which the management has confidence, and there is also a similar amount deducted as shrinkage in the value of its real estate investment, which there is no doubt will be recovered upon the return of greater confidence. These two sums will increase the surplus allowed by the Superintendent to \$78,552.68. The salient point is, that the statement of the company was completely verified.

RECEIVED.

Medical Forces as a Distinct Class in Nature. By J. P. Dake, M. D., Nashville, pp. 9.

The Evolution. Vol. II. No. IV. This is the monthly issue for April, 1878. Send fifteen cents for this particular number to A. K. Butts, 14 Cortland street, and after reading it you will not fail to send in your year's subscription. Take it on our recommendation.

Diseases of Infants and Children and their Homœopathic Treatment. Edited by T. C. Duncan, M. D., etc., etc. Chicago, Part I.

Congenital Occlusion and Dilatation of Lymph Channels. By S. C. Busey, M. D. Wm. Wood & Co., New York.

Address of the President of Missouri Institute of Homœopathy. W. H. Jenney, M. D.

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

VOLUME VI.

CINCINNATI, O., JULY, 1878.

NUMBER 3.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, 130 Broadway, Cincinnati, O. Terms \$2.00 a year.

DOCTORS AND THEIR DEAD.—A most sad occurrence transpired in our city a few days since. A gentleman of prominence from a neighboring town was searching one of our medical colleges for the remains of his friend, and he came most unexpectedly upon the body of his own father, buried only a few hours before. The shock which he felt at this discovery has naturally passed through an excited community, and awakened an intense and wide spread interest. That which before has been spoken of with bated breath, is now loudly mouthed upon our streets. That which before flitted like a vague dream through the minds of men, has taken form and substance and every one that reads our newspapers has taken a peep behind the curtain. We can not discuss the merits of this case; we have the deepest sympathy for the friends of the discovered dead and there we must rest. But we can not on this public wave of indignation be swept back to the dark ages and have practical anatomy placed under bans. There isn't the slightest danger of it, though the wish is in many hearts. It is our hope that out of this discovered wrong there will come future good to the medical profession. Superficial thinkers would have us believe that doctors rob graves, like hyenas for the love of it. On the contrary we know they shrink from such a task as one they would gladly avoid. But cadavers they must have, or abandon the further teaching of medicine. Without anatomy there

is little to be desired. If the law will not step in and decide whose bodies the doctors shall have, the doctors must decide for themselves. Once upon the dissecting table all bodies are alike. It must be left for our moralists to preserve the distinction between the rich and poor, old and young, high or low. It is not possible for a doctor to see more than the anatomy he is searching for.

WE ARE IN DOUBT.—We have been at considerable expense and trouble to organize a bureau of medical information, and for several months we kept up our reports from various parts of the country. For several issues of our journal we have been prevented making use of these reports, and they have accumulated on our hands. Meantime we have heard nothing from the profession on the question. We are in doubt if they should be continued. Directly, as we are aware, little can be learned from such reports. Like statistics they make dry reading, but like statistics they become eloquent when a sufficient number of them shall have been grouped together. Whether the busy, practical doctor cares to make such or any other use of these things is the query we would like to have solved. Our energetic superintendent of the department will gallantly push forward with his corps or gracefully retire, just as the profession may demand. Perhaps the profession is divided on the question. If any are interested let them speak.

TREATMENT OF CHOLERA—AN ALLOPATHIC VIEW.—As in well established cases about as many have died under one plan of management as another, not much encouragement can be offered for any particular line of practice. If you wish to give *Calomel* in doses of twenty grains or one-fourth grain, if you make *Opium* or *Ipecac* your sheet anchors or from a malarial stand point give *Quinine*, if you rely on *Castor oil* and *Cold water*, after Johnson, or decide to inject *Saline solutions* into the veins for the deceptive improvement it will furnish, or finally, if you fold your hands and employ no medicine, I will furnish you respectable authority for any of these plans. This is not encouraging and should stimulate our effects to improve our therapeutical resources.

Heaven forbid such means should be improved. They are quite effective enough as they are. Better abandon them than attempt any improvement of them.

TOO MANY PAPERS.—This is the universal cry from our large conventions. We are over run with manuscripts. Our bureaus are full of ready writers. The members are all there each with a pocket full of written material—much of it we regret to say copied almost verbatim from the text books, and old ones at that. And it beats the life out of the convention to make it sit and hear all this read. What the convention wants is more off hand discussion. But now its like

target shooting where all the time is wasted in setting up the target. And who wants to knock down a text book first or second hand? Nobody. The remedy for this great evil is one of two things. Either have abstracts in place of full papers read, or else have a committee of judicious gentlemen who can select a few of the best papers, these only to be read and discussed. Either of these plans is feasible and we hope some such remedy will be applied to convention work. Let us agitate this question and bring about a speedy reform.

Nutrition. By J. D. Buck, M. D., Cincinnati. Read before the Homœopathic Medical Society of Ohio, June 16.

The definition of an organism which is at once the most concise and the most comprehensive is that which refers to capacity of certain structures for taking up material from without, changing its character and adding it to its own structure. This taking up and transforming process is nutrition. It is characteristic of every living structure, from the lowest plant to the highest animal, and is the only function or property possessed in common by all organisms, and found absent in all non-organisms. Nutrition is, therefore, to the physiologist the problem of problems, while to the pathologist or physician the question of nutrition is not only involved in every case which comes under his observation, but a large class of diseases are now known to consist almost solely in some perversion of nutritive processes. But little investigation would seem to be necessary to prove the foregoing propositions, and yet in text books on physiology, with barely one or two exceptions, this most important subject receives very superficial and inadequate handling, while among physicians so deficient of any correct knowledge on the subject have they been, that at this present time at least one physician is making for himself a national reputation by rational attention to the condition of flesh and blood of his patients.

Among all classes of physicians the giving of medicines has made up by far too large a share of the art called healing, even while recovery from diseased conditions has generally been admitted as due to the natural reaction of the organism, rather than to any direct drug effect, whether of large or small doses; prescribed according to the law of similars, or no known law. The attention of homœopathic physicians has been directed almost solely to the prohibition of certain articles of diet, and that more often from some real or fancied antagonism which they were supposed to bear to the medicines used, as if forsooth the sole consideration were the giving of drugs, before which, every other consideration vanished, while among the venders of larger pills, general and indiscriminate feeding, and the so-called "tonics," which are supposed to facilitate the stuffing process, have formed the large part in the treatment of many diseased conditions. Now if the natural reaction of the organism is to be depended upon to rid it of disease, whether aided or hindered by the use of drugs, nutrition must sustain such reaction against both the natural wear and tear, and the prostrating or destructive ravages of disease. Nor does the mere question of over or under feeding, nor yet that of arbitrary selection or exclusion of certain articles, cover the ground of nutritive requirement. For an arbitrary rule, which works good in one case, is very certain to work ill in another. If I were to estimate the relation of the two schools of medicine to the health of communities, I should say that often the principle difference consists in the fact that one does far less harm than the other, while the amount of positive good accomplished by either, has seldom been a tithe of what it ought to have been, or is likely to be in the future.

Every experienced physician understands the important relation which a rapid loss of flesh bears to a case of incipient tuberculosis, but till very recently, few if any understood what were the anatomical structures, which are at once intimately concerned in both the formation of tubercle and in all nutritive processes.

There is not only every reason to believe, but many facts to prove, that the tissues feed directly on living matter; on a substance very far removed in quality or endowment from inert and often indiscriminate massy food undergoing digestion, and which already possesses the fundamental properties exhibited by the living tissues.

The modern conception of the animal body as the sum of vital unities, or an association of relatively independent organisms, is no more true, than that these vital unities feed upon others no less vital, though far less complex than they. To say that the food is "vitalized" during the process of digestion, absorption, etc., conveys no idea whatever, of the important change which occurs. Nor is the matter much more clear when we tabulate articles of food, digestive fluids, and chemical changes, as they occur in the process of digestion.

All such facts are indeed important, and in many ways as matters of knowledge, but after all furnish no adequate conception of the process, by which food becomes flesh. Of all single, nutritive substances, probably none approaches so nearly to the exact requirements of growth and repair of tissues, as albumen, and yet we have no evidence that any tissue of the body feeds directly on albumen, for though it exists in the blood in solution, in the process of digestion it is converted into albuminose, and the like change happens to most other substances. The most marked exception, is in regard to fat, which is simply emulsified, entering the circulation, and being deposited in the tissues with very little change. Nevertheless, fat by most physiologists, is regarded as non-nutritious, as it contains no nitrogen. There is evidence that fat is more directly related to nutrition than has generally been supposed. The function of absorption has generally been assigned to the lymphatic system; when one speaks of the absorbents, the lymphatics are generally referred to. In this way, a far more important function has generally been overlooked, which can be traced directly to them.

If we observe any vital process as it occurs, we shall find no abrupt transition. All processes of growth and repair of

tissue, are not only by gradual transition, but the materials of growth and repair do not at once pass from inert to living matter. After all the complicated changes incident to the process of digestion have occurred, we have simply as the result an emulsion or structureless mass, which after passing through the lymphatics of the small intestines is poured into the left sub-clavian vein, when it joins the general circulation. Incidentally we find mentioned the fact that during the passage of the chyle through the mesentery, the chyle corpuscle appears. It is this fact that I would emphasize; food here first becomes nutriment. This is the birth of nutritive elements. Here we have a substance which approaches so nearly the likeness of the living tissues as to need little further change that it may manifest the vital functions; a condition from which all the tissues of the body may be regarded as having originated; a substance which is abundantly present wherever and whenever the repair of tissue is going on, as seen in suppurating and granulating wounds.

Co-incident with the appearance of the chyle corpuscle is the disappearance of fat and albumen, though the exact relation of these substances to the corpuscle is not known. I desire at this time to point out the relation of fat and albumen to the corpuscle, and the relation of the corpuscle to nutrition. Now the mesenteric glands and tubes are a part of the system of lymphatics which pervades the tissues of the body, and wherever a tube enters a gland, on its emergence the number of such corpuscles is found to have been greatly increased. No distinction whatever can be discovered between corpuscles formed in the lymphatics of the small intestines, and those formed elsewhere in the lymphatic system, or between those and the white blood cell. Aside from the ordinary tubes and glands known as the lymphatics, another system of irregular open spaces has also been discovered, connected with the general system of lymphatics on the one hand, and forming a peculiar and very important relation to blood capillaries on the other. A minute description of these relations would exceed the necessary limits of this paper. I will only mention the fact that the blood vessel forms a plexus

within the lymphatic space, so that it is surrounded by it, and any exudation from the capillary would pass into the lymphatic spaces, or absorption from the lymphatic into the blood vessel might also readily occur.

Now while the question of nutrition enters more or less into the treatment of all diseases, it is of more especial importance in diseases like marasmus, tabes messenterica and tuberculosis. In these cases mal-nutrition is from the first or soon becomes the leading consideration. In the deposit of tubercle on the one hand, wherever it occurs, we have an obstruction of the tubes and glands, and a premature organization or degeneration of nutritive material. In the rapid wasting of flesh incident to marasmus and tuberculosis, we have also a failure in the elaboration of nutritive material and a rapid consumption of fat. The relation of fat in a general way to these conditions, has long been recognized, and the frequent administration of *Cod liver oil*, is but an effort on the part of the physician to supply a palpable want of the system. The result which has followed such treatment, has been by no means uniformly successful.


Success in a few cases, to which it was applicable, has been followed by its indiscriminate use in many, where it has done more harm than good. In another class of cases, where in addition to mal-nutrition, there was great nervous prostration, or irritability, Dr. S. Weir Mitchell, of Philadelphia, has achieved very remarkable results by systematic efforts to improve the general nutritive conditions, making that the chief aim of treatment rather than seeking to remove by drugs those nervous conditions, whether of depression or irritation which have generally claimed almost the entire attention of the physician. His treatment consists first, of absolute control of the patient, perfect repose, absolute inactivity, frequent feeding with food easily converted into fat and tissue, mild stimulants or tonics, and to avoid ill effects from such over feeding, a daily bath, massage and electricity. The result which has followed such treatment in numerous instances, is worthy of very careful consideration, for it suggests a wider range of cases which are to be benefitted by his suggestions. His theory is

very simple. Inasmuch as many diseases are characterized by mal-nutrition whatever other conditions may exist, by increasing the quantity of fat, and improving the quality of the blood, such cases ought generally to improve, and the result in a majority of such cases has amply justified his expectations.

In systematic efforts to improve the nutritive condition, there are a number of conditions which have to be very rigidly observed. The directions in regard to food, amount to what would generally be regarded as over feeding. A very liberal allowance of *Fresh milk, Cream, Beef tea, Brown bread* and *Ale*, from all of which injurious results will follow if the patient takes little exercise which is also one of the requirements. If these are the sole requirements, gastric disturbance, constipation, etc., are likely to ensue. To avoid these conditions, in the first place the condition of the skin must be carefully considered. A daily, cool sponge bath followed by rubbing and massage, should be used. By massage is meant, a general kneading of the muscles of the body from head to foot, pinching and rolling the short muscles between the thumb and finger of the operator, and grasping more firmly the long muscles of the arms and legs, and the broad muscles of the back, hips, chest and abdomen so as to exercise them all, each and severally, and thus increase the quantity of blood brought to them, and still further to insure such a result. Faradic electricity should be applied to the muscles of the legs and arms particularly.

I have witnessed the result of such treatment in some cases, and employed it myself in others, and with most marked and satisfactory results, and when I have seen such remarkable results follow in cases which had resisted all other modes of treatment, I have been surprised that such simple and effectual methods have remained so long unrecognized. No one who has thoroughly tested this method, taking pains to observe all necessary conditions, can fail to approve it.

The selection of food should be with special reference to its known nutritive quality, readiness of absorption and assimilation, while attention to the condition of the skin, which



favors exhalation, and a healthy temperature favors also the movement of fluids, and elaboration of nutritive material by the lymphatics. In some cases it is also desirable to anoint the whole surface of the body daily, for which purpose *Cocconut oil* is highly recommended.

I am free to confess that I have so much of the "physiological livery" about me, that I do not believe that any amount of drugs administered in any dose, or upon any principle will atone for lack of such nutritive measure as I have described, but that in many cases, if compelled to forego either, I should certainly dispense with all medicines.

When, however, in addition to such precautions, the properly selected remedy is also administered the most satisfactory results may be obtained. With increase of flesh, there is a gradual disappearance of fatigue, nervous depression or irritability. The complexion before sallow, blotched and generally unhealthy, becomes clear and healthy, and as exercise is gradually resumed the gait becomes firm and elastic, till finally long walks are taken with pleasure, and the most beneficial results. Many chronic invalids, where no severe organic disease actually bars recovery, may in this way be restored to health. •

The uses of fat in the system have by no means been accurately or exhaustively tabulated. As already shown, fat bears a very important relation to the conversion of food into living matter, and the fact that its rapid disappearance takes place in the incipient stage of many formidable and finally incurable diseases, proves also the important relation which a due proportion of it bears to health.

In cases of incipient tuberculosis, Dr. Mitchell reports a few instances in which satisfactory results have been obtained. I have also some cases now under treatment which with increase of flesh show general improvement. In such cases, however, the stage, extent and condition of tubercular deposit will no doubt have most to do in determining results. In cases of bronchial and pulmonary catarrh, though I have had little opportunity to test this mode of treatment, I should expect more uniformly satisfactory results, provided severe structural lesion had not already occurred.

I consider it exceeding desirable that careful and thorough experiment in this direction should be instituted, and results carefully noted and reported, and I shall be much mistaken if the list of confirmed invalids and incurable diseases is not thereby materially decreased, a result which is not only devoutly to be desired, but to the accomplishment of which every true physician will devote his best energies and his most careful thought.

Surgery

Inflammation of the Knee Joint—Leather Splint. By H. P. Cole, M. D.

On February 1, Mrs. B. called in the afternoon for some medicine to make her baby sleep. Upon inquiry I learned that the child had been suffering for the last two years from an inflamed knee joint; he is now three years of age. The symptoms called for *Chamomilla* which I prescribed, but told the mother she would get but little relief from the medicine until something was done for the knee. I said she had better bring him to me and I would see what could be done. She told me she was almost discouraged, as the boy had been treated for about two years and did not seem to be any better, but was anxious to have all done that could be and promised to bring him.

In two days Mrs. B. returned with the child. I found on examination that the knee was very much enlarged and hot, and so sensitive that every attempt to examine it was stoutly opposed by the patient. The lower margin of the swelling

was prominent and abrupt, looking as though there was a thick band about the knee under the skin, and so hard that I could not find either patella, femur or tibia at the joint. Fearing there might be enlargement of all these bones from so long continued inflammation of the joint, I refused to give a positive diagnosis until time was allowed for reduction of this swelling by the pressure of a bandage which I at once applied from the toes to the middle of the thigh, pressing as firmly as possible at the knee. As this bandage would have to remain on the leg for three or four days at least, and probably have to be reapplied once or twice in this time as the swelling should decrease, I improved the opportunity thus granted to cast about for some appliance that would allow the child to use the limb, for it would be impossible to keep him in bed as long as would be necessary to heal the inflamed joint. I searched the books and instrument catalogues, but found nothing that could be adapted to so small a leg. A plaster or starch bandage would be large and heavy, and could not be removed as often as the change in size of the swollen knee would demand, nor could the pressure be properly regulated. I saw nothing remaining but the bandage, (which would be daily loosened by motion and rubbing, and would consequently have to be daily rewrapped), and absolute rest, which could not be secured. Having exhausted all these resources, it occurred to me that a leather splint might be made to answer my purpose. To this end I had the leg measured, and made of white leather a splint that would cover its anterior half and the top of the foot; notching it deeply at the sides to give room for the malleoli, and permit it to bend at the ankle. A straight back splint was made extending from the top of the thigh to just above the heel, it being split and trimmed at the lower extremity so it should not press upon the heel or the tendo achilles. As the leg was only twelve inches long, and the flesh very tender, you may imagine it was quite difficult to adapt a splint that would prevent motion, and produce counter extension without too severe pressure at some point. The splints were softened by dipping them a moment in water, padded and firmly applied to the

limb by a roller bandage, extending from the toes to the top of the thigh. The leg was bound to a board to prevent any bending of the leather while it was hardening. A difficulty now appeared: after the splints had become hard and smooth the bandage which kept them in position would be easily rubbed off and have to be frequently reapplied. This was easily remedied by punching holes along the edges of the splint and lacing them together. The portion adapted to the top of the foot was easily retained by a short bandage which the mother could remove or apply when occasion required.

With this apparatus I hoped to produce pressure on the joint sufficient to relieve the congestion and thereby relieve the inflammation of the part, and cause an absorption of a portion of the fluid contained in its cavity. The first day after the splint hardened, the child began to use the leg, and soon became so adept that he could run as fast as other children of his age, playing as hard as any of them from morning to night. He had a good appetite, slept well and gained in flesh so rapidly that in a few months he outgrew his boot, as he calls it, as was shown by a recurrence of the inflammation, loss of appetite and sleep from the unequal pressure of the splint. A larger one was at once made and applied. This was followed by a rapid reduction in the inflammation and absorption of the exudation which had occurred. To-day the child eats and sleeps well and will not be satisfied without his boot.

Obstetrical and Gynaecological.

Short articles and reports of cases in this department may be addressed to M. M. EATON, M. D., Gibson House, Cincinnati, O.

The Use of Macrotin in Diseases Peculiar to Women. By D. H. Beckwith, M. D., Cleveland, Ohio.

A few isolated cases treated successfully by a physician with a certain medicine does not prove much for that medicine, as some other remedy might perhaps have accomplished the same result. But when a practitioner has used a certain remedy for over a quarter of a century, he will in all probability know if it has been beneficial to the class of diseases for which it has been prescribed.

In this paper I wish to call your attention to a few of the many cases which I have treated with *Macrotin*.

My attention was first directed to the use of *Cimicifuga racemosa* in 1849 and '50, by Professor T. V. Morrow of this city, who, at that time, had a very extensive gynaecological practice. He says, "I have used the root of *Cimicifuga* for the past sixteen years with good results in diseases peculiar to women." In 1848, W. G. Merrill produced from the root of *Cimicifuga racemosa* a resinoid to which he gave the name of *Macrotin*.

This has been used more or less by all schools of medicine since its introduction. Professor Morrow explains the difference of the two preparations as follows: "The difference in the *modus operandi* is but slight consisting in the increased liability of *Macrotin* to produce a heavy, dull, aching sensation in the forehead in connection with a feeling of dizziness; while *Cimicifuga* appears to manifest a greater tendency to produce an aching and somewhat painful sensation in the joints and limbs." The diseases for which *Macrotin* is peculiarly adapted are leucorrhœa, dysmenorrhœa, prolapsus uteri, and certain cases of epilepsy. The great value of *Macrotin* is to assist parturition. I shall not attempt to explain

why or how it acts on certain organs of the body, but simply report a few cases which in my judgment were benefitted by its use.

CASE I. In 1868 a girl aet. twelve, was brought to my office. She appeared to be in good health, and her mother stated that she had been so until a year and a half before, when she was taken with spasms, which the attending physician called epilepsy. She had been under the charge of the most eminent physicians of the "old school" without any perceptible benefit. The spasms generally came on in the night while she was asleep, and were from two to six weeks apart, the severity of the attacks being proportional to the length of the intervals between them. She was of medium size, of a bilious, nervous temperament; her brothers and sisters were all healthy, and no cause for the disease could be ascertained. Hoping that she would be relieved as soon as menstruation could be established, I directed my treatment to that point.

I prescribed out door exercise, diet to consist of plain food, using beef twice daily, and eggs and milk freely, discarding tea and coffee, as well as all high seasoned food. I gave her *Macrotin* three doses daily, and in a few months her menses appeared, soon became regular and she had no more attacks of epilepsy. No other remedy was used, except an occasional prescription of *Belladonna* for headache.

CASE II. Miss P, of a nervous sanguine temperament was attacked with chorea caused by over study at school. Her symptoms were such that she could not eat, drink, or dress herself without assistance. I had her discontinue her studies, take plenty of out door exercise, and gave her *Nux* and *Belladonna* for a few weeks without any particular effect. I then prescribed *Macrotin*, which cured her in two weeks, so that she could again attend school, and there has been no return of the disease.

Leucorrhœa: Patients having pain in the back; frontal headache, pain on top of the head, heat in the head; debility, colic, rheumatic and neuralgic pains in the uterus, will receive decided benefit from the use of *Macrotin*; also women at the climateric period, as well as those in pregnancy having a yellowish, creamy discharge, or a dark offensive one.

I am not able to point out accurately the particular form of leucorrhœa to which *Macrotin* is adapted, but I have found it beneficial when the symptoms correspond to those just stated.

Suppression of the lochia from nervous excitement has been successfully treated in several cases, by this remedy.

The best results from *Macrotin* are seen in the treatment of women during pregnancy. For the past four years I have given it in almost every case which has been under my charge.

My obstetrical business is not very extensive, at least not as large as some physicians in an adjoining state claim to have, and I hope it never will be, although the number of cases compares favorably with those of any physician in our city.

In the cases where *Macrotin* has been used, I have not lost a mother or child, and all the patients, without exception, have convalesced rapidly.

In 1874 I had several primiparæ patients who were confined in June and July their ages ranging from twenty-five to thirty-six. Every patient took *Macrotin* daily for three or four months previous to confinement. The labor of each was easy and natural, none of them detaining me more than five or six hours.

CASE I. Mrs. S, aet. twenty-six, of a nervous sanguine temperament was delivered July, 1874, of a male child weighing ten and a half pounds, and was in labor only three hours, although it was her first born. In 1877 she again became pregnant, and I gave her no treatment, being desirous to know the result in the same patient when *Macrotin* was not used. In December she was delivered of a daughter weighing eight and a half pounds after being in labor twelve hours.

CASE II. Mrs. H, aet. twenty-five, took *Macrotin* from three and a half to four months before her first confinement; labor lasted seven hours, not being severe, child weighed eight pounds. In her second confinement two years later she had no preparatory treatment, and was delivered only after twelve hours quite severe labor.

CASE III. Mrs. C., aet. thirty-eight was confined in October, 1874. She was tall, muscles firm, of a nervous bilious temperament, and her friends were quite anxious over her case on account of her age. She had some pains during the day previous to her delivery but was able to be up and attend to her usual work. I was called at one a. m. and at seven she was delivered of a child weighing eight pounds.

CASE IV. In the last four years only one tedious case has occurred in my practice when *Macrotin* was given: Mrs. P., a small delicate nervous woman, it being her third confinement. In her first she was in labor four days and had to be delivered with instruments. In her second, two years later, she was again delivered with instruments after four days labor. Her recovery this time was very slow, as she was not able to ride out for four months. Eight years later, at the age of forty, she became pregnant for a third time. She was given *Macrotin* during the three or four last months; her labor was twenty hours; the child weighing twelve and one-half pounds. Four weeks afterward, she called at my office, three miles distant from her residence. Her recovery was rapid, the only difficulty she experienced being sore nipples which had troubled her at her previous confinements.

I have stated that all my patients made rapid recoveries, and not in a single case where *Macrotin* was given, did I make more than three or four visits after confinement. Among the numerous letters I have received, I take the liberty of making the following extract:

"As to my experience with my first child when I was twenty-three years old. I was taken sick Friday night and was quite sick all Saturday and Saturday night, and from twelve o'clock until seven Sunday morning. I had those hard pains which a woman has just at the last. With the second child I was sick just as long, but not so hard. With the third child after taking your medicine, I was sick only from twelve to four, and with the fourth, at the age of thirty, I was sick only from half-past five to seven, and my baby weighed eleven pounds. Number one weighed ten pounds, number two ten pounds, and number three ten pounds and a

half. I am so glad that you are to publish your medicine, for I would have every woman in the land benefitted by it."

If *Macrotin* succeeds in the hands of other physicians as it has in mine shortening the time and making parturition more easy, and parturition more rapid, it certainly is one of the most valuable medicines in use.

Fruit Diet During Pregnancy. By Emma U. E. Sanborn, M. D., St. Louis, Mo. Read before the Western Academy of Homœopathy, June 16.

To quote from a celebrated English author, Dr. Abernethy, he says: "I tell you honestly what I think is the cause of the complicated maladies of the human race; it is the gormandizing and stuffing, and stimulating their digestive organs to an excess, thereby producing nervous disorders and irritations. The state of their minds is another grand cause. The fidgeting and discontenting yourselves about what can not be helped, passions of all kinds, malignant passions pressing upon the mind, disturb the cerebral action and do much harm."

That there is much sound sense in these remarks and that they are as true to-day as when they were uttered, has been proved over and over again. The physical and mental state of the offspring reproducing the state of its parents being easily traced by an attentive observer.

Some authors advise the preparation for healthy children; and for certain traits in them, by the attention of each parent some time before the conception, being directed to those special traits themselves.

The matter seems to have weight with many thinking minds, and it is one of the most interesting pursuits of the

physician to trace cause to effect and effect from cause. Among other preparations is one which leads to an easier state of mind in the matter and consequently more comfortable parturition. I mean the fruit diet, which is better adapted by her during the whole pregnancy, but is of use if only practiced during the last months, the result being the osseous system of the infant at birth is in its more early state like gristle, and presents less obstruction by being able to give with its elasticity, thus not pressing so much more upon one point than another, and upon the mother's adapting herself after parturition to the usual food which goes to produce bone more rapidly, the infant at six months is not behind the general child of that age in bony strength and is often in advance, other matters being seemingly equal. The rule which has been used as a standard is so simple. that many have used it unknowingly; only seeking to live naturally, eating when hungry and not overloading the stomach at any time, taking proper exercise, and living without excitants or stimulants of any kind. The questions are usually asked, how is one to live on fruit during the winter months? And does not one tire of the limited variety?

The fresh fruit is best always when it can be had, and lemons stand at the head as containing more citric acid than the orange, and may be eaten with sugar as lemonade or any way that taste dictates at any time. Oranges come next, apples, bananas, grapes and dried fruits, prunelles, prunes, dates, figs, peaches, pears and the host of canned fruits gives a fine variety and readily obtainable supply, while young meats, fish, fowl, broths and vegetables, puddings, the West Indian grains, rice, sago, etc., oatmeal, bread of various kinds leaves no necessity unsupplied. The rich meats, pies, cakes and spices being hardly beneficial at any season.

There being an allowance of two hundred and eighty days to produce the amount in weight of ten pounds, or three-quarters of an ounce per day at most, the force is expected to extend throughout that time and not necessarily to be expended at once, so that if the suggestion is made to the mother in this light she will easily see that it is by keeping

her own blood and system in a healthy condition that the welfare of her child is secured and not by eating a few pounds a day extra on its account.

This experiment has been tried for nearly forty years; during which it has gained a good repute among many of our best authorities, and many friends among those in whose special comfort we are all interested; and in many cases superseding the necessity of ether or other anæsthesia.

There is alarming need for mothers and daughters to know the proper rules for living, and that nature's laws more closely followed bring peace and comfort, and being abused, more suffering is entailed. Far too many from ignorance which a few words would teach, form for themselves lives of suffering under the mistaken impression that they need to go through a pathological instead of a natural process during parturition.



General Clinics.



POST PARTEM FEVER—TRISMUS NACEUTIUM—LABIAL ABSCESS.—Was called to see Mrs. G., a strong, healthy woman who had been confined five days previous attended by a midwife. The husband expressed great fear lest his wife was crazy, stating that she was very much out of her head, believed him and all her friends to be enemies, tried to run away and destroy her child. On visiting the patient at 10:30 a. m., I found her raving with delirium; face flushed, pupils dilated, intolerant of light and noise; pulse one hundred and sixty-five, full and bounding; temperature one hundred and six and a half; urine scanty, and high colored watery diarrhœa; lochia suppressed,

great tenderness over the hypogastrium with slight tympanites. I diagnosed puerperal metritis, and prescribed tr. *Ver. vir.*, *gtts x* to half glass of water, teaspoonful every hour, and ordered fomentation of *Hops* to be applied over the abdomen.

Six p. m. Patient somewhat better, temperature one hundred and five and a half, pulse one hundred and fifty-two; discharges from the bowels less frequent. Continued treatment.

March 2, 11 a. m. Patient still improved, temperature one hundred and four, pulse one hundred and forty-five; diarrhœa about controlled; less delirium and soreness over bowels. 7 p. m., temperature one hundred and three and a half, pulse one hundred and thirty-two; mental condition improved. Treatment continued.

March 3d, 9:30 a. m. Patient much improved; had slept some during the night; desired to see her child; urine more profuse but still high colored; diarrhœa entirely controlled; temperature, one hundred and two and a half, pulse; one hundred and twenty; pain and tenderness in womb much less, but ovaries sensitive; skin slightly moist, throbbing headache in top and back of head. Prescribed *Bell. 3x* fifteen drops to one-half glass water, teaspoonful every two hours in alternation with *Cimicifuga* first decimal prepared as above.

March 4th, 11:20 a. m. I found my patient very comfortable, sipping a little porridge; had rested well during the night; temperature one hundred and one and a half; pulse one hundred; skin moist, headache relieved; bowels slightly constipated. I substituted *Bryonia 3x* for *Belladonna*.

March 5th, 4:30 p. m. The same ratio of improvements having continued during the past twenty-four hours, the same treatment was kept up and my professional visits discontinued. Within the next three weeks, I treated four other cases of like character all terminating favorably. Remedies used during the early stages were *Verat. vir.*, *Aconite*, *Bell.*, *Cim.* and *Kali chloricum*; during the decline of the disease *Bell.*, *Bry.*, *Cim.* and *Merc.*

March 13th. The husband requested me to call in and see the baby now aged eighteen days, said it had been cross during the fore part of the night refusing the breast and since midnight had been having spasms. I called at 9:30 a. m., and found the little boy a robust looking child suffering from a well marked attack of tetanus infantum. The voluntary muscle of the face, trunk and limbs were in a state of tonic contraction, the head thrown back, jaws almost closed and immovable and a great difficulty in swallowing. The forehead and cheeks were drawn and wrinkled, and the contractions of the orbicular muscles gave the characteristic features peculiar to this disease; the fore arms were flexed, and the thumbs drawn across the palms were clinched by the fingers. The legs were likewise affected; the slightest noise or touch would aggravate the spasms; the respiration was quick and irregular; bowels constipated, and the child moaned or whined. I gave an unfavorable prognosis and prescribed *Bell. 3x, dil.*

Three-thirty p. m. Visited the child again, and found symptoms considerably aggravated, otherwise no perceptible change. Discontinued *Bell.*, and gave *2x dil.* of *Calabar* made from the solid extract (one grain in 100m Alcohol). Eight drops were added to twelve teaspoonfuls water, dose, one teaspoonful every hour until a change should take place.

Seven-thirty p. m. Visited the child again and thought I could see some improvement. Ordered time between doses to be lengthened to two hours.

March 14, 9:15 a. m. Spasms had almost entirely subsided, only two or three having occurred during the night. Had nursed and slept for more than an hour during the latter part of the night; bowels had moved two or three times; evacuations were greenish, which I attributed to the medicine. Prescription continued every three hours.

Five p. m. Child seems entirely relieved, but is suffering from severe cramps in the bowels, has diarrhœa, seems nervous and can not sleep. This was due to the medicine which I now discontinued and gave *Chloral hydrate* every hour until relieved.

March 15th. The father called at my office and reported that after giving the third dose the child slept quietly for six hours, then awoke, took the breast, and slept the remainder of the night seeming quite bright but very weak. The child is now strong and healthy.

November 19th, 1877, was consulted by Mrs. P., who for two years had been suffering from a tumor of the left labia. It was very painful, intolerant of manipulation, entirely prevented intercourse, and had become a source of great mental worry. Upon examination I found a fluctuating tumor about the size of a pullet's egg, a serous enlargement of the vulvo-vaginal gland. It pressed over against the opposite side distorting the parts and effectually occluding the vagina. It was very sensitive to the touch, being the seat of sharp shooting pains upon the slightest manipulation. I made a free incision into the tumor and a tablespoonful or more of glairy mucus looking fluid was evacuated. The seat of disease was now explored with the probe and found to extend deep into the ischia pubic fascia.

The probe was now wrapped with cotton and dipped into a saturated solution of *Carbolic acid*. This was introduced into the fistulous tract thoroughly cauterizing every part of the diseased structure. The pain was but momentary and slight and the results most gratifying, the healing process being complete in seven or eight days.

I have found this treatment much more efficient and satisfactory than the stuffing with lint or injection of *Iodine* recommended in the text book; the operation being less tedious than the former, and very much less painful than the latter, the *Carbolic acid* producing anæsthetic effects, while the *Iodine* produces most excruciating and prolonged pains.—W. E. GREEN, M. D., Little Rock, Ark.

DIPHTHERIA—DR. TAYLOR'S ARTICLE.—Reading Dr. Taylor's very interesting and exceedingly sad article, induced me to report my experience with *Chlorate of potash* (*Kali chloricum*). When I was an old school physician, I was called to a plantation in La., on which diphtheria had broken out

in an epidemic form. Out of the first six cases five had died before I was called. When I arrived, I found a colored child dead in a cabin, and the planter's baby dead in the house; his oldest child convalescing; as I said, the only one living of the first six attacked. I found several cases in the cabins.

There was high fever, and a scarlet rash. So the three physicians attending the cases at first, thought it was scarlet fever, among them a homœopath, (though more of a planter, than a physician).

Reading a description of diphtheria in the London Lancet, Dr. Calderwood, (a most excellent physician), and myself had agreed to treat the disease with, *Aconite*; *Chlorate of potash* as a gargle, and cauterize the throat with a strong solution of *Nitrate of silver*. I showed the young physicians on the place, how to use the caustic with a sponge probang. I made a saturated solution of *Chlorate of potash*, to be used as a gargle, every two or three hours, and directed him to give one drop doses of Fleming's tinct. of *Aconite rad.* to children and five drop doses of the same to adults every two or three hours. The planter afterward told me, there were thirty more cases after my visit, and only one death of an infant. Now with the light of Homœopathy before me, I see that the *Nitrate of silver* was worse than useless, and that *Aconite 1x* or *3x* would have done as well as the tincture did. A good deal of *Potash* was swallowed, and absorbed whilst gargling the throat.—J. C. CUMMINGS, M. D.—[This is of special interest on several points. It is not homœopathic but nevertheless instructive.—ED.

TUMOR—CAUSTICUM—N. L., aet. forty, nervo-bilious temperament, had a tumor the size of a walnut in the supra-scapular region, hard, round and movable under the integument; at times there was sharp stinging pain and at other times the pain was of a burning character, radiating in all directions from the tumor. It had been examined by two physicians who pronounced it scirrhus and desired to excise it, but the patient being rather timid, could not be in-

duced to submit to the operation. He consulted me when I gave *Causticum* 12, fifteen powders, one powder each evening. After the third day the tumor began to decrease and at the end of thirty days had entirely disappeared.—C.

CHRONIC ARTHRITIS—SILICIA—J. K., aet. twenty years; two years previous had received a bruise just above the inner tibial tuberosity; had been treated for two years by different physicians without benefit, when he came to me for treatment, January 10, 1876. The condition of his knee was as follows: The joint was enlarged to twice its natural size, with constant pain through the joint of a sharp, cutting nature; patella immovable and almost total immobility of the joint and considerable atrophy of the limbs. *Silicia* 30, one gr. dose, *Sac. lac.* one dose every evening for two weeks. Within two hours after taking the first dose the pain increased until it became almost unbearable, when it began to subside. January 24, *Silicea cc* one gr. dose, *Sac. lac.* one dose every evening. February 10, pain all gone and perceptible decrease in the size of the joint. *Sac. lac.* continued. February 17, some pain; *Silicia cc* one gr. dose, *Sac. lac.* one dose every morning with simple warm fomentation every evening. March 1, the pain absent; the patella can now be displaced a very little; the joint is also becoming more flexible. *Sac. lac.* one powder every week. April 10, has dispensed with the use of a cane but there remains a slight limp in walking owing to shortening of the flexor ligaments. *Calc. carb. cc*; one gr. dose, *Sac. lac.* one powder every week. July 1, case improving constantly and discharged as needing no more treatment.—C., Burbank, O.

CHILLS AND FEVER—Female aet. twenty-two, school teacher, dark complexion, firm muscular fiber; chills with external coldness; drinks large quantities of water; menses suppressed; drowsy during day. *Bry.* 30 in water, dose each three hours; no more chills after fifth day; menses came on normal.

HYSTERIA.—Female aet. twenty, main symptoms violent palpitation of heart from fright; patient pregnant three months. *Acon.* 200, dry each four hours. Cured in two days.

NEURALGIA FROM DECAYED MOLAR.—Female aet. twenty-three, pregnant one month; left lower jaw. Tried *Merc. cor.* 30; did no good; tried my tooth forceps and extracted it clear; cured in one and a half minutes.

CHILLS EACH THIRD DAY.—Female aet. ten, worse at night; no sweat; small sips water; twitchings when falling asleep. *Ars.* 200 in water each four hours. No chills after sixth day.

COUGH.—Male aet. eleven, attacks him every spring; worse at night; aphonia at night; scraping in throat; glands swollen. *Carbo veg.* 200, dose morning and evening. Cured in ten days.

HÆMORRHOIDS.—Male aet. thirty-four; pain shoots up the rectum from the tumor; great aching; lame feeling in back. *Aesc. hip.* 30, in water each three hours. Cured in four days. This is myself and I am ready to testify to it.—O. J. LYON.

Miscellaneous.

Death of Madam Hahnemann.

We are pained to announce the death of this distinguished lady, the wife of Dr. Samuel Hahnemann. She died, as will be seen, in Paris, on the 27th of last May. She was seventy-eight years old. Our readers are aware that since the death of Hahnemann, now some thirty years ago, Madam Hahnemann has been in possession of a large amount of unpublished manuscript, the work of her husband. From causes

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not worth while to mention here, they have been withheld from the profession. Negotiations have of late been pending for the purchase of the manuscripts with a view to their publication. In this work the medical profession of America has shown a lively interest. As will be seen by the subjoined letter, there is hope that the scheme may yet be consummated. The following has just come to hand:

104 FAUBOURG ST. HONORE, PARIS, FRANCE,
June 5th, 1878.

M LE DOCTEUR WILSON :

I come to announce to you the sad loss I have sustained in the death of my well beloved mother, Madam Samuel Hahnemann. On the 27th of May she succumbed to a pulmonary catarrh from which she had suffered many years. I am her adopted daughter, and have had charge of her correspondence with you in reference to the unpublished manuscripts of Hahnemann, and I am quite disposed to complete the plan already proposed by you and accepted by her. It is now several months since she made me commence, under her supervision, the first copy in German of the sixth edition of the *Organon*. I have already advanced a long way with the work, and happily I know her wishes exactly in regard to it. * * *

Receive, Monsieur Doctor, my high esteem,

S. BOENINGHAUSEN HAHNEMANN.

It will be remembered from our former correspondence published in the *ADVANCE*, that Madam Hahnemann proposed to make a gift of all Hahnemann's unpublished works "to the homœopathic physicians of America as a token of her appreciation of the regard they have always had for her distinguished husband." In return for this it was proposed to raise a fund sufficiently large for its interest to support the donor during the balance of her life. Already considerable money had been subscribed and but for the death of Madam H. the whole matter would have been placed in the hands of the American Institute of Homœopathy, and probably the plan completed under its direction. In this we have now been frustrated, and some negotiations must be entered upon to be reported upon some subsequent time. If Madam E. Hahnemann proves to be what her letters indicate, we will have no special trouble in becoming possessed of the works in question. We solicit suggestions and advice upon the matter from our readers.—T. P. WILSON.

Professional Competition. By S. R. Geiser, M. D., Cincinnati.

That the competition of the professions generally is disproportionately great in this country, there being too many persons engaged in nearly all of them to lead to practical success is a pretty generally admitted fact, nevertheless the rush toward professional life remains as great as ever. There are too many physicians, especially allopathic, too many lawyers and too many clergymen, but the mill of our schools of education is steadily grinding out thousands of candidates for the various professions. How great the surplus really is only becomes apparent when we look over reliable statistics and compare them with those of other countries. Placing the statistics of this country parallel with those of the different countries of Europe, we have the following results: The United States have a total population of forty-four million, eight hundred and seventy-four thousand, eight hundred and fourteen; the number of physicians in the United States is sixty-two thousand, three hundred and eighty-three, and ninety-four medical schools, giving us an average population of six hundred persons to every physician. France has a population of thirty-six million, one hundred thousand, and only nineteen thousand, nine hundred and two physicians, or about one physician to a population of one thousand, eight hundred and seventeen, and not more than six medical schools. England with thirty-two million, four hundred and twelve thousand, and ten inhabitants has nineteen thousand, three hundred and eighty-five physicians, or one to one thousand, six hundred and seventy-two inhabitants and seventeen medical schools. In Germany there is only one physician to three thousand inhabitants. These figures show the position a physician holds in the different countries named. Upon the European continent it has been estimated that an average population of two thousand, five hundred to three thousand is required to support one physician. That this proportion could be essentially different in this country—a much smaller proportion being sufficient to support one physician—is not to be supposed.

As there is one physician to a population of only six hundred in this country, the position one holds practicing the healing art must be far inferior to those of other countries. The sentence, "*Dat Galenus opes dat Justinianus honores*," is worth a great deal in the old world, and has certainly some validity with us, but only in a very limited degree. A great many followers of Galen are not accumulating wealth, neither do all *junior Justitions* attain positions of honor. Notwithstanding the very unfavorable relations physicians hold in this country in regard to their attainments in the minds of the public, and in regard to their prosperity in the future in a financial point of view, some medical schools exert their utmost efforts to have the largest number of graduates regardless of qualifications. In France about seven hundred and fifty physicians are graduated annually; in England one thousand, seven hundred and forty-three; in Germany five hundred and fifty, and in this country the various schools graduate about three thousand annually.

The valedictorian at the annual commencement exercises of the Medical College of Ohio, in giving the causes of failure in the practice of medicine, in the presence of one hundred and two graduates—of which about fifty were from this city—gave as a permanent cause that some physicians claimed to cure disease with a sugar pellet of the millionth of nothing, thus bringing ridicule and disgrace upon the medical profession. That a great many do not endorse this kind of practice, and probably does harm our school in the eyes of *some* I do not deny, but the practice of those using that kind of medicine compare favorably with those using crude drugs, consequently they must have success. It would be a difficult matter to give *all* the causes of failure in the practice of medicine, but I think the worthy professor failed to give the *principal cause of failure* in the practice of medicine by not stating that they "ground out too many doctors." Should this incongruity continue for a number of years longer, probably the question can be asked, how many physicians to one inhabitant?

In the minds of some, the consolation prevails that the great competition existing between physicians and profes-

sional men generally will have a tendency to equalize the disproportion, making it only possible for those best qualified and more thoroughly educated to support themselves by the practice of medicine, compelling those less qualified to follow other pursuits. It is also claimed by some that medicine and surgery belong to the sciences in which physicians of this country are willing to compete with those of other countries in regard to learning simply on account of the great competition existing among physicians, thereby making each one use his utmost skill in discharging his duties as physician. This may be true to a certain extent, nevertheless we find a large proportion of physicians, "regulars" (?) charging about *half price* for their services in order to keep their patrons, sell their horses on account of being "lame," and go on foot in order to get "exercise."

A Critique.

DEAR DR. WILSON:—It would undoubtedly be the very height of presumption in me to say what you should or should not put in the pages of the *ADVANCE*, and I hope you will not look upon me as a self-constituted critic. I am, however, compelled to notice briefly two articles in the last number of your valuable journal. I wish to notice, first, the paper, Physical Examinations, over the signature of O. S. Runnells, M. D., Indianapolis. I heard the aforesaid paper read, and from its title expected to receive some valuable instructions relative to the examination of our patients, but when finished, concluded I had mistaken the title, or that the author had his subject.

It is wordy and reads beautifully, and if one did not know upon what subject the paper was intended to bear, should most certainly conclude he was reading an introduction to

some novel, or perhaps listening to an oration from that very flowery gentleman of St. Louis, who roars so wildly about the unsalted seas. Now this style of composition is good in its place, and when tired and weary pouring over medical lore, is very acceptable and even grateful when rehashed from some magazine or periodical devoted to like literature, but to fill up four and a half pages in a medical journal with such a display of words to make an especial point of ten or a dozen lines is deserving of more charity than I am willing to grant.

I am not discussing either the rhetoric nor grammar of this paper, but its bearing upon medical science and the instructions to be gained upon physical examination, as the title would seem to indicate.

We learn from the last clause that the author desires to call especial attention to the vaginal speculum, but—says nothing about it. One would infer from the remarks that from its conception by Recamier in 1818 down to the writing of this paper it had been sleeping in oblivion and forgetfulness, only to be revived by the author of this paper.

What we wish by the production of papers or articles, long or short, to be published and read in a leading journal is *absolute literature* for the advancement of medical science thereby enabling the physician to relieve human pain and control disease in a certain and scientific manner. Now here are five pages of a much valuable journal, given to what? to the publication of a lengthy article on physical examination and if it were read till the Mississippi changed its course it would profit him nothing, absolutely nothing.

Second: Events viewed unequally, by J. B. Hunt, M. D. This article covers six pages, and if any man this side heaven's gate will clearly define to my mind the points made or what the reader is to infer, or the author's object, I'll give him credit for a clearer and more lucid conception than I am in possession of. I very dimly, as through a glass darkly, perceive a very faint thrust at potency. If such be the case, the Doctor has certainly wandered over a great amount of time and space, to leave the reader in great doubt as to the potency he drills under.

Suppose a crawfish is rendered unconscious by a few passes from aft forward, or that a hen is anæsthetised by a chalk line passing down the beak on the flat side, of what importance is it in the practice of medicine? How much weight would this fact have on the selection of a remedy? or how far would it go towards the correct diagnosis of a case? Clinical reports of cases cured with the single remedy, the prominent symptoms or characteristic of a remedy, the proving of a remedy new or old, and the expunging of the many symptoms about as worthless as the foregoing articles, would have redounded much more to the glory and renown of their respective authors than the above articles.—GEO. B. SARCHET, Charleston, Ill.

The Pathological Effects of Drugs. By A. C. Rickey, M. D., Dayton, Ohio. Part II.

§13. RESPIRATORY ORGANS.—Catarrh dry: Aco., Bry., Camph., Gels., Graph., Nitr. ac., Nux., Sticta.

Fluent: Ars., Cham., Hydras., Lycop., Merc. s., Puls., Sulph.

Discharge green or yellow: Aurum., Merc., Puls., Sepia.

Chronic: calc. c., hydras., Iod. ars., Iod. merc., Kali b., Lycop., Phyto., Sang.

Hay Fever: Ars., Iod., Gels., Euphr., Grind., Arum., Euphorb., Sticta.

Throat: Aco., Baryta. c., Bell., Caps., Hep., Lach., Merc., Phyto., Phos., Sang., Silic.

Chronic Pharyngities: Alum, Arg., Nit., Arum., Ars., Iod., Ham., Hydras.

Chronic: Kali b., Merc., Iod., Sang., Tannin., u g ol's Solution.

Uvula relaxed: Carbo. v., Caps., Hepar., Igna., Lach., Nitr ac., Phyto.

Larynx: Aco., Bell., Cham., Hepar., Lach., Merc., Phos., Spong.

Chronic Laryngitis: Carbo. v., Caust., Coni., Iod., Kali b., Phos., Rumex.

Croup: Iod., Kali b., Spong., Tart. e., Phos., Aco., Bell., Œdema glottis: Ars., Bell., Hyos, 1x, Kali bro., Sang. 1x.

Spasm glottis: Bell., Hyos., Kali bro., Sang.

Cough dry: Aco., Bell., Bry., Caust., Cham., Nux., Phos., Rhus.

Loöse: Ipe., Kali b., Lyco., Merc., Phos., Puls., Sulph. Tart. em.

Titillating: Atrop., Coni., Igna., Ipe., Lach., Rumex, and same as for dry.

Purulent and chronic: Carbo. v., Grind., Iod., Kali bi., Lyco., Phos., Silic., Sulph.

Pertusis: Bell., Cham., Cupri., Dros., Ipe., Kali b., and bro., Merc., Nux., Puls., Ver. a.

DYSPŒA.—From Flatus: Carbo. v., Cham., China, Nux., Opi., Phos., Sulph.

From hysteria: Caulo., Igna., Lach., Nux., Mos., Puls.

From Heart disease: Cactus., Colins., Dig.

From anemia: Ferrum, Puls., Ars.

From pulmonary congestion: Aco., Bell., Bry., Chi., Gels., Ipe., Phos., Ferri.

From asthma nervous: Atrop., Bell., Pot., Nitr., Stram.

From asthma catarrhal: Ars., Camph., Carbo. v., Grind., Ipe., Tart. em.

LUNGS.—Congestion: Aco., Bry., Chi., Cimi., Gels., Phos., Sang.

Inflammation: same as for congestion, and Carbo. v., Lyco., Mer., Rhus., Sul.

Hemorrhage from: Aco., Arn., Chi., Ferrum, Ham., Phos., Rhus.

Phthisis: Ars., Calc., Chi., Ferri., Iod., Kali c., Lyco., Natr. m., Phos., Sang., Sili., Sul.

§14. HEART.—Palpitation: Aco., Bell., Cact., Calc., Cocc., Dig., Ferri., Gels., Igna., Kali c.

Weak action of: Cocc., Colin., Dig., Ferri., Igna., Nux. m., Ver. a.

Over action of: Aco., Ver. vir., Iberis., Lycopus.

Renal obstruction from: Apis., Apocy. c., Colch., Dig. Eupator. pur., Tereb.

Fatty degeneration: Phos., Ferrocyanide pot.

Angina Pectoris: Amyle nitr., Arn., Ars., Dig.

§15. NERVOUS SYSTEM.—Cerebral Anemia: Brom., Pot., Secale.

Cerebral congestion: Aco., Bell., Bry., Calc., Cimi., Gels., Glon., Nux., Phos., Opi., Ver. vir.

Headache catarrhal: Aco., Ars., Bell., Bry., Cham. Gels., Nux.

Headache gastric: Bry., Hydras., Ipe., Natr. m., Nux., Puls., Sang., Sepia.

Headache menstrual: Bell., Caul., Cimi., Cocc., Puls., Plat.

Headache nervous: Bell., Cham., Cimi., Coff., Gels., Igna., Nux., Ver. a., Val., Zinc.

Headache rheumatic: Bry., Cham., Cimi., Merc., Rhus.

Mental exaltation: Bell., Croc., Gels., Hyos., Lach.

Mental depression: Aco., Bry., Aurum., Cimi., Lyco., Natr. m., Phos., Phos. ac.

Sleepless: Cham Cimi., Coff., Gels., Igna., Nux., Verat. v.

Sleepless unrefreshing: Bry., China, Lyco., Nux. v., Sulph.

Sleepy during the day: Calc., Ham., Lyco., Merc., Natr. m., Opi., Puls., Sulph.

Sleepy but can not sleep: Bell., Opi., Brom. pot., Clilorol.

SPINE.—Sleepy from eating: Bry., Nux., Phos.

Anemia: Nux. o, Phos. o, Phos. ac., Chi., Cimi., Ergot, 3x. Gels., Igna., Ver. v.

Congestion: Ergot o, Hypericum, 3, Phos. 3-30, Cimi., Platina.

Spasms: Bell., Brom., Camph., Cham., Cimi., Gels., Nux., Opi., Ver. v., Zinc.

Paralysis: Caust., Cocc., Nux., Phos., Plumbi., Rhus.

Neuralgia: Aco., Ars. of cincho, Cham., Cim., Coff., Gels., Iodoform.

Neuralgia: Merc., Nux., Opi., Phos., Plat., Puls., Spig.
Val. of zinc.

§16. EYE AND EAR.—Conjunctivitis: Acuta., Ars., Arg. nit., Allium., Ceba., Graph., Hepar., Acon., Bell., Cham., Euphra., Merc., Puls., Rhus., Sulph.

Conjunctivitis chronic: Calc. c., Alumina, Ars., Iod., Nitr. ac., Ver. alb., Sulph.

Amaurosis and amblyopia: Bell., Macro. 1z, Gels., Phos., Zinc.

Trachoma: Aluminate of Copper, Sang., Soda, Ars., Aurum., Kali b., Thuja., Merc., Nat. mur., Proto., Arg. nitr., Sulph.

Earache: Acon., Apis., Ars., Berkvis., Bry., Bell., Capsicum, Cham., Merc., Proto., Puls.

Otorrhœa: Ars., Arg. nit., Æthusa, Aurum, Borax., Calc., Capsicum, Graph., Hepar., Sulph., Silicia, Puls., Psor., Lyc., Hydrast.

Tinnitus: China, Phos., Merc. s., Bell., Calc., Graph., Nux., Nat. mur.

Dry wax: Alcohol, Arnica, Coni., Gels., Aurum., Lach., Merc.

§17. SKIN.—Dryness of: Ars., Graph:

Scaly eruption: Ars.

Moist eruption: Baryta, Calc., Graph., Hep., Lycop., Merc., Rhus., Staph., Sulph.

Scabby eruption: Calc., Lycop., Rhus., Staph., Sulph.

Urticaria: Acon., Apis., Ars., Copaiba., Dulc., Ipe., Rhus., Urt. ur.

Urticaria chronic: Ars., Calc., Hepar., Lyco., Sepia., Sulph., Soda sulph.

Purpura: Arn., Ars., Bry., Coni., Ergot., Ham., Lach., Phos.

Night sweats: Ars., Calc., China, Gels., Merc., Nux., Phos., Phos. ac., Sil., Sulph. ac., Sulph.

§18. DROPSY.—From anemia: China, Ferrum, Ars.,

From heart disease: Ars., Cact., Dig., Spig.

From lung disease: Apis., Apoc., Ars., Bry., Merc., Dig., Spig.

From kidney disease: Apis., Apo., Ars., Canth., Tereb.

§19. ANEMIA.—Ferrum, Puls., China.

Hydremia: Ars., China.

Low nutrition: Ars., China, Ferri., Natr. m., Phos. ac., Plumb., Puls., Sepia.

Nervous debility: Calc., Chi., Gels., Natr. m., Nux., Phos., Phos. ac., Ver. a.

Muscular debility: Caul., Chi., Cimi., Cocc., Gels., Iod., Natr. m., Phos., Sulph., Ver. v.

§20. ABSCESS: Ars., Bell., Bry., Hep., Merc., Rhus., Silic., Sulph.

BONES.—Diseases of: Aurum, Calc., Fluor. ac., Lycop., Merc., Nitr. ac., Phos., Phyto., Sepia., Silic., Sulph.

Cancer: Ars., Coni., Hydras., Sang., Graph., Kreos., Chrom. chlor., Thuja.

Erysipelas: Acon., Apis., Ars., Bell., Graph., Hep., Rhus., Sulph., Ver. vir.

Gangrene: Ars., Lach., Secale., Carbo., China, Silicia.

Glands: Ars. iod., Baryta., Iod. and Merc., Calc., Iod., Hep., Merc., Silicia, Sulph. iod.

Lumbago: Bell., Bry., Nux., Rhus., Tart. em.

Rheumatism: Acon., Bry., Caul., Cim., Merc., Nux., Puls., Rhus., Sulph., Sal. ac.

Scrofula: Ars., Calc., Lycop., Sulph.

Ulcers: Ars., Iod., Graph., Hep., Hydras., Kali b., Lach., Lyco., Merc., Nitr. ac.

PLUMBUM.—Sallow complexion; *loss of memory; excessive pain in the abdomen, radiating thence to all parts of the body; constipation with black fæces; urine dark, scanty, passed with difficulty.*

NATRUM MURIATICUM.—*Great depression of mind; pres- sive pain in the head; eyes weak with itching and smarting; swelling with burning and vesicular eruption about the lips; bitter taste in the mouth; unquenchable thirst; emaciation and weakness.*

Practical Anatomy. By G. C. Smythe, M. D., Greencastle Ind. Read before the District Medical Society of Western Indiana.

MR. PRESIDENT AND GENTLEMEN OF THE SOCIETY: On picking up the Cincinnati *Enquirer* on last Friday evening I read the startling headline, "The Grave of Hon J. Scott Harrison Robbed—The Remains Recognized by His Own Son in a Cincinnati Medical College Dangling at the End of a Rope in a Dark Chute," etc. A few hours before I read in one of our daily prints that Dr. A. B., of Fort Wayne, had been fined four hundred dollars and costs for dissecting human bodies in that city. And only a short time ago, I am informed, that Drs. C. and D., of Morgan county, were damaged in a lawsuit for malpractice in the sum of several thousand dollars. These statements, together with others of like character, have suggested several thoughts to my mind which I propose briefly to discuss in this paper.

There must certainly be something wrong, radically wrong, in the constitution of society which demands certain knowledge of any class or profession, in the prosecution of their business, and, at the same time imposes a heavy fine or imprisonment if they use the only means under heaven by which they can obtain that knowledge.

This is the exact position occupied now by the state of Indiana and other states, and by the medical profession practicing their calling within their borders. The community demands that we locate disease with exactness, naming the particular organ affected, and the pathological process taking place therein, and every surgeon is expected to know the exact locality of every artery, nerve and vein, and their relation with each other, and he must know these things before he undertakes to perform any important operation. And yet this same community coolly informs him at the same time she makes this demand that if he undertakes to learn those things in the only way they are to be learned—that is by practical dissection of the human body—that she will

either fine him one thousand dollars, as is the law in this state, or put him in prison as is the law in some other states. Can anything be more absurd than this condition of affairs? Does it argue well for the intelligence of a community that will allow itself to occupy such a position? Whence comes this prejudice against dissection? Is it not the legitimate offspring of ignorance and superstition? Let us look into the history of the subject and see if we can discover the cause. Of course, in a short paper like this—all of which has been written within the last forty-eight hours—it is impossible to go very extensively into the history of the subject on account of the difficulty of tracing it.

The first knowledge of human anatomy was evidently gained in pre-historic times by the abominable practice of offering human sacrifices, as was the custom with nearly all pre-historic nations, and, in fact, it continued long after history began to be recorded.

The Druids, who were priests and judges, as well as physicians demanded human victims as sacrifices of those who came to consult them, and it is not unlikely that they availed themselves of these circumstances to acquire a knowledge of this subject. Religion seems to have a great influence in this matter.

The Jews did not study practical anatomy, because they believed man to be made after the image of God, and consequently sacred. The touching of a dead body also required the process of ceremonial uncleanness to be gone through with afterward. The religion of the Arabs also forbade contact with dead bodies, and so on. Yet there were people well advanced in civilization who did not accept the Jewish religion, and who did practice dissection of the human body.

There was some knowledge of anatomy existing in Homer's time, as witness his description of wounds in the Iliad. Pythagorus had some knowledge of physiology, obtained perhaps in Egypt, where he witnessed human sacrifices; also the Egyptian process of embalming the dead. It does not appear, however, that either Democritus, Hippocrates, Esculapius or Aristotle ever dissected a human body, yet they nearly all dissected the lower animals.

Diocles 380 B. C., was the first who treated of the proper manner of making anatomical examinations for the purpose of demonstration; yet it appears that his preparations were made from animals.

Erastratis, who was born 300 years B. C., was the first to teach practical anatomy by the actual dissection of the human body. He obtained the bodies of criminals from the authorities, and is said to have actually dissected some of those condemned to death while they were yet alive.

Herophilis, who lived about the same time, is also said to have dissected living subjects. Parthenus, who lived 200 B. C., published a book entitled "Dissection of the Human Body." So you will observe, gentlemen, that considerable progress had been made in practical anatomy before the beginning of the Christian era. Now, mark the change that takes place. Early in the first century of the Christian era the dissection of human bodies was forbidden under heavy penalties. It is recorded that Rufus the Ephesian taught anatomy in the year 112 A. D., but made use of animals in his demonstrations, stating in his work on this subject "that of old human bodies were used for this purpose." Galen 131 A. D., dissected apes as being most like human bodies, although it is stated that he appropriated the bodies of persons found murdered for the purpose of dissection, but was obliged to use the greatest secrecy. There was at this time no regularly prepared skeleton in existence. There was a Roman law in force at this time forbidding the use of dead bodies for dissection.

There now supervenes a gap of nearly a thousand years in which, under the prosecutions, or rather persecutions, of the Church there was no progress made in practical anatomy.

Some of the Popes issued "bulls" of excommunication against any person found guilty of such practices. All good Christians were forbidden to have any communication with such a person, thus inflicting as a punishment ostracism worse by far than solitary confinement.

The study of practical anatomy went down under the universal darkness and gloom that overspread the world at this

time under the influence of the Church. The reason for this is perfectly plain. They taught the erroneous doctrine that man instead of being made after the image of an ape was made after the image of a God, and consequently his remains were sacred after death. Another worse than foolish doctrine, universally believed and taught by Christians of that day, and still believed by a considerable number of the intelligent Christians of to-day was the resurrection of the body in the flesh.

So, gentlemen, you can readily see how repugnant the dissection of the dead body would be to persons holding the preceding religious views.

It would be profitable and pleasant to trace this history down to the present but want of time will not allow me to do so. I must add here, however, that, with a few honorable exceptions, the Church has opposed every obstacle in its power to the study of practical anatomy.

Practical dissections of the human body were not legalized in Great Britain until 1832, and came about in this wise: It appears that for several years previous to the passage of the law, two men, named respectively, Burke and Hare, had been engaged in furnishing material for dissection and finding it easier to commit murder than to open graves, they actually did so, and continued this atrocious crime until no less than sixteen persons had been murdered and their bodies sold to the surgeons, when one of them (Hare) was seized with a disease somewhat common in this country at this time, viz: a quickened conscience, and revealed their horrible doings to the authorities, which was followed by the trial and execution of Burke, in 1828. This produced the greatest excitement throughout all Britain, and led to the investigation of the whole subject by Parliament, and the passage of the law of 1832, legalizing dissections under wholesome restrictions; also, giving origin to the verb to "burke," with its participles "burking" and "burked," which are good English words, though not much used in this country.

I have not the necessary documents at hand to show what has been done in this country in the way of legalizing the dis-

section of human bodies, but suffice it to say that several of the States, recognizing the necessity of such knowledge, have, under wholesome restrictions, allowed the bodies of certain parties who have been cared for at the public expense, and whose remains after death are unclaimed by friends, to be used for the purpose of demonstration in practical anatomy. This is eminently proper and the natural result of the logic of events, and as soon as our authorities begin to understand the absolute necessity for such knowledge and the impossibility of preventing dissections by imposing penalties, it will be legalized in every state. From two thousand to three thousand cadavers will be used in this country every year, and you might as well attempt to stop the wheels of Time as to try to prevent it. The state demands that the medical profession possess this knowledge for the well being of her own citizens, and the medical profession must demand in return that the state furnish them the necessary means to obtain that information.

Just so long as this thing has to be done clandestinely the medical colleges can find men who for money will rob the graves, it may be of our best and most respected citizens; for it will be a matter of indifference to them whose corpse they sell so they obtain the money therefor. And who can answer as to how many of the mysterious disappearances of which we read in the papers have been burked and their bodies sold to the medical colleges?

As long as body snatching is a business, doplorable incidents will occur like the one recently at Cincinnati, and all Rome will howl, so to speak. But in the end the proper remedy for such sad occurrences will be found in the passage, by our next Legislature, of a well regulated dissecting law.

A Case of Malpractice.

Dr. Royston sued Peter Bennet for his bill, long overdue, for attending the wife of the latter. The doctor proved the number of visits, their value according to local custom, and his own authority to do medical practice. Peter's lawyer told him that the physician had made his case, and, as there was nothing whatever to rebut or offset the claim, the only thing left was to pay it.

Peter therefore volunteered to argue his own case and this is the way he did it:

"Gentlemen of the jury, you and I is plain farmers, and if we don't stick together these 'ere lawyers and doctors will git the advantage of us. I ain't no objection to them in their proper places, but they ain't farmers, gentlemen of the jury. Now, this man Royston was a new doctor, and I went for him to come an' doctor my wife's sore leg. And he came and put some salve truck onto it, and some rags, but never done it one bit of good, gentlemen of the jury. I don't believe he is a doctor, no way. There is doctors that is doctors, sure enough, but this man don't earn his money; and if you send for him, as Mrs. Susan Atkinson did, for a negro as was worth one thousand and ninety-six dollars, he just kills him and wants pay for it.

"As I was sayin' gentlemen of the jury, we farmers when we sell our cotton, has got to give the valley for the money we ask, and a doctor ain't none too good to be put in the same rule. And I don't believe this Sam Royston is no doctor, no how."

The physician put in his oar with "Look at my diploma, if you think I'm no doctor."

"His diploma?" exclaimed the new fledged orator with great contempt, "His diploma! Gentlemen, this is a big word for printed sheepskins, and it didn't make no doctor of the sheep as first wore it, nor does it of the man who now carries it, and I pint out to ye that he ain't no doctor at all."

The man of medicine was now in a fury, and screamed out: "Ask my patients if I am no doctor!"

"I asked my wife," retorted Peter, "an' she said as how she thought you wasn't."

"Ask my other patients," said Dr. Royston.

This seemed to be the straw that broke the camel's back, for Peter replied with a look and tone of unutterable sadness:

"This is a hard saying, gentlemen of the jury, and one that requires me to die, or to have powers as I've heard tell ceased to be exercised since the apostles. Does he expect me to bring the angel Gabriel down to toot his horn before the time, and cry out, 'Awake, ye dead, and tell this court and jury your opinion of Royston's practice?' Am I to go to the tomb and say to him as is at last at rest from physic and doctor's bills, 'Git up here, you, and state if you died a natural death, or was you hurried up some by doctors?' He says ask his patients, and gentlemen of the jury, they are all dead! Where is Mrs. Beasley's man, Sam? Go ask the worms in the graveyard where he lies. Mr. Peck's woman, Sarah was attended by him, and her funeral was appointed, and he had the corpse ready. Where is that likely Bill, as belonged to Mr. Mitchell?

Now in Glory a' expressin' his opinion on Royston's docterin.' Where is the baby gal of Harry Stephens? She are where doctors cease from troublin', and the infants are at rest. Gentlemen of the jury, he has eat chickens enough at my house to pay for the salve, and I furnished the rags, and I don't suppose he charges for making her worse, and even he don't pretend to charge for curin' her, and I am humbly thankful that he never gave her nothin' for her inwards, as he did his other patients, for somethin' made them all die mighty sudden."

Here the applause made the speaker sit down in a great confusion, and, in spite of a logical restatement of the case, the doctor lost and Peter Bennet won the case.

American Hom. Ophthalmological and Otological Society.

This society held its second annual meeting at Put-in Bay June 19th and 20th, the President Dr. T. P. Wilson in the chair. In the absence of Dr. Hills, Dr. F. P. Lewis filled the position of secretary. The following members of the society were present: Drs. Wilson, Woodyatt, Norton, Phillips, Hunt, Boynton, Vilas, McGuire and Lewis. After an able address from the President, the following papers were offered for the consideration of the society:

Recent Advances in Ophthalmology; by Dr. A. Wanstall, Baltimore. Embolism of Central Artery; by Dr. Geo. S. Norton, N. Y. Myopia, with Result of Examination of Refraction of Five Hundred School Children; by Dr. F. Park Lewis, Buffalo, N. Y. On the Relation of the Recti and Ciliary Muscles; by Dr. W. H. Woodyatt, Chicago, Ill. Case of Pemphigus Conjunctival; by Dr. Jas. A. Campbell, St. Louis. Abuses of Atropia; by Dr. D. J. McGuire. Relation of Fovea Centralis to Accommodation; by Dr. T. P. Wilson, Cincinnati, O. Anomalous Case from Practice; by Dr. W. A. Phillips, Cleveland, O.

These papers were all read and fully discussed in this and subsequent meetings during the session. Dr. C. H. Vilas reported verbally some peculiar cases from practice. The report of the Board of Censors was favorable on the names of the following persons who were elected to membership in the society:

W. H. Winslow, M. D., Pittsburg, Pa.; C. L. Hart, M. D., Sioux City, Iowa; Frances G. Janney, M. D., Columbus, O.; E. D. Van Norman, M. D., Springfield, O.; L. B. Couch, M. D., Nyack, N. Y.; C. C. White, M. D., Columbus, O.; Chas. Deady, M. D., New York; L. Kimball, M. D., Bath, Maine.

It was moved and adopted that hereafter an initiation fee of two dollars and annual dues of one dollar will be required.

The officers chosen for the ensuing year are: President, Dr. Geo. S. Norton; Vice-President, Dr. W. A. Phillips; Secretary

and Treasurer, Dr. F. Park Lewis; Censors, Drs. W. H. Woodyatt, F. H. Boynton and D. J. McGuire.

Adjourned to meet at Lake George at such time as the President might appoint. F. PARK LEWIS, Secretary.

Book Notices.

The Homœopathic Treatment of Spinal Curvatures According to the New Principles. By E. C. Franklin, M. D., Prof. of Surgery, etc., etc., pp. 80.

We have held in reserve our opinion of this book for a long time lest we might speak hastily. And now it would give us great pleasure to give it unqualified commendation for few men have done so much for homœopathic surgery as Prof. Franklin. We must, however, distinguish between Dr. Franklin the surgeon and Dr. Franklin the author. In the former character he is always a success, in the latter he has never been brilliant. The present little brochure shows how hard it is to beat a scalpel into a steel pen. The title page is a curiosity. "The homœopathic treatment" "according to the new principle" is what we can not understand. The statement is confusing, for we don't see how plaster jackets, artificial spines and jury masts constitute a new principle at all applicable to homœopathic treatment. Three pages out of eighty seem to be devoted to the homœopathic side of the question and the balance to pathology and surgery. This much hardly warrants the giving to the word "homœopathic" so much prominence. Besides the title is misleading if we expect to find a complete showing of what Homœopathy can do for these cases. If we say Franklin's work is the best perhaps we have upon the subject we still insist that in what it represents itself especially to be, it falls far below the mark. Before we drop the title page we beg to enquire what it represented by this, copied verbatim :

"One Grand scheme well learned,
Is better than many half studied."

Is it poetry? What is there in it that such a statement is elevated to

the dignity of a motto? It was doubtless taken from some old copy book and used to fill up space. It has no merit save as a cold platitude. However we pass to the matter included in the work and then find much to admire especially the four photographs of the worthy professor and his little patient including his good looking assistant. The relief of spinal curvatures by improved methods has recently received marked attention from surgeons. Dr. Franklin's method is an improvement upon the latest and will undoubtedly be a substantial addition to the many honors he already bears. So small and concise is the book, that we think it might be much better read by the profession than to read a lengthy review of it. Our readers may rely upon the work as including the best that is known of this fearful and often fatal and always painful disease. For sale by H. C. G. Luyties, St. Louis.

Cyclopedia of the Practice of Medicine. Vol. X. Diseases of the Female Sexual Organs. Wm. Wood & Co., New York.

This entire volume is written by the distinguished Prof. Carl Shroeder, of Erlangen, Bavaria. It forms in most respects the most interesting volume of the series. The subjects are treated with commendable brevity as well as remarkable clearness, and besides are profusely and handsomely illustrated. The various chapters discuss the following subjects in their regular order: Gynæcological examination, Disease of the Uterus, Menstruation and its Derangements, Diseases of the Fallopian Tubes, Ovaries, Uterine Ligaments and the adjacent portions of the Peritoneum, Vagina and Vulva. The care and correctness with which these diseases are described are unsurpassed by any modern writer. But in looking over the work, one is astonished at the universal lack of knowledge of genuine modern therapeutics. It would be a dreary prospect indeed, if women with their thousand ills could look over this work and see how little is promised them for relief, save by the knife or other mechanical interference. It does not seem possible that such a book could be written in utter ignorance of the use of such remedies as *Pulsatilla*, *Sepia*, *Bell.*, *Lilium* and many others now made so familiar through our current literature as well as some of our modern text books. Ignorance of these things seems almost criminal, and the wonder is that our allopathic authors will not open their eyes to what is so freely offered them by way of improving their therapeutic agencies. But then we are hopeful of the future. There is abundant signs of progress, and we do not fear the result. Meanwhile as homœopathic practitioners it is well for us to swell our statistical reports of gynæcological cases cured by the law of *Similia*.

Encyclopedia Materia Medica. By T. F. Allen, M. D. Boericke & Tafel, New York. Vol. VI.

The present number includes remedies from *Lycopodium* to *Nicotiana*. We have fairly exhausted our vocabulary of commendatory words over the preceding volumes, and we can only say of this that it is as good as the rest, and that we think is high praise. The members of the medical profession who do not think this the best work ever issued on materia medica are getting scarce. One may have it in the library and never use it and never know its value, but we would give little for for such a person's opinion. A careful study of the plan of the work is to our mind a *sine qua non* to a right use of the matter it contains. As a book for constant or frequent reference we have never seen its equal. The "multiplicity of symptoms" seems a great bugbear to some, but that very fact increases the probability that upon searching, one will find the very symptoms wanted. When the symptoms of drugs exceed the symptoms of diseases, it will be time to curtail our pathogeneses. The present volume contains some new and many old and well tried remedies. For sale at the pharmacies.

Editor's Table.

AMERICAN INSTITUTE MEETING PUT-IN-BAY.—It would give us great pleasure to tell all about it, for in every respect it was a pleasurable affair. We feel sure the best of the meeting will not all be found in the reported proceedings. The doors of the Put-in-Bay House were widely swung to offer the most generous hospitality to all comers. About two hundred gathered under the ample protection and enjoyed without stint all the heart of man could desire on such an occasion. President Burgher opened the work with an address that took us all by surprise. It was not that any one thought he could not do so well, but that he did it then and there, thus establishing his claim to having produced one of the most finished and satisfactory addresses ever presented to the American Institute. There then fol-

lowed a series of papers and discussions the bare extract which would fill our entire pages. We hope the proceedings will soon be in the hands of all our readers. It is clearly apparent that the quality of work done by the members of the Institute is steadily improving from year to year, and that the present session in this respect stands unrivalled. We have less superficial thinking, less of ill considered statement, less waste of precious time from words without wisdom. In these respects we regret to say there is still room for improvement. And we suggest to each contributor to the forthcoming volume that he carefully compares his own with the production of others, and hereafter make the best papers his model. The members owe it to themselves individually and to the school which they represent to reach in their papers and discussion a higher standard of scientific and literary excellence. Now as for scientific facts it was painfully plain that some had tasted but not drunk deeply of the springs of knowledge. There was evidently a smattering of things that might easily have been better understood by a little more careful study. Why men should so readily dash into subjects about which they are slightly informed and in such a public way is past our comprehension. And again too little attention is paid to the literary work which the production of a paper involves. Undoubtedly the work of the Institute in these particulars is steadily improving, but what we want is a more rapid improvement. Next year let us have less in quantity and better in quality.

The Ophthalmological and Otological Association held its first session on Wednesday, and consumed the afternoon and evening in doing its maiden work in this new field of science. The result was better than we had hoped for, and if the Treasurer is successful in raising the needed funds there will soon be a handsome volume of transactions, the product of this meeting, presented to the profession. Dr. Conrad Wesselhoeft, of Boston, was elected President of the Institute. Dr. N. F. Cooke, of Chicago, Vice-President, Dr. Geo. A. Norton, of New York, and Dr. W. A. Phillips, of Cleveland, were elected respectively President and Vice-President of the Ophthalmological and Otological Association. The next place of meeting for these two bodies will be at Lake George, the well known place of resort in north-eastern New York. May we all be there to see.

INTER-COLLEGIATE CONFERENCE.—All the homœopathic colleges of the United States were invited to send delegates to Indianapolis, May 21, 1878. At the time appointed the following named delegates reported: Prof. E. C. Franklin, from the Homœopathic Medical College of Missouri; Prof. J. C. Sanders, from the Cleveland Homœopathic College; Prof. J. S. Mitchell, from the Chicago Homœopathic College; Prof. A. C. Cowperthwaite, from the Homœopathic Medical

Department of the Iowa University, and Prof. C. H. Vilas, from the Hahnemann Medical College of Chicago. Prof. Franklin was chosen Chairman, and Prof. Vilas, Secretary. By invitation of the delegates, Prof. T. P. Wilson represented Pulte Medical College of Cincinnati. An informal discussion occupied the forenoon session, and in the afternoon a general "compact" was adopted, which in effect was to bind together the colleges represented under certain restrictions and penalties. If it shall be ratified by the colleges to whom it will be referred then it will become of force. After lengthy and harmonious discussion it was unanimously agreed,

First. That students should be required to study three years before graduation.

Second. They should also be required to attend three full courses of lectures.

Third. It was resolved that students before entering college should successfully pass a preliminary examination in English scholarship physics and chemistry.

Fourth. The college course of lectures are to be given upon a graded curriculum, so that each of the three years should have its own subjects.

Prof. Wilson offered the following which passed unanimously: "Resolved, That it is the sense of this Inter-Collegiate Conference that all homœopathic colleges should admit all matriculates of suitable qualifications without distinction of sex." Other matters were proposed and carefully discussed, but in the opinion of all it was thought best to defer them to subsequent meetings of the Conference. Our impression is, that this meeting did our educational work great good. Those colleges who ratify the compact and help to sustain the work of the Conference, will hold an appreciated stock and their diplomas will be at premium. We hope the Conference will possess vitality enough to live on and make itself felt and heard, for there is yet more for it to do. It will meet next year at the call of the president, and if by that time no more than three or four of the colleges have ratified, we trust they will have back bone enough to go on in the work of elevating the standard of medical education.

PROF. C. H. VILAS, of Chicago, has gone to Europe to spend a few months. He will look up the eye and ear hospitals and clinics especially.

DR. W. D. SMITH has settled in Leipsic, O.

DR. R. W. COVERT recently graduated at the Pulte, has settled in Portsmouth, O.

DR. J. A. CAMPBELL, of St. Louis, has departed for Europe. Our readers will hear from him anon.

We are at last officially notified of the death of the Ohio Medical and Surgical Reporter. The sympathies of our paternal nature is somewhat roused by the fact inasmuch as we held intimate parental relations to the journal. We are not, however, responsible for its death and regret the financial necessity that demands its extinction.

DR. C. F. KUECHLER removes to Kansas City, Mo.

DR. J. F. EDGAR, late assistant surgeon to Prof. Wilson's Eye and Ear Clinic, has opened an office in Louisville as oculist and aurist. The doctor understands his business.

We learn from private sources that our esteemed colleague, Dr. Thos. Skinner, editor of the Organon, has been obliged to quit Liverpool and has gone to the country for his health. We wish him a speedy recovery and return to his indispensable journal work.

RECEIVED.

Hemorrhoids, their Scientific Treatment and Radical Cure. By E. J. Fraser, M. D., San Francisco.

Doctors, their Duty as Teachers. By W. P. Brooks, M. D., Linesville, Pa.

How to be Plump. By T. C. Duncan, M. D. Duncan Bros., Chicago.

The Effects of Lead on Healthy Individuals. By T. F. Allen, M. D.

Butler on Electro-Therapeutics and Electro-Surgery. By John Butler, M. D. Boericke & Tafel, New York.

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Robert Clarke & Co., Cincinnati.

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SCRIBNER'S MONTHLY, \$4.00 per annum, 35 cents per
number. Scribner & Co., New York.



M. CLAUDE BERNARD.



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

VOLUME VI.

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All business communications, relating to the *MEDICAL ADVANCE*, should be addressed to DR. T. P. WILSON, 130 Broadway, Cincinnati, O. Terms \$2.00 a year.

OUR MEDICAL LITERATURE is getting to be something enormous. What with monographs, text books, society proceedings and journals it is astonishing what we are producing in the course of each year. And the exhaustless producers are looking to the medical profession to consume all this and pay for it besides. This fact of excessive production is both a virtue and a vice. Coincidentally with the increase of our literature comes the elevation of our profession. Doctors can not read without improving their mental standard. A medical man who doesn't take the journals and buy new books, and in this way keep up with the times, is doing worse than standing still—he is going backward and downward. It needs but a slight acquaintance with such a person to enable one to see that he is not only a pigmy but is atrophying at that. But now after saying all this it remains equally true that in our medical literature we are suffering from over production. The profession is burdened with too much literary material. Every state, county and district society is flooded with papers and such as they are there is enough of them and enough of them such as they are. If all that is really new or of special value could be selected out of the whole mass, and that alone printed, it would not take many volumes to contain it. This we do not ask to be sure, but it may be well for our future essay writers to consider if they can not cut their articles down fifty per cent., and

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thereby greatly improve the value of their works. So far as we remember only two members of the last meeting of the American Institute got in their work within the specified fifteen minutes, and one member consumed just one hour and a quarter. This last named effort killed the work of the Institute for one evening. Now as we are pleading for brevity, we feel the necessity for being ourself brief. Then while we do not desire to check production we plead for an improved quality. Boil down your articles, and you will have many gratified readers, and at least one thankful editor.

MALTHUSIANISM.—At present this doctrine is exciting a wide spread interest in all classes of society. Its originator is Rev. THOMAS ROBERT MALTHUS, formerly a distinguished clergyman of the Church of England. Briefly stated it amounts to this: First, over production of population is the great cause of pauperism and crime. Second, to radically arrest these it becomes necessary to check the reproduction of human species. It is now a good many years since these statements were first put forth by their originator. They did not at first arrest public attention. But when they were earnestly espoused by the late JOHN STUART MILL, and elaborately defended in his writings they began to receive very wide spread attention. And since sociology has been elevated to the dignity of a science Malthusianism has been vigorously attacked and defended by numerous writers. As an abstract principle of social science even the most fastidious could look with moderate complacency upon the arguments advanced in its favor, but when put into practical shape so as to furnish people with special instruction how to avoid pregnancy it has roused a storm among moralists equaled by no single social question extant in society. Under this aspect it seems to us the question invades the domain of medical science, and sooner or later medical men will be inevitably drawn into the controversy. As a purely social or moral question it has no special claim upon our attention, but as far as it involves physiological principles it must be the duty of the medical man to furnish an important share of the controversy. We can not escape this duty unless we are willing to see the most absurd and untruthful statements concerning the matter pass current as science. With paupers and criminals as important factors of society we must leave them to be theoretically dealt with by moralists, and to be practically dealt with by politicians, and unfortunately we know this latter class are neither moralists nor scientists. But when it comes to the prevention of conception and to an inquiry into its effect upon those sustaining a sexual with or without a marriage relation, then it becomes the physician to interpose his opinion, and to enforce them by such knowledge as he should pos-

sess upon this vital question. It may be, and most likely is true, that none of us is prepared to offer such opinions, but then it is equally true that before this great controversy is ended an appeal will be taken to our decision. And this shows us that as professional men we should be alive to the merits of this question, and we should be prepared to offer both facts and opinions to aid in its final settlement.

**Our Foreign Correspondence—The Home of Hahnemann—
Death of Madam H.—The Unpublished Manuscripts.**

EDITOR MEDICAL ADVANCE:—When I left America bearing your letters of introduction to Madam Hahnemann with authority to confer with her in reference to the unpublished manuscripts of her illustrious husband, I looked forward with much interest to the occasion which would take me into the personal presence of the one nearest the great founder of our system of practice; one almost to be venerated by reason of association; one who would be full of personal reminiscences, and one who would be surrounded on all sides by things which were with and were a part of Hahnemann's every day life. But as you are probably already informed Madam Hahnemann is now peacefully at rest by the side of her husband in the cemetery of Montmartre.

I have had two interesting interviews with Madam Boenninghausen, the adopted daughter of Madam Hahnemann, and the wife of Dr. Carl Boenninghausen. I know it will be of some interest to give a brief account of some of the facts thus obtained.

Madam Hahnemann had suffered more or less for about two years with catarrh of the lungs (thus it was given me). No particular attention was given it as it was not regarded

as very serious. About eight days before she died it became much aggravated and she rapidly sank, and on the twenty-seventh of May died at the advanced age of seventy-eight.

I sat by the side of Madam Boenninghausen at the little table which Madam Hahnemann had just left as it were. Before me stood pictures in miniature of her taken when young and fair. By its side one of Hahnemann. In the corner of the room stood the bed in which Madam Hahnemann had so recently died. And as one by one the reliques of Hahnemann and his former life were placed before me, it was to me indeed as if I felt his very presence. Here is a full curly lock of his hair once pure and white, but now golden with age; I could almost be superstitious and believe it an emblematic symbol by fate ordained—silver turned to precious gold. There was his pocket handkerchief, collar and neckerchief, the last worn by him and just as he left them. On one side was a large bundle of his correspondence from patients, with marginal notes of the remedies prescribed. Before me hung a magnificent oil portrait of Hahnemann, painted when he was about sixty. In the corner stood a grand bust in marble (by David), the original of the many fine plaster casts. In fact every thing about me was Hahnemann and of Hahnemann.

As the subject of Hahnemann's manuscripts and the sixth edition of the *Organon* has been taken hold of with so much interest in America, a few facts on this topic will be in place here. Madam Boenninghausen received me very cordially, and has given me the fullest information possible upon the subject. She showed me an old edition of the *Organon* full of marginal notes, interlineations and additions made by Hahnemann. Madam B. says this has never been published. And this is to be the sixth edition promised. About three months before Madam Hahnemann's death, Madam Boenninghausen commenced to copy all of this into an intelligible form, under the immediate supervision and direction of Mad. Hahnemann herself. The death of the latter has necessarily caused a temporary suspension of the work, but Madam B. informs me that she will have it all completed in about three

months. It is all in German, and rather difficult to decipher and understand unless previously instructed. This Madam B. claims to have been, and she informs me that she is following the general instructions given Mad. Hahnemann by Hahnemann himself, and that she will faithfully and accurately transcribe it, and when finished will send it in this form to America for translation and publication.

The other manuscript spoken of consists of a large number of letters from patients to Hahnemann, describing their symptoms, while on the margins are notes by Hahnemann, of the remedies given, showing how he treated cases and what he gave. These letters make a bundle weighing about thirty pounds.

Madam B. informs me that she has had many applications from Germany and from France by parties very desirous of obtaining these papers for publication, but she says that to America they must go. Such was Mad. Hahnemann's desire, which she seconds with all her heart. She says that it is to America that Homœopathy must look for its best support and its proper promulgation, and that America is the nation for great enterprise and action. She further says that she intends to leave, by will, to some properly constituted representative body in America, Hahnemann's original manuscript, his magnificent bust, and the grand portrait spoken of, and other mementoes connected with our great leader and his life's history while here.

And now how will America respond? How will she show that she is worthy of this distinction, as above all other nations the champion of the great cause? This is the question to be answered by the profession at large.

A few words as to Mad. Boenninghausen. Mad. Hahnemann was thirty-five years old when she married Hahnemann; just before he died, by his special request Madam H. adopted Mad. Boenninghausen, then about five years of age. She is now the wife of Dr. Carl Boenninghausen. They all lived here together in Paris until the breaking out of the Franco-German war; they then went to Westphalia, where Dr. B. is at present attending a large practice, going

backwards and forwards from time to time. Madam B. was the constant companion of Mad. Hahnemann and her main reliance, and thus she ought certainly better than any one else understand the task before her.

But I must close as I leave Paris in a few hours, to return again in August.

Please accept these hasty notes as an evidence of my endeavor to inform through you at my earliest opportunity the profession at large, some of the circumstances connected with the events above spoken of.

Fraternately yours,

JAMES A. CAMPBELL, M. D.

Paris, June 22, 1878.

Materia Medica.

Alstonia Constricta. A New Remedy. By Augustus Catheart, M. D., Newtown, near Sidney, New South Wales, Australia.

TO THE EDITOR OF THE MEDICAL ADVANCE:—I have the honor to introduce to the notice of the profession an entirely new remedy—one of great value. It is the *Alstonia constricta* of the order *Apocynæ*. It grows in the form of a tall shrub or tree, and is known by the name of "*Bitter bark*." It is indigenous to the Colony of New South Wales and to Queensland, and is found in the interior in some of the "scrubs," and occasionally in open forests. The portion to be used in medicine is the bark, which is thick, yellow, deeply fissured, and of an intense bitterness. A few of the shepherds in the interior have somehow or other (pro-

bably either from accidentally finding out its bitterness, or by the direction of the natives) discovered its use in fever and ague, and some of them in addition to calling it the "*Bitter bark*" call it "*Native quinine*," as they look upon it as possessing properties similar to those of *Quinine*. As a remedy for fever and ague they use it in decoction, so I was informed by an old up country shepherd who first made me acquainted with it. An esteemed friend has, at my request, carefully watched the effects of this drug upon "beer toppers" those who had drunk large quantities of a certain beer which had been adulterated with this bitter drug as a cheap substitute for hops, and from the effects which he observed and from those produced in other persons whom I have prevailed upon to take large doses of the drug while in robust health, and those produced in my own person, I have abundantly satisfied myself that in large doses its action is invariably that of producing great debility and general prostration or low fever—often also with diarrhœa, and, when pushed sufficiently far, rigors, sweats, (usually cold) and other symptoms resembling fever and ague. Taking these large dose effects for my guide, I have used this remedy with far greater success than *China* in convalescence from acute diseases of every kind whatever, even to post diphtheritic, and post scarlatinal, debility, and the debility following parturition, overlactation, diarrhœa, etc., etc. In the great majority of those other cases where *China* is indicated, I have found the *Alstonia* a more efficacious and far more reliable remedy. This use of it would alone stamp it as an invaluable remedy in all countries where most patients have already been overdosed with *Quinine* at some time or other by allopathic practitioners. In cases of summer diarrhœa (in this hot climate) where undigested food is passed more especially and even when tinged with blood I have found it specific. I have used it in cases of dysentery with success, especially where I have thought the attack was complicated with symptoms of malarial poisoning or proceeded from drinking bad water or swamp water impregnated with decayed vegetable matter, a frequent cause of dysentery. Such a specific has it proved in cases of this

kind that I feel confident it will prove the best remedy yet introduced for "camp diarrhœa" and the dysentery of soldiers from this cause. In simple atonic dyspepsia with loss of appetite, etc., its action is very satisfactory. In fever and ague, and in low fevers, especially those following upon attacks of acute disease, its extraordinary powers are manifest—for these it will be found a more reliable remedy than *Quinine* or *Beeberinum*, or *Chinoidine*, and moreover not being liable to affect the head, it may be confidently regarded as a safe anti-periodic and also a preventive of ague. This could only be dealt with in the form of a separate thesis to do it justice. In carrying out and conformatory of a rule for the homœopathic dose, (of which rule I claim to be the sole discoverer, and which in my practice has proved itself invaluable and invariably produces the best result—a most rapid and permanent cure) I find that it takes comparative large (homœopathic) doses to cure fever and ague, a weak decoction being the most reliable form or even nauseous doses of the mother tincture. Other cases require from the *o* to *2x* in from one to five drop doses, according to the strength of the disease and the age and susceptibility of the patient. Being of a very bitter and unpleasant taste to some persons the dose has sometimes to be diluted with plenty of water for those patients who have a great repugnance to bitters of any kind.

I make my mother tincture from the coarsely powdered bark, using rectified spirit (or proof spirit will do) in the proportion of one pint to two ounces of the bark, and this *o* I invariably carry in my pocket case being one of my most frequently called for remedies.

It is a peculiar circumstance that our local manufacturing chemist has failed to extract an alkaloid from this bark—it appears to contain none.

Having already sent a sample to "the Father of the New Remedies," Dr. E. M. Hale, I hope he will test the powers of this remedy extensively and report his results, by which we shall, I doubt not, learn all that it is capable of effecting. From my own experience with it I can not but think that it will prove to be one of the most valuable remedies ever introduced into the homœopathic materia medica.

Materia Medica. By Wm. Owens, M. D., Cincinnati. Read before the Homœopathic State Medical Society of Ohio and Western Academy of Homœopathy.

How shall materia medica be taught to make it interesting to the student and useful to the physician?

To the student no department of our professional studies, if we may except that of anatomy, is so dry, uninteresting and unsatisfactory as this—none so arbitrary and unreasonable as found in our text books and as usually taught from the lecture stand. To many it has proven a stumbling block and in many instances a snare to those who have sought to be enrolled in our ranks. Professing to be governed by law, in many instances it is taught without regard to law, and even contrary to law, degenerating into empiricism, key notes and special characteristics. So far as these are the result of drug pathogenesis, we should hail them with pleasure, and even accept accidental or toxical as contributions to our armamenture when offered. When we abandon drug pathogenesis and totality of symptoms for key notes, special characteristics and clinical observations, we depart from Homœopathy and find ourselves sailing in a sea of empiricism without anchor, rudder or compass. How shall these errors in regard to our teachings and practice be corrected? It is our duty as physicians and students to follow the law *similia*, lead where it will. We are not to stop with the enumeration and classification of drug symptoms; it is our duty to seek an explanation of every phenomenon that occurs under their influence upon a rational and philosophical basis. The student wants to know not only that a drug will produce certain phenomena but also why it produces them and the *modus operandi* of their production. He wants to know also the composition of the various drugs, their physical history, their medical history, their chemical properties, their medical properties and their therapeutic uses under the law "*similia*." No mere enumeration or grouping of symptoms will satisfy the minds now seeking to enter our profession. Something more is re-

quired than mere symptomatology, and they must and ought to have it; if it can be secured in our colleges well; if not they will and ought to seek it elsewhere.

Minds, the most intelligent and progressive of the age are now turning their attention to the profession of medicine as the future hope of the race. Our branch of it should be prepared to receive them and exhibit and demonstrate to not only them but to the world, the relation of the homœopathic law to cause and effect in the production of any morbid process appertaining to disease, and that the homœopathic therapeutic law can be shown to harmonise with natural law and can therefore be sustained from a rational and scientific standpoint; if it can not it ought not to be sustained at all. The teacher of *materia medica* should comprehend all forms of so called disease or morbid conditions of the system, and be able to analyse and explain to the student the cause of the disturbed function, and trace the disturbance from its first inception to its ultimate. He should be prepared to show that all so called disease, except such as arise from traumatic causes originate in disturbed function, and that normal function is dependent upon normal nutrition, cell genesis and molecular metamorphosis. The thoughtful student will seek to know whether disturbed function is brought about through impressions made upon the nerves or by blood poisoning, or if both be found present in a given case, which had precedence. If blood poisoning then we have evoked the ghosts of fungi, spores and bacteria, "et omne genus," to allay which, additional poison is added to the system—a philosophy unworthy the name of even rational medicine, much less Homœopathy.

If on the other hand it be recognized that lesion of function is the primary objective phenomena of all morbid processes, we are immediately led to inquire what agency controls the functions thus disturbed; when traced to its ultimate it will be found that all functions are carried on under control of a class of nerves essential to organic life known as the vegetative organic or sympathetic system of nerves. It follows then that if all function is performed under the con

trol of this class of nerves, that all aberrations from normal function must result from impressions made upon this class of nerves. This suggestion will lead us to contemplate drug action from a broader and yet more exact stand point under a law universal in its relations and exact in its results.

Vicissitudes of temperature and exposure under like conditions will invariably develop rheumatic catarrh, or congestive conditions. Crude, indigestible or acid substances taken into the stomach will as certainly, under like conditions, produce gastric or intestinal disturbances, the limit of which will in a great degree be measured by the susceptibility of the system and its recuperative energy. These morbid conditions are among those most frequently met with in our experience, and can be shown to stand in the exact relation of cause and effect. The student should be taught that drug pathogenesis under like conditions invariably shows similar results. It shows that *Belladonna* causes dilations of the pupil; *Aconite* produces intense vascular excitement; *Mercury* induces increased glandular secretion, and *Rhus* develops vesicular eruptions with very great certainty and accuracy to the same law. These phenomena must be recognised as disturbed function and will serve in some measure to illustrate the general principle applicable to all drugs. The student must be made familiar with drug irritation as applied to nerve tissue and resulting in disturbed function, and must be taught to compare this drug irritation with the nerve irritation and disturbed functions arising from so called disease.

Irritation of the vaso motor nerve filaments and their ganglia induces disturbed function of the vascular system.

Irritation of the organic nerves of the skin, mucous membrane and glands induces increased functions, secretions and exhalation from these surfaces and organs.

Teach the student that long continued or greatly intensified irritation of nerve tissue will result in exhaustion and nerve paresis or paralysis. Explain to the student the nature and pathological significance of increased or diminished function in disease and under drug pathogenesis at different periods of its administration. With this knowledge the student will

be able to comprehend why *Aconite* at one time gives the hard, full, frequent and rapid pulse, and at another the small varying and almost extinct pulse; why at one time it gives us the bright red face with bright, shining, glistening eyes, and at another the blanched, paled and death like hue as in affright with protruding, staring eyes. Why *Nux vom.* and *Opium* under certain conditions relieve constipation and induces it, and why *Alumium*, a most powerful astringent is an exceedingly valuable drug for the relief of chronic constipation, and why *Arsenicum*, a great cure all in cholera, cholera morbus and certain kinds of watery diarrhœa, is quite a specific in the opposite condition attending tubercular consumption. And thus we might continue until we embrace every medicament in the pharmacopia, showing the relations of drugs to opposite pathological conditions, with the reasons therefor.

This law of drug action and system action should be constantly before the mind of the student to the exclusion of key notes and all special characteristics not sustained by the law similia. To make his subject interesting to the student the teacher must constantly compare the pathogenesis of the drug with the etiology, semiology and the pathological changes in the morbid process; he should impress the student continually with the modus operandi of the drugs—explain to him process of drug action, whether its effects are manifest locally by irritating and increasing the function, or by diminishing it, and whether it performs its office by virtue of its acrid and caustic nature, disintegrating and destroying the structure, inducing gangrenous disorganization by contact, or whether it accomplishes the same results by a slower process by paralysing the organic nerves of the parts and suspending circulation and innervation by intense congestion and infiltration, etc.

How many of the symptoms of *Kali bich.*, as recorded, are the results of its toxic application upon those who have been employed in its use in the arts. How many symptoms of *Arsenic*, *Calcareæ*, *Phosphorus*, *Nitric acid* and *Mercurius* have been developed under similar accidental conditions, and yet they are none the less truly pathogenetic because the re-

sults of these accidents have been uniform and are in harmony with direct provings of the drugs.

Under the head of general therapeutics the teacher should compare the drug phenomena with all phenomena occurring under the various phases of so called disease. It will then be found that similar phenomena imply similar nerve irritation and similar results on the organic function. If the irritating effects of *Cal.*, *Sulph.* and *Rhus* induce eczematous eruptions upon the hand, face or other portions of the body, the character of vesicles will in no perceptible way vary from each other. If infiltrations, thickening, cracks, fissure and rhagades occur from these drug effects, the same take place as a sequence of eczema arising from other or allied natural causes. The teacher of materia medica should be prepared to show the modus operandi by which these conditions were brought about; show what changes take place to cause the formation of the vesicle and what pathological state induces or permits infiltration; why we have thickening of the integument and the changes incident thereto; why cracks and fissures occur in connection with this turgescence.

The teacher of materia medica should explain why we have the petechia and ecchymosis of *Rhus*, and the "macula vasculosa wolffi" and waxy complexion of *Phosphorus*; he should advise the student of the nature of these processes and their effect upon the animal economy.

By this process of instruction, reasoning and analysis of drug action, the student will become interested and be led to think according to law, to reach out after more truths, until he shall be able to master for himself the rational and philosophical relation of any drug to the etiology, semiology and pathology of any morbid process.

Accidental Poisoning by the drug *Rhus radican*. By H. M. Logee, M. D., Oxford, Ohio.

Mrs. W., æt. about sixty, a healthy woman, drank the tea of *Sassafras root* in which was some roots of the *Rhus rad.* She took one teacupful on Friday evening, and rather more than a cupful on the following morning, which developed the following symptoms: In about an hour after the morning draught, she complained of burning pains in the stomach, sickness of the stomach with dizziness; the stomach felt as though it was too large, hanging down like a bag; soon followed by chills running from the feet to the head, followed by flashes of heat; chilled every morning during the inflammatory stage from two to three o'clock; the pulse was full varying in frequency from eighty-four to ninety-eight beats per minute; the eruption made its appearance on Saturday afternoon of a bright redness and an intense burning sensation; it soon covered the whole body from scalp to toes; the head and limbs badly swollen; the eruption first smooth, soon assumed a minute vesicular appearance which in places ran together forming small bulbs filled with serum. On the fifth day the vesicles began to dry up, followed by a desquamation of the cuticle with intense itching; the cervical glands were swollen and sore to the touch when the eruption made its appearance; swelling of the eyelids with œdema of the upper lid; shooting semilateral pain from temples to vertex, both sides alike effected; shooting pain from nape of neck to vortex; head feels too large; intellect clouded, has little recollections of her sufferings; increase of saliva, with burning, pricking pain in the tongue; tongue feels sore at the tip; great desire for raw oysters; shooting pain in the region of the liver, thence to right shoulder; the fæces were unaltered until near the close of the inflammatory stage, when a painless, brown, watery diarrhœa set in; there was occasionally a little pain before getting up to stool; urine red, frequent and in small quantities; restless, sleepless nights, must move about in bed constantly; rheumatic stiffness of all the joints; pain shooting

through the knee joints from side to side; wandering pains sometimes on one side, and then suddenly appearing on the other; pricking in the feet and fingers; feeling of great weakness; the flesh feels as though it would drop from the arms and limbs; pain seems deep, or as the patient expressed it, "down to the bone;" all pains were aggravated by gentle friction, relieved by hard rubbing only so long as rubbing was continued; wants to move the limbs frequently, which relieves the rheumatic pain, but soon has to change position for similar relief. A chronic backache has been cured. All of the sufferings were aggravated at two o'clock a. m., gradually improving till about ten o'clock in the morning, and growing worse toward evening.

Epifagus Americanus—Beech Drop—Cancer Root. By E. C. Beckwith, M. D., Columbus, O.

A few years since a prominent allopathic physician remarked that they looked upon a person who attempted to introduce a new remedy as a professional humbug; they had too many remedies and did not use half their old ones. Not wishing my friends to regard me as a humbug, I will not call the *Epifagus* a new remedy. Our allopathic neighbors have used it in treating cancers. While at the American Institute of Homœopathy, at Put-in Bay, I obtained a specimen of this curious plant, and carried it in my pocket for two days. From this or some other cause, I escaped the nervous sick headache for nearly a year. From childhood I had rarely escaped a month without at least one visit from my hereditary enemy. A short proving of this plant shows its action to be peculiarly, in the direction of the brain and nervous system. I hope our bureau of proving will give this plain,

unpretending beech drop more than a drop of their attention. I find this remedy acts far better where given in the fifth or sixth dilutions, than when ministered in a crude state. I have never used it higher than the sixth, therefore can not speak of its actions in higher potency.

General Clinics.

ENURESIS—CIRCUMCISION.—Bennie B., aet. fourteen, has since infancy suffered from nocturnal enuresis. On twenty-fifth of March, 1877, his father requested me to examine him, and if possible, do something to relieve his trouble, stating that he had been under treatment from several physicians, and that neither their prescriptions nor any parental influences either mild or severe had produced any good effect. The boy himself seemed deeply mortified, and implored me if possible, to relieve him, saying that he had done all in his power to overcome the propensity, but without avail. A careful examination revealing no cause for the trouble, I proposed an inspection of the genital organs to which the little fellow readily consented. I found an elongated prepuce and adhesions to the glans penis. Questioning him, he stated that an accumulation of water in the bladder was followed by an erection, pain, and an immediate desire to micturate. I judged the preputial adhesions to be the cause of the incontinence of urine, recommended circumcision and directed him to call at ten a. m. the next day to undergo the operation. This I performed with the assistance of Dr. George D. Streeter. The prepuce was peeled off from the glans, much as you would pare the rind from an orange only the operation was

a little more delicate. The cervix was filled with smegma which had caused considerable excoriation and irritation of the parts; the preputial fold was completely retracted and all the adhesions broken up. The wound was bathed with an *Arnica lotion* and dressed with *Carbolized cosmoline*. The recovery was prompt and satisfactory, and the patient from that day has not wet the bed.—W. E. GREEN, M. D., Little Rock, Ark.

LACHESIS CASE.—Early in the spring, April 5th, was called upon by a young man suffering from consumption who related the following symptoms: cough, deep seated, with much hoarseness, increased by speaking, obliging him every now and then to clear the throat in order to speak at all; hoarseness painful to hear; cough worse after sleep, in fact awakens with a cough; sensation as of a dry crumb in the throat, obliging him to swallow frequently, but such effort is painful; throat feels very raw; can swallow solid food better than liquids, the latter giving sensation as if they would return by the nose; great exhaustion, particularly in the morning, better after being up a while. *Laches. 200*, three powders, was given, a powder every other day. In a few days reported many symptoms better. Advised a change of the air and he went into the country among the redwoods, taking a number of powders of *Sac. lac.* A letter received from him has the following, under date of April 21st: ‘Within the last five days a new symptom has developed which perhaps should have your consideration. It is a frequent and excessive expectoration from the throat; it fills in the upper part, and requires attention every fifteen minutes day and night, interfering much with sleep; it raises easily without cough; the amount is quite large, and it consists of light green phlegm; there is also a large expectoration of saliva with it. I find this very annoying especially at night. My throat is still so sore as to be troublesome in eating and drinking, so that sometimes I find it difficult to satisfy my appetite which is not very great, but better than when I left. * * * I nearly forgot to say that the more deep seated cough has almost ceased; I do

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not cough more than two or three times in twenty-four hours." After receiving this information, I did not deem it best to change the remedy which had begun so well and therefore sent him one dose of *Laches. mm.* (Tafel's). The next report was made in person. He had gained considerably in strength, could swallow much easier and had concluded to follow my advice and go back to the East to his home. The action of the one dose of the millionth of *Laches.* was so prompt as to be very noticeable, and he was anxious to know what it was that gave him such relief. The action of the zooth had not been as prompt nor as thorough, and the effect had worn off in a few days, while in twenty days the last dose was still doing him good.—G. M. PEASE, M. D., San Francisco, Cal.

ERYSIPELAS—TINCT. CANTHARIDES.—I wish to call your attention to the local use of the tincture *Cantharides* in erysipelas. I have found it a remarkable remedy in the above disease, allaying and soothing the inflammation. It will stop all the most distressing symptoms, especially the frequent and incipient burning. I believe it to be the best local application in use. Relief is always rapid. I would recommend a teaspoonful of the tincture to a large tumbler of water and applied with cloths constantly wet with the solution. It was originally recommended to me by my father, Prof. A. O. Blair, and successfully used in his practice for many years.—G. S. BLAIR, M. D., Westerville, O.

DEAFNESS, CONJUNCTIVITIS, GLEET—SULPHUR 45M.—From die Allgemeine Hom. Zeitung, by Dr. A. Berghaus.—Augustus N., act. nineteen, lost his hearing in the right ear in consequence of catarrh of that organ. Different specialists of the old school had treated him in the usual way, viz: injections of *Nitrate of silver* in the eustachian tube, Politzer's air bath, nasal douches, etc., but all in vain. The patient also suffered at the time he came to me from mild conjunctivitis, dryness of the throat, empty feeling in the pit of the stomach, swollen toes with large corns, so that he was compelled to slit his shoes over the little toes, and he also suffered

for ten years from gleet. He could hear with the right ear when the watch was held close to it, with the left at a distance of nine and a half inches. I gave him, Jan. 23, 1877, one dose of *Sulph. 45m*, Fincke's, and *Placebos* night and morning. On Jan. 29th he heard with the right ear at three and a half inches, the left nine and a half; the feeling of emptiness of the stomach has disappeared and the gleet is hardly perceptible; *Placebos*. Feb. 23, right ear seven and a half inches, left eleven inches; the nose secretes great quantities of watery fluid; *Placebos* in the evening. Feb. 10, right ear ten and a half inches, left same; the gleet has entirely disappeared; feet less sensitive; *Placebos*. Feb. 17, right ear two and a half inches, left thirteen; has taken a cold and his nose is stopped up; *Sulph. 45m*, one dose, and *Placebos* night and morning. Feb. 24, right seven inches, left fifteen; feels stronger than he has for months; nose freer; *Placebos*. March 3, right six inches, left sixteen; is not as well as eight days ago; *Sulph. 100m*, one dose, *Placebos* night and morning. March 10, right nine inches, left seventeen as at the last time; *Placebos*. March 24, right eleven inches, left seventeen; *Placebos*. He must travel till April 24, on which date the right ear eleven inches, left eighteen; his feet are so much better that he can wear his shoes without any trouble. His friends congratulate him on his improved appearance and better hearing. May 22, right ear fifteen inches, left nineteen. June 15, same as last. He is entirely satisfied with the result of my treatment; he feels better than for years. The apparently short distance at which the watch is heard arises from the fact that the watch employed in the examination ticks very softly.

SPASMODIC CROUP—HEPAR SULPH. 40M.—I was called at eleven p. m. to see a girl nine years old who suffered from spasmodic croup. I found the patient with violent fever; facial expression indicative of great anguish, and accompanied with by weeping and restlessness; the cough sounded hoarse and rough, without expectoration. I gave *Hepar sulph. 40m*, Fincke. The child became quieter and was asleep in half an hour, interrupted only by a few light attacks of

of cough. Next forenoon I found the patient well and cheerful, sitting at the piano free from every trace of cough.

NEURALGIA—LACHESIS 45M.—Mrs. N., a delicate lady who suffered from periodical attacks of neuralgia, and has tried almost the entire allopathic pharmacopia, has just recovered from a threatened abortion. She was in the third month of pregnancy; for several days she has been suffering from pains in the left side of œsophagus and great restlessness which compelled her to jump out of bed and walk about; after she gave me her symptoms she begged me not to give her anything to put her to sleep, for on every attempt to sleep she started up feeling as if she must die; her entire left side is painful. I promised to comply with her request, and gave her at eleven p. m. a dose of *Lachesis* 45m, Fincke, and *Sac. lac.* every hour. The next morning her husband informed me that she slept nearly all the rest of the night quietly, and that she awakened strong and fresh. Gradual improvement till her delivery of a boy during her seventh month; the child died the next day, but the mother did well considering the circumstances.

ECZEMA—ARS. 3D, 64M AND 10M.—Mrs. T., aet. sixty-four, an apparently healthy lady, has had for five years an eczema on the right side of the neck and up to the nasal bone, which had been treated here by different physicians of the old school with all possible salves, etc. On her journey to Europe she had consulted many specialists, among these Hebra, who by caustics turned the red spots on her nose to a white scar. Last summer when the eruption showed on the left eye and the right cheek, she received from a homœopath *Arsenicum* 3d trituration, which she took faithfully for several months. In the meantime spots showed on the breast bone, otherwise she was *in status quo*. The patient came to me complaining of violent burning in the dry eruption from which the epidermis falls off in fine scales; the burning abates by warmth; besides the desire to drink frequently small quantities of water and the burning, she complains only of a pressure or a feeling of anguish on the breast, otherwise she was entirely well. On November 6, 1876, I gave

her a dose of *Arsenicum* 64m, Fincke, and *Placebos* for two weeks. November 20, the spots on the breast had almost disappeared; on the other hand the eruption on the face had increased considerably, so that she is despairing and only goes on the street when thickly veiled. I told her that I considered the extension of the spots a good indication; at the same time the burning on the breast had abated and even the spots on the neck began to be paler; *Placebos* for two weeks. After two weeks more the spot on the face had decreased so that it was not much larger than a dollar, considerably paler, and even the spots on the neck began to be paler; *Placebos*. She presented herself every two weeks and believed that in two months more, during which time she had taken the 10m as a slight aggravation had occurred, that she is as beautiful as can be expected at her age, with the exception of the scar.—A. McNEIL, M. D., New Albany, Ind.

A NEW AND STRANGE SYMPTOM—HYSTERIA—IGNATIA 30.—July 15, 1877, I was called about ten a. m., to see Mrs. —, aet. about twenty, has had good health hitherto with the exception of some hysterical manifestations; has never had a child, but is pregnant; has messinterics. I found her in bed with labor pains which had existed for several hours; some hemorrhage; the day before had been frightened by a rat jumping into her lap; afterwards trembling. I was struck by the position in which she laid; *she was lying on her back without a pillow, and the lower end of the mattress elevated*. On enquiring her reasons for her strange position, she said that her pains were better in that position. Taking her hysterical predisposition in consideration, and her fright followed by trembling, I gave her *Ignatia* 30 in water. After three hours I returned, found her lying in bed with a pillow under her head. The pains had ceased almost instantly; the hemorrhage was also controlled. She has done well. The italicised symptom is not in the first five volumes of Allen, neither in *Ignatia* or any other drug. I think it will prove to be a key note. Will the profession report any cases either confirming or disproving its morateristic value.—A. McNEIL, M. D., New Albany, Ind.

Obstetrical and Gynaecological.

Short articles and reports of cases in this department may be addressed to M. M. EATON, M. D., Gibson House, Cincinnati, O.

The Use of the Forceps, More Especially in Shortening the Second Stage of Labor, and the General and Special Indications for Their Application. By T. G. Comstock, M. D., Master in Obstetrics of the University of Vienna, St. Louis, Mo.

It is quite unnecessary for me to remind this honorable body of medical gentlemen that within the past few years a great change of opinion has taken place in regard to the indications that warrant a resort to the forceps in a natural labor. In accordance with the advice of the elder authorities the obstetrician when called to attend a woman in labor, would hardly think it proper to take the forceps with him. Such a proceeding was not only regarded as rash and foolhardy, but almost next to criminal. A celebrated professor of midwifery in one of our best medical schools, twenty-six years ago, was wont to say jocosely in his lectures, "When you are called to a woman in labor, do not be particular to take the forceps with you, as they might by accident fall out of your pocket and slip into the vagina!" If now and then, twenty-five years since, a cautious and experienced practitioner of midwifery, when called to a case of labor miles away from his residence, should cautiously and quietly place the forceps in his buggy, presuming that a contingency might occur requiring them, he carefully and perhaps superstitiously kept the fact to himself, and even refrained from mentioning it to a brother practitioner, who might be called with him to attend the case, because the forceps were regarded with abhorrence.

The elder Dr. Beatty, of Dublin, in a paper read before the college of physicians in 1829, criticising the frequent use of the perforator and crotchet in obstetrical practice, says:

*“This has been done at a time when even to mention the name of the instrument, (the forceps) was considered a heresy, and nothing short of excommunication could be expected by him who was rash enough to recommend its use.” He also states, “that for a period of full forty years, the forceps was banished from practice in this country.” Also page four of the same work Dr. Beatty says: “Previous to the election of Dr. Joseph Clark to the mastership of the Dublin Lying-in Hospital, in 1786, that the forceps were in common use in England and in Ireland. So it seems the prejudice against the forceps in England from 1786 until about 1830 was due to Dr. Clark,” who although confessedly one of the ablest and most distinguished men who raised the reputation of obstetric practice, should have adopted an early prejudice against the forceps. Dr. Beatty instances a similar prejudice in Denman, “Than whom a sounder and more brilliant writer never lived, who seems at that early day to have been opposed to the midwifery binder after labor, but who in condemning the bandage, most surely caused the loss of many lives.” The writer of this well recollects when it was a rule among the best and ablest practitioners, who, finding it necessary in private practice to use the forceps, considered it not proper to do so until a consulting physician was first called, who should approve of the expedient, and besides as a rule, it was insisted upon that the circumstances and gravity of the case must be such as to make it next to impossible for the labor to terminate without a resort to instruments. In this country we were governed principally by the English authorities, whose dictum upon the subject was not questioned.

Among English obstetricians eighty years ago, Dr. Joseph Clark used the forceps only once in seven hundred and forty-two cases; Dr. Collins once in six hundred and seventeen cases; the elder Ramsbotham once in seven hundred and twenty-nine cases; while in British Hospital practice craniotomy was resorted to once in every one hundred and forty-one cases. Dr.

*Contributions to Medicine and Midwifery. By Thomas E. Beatty M. D., p. 2, Dublin, 1862.

Robert Lee said, "there are few practitioners of judgment and experience who have recourse to the forceps, or, who employ it before the orifice of the uterus is fully dilated, and the head of the child is descended so low into the pelvis, as to make an ear to be felt." The writer of this was taught these doctrines, and came fresh from college imbued with them.

The words of Denman were quoted to us, and they were learned by heart; he said: "The head of the child should have rested six hours as low as the perineum, that is, in a situation which would allow of their application before the forceps are applied; the pains should have altogether ceased during that time." Think of this! How many a poor woman has been allowed to suffer and become exhausted beyond resuscitation, who might have been revived and saved if this dogmatic rule had not been the law governing the practitioner. Modern science and experience fortified by authority, now teaches us that as soon as the head rests upon the perineum, and does not advance with the next coming pain, the forceps skillfully applied, will at once terminate the sufferings of the lying-in patient. But the rule in British practice was, to let her first suffer six hours, and then use the forceps.

Denman further says: "It is scarcely possible to say too much against a hasty recourse to the forceps, even in cases which may ultimately be relieved by using them, and neither this nor any other instrument is used in the practice of midwifery one-twentieth part so frequently as they were fifty years ago."* Denman, however, very properly adds: "We are to remember that the forceps are not to be applied because we have the power of using them, but because the necessity of the case is such as to require their use." Nothing better than this could be said at the present date, and in this caution we heartily join. From these extracts we learn that in 1824 in Great Britain, physicians contemporary with Denman, did not use the forceps in one case in twenty where they had applied them fifty years previously. Even so recent an authority as Ramsbotham, London edition 1851, p. 283, says: "It is certainly a good general rule to consider

*Denman's Midwifery, London Edition, 1824, p. 254.

that if the labor has lasted twenty-four hours from the rupture of the membranes, there is a great probability that instruments will be required, and that if the head has been impacted four hours, the soft parts must be much endangered." He further says on the same page: "If the head advances at all, and be not impacted, provided the strength and spirits are good, there is seldom need to interfere; but if no progress has been made for a number of hours, and especially if impaction should have existed for four hours, then provided an ear can be felt, and the parts are not rigid as to endanger laceration, we are justified in employing forceps." Thus wrote one of the best authorities in England only twenty-one years ago, but I hope there is not a single medical man present at this convention who is not better instructed than this, and consequently far in advance of the teachings of Ramsbotham at the date in which he wrote his book.

From the above, we infer that Ramsbotham's principle objection to the forceps was, that he feared laceration of the perineum. Formerly young practitioners had the forceps described to them as an instrument capable of producing such sad results to both mother and child, that they were pretty certain to steer clear of them; they were described as liable to endanger the perineum, liable to injure the womb, and to cause vesico-vaginal fistula.

The late Dr. Meigs, although such an advocate of the forceps himself, speaks of the danger of experienced practitioners plunging a blade of the forceps through the thin and distended wall of the vagina into the douglas-cul-sac; and he says "a student is very liable to do it." We can not but think that this is a slight exaggeration, at least we hope that no such students can be found at this date in any such case, "the fault would not lay in the instrument, but in the hand that used it." The head resting upon the perineum for hours, is far more dangerous, and more liable to interfere with the integrity of the same than the skillful application of the forceps, and in making this assertion, I am merely stating the results of the experience of all modern obstetrical and gynæcological authorities, especially Baker, Brown, Jobert de Lambelle, and

Emmet. There is a prejudice against the forceps among the lay people, and it is true, if they are not skillfully applied by one who perfectly understands the mechanism of labor, they are certainly capable of doing great injury. The practitioner who is fully conversant with the mechanism of labor need not fear the forceps.

Smellie said, "It is best to avoid the calumnies and misrepresentations of those people who are apt to prejudice the ignorant and weak minded against the use of any instruments, and who, taking advantage of unforeseen accidents which may afterwards happen to the patient, charge the whole misfortune to the innocent operator." This touches the point in question. We are often swayed from our duty, and even governed in the lying-in room by the fears or notions of some volunteer attendants present. In some cases of confinement, the position of the child and advance of the same, may be such as that we are convinced that an immediate resort to the forceps would shorten the labor, and safely deliver the mother of the child; yet we wait and wait until every body's patience is exhausted, and the woman's agony is no longer to be tolerated, when as a last resort we apply the forceps.

Why are the forceps held in fear and dread by practitioners?

First. From ignorance or an imperfect understanding of mechanism of labor.

Second. From a faulty diagnosis of the exact position of the child, and a failure to recognize and appreciate the dangers of both mother and child of a prolonged and tedious labor.

Third. From a foolish and superstitious dread of instruments, and a settled and erroneous belief that in a tedious labor there is less danger of the pressure of the child's head to cause laceration of the perineum or vesico-vaginal fistula, and other traumatic lesions than there will be if the forceps are applied, or in other words, it is implied and the tacit admission made, that the forceps may in some way complicate the danger. This last notion is radically wrong in both theory and practice. It is the experience of gynæcologists, who have operated upon the most cases of vesico-vaginal fistula

and lacerated perineum, that such lesions and injuries have been usually caused by tedious labors, and not only rarely but very exceptionally are the consequences of accidents from the use of forceps when skillfully applied.

Fourth. The great skill required in using forceps when the child is above and just entering the superior strait, has probably frightened many operators from using them, even when the head is favorably situated lower down in the pelvic cavity, where their application is a very easy matter.

There is perhaps more reason in this fear of producing injury when introducing them high up in the pelvis, than any other we have mentioned, because when applying forceps above the superior strait, unless as previously stated, the operator is perfectly conversant with the mechanism of labor, there is danger of injuring the soft parts of the mother, by making traction in the wrong direction. The direction of the axis of the inlet or superior strait is downwards and backwards, and of the outer or inferior strait, downwards and forwards.

What are the forceps? You all know they are a substitute for a delicate pair of hands to be applied to the convexity of the child's head to make traction, and assist in bringing it through and out of its narrow channel or enclosure. It is well to be conversant with the forceps. We have the short or straight forceps, and the long or double curved forceps, the latter having a pelvic curve, in addition to the cranial curve; the cranial curve is alike peculiar to both the short and long forceps. The forceps of Chamberlain were the short forceps, and a second new curve or pelvic curve was first given to them, and was the invention of Dr. Benjamin Pugh, of Chelmsford, Essay, in 1736, although obstetrical authorities have always until quite recently, given Levret and Smellie the credit of this improvement.

From recent researches made by Dr. McClintock, of Dublin, it has only within the past year been discovered that Levret first proposed this new curve to the blades in 1747, and Smellie in 1751, so that to Dr. Pugh we must accord the credit of the improvement. The short forceps may be used

when the child's head is in the pelvic cavity, but when it is above the superior strait, the long forceps with the second or pelvic curve will be required.

It is our advice for practitioners to accustom themselves always to use the long forceps, and they should be patterned something after the model of Simpson's which really is after the German type of forceps.

The forceps of Elliott, Bandelocyne, Hodge and the Comstock's St. Louis forceps, are all thus shaped with rather long blades, with a pelvic curve, the fenestræ being only modestly wide, and are based upon the principle that it is more important to introduce the instrument transversely as regards the anatomy of the maternal pelvis, than to apply them to the sides of the child's head, regardless of the anatomy of the mother. Years ago, in all of the American medical schools, we were taught the opposite doctrine, viz: that in order to preserve and favor the synclitism of the fœtus in its descent through the pelvic and vaginal canal, we must observe and adopt the cephalic method in applying the forceps, that is, apply them to the sides of the child's head. Authorities at present are almost united in insisting upon the rule to introduce them transversely, and to be governed by the curve of pelvis, and regard the same rule in making traction. Pajot's rule for introducing and withdrawing the forceps, was "to follow the circle of which the instrument forms the part." In introducing the forceps transversely, Dr. Fauntleroy says: "We may recollect that the blades and structures of the pelvis are in consonance, so that for this reason there is little chance for the instrument to injure the child's head." In applying forceps transversely, we have found by experience, and as the head advances and rotates, finally the sides of the child's head will be embraced within the blades.

I will close these remarks by giving the indications for the use of the forceps.

First. In cases where the second stage of labor is completed, but the pains although severe and trying, "cease to be actively progressive." The obstetrician in such cases should not wait longer than two hours, and in some cases need not

even delay so long, especially if the pains should be very strong, and the head not seeming to advance or make any progress proportionally.

Second. Head of the child in the vagina; pains intense; vagina swollen; perineum rigid; head apparently just ready with each pain to clear the outlet, but the obstetrician scarcely less than the agonized mother, is tantalized because the labor delays and is not completed. In such cases hot cloths may be first applied to the perineum, or the parturient patient may be placed by assistants in a sitz-bath of hot water, and remain in it for fifteen to twenty-five minutes, which failing to relieve, the forceps may be resorted to.

Third. In posterior occipital positions, where the normal rotation can not be effected, and the head partially impacted. (Fortunately rare).

Fourth. In cases of puerperal convulsions, dangerous hemorrhage, exhaustion, rupture of the uterus, presentation fair, and the head within reach so that we can apply the forceps.

Fifth. In breach presentation where the after coming head can not be readily extracted, first by grasping the body of the child with the left hand, and raising it upwards as a lever towards the abdomen of the mother, and placing the finger of the right hand on the back of the child's neck, so as to favor flexion; failing in this, which is called the "Kiewisch maneuver," we may apply the forceps.

Sixth. In complicated labors, such as prolapsus of the funis, descent of the hand with the head, after other expedients have been tried without effect.

Seventh. In cases of placenta previa with a head presentation, it is clearly safer to trust to the forceps, (even if we have to dilate the os in applying them) than to resort to the old time honored method of turning. In such cases Barnes' or Molesworth's dilators, the colpeurynter, the tampon or ergot should, if possible be tried (as the case may require) before the forceps are applied. As authority for this new indication for the forceps, we refer to Dr. Eshleman, of Philadelphia. (See *Phil. Med. Times*, March 20th and Aug. 14, 1875).

Eighth. In cases of moderately contracted pelvis.

Ninth. In cases of pendulous uterus, where the expressive pains are misdirected and inadequate.

Tenth. In cases of uterine inertia where it is impossible to rouse uterine contractions by stimulants, such as pressure externally applied over the region of the uterus (after the method of (Kristeller and Crede), *Galvanism* or *Ergot* having been cautiously given.

Eleventh. Any complications or conditions that may suddenly set in during labor, causing delay calculated to endanger the life of either mother or child: e. g., the last stage of phthisis pulmonalis in the mother, hernia, asphyxia, etc.

Twelfth. In face presentations, when we fail in bringing the chin forward, the forceps are perhaps preferable to turning. (Prof. Wright, of Cincinnati).

Thirteenth. When the natural powers of the mother do not expel the child within two hours after the rupture of the membranes and full dilatation of the os.

N. B.—In uterine inertia we have often seen the introduction of the first blade of the forceps, excite a good contractile pain, and this fact should not be forgotten by the practitioner. As a preliminary to the use of the forceps, the bladder should if possible, always be emptied, by micturition or by the catheter.

Position of the woman.—She may lie on her back, or on her left side, but for the beginner, or one who seldom uses forceps, it may perhaps be best to place her across the bed, with her hips hanging over the edge of the same, each limb being carefully supported by an assistant; then the operator standing or seating himself in front, having carefully made an examination, and if possible, assured himself of the exact position of the head, should plunge the forceps in hot water, then wipe them, and smear them well with cosmoline or vaseline. The left or male blade is taken in the left hand, between the tips of the index middle finger and thumb, and the fingers of the right hand are inserted within the vagina by the side of the head as a guide for the blade, and if the cervix can be reached, care must be taken to insert a finger within the same, and

guide the extremity of the blade so that it will be applied directly upon the convexity of the child's head, and circumstances may occur, requiring that the extremity of the blade shall be inserted within the cervix, but in no case must they compress the cervix against the head of the child. The blade must be passed along the palmar aspect of the right hand and introduced in a direction towards the hollow of the sacrum, then the handle is to be depressed so that the blade may ascend forward in the direction of Carus' curve (remember that the axis of the outlet is upwards and forwards, and that it is a rule in obstetrics, indeed a fundamental canon, never to use any force in introducing and adjusting the forceps); the first blade being now inserted, the handle is given in charge to an assistant, and the operator proceeds to introduce the second blade. The second, right or female blade is to be introduced directly opposite the first, taking it in the right hand, and introducing the left hand within the vagina as a guide in the same manner, and with the same precautions as when applying the first blade. The two handles are now taken by the operator who proceeds to lock them, and if they have been both properly introduced, this can usually be effected without difficulty. No force must be applied in so doing, but the whole operation must be made with gentleness and skill. When the blades are locked, as soon as pain comes on traction may be made, the operator taking the handles in his right hand, and extracting always in a direction corresponding with the axis of the pelvis. During this time, an assistant should make compression over the region of the womb, and the operator be careful not to make any more compression than is requisite, in order to hold the head firmly, and keep the blades from slipping. When the pains cease, desist from making traction, and relay at once the compression upon the head. As the head is passing through the outlet, give attention to the perineum, and elevate the handles of the forceps, and should the perineum be very thin and tense, it may be best to remove the blades, and leave the rest to nature.

In using the forceps do not be in too great a hurry to terminate the labor, because a uterus emptied too quickly, might

not properly contract, and then we should have a predisposition to a post-partum hemorrhage from a uterine inertia.

Summary advantages of the forceps.—First. By their timely use we are enabled to anticipate the evils resulting from delay in tedious and prostrate labors, and thereby prevent the complications and consequences (immediate and remote) which are so apt to follow in such cases.

Second. By their timely application in preventing a lingering labor, they allow the patient to “get up” quicker.

Third. The forceps materially shorten the second stage, and cut short any tendency to impaction, thereby preventing traumatic inflammation, which latter is frequently a cause of defective involution, one of the most serious lesions that a woman who has borne children can suffer from. The progress and pathology of defective or sub-involution of the womb, we well understand, but we are almost powerless to cure it by remedial agents, and therefore prophylaxis in such cases is a desideratum to be always kept in mind.

Fourth. We may frequently save fetal life, because it is a maxim in obstetrics, that “the danger is proportionate to the delay.”

Fifth. We save maternal life, because according to Dr. Simpson it is plainly demonstrated that the mortality of both mother and child increases in a direct ratio with the duration of labor.

Sixth. We abbreviate and diminish the sufferings of the mother.

Seventh. By the timely use of forceps we prevent impaction and inflammatory complications, thereby avoiding in not a few instances a resort to the old and frequent operation of craniotomy, an operation always fatal to the child, and frequently dangerous to the mother.

The mortality to the mother in craniotomy operations is about one in five and a half, and in forceps according to Churchill one in twenty-two, hence the advantages of forceps, viz: In cases where the forceps are indicated, we secure for our patient a short convalescence after delivery, and a prompt and speedy recovery.

Ophthalmology and Otology.

Embolism of the Central Artery of the Retina and Hemorrhage into the Optic Nerve. By Geo. S. Norton, M. D. Read before the American Homœopathic Ophthalmological and Otological Society, at Put-in Bay, June 19th, 1878.

Since the time when Von Graefe first described a case of embolism of the central retinal artery up to the present, these cases have always had a special interest for the ophthalmologist. This has been particularly true within the past few years, during which time doubts have been raised by Magnus and others, whether or not these so-called cases are dependent upon embolism, hemorrhage into the optic nerve or something else. It is our purpose in this paper to endeavor to clear up some of the mystery attending this subject if possible. As a basis to start from we shall detail a few cases which have come under our own observation, and then follow by deductions drawn from the literature on the subject. In order not to consume too much time, we shall omit the narration and discussion of several cases of so called embolism of branches of the central artery, and confine ourselves to complete embolism.

The first three cases were seen in the clinic of Drs. Liebold and Hunt, and the history given taken from their records in the New York Ophthalmic Hospital.

CASE I. Mary N., act. thirty-three, applied for treatment April 19, 1877. Lv. 20-20. Rv. o. On January 2d first noticed that she could not see with right eye, even at first could not discern light. Commenced with an attack of dizziness, and some pain in the side of the head. For some time afterwards she had difficulty in judging distances, would make false steps or pour tea on the table instead of in the cup. Has had inflammatory rheumatism and now suffers from mitral insufficiency. Ophthalmoscopic examination shows white

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atrophy of the optic nerve, and all the vessels very small, especially the artery downwards and inwards in the direct image.

CASE II. August 2, 1877, Mrs. B., aet. forty, became suddenly blind in one eye, (which, not recorded) two days ago. The heart beats very rapidly. Ophthalmoscopic examination shows a serious exudation around the optic nerve; no pulsation of the artery could be produced. No further record of case found.

CASE III. March 18, 1878. Owen H., aet. thirty-one lost the vision in his left eye, suddenly, nine days ago; can barely distinguish light with the left eye; had no headache, dizziness or numbness at the time of the attack; has had inflammatory rheumatism years ago; now has hypertrophy of left ventricle (apex displaced two inches downward and as much to the left) with mitral insufficiency; stenosis of aortic valves; ophthalmoscopic examination shows œdema about the entrance of optic nerve.

CASE IV. January 25, 1877, Mary H., aet. nineteen, was sent to me by Dr. P. H. Mason for treatment of her eyes. Was apparently in perfect health, and vision good in both eyes, until ten days ago when upon awaking in the morning found that she could see nothing with right eye; conclude that she is correct in this statement of sudden blindness, as since that time she has been unable to estimate distances correctly, so that she will make false steps in going up or down stairs, etc., when before had no difficulty in this respect.

Status presens. Rv. can not distinguish shadows; Lv. 20-20. Right eye, pupil dilated and immovable by direct light though contracts readily by reflex irritation through the other eye; optic papillæ quite white, outlines irregular and striated; all around the optic nerve entrance and macula lutea, particularly the latter, is seen a clear bluish-white mass in the retina, which gradually slopes off into clear retina towards the periphery of the fundus; in the macula lutea is a black spot; (the patient is of a dark complexion); retinal veins nearly normal though veiled here and there; arteries are smaller and almost lost in portions, though still can be traced over the whole of

the infiltrated portion, and are especially marked around the yellow spot; some small branches of the arteries are lost and one main branch nearly so; pulsations may be produced in veins by pressure on the ball.

Left eye: fundus perfectly normal; examination of heart shows a slight valvular murmur, though nothing further abnormal; urine natural color, test revealed albumen last evening, but none this morning, no sugar, specific gravity 1032 last night, 1028 this morning; menses regular; appears to be in perfect health every way; no headache or cerebral symptoms. *Apis* 30 was prescribed and she was requested to come to the city within three or four weeks and report, but owing, I presume, to our prognosis being unfavorable she failed to again make her appearance.

On account of the marked changes in the fundus, which were different from any case on record, the density of the exudation being greater, the spot in the macula lutea blacker, etc., and on account of some differences of opinion in the diagnosis we took the case to Knapp for his opinion, which was the same as ours, "embolism of the central artery of the retina."

CASE V. December 26, 1877, Edwin S., aet. eight, one year ago was struck in left eye causing immediate and total loss of vision; the lid was injured slightly, but he soon recovered from all the external effects of the blow, though the sight did not return.

Status presens: Rv. 20-20; Lv. no preception of light; to external view nothing abnormal; ophthalmoscopic examination, vitreous hazy with some floating opacities in it; optic nerve atrophied; retinal arteries very small; veins smaller than usual, though larger than the arteries.

This case we had the opportunity of watching four or five months, and using remedies, chiefly *Arnica* and *Lyc.*, though as we expected, no change was observed.

CASE VI. November 12, 1877, Bernard R., aet. seventy-two presented himself at my clinic in N. Y. Ophthalmic Hospital on account of loss of vision in right eye. Three days previous, at two o'clock in the morning was up and

could see as well as ever, but later in the morning on rising found that he only had perception of light in the right eye; at that time and the night before he was apparently as well as ever, had had no injury, headache or other trouble.

Status presens: Rv. barely perception of light; Lv. 20-50; Hm. 1-16, with which (+ 16); Lv. 29-20; for near vision requires +8.

Right eye: pupils somewhat dilated and sluggish upon direct irritation; lens a trifle hazy but the other media clear; œdema of retina around the optic nerve, and macula lutea, especially the latter; the bright cherry red spot is very marked in macula; optic nerve paler and outlines hazy; retinal arteries very small and almost absent in portions; pulsation can not be produced in them by pressure, though can in the veins which are more nearly normal in size; all the arteries of the body, the carotids in particular, were very hard and atheromatous; pulse fifty and irregular. As no note of the condition of the heart was made in my case book at this time, he was sent in January to Dr. C. E. Beebe, for examination of the chest with the following result:

“At the request of Dr. Norton, B. R. presented himself at my office on the twenty-fifth of January, 1878, for physical exploration of the chest with the view of ascertaining the condition of the heart. The thoracic walls were deformed to an extraordinary extent, there being present a partial angular curvature of the spine, and the so called barrel-shaped chest as found in pulmonary emphysema. This deformity necessarily placed many impediments in the way of a satisfactory examination. Notwithstanding this the following condition was quite clearly defined: cardiac hypertrophy, with dilatation, associated with tricuspid regurgitant and aortic obstruction and regurgitant murmurs; the condition of the mitral valves and the extent of the hypertrophy, it was impossible to ascertain in consequence of the above mentioned deformity.”

Remedies were advised as we desired to watch the course of the disease, and *Lach.* 10 was given.

Nov. 16. Infiltration gradually growing less; complains of some pain in the head in the morning. *Nux vom.* 30.

Nov. 28. Optic nerve very much whiter; still slight haziness around the papilla and yellow spot, though rapidly diminishing; veins decidedly smaller, while the arteries remain the same.

Dec. 6. Infiltration still less but can be distinguished around the nerve entrance and macula; optic nerve whiter; vessels smaller, and can not produce pulsation in them; vision seems a little brighter to-day.

Dec. 12. Infiltration hardly perceptible.

Dec. 24. No haziness of retina; optic nerves quite white; vessels very small, especially on the disk; no vision.

Jan. 9, 1878. White atrophy of the optic nerve with no haziness of fundus; the arteries are mere threads.

REMARKS—These cases of sudden blindness have almost invariably been ascribed to embolism of the central artery of the retina, though the question has arisen within the past few years whether this assumption is correct or not. Many theories have been advanced to account for these cases, chief among which are hemorrhage into the optic nerve, and embolism of the central artery. In these remarks we shall purposely throw out thrombosis, as suggested by Loring,* spasm of the vessels, by Stellwag,† retrobulbar muritis and various other conditions which have been given, often with reason, as the cause of sudden loss of sight, and confine ourselves to the discussion of the two chief causes just noted.

In the first place let us consider hemorrhage into the optic nerve, and in so doing we shall draw largely from that able monograph by Dr. Hugo Magnus‡ who is the principal advocate of this theory. He experimented quite extensively upon animals, first by injecting various quantities of blood into the optic nerve, and afterward by ligating or dividing the nerve. By injection of small quantities of blood no changes were observed in the fundus, and even large quantities pro-

*Am. Jour. Med. Science, Apr., 1874.

†Stellwag Treatise on Diseases of the Eye. (Am. Ed.)

‡Magnus. *Dir Sehmeroen—Blutung.* 1874.

duced no marked changes except in the circulation, though it is true these artificial hemorrhages can not be said to correspond to spontaneous for the *vis attergo* is not the same, the resistance unequal and the relative destruction of nerve elements in comparison to the pressure on vessels decidedly different in the two. In the retinal circulation only transitory changes were observed when small quantities of blood were injected, which became more pronounced as the quantity was increased and varied according to the amount of injury done the vessels. From these experiments M. draws the conclusion that the temporary amblyopia which sometimes precedes total blindness, is dependent upon small hemorrhages, claiming that this is much more reasonable than the other explanations given, particularly Mauthuer's,* which many accept, that an embolus has lodged in the entrance of the central artery, protruding in the ophthalmic and afterwards is swept along by the blood current into the ophthalmic and its branches. Magnus now goes on to describe the ophthalmoscopic appearance of hemorrhage into the optic nerve, as gained from injections of blood into the nerve, ligation and division of the nerve and cases of injury to the nerve in man, which appearances correspond very closely to those hitherto described as characteristic of embolia art. cent. retinae. We will pass over this to his differential diagnosis, which, if it were borne out by post mortem examinations, would be one of the most convincing arguments that could be advanced to prove that the large majority of the so-called cases of embolism were in reality hemorrhage into the nerve. It is unnecessary to follow out his reasoning in detail, so will only give the results. In hemorrhage the grayish-white haziness around the nerve and macula lutea appears early, sometimes within a few hours and is dependent upon necrotic changes in the nerve elements. In embolism these changes are not seen until later, after several days, (as in the case of von Graefe's,† fourteen days), for in a complete closure there

*Mauthuer. Stricker Medicin—Jahrbucher. 1873.

†Graefe Arch of Ophth. Bel. v. Abth. 1.

would at first be a bloodless condition of the retina as in ischæmia, in which the retina has remained transparent for a long time (see cases by v. Graefe,* Heddasis,† v. Rothmund‡ and others); also that these changes should commence towards the periphery instead of around optic papilla. The second important point in the diagnosis is the condition of the vessels. In embolism there should be in the beginning absolute anæmia of both arteries and veins, for the closure of the artery is complete, and there is no hindrance to the return of blood through the veins. The collateral circulation would not be established so early, and if it was there would be a return of vision as the retina has, in some cases, been anæmic for from two to three weeks, and yet regained its function after establishment of the circulation. In hemorrhage, upon the other hand, the arterial anæmia would be more or less pronounced, according to extent of hemorrhage, while the veins would be hyperæmic from pressure upon central vein in the nerve, the loss of vision being due to degenerative changes in nerve elements and not to blood supply. The third point relates to the field of vision. In embolism it must be totally lost from the periphery to the center, so that if there is perception of light at periphery it would exclude embolism. In hemorrhage central vision would be in all probability lost, while it might or might not extend to periphery. In forming this conclusion Magnus adopts the view claimed by some anatomists, but denied by others, that the central fibers of the optic nerve supply the macula lutea, while the external fibers pass towards the ora serrata, therefore a hemorrhage from central artery would first deorganize those fibers extending to the yellow spot.

Let us now consider these arguments advanced by Magnus in favor of hemorrhage, and see if they can not be explained upon the theory of embolism. One grave objection to hemorrhage lies in the fact that no post mortem examination has yet confirmed the diagnosis, by showing any extravasation of

*v Graefe, *Arch. of Oph. Bel.* viii, Abth. 1.

†Heddasis, *Klin. Monatsb. of Angenhk.* 1865.

‡Rothmund, *Klin. Monatsb. of Angenhk.* 1866.

blood into the nerve, while upon the other hand the embolus has been found in seven well marked cases by Schweigger,* Nettleship,† (two cases), Priestly Smith,‡ Sichel,§ Schmidt¶ and Gowers.¶¶ (It is true that in Loring's** case no stoppage was found in artery, though the examination was incomplete not extending through the whole nerve trunk, and thrombi were found in choroidal veins. Others have also, in rare instances, failed to find the obstruction.) From these cases we shall especially draw our conclusions in answering the arguments of Magnus. First he contends that the haziness around the nerve and yellow spot being dependent upon degeneration of the nerve elements never appear early, but only as in v. Graefe's case after fourteen days, (which in his opinion is the only well authenticated case on record). (This is the case examined by Schweigger and the embolus found.) The first of Nettleship's cases was examined by Wordsworth four days after the sudden loss of vision, and "œdema of the retina and embolism of the arteria centralis retina" diagnosed. In the second of N.'s cases, W. Spencer Watson diagnosed two days after the attack, "margin of optic disc blurred by a hazy pink discoloration." Priestly Smith found the infiltration around the nerve and macula lutea one week after the patient became blind. Sichel's case, although he inclines to believe it embolism, is still so doubtful, both in the appearance before and after death, that we shall not consider it. Schmidt saw his patient twenty hours after he became suddenly blind, and then found the region of the macula lutea and the part between it and the disc of a light gray color and opaque. Gowers found this haziness of the retina five days

*Schweigger, *Vorlesungen über den Gebrauch d. Augenspiegels*. S. 140. 1864.

†Nettleship, *Royal London Ophth. Hos. Reports*, first case, Oct., 1874; second case, Sept., 1875.

‡Priestly Smith, *Nagel's Jahrsbricht*, vol. v, (Brit. Med. Jour).

§Sichel, *Nagel's Jahrsbricht*, vol. iii.

¶Schmidt, *Graefe's Arch.*, 20, 2, s. 285.

¶¶Gowers, "*Lancet*." 1875, vol. ii, p. 794.

**Loring, *Am. Jour. Med. Science*, April, 1874.

after the sudden blindness. In all these the embolism was found, and yet the retina showed these changes by ophthalmoscope in from one to seven days or earlier. We also do not believe that this opacity is due entirely to necrotic changes though have no doubt it may be in great measure, for Cohnheim* has demonstrated that embolic occlusion of a terminal artery, gives, viz: first, to necrosis, the natural consequence of the cessation of the circulation in an animal organ, and this would naturally first be seen in the macula lutea from its being devoid of blood canals. (Some may and do dispute that the retinal artery is terminal.) It is impossible to say just what these changes in the retina are due to, for no opportunity of making a microscopical examination, in an early stage, has yet been obtained, the earliest being four months after appearance of blindness, when œdema of the retina was present together with changes in nerve elements.

The second point refers to the condition of the vessels, which, according to Magnus, should be absolutely anæmic, both arteries and veins, in embolism of the central artery. Theoretically this is excellent, but does practice confirm the assertion? Schmidt observed in his case at first examination, twenty hours, that the arteries were bloodless and only traced as thin threads, while the veins were of a dark color and tolerably full, though the column of blood was interrupted here and there. Watson noted in Nettleship's second case, second day: "veins large and tortuous; arteries small and thready." Priestly Smith saw one week after the attack, arteries very fine, while the veins were larger and increased from papilla towards the periphery. Without going any further, these prove that a complete emptying of all the vessels does not necessarily follow an obstruction in central retinal artery. The question now arises, how may this condition be explained upon the theory of embolism? If we consider the art. cent. ret. a terminal artery, then according to Cohnheim, "an engorgement is noticed owing to the reversed action of the current in the neighboring vein, a current imped-

*Cohnheim, Untersuchungen uben die Embolischen Processe. 1872.

ed in the retina by no venous valves." Another explanation may also be given: Early after the total closure of the artery, the arterial branches would be bloodless; though the veins might retain blood on account of the intraocular tension being sufficient to close the vein at its point of exit from the eye when the vis atergo is removed. (Liber.)* A little later the arteries would begin to fill from the disc to the periphery by the establishment of the collateral circulation. The time at which this would take place would in all probability vary to a great extent, though would occur so gradually as not to reach such a degree that vision would be restored before necrotic changes had taken place in the retina to render such a result impossible. If the arteries are partially filled, immediately after the obstruction, the probability is that the closure was incomplete. The jerking movement of blood in the veins would be due to the force from behind overcoming the intraocular tension. Hemorrhage into the retina might occur from the degenerative changes in the walls of the vessels. Pulsation could not be produced in the veins in the early stages of the occlusion if the vessel was complete.

Regarding the degree of vision in embolism we would say that it is almost always lost suddenly, totally and permanently if the closure is complete, though we can not consider that a variable perception of light at the periphery of the fundus for a certain time is absolutely incompatible with the diagnosis of embolia arteria centralis retina, especially since we have shown that the capillaries near the ora serrata are better supplied than elsewhere.

It will be seen from these remarks that we are inclined to believe that the large majority of cases of sudden blindness which present the ophthalmoscopic appearances so often described under embolism of the central artery of the retina, are truly cases of this affection. Although aware that hemorrhage within the optic nerve may produce this same train of symptoms and having no doubt but that it sometimes does, yet it is difficult for us to realize how a rupture of a vessel within the optic nerve can take place from no apparent cause

*Liber. Archiv fur Ophth. Bel. xi. Abth. 1, p. 8.

when the patient is at rest and without any indications of hemorrhage in any other part. The condition of the heart and general circulation are almost invariably such as to favor embolism.

Let us now for the few remaining moments left to us, glance at the cases reported in the beginning of this article, and endeavor to solve the question of diagnosis. Cases one, two and three, though incomplete, both in the history and description, still present all the marked features of an embolus, together with the condition of the heart, which may cause it, and without any characteristic appearances of hemorrhages. The diagnosis of "embolia arteria centralis retinae" was given them in the case book of Drs. L. and H.

Case four was one of particular interest to us as it differed in several points from any we have ever seen or read of. First the opacity in the retina was denser, thicker and darker in color than any case yet described, resembling in many ways the fatty degeneration observed in retinitis albuminurica, varying only in extent, situation and appearance of edges which at no place terminated abruptly, but sloped off gradually into the clear retina. The refraction showed the swollen condition of the retina, and the complexion of the patient probably explained its color. In the macula lutea the characteristic cherry red spot was absent, but in its stead was seen a black spot. This peculiar appearance in fovea centralis is now almost universally acknowledged to be due to the contrast between the choroid and opaque retina as it is unlike in many respects an extravasation, and disappears with the haziness of the retina. The choroidal vessels are usually somewhat congested and proliferation of pigment has been observed at posterior pole. This was probably the condition in our case to cause the black spot, as a proliferation of the pigment cells might easily take place where there was naturally such an excess of pigment as there was here. As some ten or twelve days had elapsed since the attack the collateral circulation had no doubt been established so as to render pulsation on pressure visible. This case, although not corre-

sponding in all points to obstruction of this artery, we would class as "embolism of the central artery of the retina."

Case five, though not seen until one year after the loss of vision, we consider an instance of hemorrhage into the optic nerve. It resulted from an injury and the loss of vision (no perception of light) was sudden and permanent. The opacities in the vitreous indicated that hemorrhage has taken place there at the same time. The atrophical condition of the nerve and vessels, especially the arteries also pointed to this diagnosis.

In connection with this case we would refer to a few well marked cases of hemorrhage into the optic nerve. One of the first may be found simply recorded by Von Graefe,* and was the result of an injury. Another, described more in detail, is by Schweigger,† occurred in a young man and was the result of a shot entering the left orbit producing immediate blindness. One half hour after the injury the opacity in retina and red spot in the fovea centralis were visible, though the vessels showed no marked changes, and pulsation could be obtained in the main artery. In a few days the infiltration in retina disappeared and afterwards went on to atrophy of the nerve. S. does not believe the shot entered the nerve, but either injured it or paralyzed by pressure. It is a case that proves that the above retinal changes may take place without any disturbance in the circulation. It is unnecessary to cite other instances of injury to optic nerve as they can be found in the "Handbuch der Gesamten Augenheilkunde."

Case six was of especial interest to us, because it afforded us an opportunity of watching the disease throughout its whole course. Besides which there was enough uncertainty in the diagnosis to demand particular attention. According to the views of Magnus it was clearly hemorrhage into the nerve as the condition of vessels, opacity of retina, and disturbance of vision, all correspond to this affection. But we have already shown that these appearances do not contra-indicate embolism. Upon the other hand there was no excit-

*V. Graefe. V. Graefe's Archiv. v. 1. s. 142.

†Schweigger Klin. Monatsbl. xii. s. 25.

ing cause for, or predisposition to hemorrhage in this patient, so that taking it all in all we are inclined to diagnosticate "Embolia arteria centralis retina." Very likely the embolus did not at first completely occlude the artery as the arteries three days after the attack were by no means bloodless and there still remains perception of light. We, however, recognize the fact that there is a doubt regarding this diagnosis, and that hemorrhage may have been the cause of the trouble, though we do not feel justified in making such a diagnosis without some more decisive indications of hemorrhage as for example were seen in Pagenstecher's* case, in which a man fifty years of age suddenly lost his vision in the left eye, with flashes of light, etc. This continued only one-half hour, but returned again after a short time. Two days later, P. found haziness of retina, arteries small, veins large and tortuous here and there, field of vision and degree decreased, though after two weeks became better so could read. Number five. Four days after the attack a hemorrhage was observed partly in the retina and partly on the papilla.

One more point in the differential diagnosis between hemorrhage and embolism, which serves to militate against the former theory, in my mind, lies in those cases of embolism of branches of the central artery; for how can a sudden blindness of the upper or lower half of the field of vision without any ophthalmoscopic changes, saving a partial or complete anæmia of the corresponding arteries be explained on the theory of hemorrhage into the optic nerve? It has not been done as far as we can learn by any author.

In conclusion we would remark that although sudden loss of vision is very easily explained upon the theory of hemorrhage, and although the train of reasoning seems to be complete, yet practice and post mortem examinations have not confirmed this theory, and until this has been done and extravasated blood has been found in the optic nerve in a typical case, we do not feel inclined to give up the old diagnosis, "Embolia arteria centralis retina."

*Pagenstecher und Saemisch Klin. Brobachtungen aus der Augenheilanstalt zu Wiesbaden, 1861.

Recent Advances in Ophthalmology. By Dr. Alfred Wanstall, Baltimore, Md. Read before the American Homœopathic Ophthalmological and Otological Society.

I shall endeavor to give a synopsis of some of the more interesting and important articles pertaining to Ophthalmology, which have appeared in the journals, monographs, pamphlets, etc., during the past year; no reference will be made to text books.

Nothing of special importance has been done by our school to advance the science, unless it is the advent of Dr. Hart's new book, which might be considered an advance, "if like a crab it could go backward."

I am happy to say this book has received its well merited chastisement from the pen of G. S. N.

A great deal has been written during the past year on *Eserin* and its uses in Ophthalmology, a number of extracts are here given.

On the use of *Eserin*. L. V. Wecker, (Klinische Monatsbl.) The author remarks that the *Sulphate of Eserin* is unirritating to the eye, and can not be compared to the earlier used solution of *Calabar bean*; besides its energetic action places it in the list with *Belladonna*.

Sulphate of Eserin is contained in yellowish white pointed crystals, is very hygroscopic, and on exposure to the atmosphere rapidly falls down into a resin-like mass.

The one per cent solution commonly used, represents a slightly yellowish and completely clear fluid. In cold weather on the second or third day it assumes a rosy tinge, and in summer the solution becomes deep red in twenty-four hours. With the increase in color the solution decreases in strength.

It is very striking that old solutions contain no organic matter, whilst it is well known such rapidly develop in atropine solutions.

Wecker has used *Eserin* in three kinds of cases proceeding from two historical points; on the one side he attributes to it an antiseptic action, and on the other assumes that this alkaloid has an irritative action on the smooth muscular fibers of the vessels, and can exert a direct influence on the diapedesis.

The one per cent. solution of *Eserin* was instilled into the eye every hour or half hour, first, in much expanded ulcerating abscesses of the cornea, after the pus had been removed from the abscess and anterior chamber; second, in ulcus serpens after keratotomy, avoid any more opening of the wound; third, in sloughing of the cornea after cataract extraction.

Schmidt Rimpler has investigated the antiseptic action of the usual solutions of *Eserin* and *Atropine*. (Klin. Monat.) He used the method of corneal inoculation on rabbits, with the secretion from a blenorrhœal lachrymal sac. The inoculation excites a specific inflammation, which however, does not appear if the secretion has lain from twenty to fifty minutes in *Ochlorine water*, *Carbolic acid*, *Salicylic acid*, or similar solutions. The effect of the inoculation is recognized in twenty-four hours.

He made similar experiments with the *Sulphates of Eserin* and *Atropine*, the strength of the solutions being 0.05: 10.0, or one-half per cent.

The secretion used for inoculation was taken from an individual with an affection of the lachrymal sac of fifteen years duration, and who was under treatment at the time for hypopyon keratitis. It was septic in a high degree.

In all cases the inflammation excited by the inoculation with the secretion which had been contained in solutions of *Eserin* and *Atropine* from twenty to fifty minutes was decidedly specific in character, but much less severe than the inflammation excited by the pure secretion.

Eserin and *Atropine* solutions do not completely abolish the infecting force, and can not be classed with true disinfectants. In this respect no difference was observed between the two solutions.

Calabar and its Therapeutic Uses. By Adolf Weber, A. f. O.

As early as 1867 Weber stated that the anterior chamber and vitreous space stand under a different hydrostatic pressure. The dividing wall is formed by the lens, its suspensory ligament, and the iris. Normally the tension of the cornea is less than that of the sclera. Instillation of *Atropine* in a sound eye decreases the tension only in the vitreous body, while the pressure in the anterior chamber is always somewhat increased.

Instillation of *Calabar* increases the pressure in the vitreous space, and decreases it in the anterior chamber about the same degree.

Calabar contracts the pupil, the slight anterior curve of the iris recedes to the base of its dome supported by the inertia of the zonula, thus diminishing the over pressure already exerted from the vitreous space upon the contents of the anterior chamber. In this way the pressure of the posterior chamber is increased.

The therapeutic uses of *Calabar* follow from the above, first, in keratocele, second, cornea conica; third, old corneal specks; fourth, extensive corneal ulceration; fifth, glaucoma; sixth, peripheral prolapse of the iris after operations for cataract and glaucoma.

Calabar bean and its Therapeutic Value in Ophthalmology.
By W. Fabricus.

A few moments after the introduction of a strong solution of *Eserin* the far point approaches the eye. Eight minutes after the application the pupil begins to contract and the pressure in the vitreous is increased, while that in the anterior chamber is decreased.

Eserin has only a symptomatic value in mydriasis, and paralysis of the accommodation. It accomplishes more in prolapse of the iris even preventing prolapse in flap extraction; also valuable in peripheral synechiæ. It furnishes an organic adjuvant for stenopaic glasses.

Eserin meets its greatest triumph in corneal fistula, keratocele, purulent corneal ulceration and abscess like ulcers with hypopyon.

It is a valuable adjuvant for treating glaucoma: First, in the prodromal stage before the iridectomy is made; second, when the iridectomy has been made without result. Gl. malignum progressivum; third, when iridectomy is not indicated Gl. absolutum.

Dr. Reuss, in Wien, has studied the action of *Eserin* on the curvature of the cornea. He first measured the radius of curvature of the cornea in the facial line, and then instilled into the eye a one-half per cent solution of *Sulphate of eserine*, and repeated the measurements every five or ten minutes.

He found that simultaneous with the spasm of the accommodation there occurred an increase in the curvature of the cornea; the diminution in the radius of curvature being from 8-100 to 17-100 Millimeters.

It begins quickly after the instillation and rapidly reaches its greatest height, at which it remains only a short time.

The radius of the cornea returned to its normal size after seventy to eighty minutes. In cases with which the *Eserin* caused only slight increase in the refraction, the corneal radius did not change perceptibly. The greatest decrease occurred with the greatest contraction of the ciliary muscles.

Eserin once more. Dr. Mohr, of Darmstadt. (A. f. O.) *Calabar bean* contains two differently acting alkaloids, *Calabarine* and *Physostigmine*. Merk's preparation seems to be similar to the latter. One drop of a two per cent solution instilled into the conjunctival sac causes a contraction of the pupil in ten minutes, which reaches its maximum in twenty minutes, and begins to decrease in four hours.

An approach of the far point is observed in the first five minutes, reaches its acme in twenty minutes, remains fifteen minutes in order to decrease at first rapidly, then slowly. The near point also reaches its acme in twenty-five to thirty minutes; the accommodation is then null.

Eserin was used first, with corneal ulcers, to decrease the pressure in the anterior chamber in *ulcus serpens*, corneal degeneration after *blenorrhœa* and *diphtheria*; the iris contracted and maximum easily supporting the entire pressure of the

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vitreous body. Second. For stretching and tearing posterior synechiæ, for peripheral prolapse of the iris, for paralysis of the accommodation and the sphincter. Third. Fresh wounds of the capsule heal better with the use of *Eserin*. Fourth. The pressure with glaucoma has been decreased, and the visual power, and field of vision improved in single cases. Fifth. Synechiæ and tissue changes in the iris form contra-indications. In acute glaucoma the increased hyperæmia caused by *Eserin* may lead to large hemorrhages. It is completely contra-indicated in hemorrhagic glaucoma. It is recommended as a prophylaxis in the prodromal stages of glaucoma. Sixth. M. saw inflammatory appearances following cataract extraction which had progressed to the formation of pus in the wound, completely disappear under the *Eserin* treatment combined with cold applications and a compress bandage.

Atropine and *Calabar*. Prof. Horner in Zurich. A. I. *Atropine* is indicated, first, for local narcosis against pain and reflex spasm; second, for mydriasis a, diagnosis b, therapeutic; third, for paralysis of the accommodation with myopia. II. Contra-indicated, a, absolutely in glaucoma and status glaucomatosa, b, relatively (with idiosyncrasy) maximal conjunctival injection and pannus, cyclitis with occlusion of the pupil.

B. *Calabar* (*Eserin*) is indicated, first, for myosis, second, for supplementing the accommodation (with paralysis), third, for decreasing intra-ocular pressure after iridectomy.

A new operation has been produced by L. V. Wecker for draining the eye. (*Zehnders Monats.*)

The instruments necessary for the operation are, first, a curved hollow needle three cm. long; second, a pure gold wire doubled and introduced into the needle until the loop is at its point without being visible, the long ends projecting from the needle should measure about three cm.; third, a needle holder, which must grasp the needle firmly; fourth, a small pair of forceps; fifth, a torsion forceps with broad blades.

After the elevator has been introduced the conjunctival and sub-conjunctival tissue near the corneal border is grasped with the fixation forceps and the cornea rotated upwards, the needle is then passed between the rectus inferior and rectus externus, in the region of the equator of the eye, taking about one cm. of sclerotic and choroid upon the needle.

As soon as the point of the needle has passed through the conjunctiva, the fixation forceps are laid aside, as the eye is now firmly fixed by the needle; the point of the needle is grasped with the fingers or needle holder, then holding the ends of the gold wire on the eye the needle is removed. In this way the double gold wire projects at equal distances out of the puncture and contrapuncture.

The ends of the wire are now crossed, forming a sling close to the scleral bridge, and the assistant grasps the place of crossing with the small forceps.

The four ends of the wire are brought together, included between the blades of the torsion forceps, and twisted to a single string, (the torsion forceps are laid aside) and the string cut off from three to four mm. from the bridge, then carefully bent to form a blunt hook which is pressed down to the side of the sling.

In introducing a drain in the corneal border a shorter, straighter and finer needle, as well as a shorter and finer gold wire is used. Not more than one-half cm. of cornea is included upon the needle.

Dr. Just, in Zittan reports a case of destruction of the eye following the employment of Wecker's operation for drainage. The patient, a woman thirty years of age with a fresh retinal detachment in a myopic eye.

The gold wire stuck to the needle, the assistant's forceps slipped, and the wire was drawn out with the needle, the operation thus remaining incomplete.

The eye being free from irritation the operation was repeated after two days. The ends of the gold wire were laid as close as possible; during the first hours the patient was comfortable; in the evening pain appeared with chemosis, and swelling of the upper lid.

On the next morning after a sleepless night, violent inflammation was present, presenting the picture of a suppurative choroiditis. The gold wire was removed from the œdematous conjunctiva bulbi with difficulty, after which the pain decreased a little. On the third day the inflammation had lost none of its threatening character, and the patient was discharged at her own urgent request.

The author remarks "the repetition of the operation after two days can scarcely be considered as the cause of the inflammation, as a similar accident happened to Cohen, who repeated the operation after the same time without abnormal reaction."

Wecker comments upon this case as follows: "I do not agree with the views of my colleague; just that the second passage of the hollow needle through the eye after two days was without influence upon the entrance of the uncommon inflammatory appearances; and this can not be regarded as speaking against the operation."

Glaucoma and Drainage of the Eye. L. V. Wecker, A. F. O. Glaucoma originates more frequently from hindered excretion of the fluids of the eye, than from increased secretion. The curative action of iridectomy with glaucoma he ascribes to the continued filtration through the scar.

The drain on the corneal border by means of the gold wire decreases the ocular tension in a high degree; and is therefore indicated when iridectomy is difficult, dangerous, and insufficient; in absolute glaucoma, with severe pain; in hemorrhagic glaucoma, and in cases where the increased tension continues after iridectomy.

Glaucoma and Iridectomy. J. Schnabel. Knapp's Archives. Donders considers increased tension as the nature of glaucoma and regards the inflammation as a simple complication. Speaking against this is the entrance of glaucoma inflammatorium on eyes previously sound and free from increased tension. Von Graefe classes an iridochoroiditis with increased tension as well with glaucoma simplex as with glaucoma inflammatorium.

According to him the distinction between the two forms is only quantitative.

The principal symptoms of the acute glaucoma are the turbidities of the transparent media; the most important of which is the superficial tender turbidity of the cornea. This also appears transitory as the origin of the transitory obscurations in the prodromal stage of glaucoma. Other periods of obscurations are dependent on changes (not recognizable) in the perceptive apparatus and are also observed after iridectomy.

The corneal opacities completely disappear after the iridectomy, and are regarded by S. as secretory neuroses. Trigeminal neuralgia can be the first symptom of the glaucomatous disease. "The pains with glaucoma simplex are to be regarded as neuralgias, and the pain with inflammatory glaucoma is not the proof of an inflammatory process, but the expression of an independent nervous disease."

In megalophthalmus with excavation of the papilla the increased tension is due to stretching of the circle of origin of the iris. The regulating of the relations between secretion and absorption belongs to the reign of nerve activity, and the ground for the continued increase of the fluidity of the vitreous with glaucoma, as for the continued decrease of the same with detachment of the retina, and essential phthisis bulbi must be sought in a disturbance of the latter.

S. does not regard the increased tension as a fundamental symptom of the glaucomatous disease. The transitory relief from pain, and the clearing of the cornea after iridectomy are analogous to the cessation of pain after section of a nerve.

The Origin of Glaucoma. A. Weber, A. f. O.

This treatise is divided into an experimental, a pathologico-anatomical, and a pure physiological part. After W. had investigated with negative results, the action of the different materials causing inflammation, also the different nerve irritations which are said to have caused glaucomatous conditions, he is convinced that the nearest origin of glaucoma is to be sought in a pure mechanical force; in the narrowing of filtration passages; principally in the closure and impenetrability of Fontana's space.

He demonstrated this idea by the simple experiment of injecting oil into the anterior chamber of a rabbit's eye, after paracentesis by which means an undoubted glaucoma was generated.

Illustrating the same fact is a case of luxation of the lens into the anterior chamber, observed by W. cured by the extraction of the lens alone without the specific operation.

The essential change of the glaucomatous eyes he examined anatomically, is a displacing, and pressing of the iris forward on the cornea; its origin being the swelling of the ciliary processes, which varied according as acute, chronic, simple or secondary glaucoma preceded. The exact picture of the pathologico anatomical relations showed that in all classes of glaucoma the filtration passages are narrowed and at last closed. The physical character is thus explained and W. aims at furnishing an undoubted interpretation of the clinical characteristics on the ground of the above facts.

The paralysis of the accommodation is explained by the displacement; in this way the excursion of the ciliary muscle is reduced, and the attachment of the iris is pressed out of the normal position forward, and offers a greater resistance to the sphincter.

The smallness of the anterior chamber is the result of the swollen ciliary processes dividing the iris forward.

Too little weight has been laid upon the serpentine course, and expansion of the anterior ciliary arteries, the difficulty with which the blood is driven out of them by the finger, and the rapidity with which it flows back. The marble paleness of the sclera in glaucoma simplex, and the deficient expansion of the anterior ciliary veins, form a striking contrast to the crooked ciliary arteries. Sections of eyes, affected with glaucoma simplex explain this satisfactorily by the fact that the circulus venosus ciliaris is more or less compressed. The anæsthesia of the cornea is due to the increased tension of the coverings, etc. The finest characteristics of typical glaucoma can be explained by the above.

The three principal forms of glaucoma gradually merge into one another. The acute glaucoma only requires the re-

moval of the inflammatory œdema to become chronic. That all inflammatory accompaniments are to be regarded as an œdema is to be inferred from the fact that the typical inflammatory characteristic results, the hemorrhage and formation of pus fail. The prominence of the bulbous also demonstrates that similar processes occur in its surroundings as in the conjunctiva and lid.

He emphatically states that the choroid shows no other changes than the result of pressure and stretching, and must be excluded; and that all striking circulatory disturbances occur in the ciliary body.

Since it is pointed out that the nearest origin of glaucoma is to be sought in the swelling of the ciliary processes, so is this swelling to be explained by pathological general conditions. To these belong affections of the heart which are united with long continued decrease in the arterial pressure, emphysema, plethora, menopause, suppression of habitual hemorrhoidal flow and occupation, and occurrences which give transitory occasion to venous congestions, conditions which have lasted for years, by a gradual increase are at last in condition to liberate the dreaded disease.

W. also contributes observations that trigeminal neuralgia is to be included among the ætiological forces. Glaucoma caused by tumors W. traces back to a swelling of the ciliary processes, likewise hemorrhagic glaucoma. Secondary glaucoma is easily referred to a closure of Fontana's space.

W. explains the curative action of an iridectomy by the re-opening of the narrowed or closed filtration passages.

Argyll Robertson, (R. L. O. H.) recommends trepanation of the sclerotic in single cases of glaucoma with broad adhesions between the iris and capsule of the lens, where iridectomy can not be made and causes degeneration. He removes a small button of sclera at the posterior end of the ciliary body about 3''' from the corneal border, some vitreous is evacuated, and a permanent decrease of tension is obtained by the continued filtration through the scar tissue which is less firm.

Iridotomy. Dr. Sichel, Paris, (*Zehnders Monatsblätter*.) Dr. S. described a new instrument (*Iritom.*) for dividing the iris without loss of aqueous. This is accomplished, first by the shank of the instrument possessing the necessary thickness to completely fill the corneal wound. Second. The instrument is strong enough to grasp a thick and resistant membrane without bending. Third. The blade is very sharp, short, and convex, so that it will cut without traction. Fourth. It must be long enough to execute the movements, and be placed in the positions necessary without loss of aqueous.

It can be used in the three following conditions: First, when the old pupil is free, or drawn towards the periphery; second, when it is occupied by a capsular cataract or membrane; third, when the iris is drawn strongly towards the corneal wound, so that little or nothing of the old pupil is to be seen.

Specific directions are given for making the incisions in individual cases.

The author claims for this instrument an improvement over the sickle shaped knife used in the old operation by V. Graefe, and adds farther that the use of the scissors is objectionable on account of the squeezing or bruising done by them while cutting. L. V. Wecker reviews Dr. Sichel's article to the following effect. He does not believe it necessary to demonstrate that the smooth section, (when it has not to do with *union per primum*) possesses any advantage over instruments which replace the knife, as *Ecraseure galvano-thermo cauter*y, etc. While it is easy to show what disadvantages it can have in relation to hemorrhage.

Weber attributes the success of his scissors to the fact that by their use the injury can be localized upon the iris itself, and on the structures lying directly behind it. The iris can be divided with the scissors without disturbing in any way the sensitive angle of the iris, and here lies the deciding point of the question, whether we shall make the iridotomy with the knife or scissors.

The tearing of the tissues occupying the angle of the iris will be greater with an iridotomy by the knife as the iris or underlying tissues offer to it a greater resistance and then the incision resembles a more torn wound than a simple section. There are cases in which the tearing of the tissues lying in the angle of the iris can be a minimum, and that is when the knife has to cut through very thin, easily separable, and well tensed structures.

In these cases Graefe's operations with Sichel's knife can offer many advantages; in relation to greater simplicity, less danger of loss of vitreous, diseased tension, etc. The presence of a deep anterior chamber also facilitates the use of the knife.

The relations are entirely different if a protracted iridochoroiditis after cataract extraction, or other causes has led to occlusion of the pupil, with the pupillary opening strongly drawn towards the wound; here the anterior chamber is more or less wanting, so a knife-like instrument can not be manipulated in it.

In these cases it is preferable to avoid any disturbance of the tissues occupying the angle of the iris, in order not to re-arouse the inflammatory condition.

The author has here placed opposite to one another the simplest, and most difficult case, between which a great number of transition cases occur.

The exact exploration of the eye (the antecedents of the operation, the inflammatory appearances present, etc.,) has to decide how much traction the angle of the iris will bear for the use of the knife; and what the danger is from the loss of vitreous by using the scissors.

The practical operator will individualize every case, as no single instrument can be made universal for iridotomy.

(TO BE CONTINUED.)

Hygiene of the Eyes, With Report of Examination of Refraction of Public School Children. By F. Park Lewis, M. D., Buffalo, N. Y. Read before the American Homœopathic Ophthalmological and Otological Society, at Put-in Bay, June 19, 1878.

Six months since in response to a request from Dr. Liebold, general through the American Institute of Homœopathy and individual through a written communication, I begun a careful and systemic examination of the refraction of the eyes of the pupils attending the Buffalo public schools. Through the courtesy of the Superintendent of education as well as the various principals, every facility was afforded by which my examinations might be thorough and complete; and to-day I have the pleasure of offering for your consideration the result of my work. In order that it might be made as far as possible representative, I have included children from all grades and classes of society, all ages between the years seven and twenty-two, and various nationalities. Departures from the normal length to the extent of one-tenth of a line (represented) by a plus or minus spherical glass of one-sixtieth have been noted. Differences of the refractive condition of the eyes of the same subject have rendered it necessary to consider each eye individually in the table of results rather than in pairs.

From the tabulated statement which I append, I glean the following pertinent facts in relation to myopia. In one thousand eyes were one hundred and forty-two thus diseased, or fourteen and two-tenths per cent of the whole. These were apportioned as follows:

Between the years seven and ten were seventeen nearsighted, ten to twelve, eleven; twelve to fourteen, fifteen; fourteen to sixteen, thirty-three; sixteen to eighteen, fifty-one; eighteen to twenty-two, fifteen.

Those between the years ten and twelve were eight per cent of the whole number of that age examined, while the amount of nearsightedness had increased from the sixteenth

to the eighteenth year to twenty-three and three-tenths per cent of the class of that age. An increase so marked as to urge an investigation of the probable cause and possible remedy.

Myopia is unquestionably a disease whose ravages are begun during the period of early youth, and having become seated it is almost certain in a greater or less degree to increase. Donders tells us he has never seen a case originate after the twentieth year. Prof. Erismann goes still further and states that in his experience it rarely if ever, began after the fifteenth or sixteenth year, while Loring adds it can not be doubted that these statements are in the main correct and in accordance with the experience of every observant oculist."

The examinations which I have just completed have strengthened my former impression that the disease is undoubtedly far more prevalent and the individual cases of much higher degree than is due either to heredity or constitutional diathesis. It is I am convinced in almost every instance increased and in not a few previously healthy eyes developed by the want on the the part of the laity of a proper understanding of the hygiene of vision. Imperfect illumination with faulty position during study, indistinct printing on paper of inferior quality with excessive use of the eyes for close work during early childhood are all important etiological factors. While the scrofulous or syphilitic diatheses, malnutrition and all conditions prejudicial to the healthy growth and development of the body generally, may be potent agents in increasing the disease, I am assured that care on the part of the child in the time and manner of using the eyes will show in coming generations a marked lessening of myopia, both in amount and degree, and with the exception of certain cases of congenital elongation of the globe, there will be no more necessity of our children growing into manhood and womanhood with short-sighted eyes than disease of the heart, the brain or the lungs.

In my examinations I found, as did Crismann, Cohn, Donders, Derby and most other investigators, a preponderance

of optically perfect eyes. I found moreover the greater number of myopes in children of German parentage. Both of these facts are opposed to the results of the examinations conducted under Dr. Liebolds' direction in New York, and here I think is shown the necessity of having this work carried on more extensively, and the general results determined before we will have sufficiently reliable data to serve as a basis for our inferences. As to the excess of myopia shown by my examinations among the Germans, I have a suggestion to offer: As a rule they are a thrifty people, I find that in our Buffalo schools that the average age of the children to be lowest in the German localities. The children are sent to school earlier and leave earlier than those of other nationalities, so that in many instances they are kept constantly at school from their fifth to their fourteenth or fifteenth year when their school life is often completed. During this time they are kept more constantly in attendance at school than most of the other children, and each day I believe, give more hours to study. Crismann has shown that in the same ratio that the hours for study increase, myopia prevails, and considering the mental peculiarities of the German—slow perhaps, but persevering, here, I believe, in the greater use of the eyes, is an element hitherto unrecognized that enters largely into the causes of the disease. Children should not, I am assured, be allowed to use their eyes for study until their eighth or ninth year. In our schools they are permitted to enter as early as five and in some cases even younger ones are found enrolled. Parents are unwilling to postpone all training of their children so long, and herein lies the excellency of the object method of instruction as used in the Kinder Garten Black-board instructions exemplified with the various appliances used here may well precede for two or three years, the book study, when the child will be better able to bear the strain of more protracted accommodations.

The necessity of more perfect arrangements for lighting our schools has long been recognized by the profession. In our Buffalo schools, excellent as they are in other respects, this want is but poorly supplied. The general assembly and

study rooms are for the most part about forty wide by fifty or sixty feet long and are lighted from either side by four windows. These are not large and the light crossed and weak is trying to even the strongest eyes. The recitation rooms are generally lighted from two adjoining sides and the effect is equally bad. In some of our newer and more costly buildings the arrangement is even worse. A wide hall extends around three sides of the building, in the center of which are the combined study and recitation rooms. These are separated from the halls and from each other by glass partitions and the light diminished and weak enters the apartment from every side. To aggravate the difficulty the children in the front room are faced directly towards the brightest windows. The teachers complain that at best the illumination is poor but on dark days study is nearly impossible. Indeed so severe is the effort needed for study that some of the children have been obliged to leave the school with eyes that have been irreparably damaged from this cause alone. With the lighting of one school only was I pleased. In this, which is one of the newest and best that we have, most of the requirements appear to have been fulfilled. The rooms are all large and the light appears to be sufficient. The arrangement is as follows: A wide hall traverses the building in either side from front to rear, while by another passing through the center of the building these are united. From this latter are the entrances to the rooms for recitation and study. There are no windows on the inner side of the former halls, and in almost every room the light comes from large windows back of the children. The corner rooms alone are lighted from two sides, and in these as in all the others, inner blinds allow a modification of the light. The walls, however are so brilliantly white that the reflection is rather fatiguing. A mild tint of blue, cream or grey would be far more desirable. The amount of light needed for a large schoolroom is seldom obtained. Says Dr. Loring: "It has been reckoned in Germany that for a class room containing twenty persons there should be from four thousand to six thousand square inches of glass; which would

give each scholar from two hundred to three hundred square inches or what would be represented by a pane from fourteen to seventeen inches square."

A more reliable ratio is found in the floor measurement, about one-fourth of which ought to be equal to the square surface of the glass used in the room. This is a large proportion and occupies a great deal of space when placed on one side only as it ought to be. In conversation with a leading architect as to the practicibility of so great an illuminating surface, he tells me that it not only can be done, but that the result would add increased elegance to the building.

Attention has previously been called to the uniformity in seats and desks in departments in which the height of the children varies so greatly. This necessitates in the taller ones that pernicious stooping position during study. It was not an uncommon occurrence in my examinations to find the child bowed so low over the desk, that the eyes were not further than six or seven inches from the page. In writing, the stooping tendency is even worse. In reading young children should not hold the page closer than ten and older ones from twelve to fourteen inches from the eye. Yet even with emmetropes there is a tendency to draw the book so close that the strain on the accomodation can not be other than injurious. I mention these facts merely to suggest the remedy: The desks might be made with sliding joints in the legs, at a very slightly increased expense. The height could be thus accommodated to the child at the beginning of each term with comparatively little trouble. The result would, I am sure be a good one. The covers of the desks too might be supplied with hinges on the side toward the child forming in this way, when necessary a reading stand, and thereby making lounging impossible. But children are almost always careless about such matters and they ought to be closely watched by teachers and parents whose authority must be maintained.

Another point which I would emphasize, is the necessity of having our schoolbooks clearly printed on good paper. This requirement has been met in our city as far as I have

been able to learn, with a single noteworthy exception. The maps in our atlases can not be too severely condemned. The plan of crowding them with the names of unimportant places necessitates at times the use of the finest type. This in the case of the smaller towns and rivers, but more particularly in the capes, straits, seaports and other localities, the names of which project into the dark boundaries representing water, requires the closest scrutiny to distinguish, and in many instances a magnifying glass is needed to bring them out in full relief: scores, I say, of these examples may be found in every map, and when the child is required to pour over this minute lettering day after day, evil results must of necessity follow.

As a remedy I would advise the use of large hanging maps; and if atlases are used let them contain less but have the printed matter larger and more distinct. But it is not alone in the schools that the mischief is accomplished. In the evening at home, with perhaps a poor light or off in a dark corner, or even worse, directly facing the unshaded lamp, the child puzzles over the morrow's lessons, figures on a greasy slate, writes with pale ink or a hard pencil, and his tasks being finished turns as a recreation to the pages of a badly printed novel or more dull typed magazine, and finally with reddened, tired eyes goes to a sleep that but half restores them. Can such a course, and it is pursued by hundreds of our brightest scholars, fail to injure the strongest eyes?

And now, gentlemen, I am sure that the facts elicited not alone by my examinations, but by all who have investigated this subject, will be sufficient apology for my earnestness. My endeavor has not been in this paper to advance new truths but to urge on the profession, the necessity of acquainting the laity with old ones. When they have learned the susceptibility of the youthful eye to disease, when they are shown that a myopia once acquired can never be cured, and that in high degrees it may lead to total blindness, and when they know that prophylaxis lies chiefly in care, then we may find in the people strong auxiliaries in lessening the

myopia of the future, and unless this knowledge is made general with our increased educational advantages, this disease will grow more and more common until eventually myopia may become the predominating refractive condition of the eye.

In the following tabulated statement, the word "others" in relation to nationality generally means English, Scotch, Canadians, Swedes. In relation to the condition of the eye, it includes all those cases not improved with spherical glasses, viz: Lucomæ and nebulæ of the cornea; staphyloma of cornea and iris; opacity of lens; atrophy of choroid; amblyopia, and a few cases of hypermetropic astigmatism.

TABULATED STATEMENT OF REFRACTIVE CONDITION OF ONE THOUSAND EYES.

YEARS.	E.	H.	M.	TOTAL.
7 to 10	67	38	17	122
10 to 12	76	37	11	124
12 to 14	99	74	15	188
14 to 16	120	77	33	230
16 to 18	124	45	51	220
18 to 22	41	34	15	90
7 to 22	527	305	142	974
Others not helped with spher. Glasses,				26
				1.000

YEARS.	E.	H.	M.
7 to 10	53.17 per cent.	30.15 per cent.	13.59 per cent.
10 to 12	59.38 "	28.90 "	8.59 "
12 to 14	51.56 "	38.54 "	7.81 "
14 to 16	51.72 "	33.18 "	14.22 "
16 to 18	54.38 "	19.73 "	22.86 "
18 to 22	43.61 "	35.16 "	15.95 "

	E.	H.	M.	OTHERS.	TOTAL.
Irish,	147	112	23	6	288
German,	117	88	57	10	272
American,	208	66	44	4	322
Others,	55	39	18	6	118
Total,	527	305	142	26	1,000

	E.	H.	M.
Irish,	51.04 per cent.	38.88 per cent.	7.89 per cent.
German,	43.01 “	32.35 “	20.49 “
American,	64.59 “	20.49 “	13.66 “
Others,	46.61 “	33.98 “	15.25 “

MYOPIA.		HYPERMETROPIA.	
DEGREE.	NO. OF EYES.	DEGREE.	NO. OF EYES.
1-60	43	1-60	30
1-50	36	1-50	87
1-40	4	1-40	49
1-36	15	1-36	33
1-30	4	1-30	60
1-24	5	1-24	14
1-20	11	1-20	8
1-18	3	1-18	5
1-16	3	1-16	2
1-14	1	1-14	8
1-12	3		
1-10	2		
1-9	1		
1-8	3		
1-7	6		
		Total, 305	
To al,	142		

Miscellaneous.

M. Claude Bernard. (See Portrait.)

M. Claude Bernard, whose portrait embellishes the present number of the *ADVANCE*, ranked among the foremost of modern physiologists. He was born at St. Julien, July 12th, 1813, completed his medical studies in Paris, and was graduated in 1843. In 1855 he was elected a member of the Academy of Aug-5

Sciences, and in 1856 appointed Prof. of Experimental Physiology, succeeding Magendie. He was made a member of the Academy of Medicine in 1861; Grand Officer of the Legion of Honor in 1862, and Commander in 1867. Distinguished as were the positions he held, and the honors thus conferred upon him, he nevertheless achieved his greatest honors in the field of experimental physiology. His researches in relation to the functions of the pancreas; the functions of the great sympathetics or pathological changes in the fluids of the body; the physiology of nutrition and particularly in regard to the glycogenic function gave him a world wide reputation. He has shown that glycogen is produced in the eggs of birds during incubation, and also in the placenta of mammals, and concludes that the formation of sugar during the development and life of all creatures, is a physiological necessity. He contends that "a fundamental conception denominates general physiology—that of the unity of nutrition in all living beings." In thus making nutritive changes the basis of all physiological activity, and the common ground in which all vital phenomena take root, we have a key to unlock many of the mysteries of existence, and the only possible basis for a kinship of all living forms, and warrant for a sound philosophy of existence.

Imperfectly as such a knowledge is understood, and irrational as are many of its applications, it is nevertheless steadily gaining ground. We have here nature's plan of unfolding the manifold forms and qualities of life. A unity of plan and a similarity of process with endless variations of detail are everywhere manifest, though as to the precise relation of individual forms or groupes we may forever remain ignorant. Probably no man for the past half century has contributed more toward the elucidation of these complex problems than Claude Bernard.

His death occurred in Paris, February, 1878.

Liberalism. By Constantine Lippe, M. D., New York.

Liberalism is defined as "liberal principles or feelings." A better definition might be "a cant word coined for the convenience of such as are not guided by principles." Principles are established facts, and are either right or wrong and consequently there can not be any liberality of sentiment as far as they are concerned. Natural laws are fixed facts and in their operations are certain according to the conditions under which they operate. Science knows no liberalism. The principles, facts and truths are permanent and unalterable. I mean science such as is understood in the strict acceptation of the term, not the charlatanism which goes by that name. It takes many years and often ages to establish a natural law and ascertain the principles and workings of a law, but when true science learns and develops this law, then we always find it the same, provided we use the same conditions under which the law operates. To illustrate we call attention to one expression which is being freely quoted as an example of liberalism:

Hippocrates taught that some diseases were cured by remedies which operated under the law of the similars, and other diseases were cured by what were called contrary remedies. Here are two contrary natural laws brought into direct opposition. How can we reconcile this as a scientific deduction?

The fact is that Hippocrates recognized the working of a law but was not able to recognize all the facts of the law, and it was not until the time of Hahnemann that the full extent of the law of nature was discovered and the many seeming incongruities were recognized and easily brought under the operations of that law. As the geometrical axiom, that between two points there can be drawn but one straight line, admits of no liberality of interpretation, so likewise natural laws admit of but one construction, either being applicable to the conditions present or not. The chemist knows that one part of hydrogen united to eight parts of oxygen, by weight,

always makes what is called water, and the law consists in the proportion in the gases, and in this proportion and under this law, will always make the substance called water, and nothing else, but one atom of either substance added or subtracted, a little liberalism used in the experiment, and you do not obtain water but something entirely different. The scientific liberal is justified in ignoring the law that hydrogen and oxygen producing by their union, water, if the conditions of the proportion between the two gases is not maintained. The law is that one atom of one united to eight of the other and water must be the result of the experiment.

An example of liberalism may be pertinent.

In the times of Galileo, the earth was supposed to be the centre of the visible universe, not supposed but imagined, and was so taught by all the scientific men of that time and was an article of faith, for was it not proved by Biblical authority? Galileo discovered the fact the earth rotated on its axis and also moved in its own peculiar plane; this law we find by observation, we know it is a scientific fact. A liberal Galileist would say that sometimes it moved and sometimes it did not.

Can there be any liberalism in the interpretation of a law of cure, if there be one?

If there be such a law it must be certain in its action, that when the conditions are present the results must be the same in every case. It can not be correct at one time and false at another, for then the firm law can not be applied, for the period of experimentation has not yet been passed.

Have we as homœopaths found a law of cure? I do not mean a theory, but a law.

Such as have performed the experiment according to the formulæ laid down have found that there is a law of cure which can be demonstrated with mathematical certainty

The axiom of the law is "That substances administered to persons in a state of health produce certain abnormal aberrations of a peculiar kind, and in a state called disease will remove similar conditions wherever and whenever found. This is the law and the only law whereby substances can be

administered for the purpose of restoring health to the sick. The experiment alone is necessary to develop the fact that this is a natural law. But the experiment must be performed in exactly the same manner as the discoverer pursued when the light came upon him that for the first time the workings of that long unknown law had been understood. The *modus operandi* of this experiment can be ascertained by reading attentively a book called "The Organon of Homœopathic Medicine," by Samuel Hahnemann, M. D. If we do not make the experiment in precisely the same manner as the discoverer, of course we will never reach the same results, exactly as in chemical experiments, if we add one atom to, or subtract one atom from the elements of the substance used we do not reach the same result, as we would if we were exact in the experiment. Fixed, definite, invariable results are obtained when the investigator uses the formula of the experiment, no deviation from the strict laws will give the same results.

Natural laws are arbitrary in their action and must be so necessarily, or what chart would arise from the infusion of liberalism. Laws of nature act when the conditions are such as is necessary for the operation of the law. For the certainty of the application of the homœopathic law in the cure of the sick there is only required the application of the well proved law by the adaptability of the substance to be used to the conditions of the individual, in other words to cure a sick person we must give a substance which will produce a similar condition in a person in health.

Corollaries derived from this proposition are first the necessity of the administration of but one single substance at a time, for until we ascertain the powers of substances mixed or administered in alternation, we violate one of the conditions of the law, since the provings of substances have as yet been only made singly, and secondly only enough of the substance should be given to the sick to restore health. Experience alone of each individual and experiment will determine the quantity. A strict adherence to the law and the scientific application of it will not nor can ever fail in the cure of any

curable case. The want of success lies not in any failure on the part of the law, but a want of knowledge on our part, a deficiency on our part in understanding the power of such substances which are applicable to a given case. Our success is always certain when we become intimate with the sick making and sick curing natures of substances. When we thoroughly understand that we have a law of Nature which we apply to suffering humanity, we will strictly adhere to that law, knowing that in the adherence to that law lies the only hope of safety. First having proved the law, we must accept the truth and knowing it, we can not but follow it to the best of our ability, never swerving from the line of truth or worshipping false gods which the liberal in medicine would have us fall down and worship. In a matter of fact we must be determined and allow no deviation from principles which we know are true, we know because we have made the experiment and the results were the same as the original discoverer.

If others here have not arrived at the same results it is because the experiment has not been properly performed, and if such as are honest, and seek the truth for truth's sake will follow Hahnemann in his experiment, they will arrive at the same results and conclusions as Hahnemann did for the simple reason, that the law is operative when the conditions are correct.

The Clinical Use of the Sphygmograph. By Alfred L. Carroll, M. D.

The importance of instrumental aids in physical diagnosis consists in their giving us a registrable measurement of the degree of departure from a known standard of healthy action. Without them the information gained by the best ed-

ucated senses is to a great extent guess work. We can easily by touch alone, ascertain that a patient has a "high fever," or is "a little feverish," but the thermometer only can tell us the amount and portent of the pyrexia. So with regard to signs derived from the circulatory apparatus, the practised finger can detect the marked peculiarities of a pulse that is "hard," or "soft," or "quick," or "wiry," or "irregular;" but as to the quantitative estimation of these and other deviations it teaches little. Here the sphygmograph comes to our assistance, giving its visible delineation of the phenomena which we partly know, and showing us others which we could not discover in its absence; just as the thermometer indicates minor alterations of temperature inappreciable by the unaided senses.

To find the true clinical place of the sphygmograph, we must guard against an over-estimate of its pretensions, bearing in mind that, like other instruments of medical inquiry, it is but an aid, not an all sufficient means of diagnosis; that it records rather the extent than the precise nature of a morbid process. But with this limitation, its tracings taken in connection with other sources of information, will often prove of the highest value, and sometimes afford the earliest indications of disease which we should otherwise have overlooked.

It is, of course, first necessary to know the character and significance of the typical pulse tracing of health, and the modifications of this under physical physiological conditions. The curves of the tracing, it must be remembered, represent simply the perpendicular rise and fall of the wall of the artery to which the instrument is applied, as it is distended by the waves of the blood current. These curves, therefore, teach us directly of the tension and elasticity of the artery, and indirectly of the force with which the blood is propelled into it. A disturbing agency may be central, as in the case of cardiac lesions; or distal, as when the arterioles are contracted; or intermediate as an aneurism.

The sphygmograph may be applied to any artery which comes near enough to the surface for its pulsations to be felt, and in some instances, where it is desired to locate a thoracic or abdominal aneurism, we may try different situations;

but, for ordinary purposes, the most convenient place is the familiar fossa between the styloid process of the radius and the tendon of the flexor carpi radialis, where a little practice will enable us to procure the fullest possible development of the curves in any given case. Since Marey's original mechanism, and its modifications by Sanderson and Anstie, several different forms of sphygmograph have been devised, among which Mahomed's in England, and Holden's in America, are well known. Besides these, there have been some others which I have had no opportunity of testing, all, however, with the exception, I believe, of one inchoate invention a few years ago, depending for their graphic power upon a spring pad pressing on the artery. By far the most sensitive and satisfactory instrument which I have seen is one constructed by Dr. E. A. Pond, of Rutland, Vt., a cut of which is herewith given, in which the arterial waves are transmitted through a film of india rubber to a column of water bearing a float, the rise and fall of which move a lightly balanced lever terminating in a flail jointed needle, whose point resting on a smoked slip of mica, records the pulse tracing. By this means resistance and friction are reduced to a minimum.



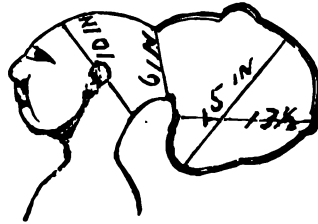
A Case of Hernia Cerebri. By E. A. Guilbert, M. D., Dubuque, Iowa.

In the annual of this Association for 1871, in my report as chairman of the Bureau of Obstetrics, etc., I mentioned a case of Hernia Cerebri which had occurred in my practice the winter previous, and promised to report it at a future time, as a contribution to the history of monstrosities. Until recently I have been unable to procure a wood cut to illustrate my article, and so have deferred the report. Mr. C. E. Marble, the foreman of the *Herald* printing house, in this city having kindly come to my aid, I submit a report of the case, accompanied by a very accurate wood cut, the which the genius aforesaid has made from a drawing of my own taken just before the autopsy.

CASE. Mrs. A., at ten a. m. on the 20th of January, 1871, gave birth to this parodical neonatus, after a labor of twelve hours' duration. The procession of phenomena was orderly in every respect, but the appearances during the occasional examination inquiries were very puzzling, and it was not until the last that a monstrosity was suspected. When born, the head of the child appeared as depicted in the cut. The child otherwise was well developed. It survived until March 17th, on which day the autopsy was made. It never exhibited any signs of intelligence, but lived a mere feeble organic life. It slept but little, and while awake moaned almost constantly. All the functions of organic life were performed. Gradually it wasted away, and died as I have said, March 17.

AUTOPSY. Six hours after death. The anterior fontanelle was wanting (from birth); the sutures closed, and the cranial bones all very much thicker than normal. The posterior fontanelle was an inch in diameter. The Hernia was covered with a veritable scalp, which sustained quite a growth of hair. The skull was well shaped, except that there was no forehead, the frontal bone running directly back from the superciliary ridge. In the skull were found but rudi-

ments of brain tissue which were connected with a few ounces of like substance in the sac. The medulla oblongata, the quadrigeminal bodies, and the medulla spinalis appeared to be perfect. The sac contained besides the few ounces of brain tissue *eighteen* fluid ounces of bloody serum. The integuments of the sac were lined with dura mater. I append the cut:



Elevating Homœopathy.

EDITOR MEDICAL ADVANCE:—I am informed that at the ——— College, the students were instructed last winter to give *Ergot* in teaspoonful doses in labor and for constipation during pregnancy, *Sulphur* and *Molasses au* a teaspoonful at night. Great heavens! What kind of Homœopathy is this? and how long must we be degraded by such empiricism and have it taught too in the halls of a so-called first class homœopathic college? Such teachings, if he knew it would make Hahnemann shudder in his grave. The professor who will give such instruction should go West and take up his abode among the untutored Indians. Let him preach his non-homœopathic doctrines to the hoodlum Chinese. Let him not be allowed to infuse such stuff into the minds of young men and call it Homœopathy. Would it not be better for the stu-

dent to be taught to individualize his cases, to recognize the characteristic symptoms of drugs and select his appropriate similitum in each case? It will not be long before all our best colleges will have chairs for the teaching of characteristic symptoms. In this way our students will learn how to prescribe something better than *Ergot*, *Sulphur* and *Molasses*, etc., etc. I have prescribed on pathological conditions, on general principles, and almost every other plan, but now for the past ten years I have followed the characteristic symptom method closely and my success has been unparalleled. Speaking from experience as I do I am fully assured that the day is not far distant when characteristic symptoms as a guide, and high potencies as a means will banish from our profession mongrelism and shot gun practice and give us a higher standing in the scientific and medical world. Pardon me for trespassing on your space, but my contempt for such teachings as I have mentioned would not allow me to say less.—J. B. O.

The Pain of a New Idea.

It is singular how tenaciously the human mind adheres to old ideas and methods of thoughts, and how it suffers when, forced from the olden formulas, it has to appropriate new ideas. "The pain of a new idea" is a real thing, and a very unpleasant one to some persons. It is so comfortable to think but little, and that little according to the traditions of the past. It is so comfortable to nurse old prejudices, and if in years gone by something new was learned, to still regard it as the ultimate of human knowledge.

With free discussion comes the knowledge of old errors, and, however painful, we are forced to discard them. With free discussion come new ideas, and though they may be

painful to a man who wishes rest, and hopes for a present "millennium." he is forced to absorb them. Cut off discussion, and we must stand still, believe in authority, and consign all restless persons to perdition.

Give us free discussion, and the science of medicine must advance; and if we are ever to have a rational practice, it will come in this way. With free discussion errors are removed as with free discussion investigation is stimulated, new ideas suggested, and both the old and the new thoroughly proven. Though free discussion may be a thing of unrest, it is the hope of humanity

Corrosive Sublimate Formed in a Mixture of Calomel and Sugar.

When *Calomel* comes in contact with powdered white sugar or calcined magnesia a certain amount of corrosive sublimate is formed in twenty four-hours. Dr. Polk has observed all the phenomena of *Corrosive sublimate* poisoning produced by the administration of a mixture of *Calomel* and *Sugar* which had been prepared for a month. The examination of a portion of this mixture proved the presence of a notable quantity of *Bichloride of mercury*. In the *Journal of Pharmacy and Chemistry of Turin*, November, 1875, the same fact was noticed. In this case the poisoning was caused by pastils containing *Calomel*. The pastils were made with sugar, which acted as an organic matter on the *calomel*, and transformed it into *Bichloride of mercury*. The proportion of the sublimate increases with the period passed since the preparation of the pastils.—*Louisville Medical Times*.

An Allopathic Idea of Homœopathy.

If any one is disposed to smile at the auguries which ancient soothsayers were wont to derive from the entrails of birds; if he feels any contempt for the alchymists of later times; or if his soul rouses within him at the remembrance of the belief our more immediate ancestors held in witchcraft, and their cruel punishment for its practice; if in short, he thinks the human mind is not prey to silliness just as abject as in any age before, let him scan the pages of the homœopaths. We know it is a wellworn theme, this absurdity of their creed, that no rational man of medicine needs to have it pointed out to him to-day; but we doubt if one in a hundred has any conception of the length and depth and breadth (if such terms can indeed be applied to such a subject) of these absurdities. Either natural laws are all nonsense, or they are idiots who interpret them, if Homœopathy be true. Either those who profess rational medicine are imbeciles, or they who follow what is said to be the outcome of Hahnemann's doctrines are lunatics, or worse. We read occasionally a number of homœopathic journals, and scarcely believe our eyes at what we see. If this literature was intended for the general public, we could understand that it was simply a scheme to gain patients; but written as it is, seemingly in all seriousness for the benefit of the profession in homœopathy, its meaning, we confess, is beyond us. It is a Chinese riddle-book—every thing goes backward in it. There is not a preconceived notion that one could have on any subject as regards medicine—whether in its theory, practice, or the conduct of its followers—that is not controverted. We do not refer to infinitesimals and the law of similars particularly. They have been sufficiently discussed, and one could easily take these in when compared to other marvels which accompany the theory and practice of the singular fraternity. Why, do you know that diphtheria with these fellows is nothing worse than a bad cold, scarlet fever the merest bagatelle, and cancer a tolerably good sized boil?—*Louisville Med. News.*

Book Notices.

The Law of Population. Its Consequences and its bearing upon Human Conduct and Morals. By Anna Besant.

From the twenty-fifth thousand English edition. Asa K. Butts, New York, pp. 47. Price fifty cents. This book is dedicated "to the poor" with the hope that it may help them to escape poverty, and that it may make easier the life of British mothers. But judging from popular reports it is a book with more wickedness to the square inch than is possessed by the worst of literary productions. Here is a discrepancy worth noticing. Any one, however interested in the matter can settle it by purchasing and reading the book. It is based on the doctrines of Malthus, and shows both the evils of over production of population and the best methods of treating it. As we have elsewhere remarked this is a question the medical profession must sooner or later take a hand in settling. Here in America we may not soon be made to face the matter as is the case in European and Asiatic countries, for we may yet extend and multiply our population almost indefinitely, but the fact remains that we will in time reach the full limit of possibilities in the increase of our population. There must come war or famine or pestilence inevitably as any fact in nature unless we interpose some legitimate check to the increase of human beings. But even now small families to many poor people becomes a necessity, or else there may be starvation and beggary. Let us read and discuss this question before we decide it.

Transactions of the Hahnemann Medical Association, of Iowa, Ninth Annual Session at Davenport, Iowa, May 22d and 23d, 1878.

We are indebted to Dr. E. A. Guilbert, the Secretary for this most excellent report of an excellent meeting. We have here fresh proof of the downfall of Homœopathy. Its descent is like the dew or the gentle rain, and the more it comes the more it enlivens and refreshes us. Thanks to the liberality and enterprise of the Iowa doctors and the able pen of the Secretary for a pamphlet that is worthy of reading and careful preservation. For copies, address Dr. E. A. Guilbert, Dubuque, Iowa.

Editor's Table.

DIED—REV. DR. JOHN DOWLING of New York, aet. seventy-one, father of Prof. Dowling of the N. Y. Homœopathic College.

MARRIED—The Lancet and Observer and the Clinic both old school journals of this city. Result a sprightly weekly which by virtue of energy and capital deserves success.

MARRIED—Dr. M. T. Runnels and Miss Emily L. Johnston, of Indianapolis. Our congratulations are given to the happy pair.

THE Homœopathic Medical Society of the State of New York will hold its next semi-annual meeting at Middletown September 17th and 18th.

DR. J. B. HUNT has removed from Delaware to Springfield, and formed a partnership with Dr. E. V. Van Norman.

DRS. W. J. CALVERT and Chas. Gatchell have opened a sanitarium at the Mineral Springs, Ann Arbor, Mich., for the treatment of medical and surgical diseases. They eminently deserve patronage.

THE New York Ophthalmic Hospital report for the month ending July, 1878 number of prescriptions 3,291, number of new patients 372, number of patients resident in the hospital 45, average daily attendance 132, largest daily attendance 178. J. H. BUFFUM, M. D., Resident Surgeon.

DR. E. H. WAY, of Jefferson, O., is off for Europe to look up medical matters. He will spend a year in the London hospitals.

DR. H. R. ARNDT has removed to Grand Rapids, Mich.

DR. G. W. SHERBINE has located at Waynesburg, Pa.

ESSENCES OF MEATS.—The London Manufacturing Co., 77 Varick St., New York, are making the finest articles of concentrated meat we have ever seen. In fact nothing could be nicer. Physicians should remember this, for these preparations are as palatable and nutritious as can be desired. (See their advertisement).

DR. J. G. Gilchrist has resigned his position in Michigan University. The regents unanimously passed the following :

Resolved, That in accepting the withdrawal of Dr. J. G. Gilchrist from the lectureship of homœopathic surgery, we desire to express our appreciation of his faithful services and gentlemanly conduct and that we part with him with sincere wishes for his future success. Dr. G. will remove to Detroit, and office at 260 Congress street.

PROF. E. C. FRANKLIN, M. D., the distinguished surgeon at St. Louis, has accepted the chair of homœopathic surgery in Michigan University, and has also been made dean of the homœopathic faculty.

BOSTON UNIVERSITY SCHOOL OF MEDICINE, on pp. three and four annual announcement, you will see how comprehensive the University is, and though now it is self supporting it has a large fund soon to be available. The faculty of the medical school is thoroughly organized though large, is entirely harmonious. Out of twenty-eight members fifteen have been thoroughly educated abroad as well as at home. On pp. seven and eight you will see how faithfully this school has carried out the wishes of the profession as expressed by the American Institute and other bodies, as well as by our journals. Further than this we have gone, and have made our full eight months annual attendance on lectures requisite for three years, and have offered a four years optional course. I. T. TALBOT, M. D., Dean.

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

VOLUME VI. CINCINNATI, O., SEPTEMBER, 1878. NUMBER 5.

All business communications, relating to the *MEDICAL ADVANCE*, should be addressed to DR. T. P. WILSON, 130 Broadway, Cincinnati, O. Terms \$2.00 a year.

FACT vs. THEORY.—In our reading to-day, we chance upon the following truthful and well expressed statement: "A theoretic objection must be set aside by the favorable result of experience." (*Dr. Prince, Galvano Therapeutics.*) How much more readily people would arrive at the truth if they were constantly guided by this principle. Against every newly discovered truth, there are always to be had well founded theoretical objections. This fact has kept thousands of intelligent persons from accepting the truth of Homœopathy—the more so as they have been schooled, and are experienced in other modes of thought and practice. They have of course many theoretic objections, and how can they give them up? And the same state of mind, is keeping multitudes of homœopathic practitioners from believing in the efficacy of high dilutions. Both, those who reject Homœopathy, and those who scoff at high dilutions, would entirely and immediately change their views, if they did not unfortunately, hold to the supremacy of theoretic objections, over simple facts. There are hundreds of thinking minds, who would gladly accept Homœopathy, and high dilutions, if they thought they could. They are daily arguing the question with themselves, and hoping by logic and analogy, and theoretic reasoning, to place themselves, where these things will come to them naturally. But it can not be done. We appeal to facts. There they stand and accumulate, while we are viewing

them. They need no philosophy to make their existence assured. You may construct a philosophy out of them if you wish, but they will not down at the bidding of any man's logic. "The result of experience" is in the highest degree "favorable" hence no theoretic objection to them, is of the slightest moment.

WHAT A PHYSIO-MEDICALIST THINKS.—Cincinnati, O., July 24th, 1878.—T. P. WILSON, M. D.—Dear Doctor:—It always grieves me to see a good honest, conscientious man entertaining and acting upon an error, especially when that faith and practice produce such evil consequences as they do in medicine. The great error of Homœopathy (and of every other method based on pathology) consists in regarding vital signs of disease, fever, inflammation and neuralgia, or insanity, as the disease to be cured, and in attributing to external causes, effects produced only by the vital force. Thus HAHNEMANN says, "The totality of the symptoms constitutes the disease." This leads to the error in practice of using, to cure disease, any thing and every thing which is *supposed* to annihilate or mitigate those symptoms, whether, as Prof. BARTHOLOW says, their action is or is not "explained on any known physiological law." This is "the empirical method of STILLE," and of HAHNEMANN, and the *false principle*, deprives them *all* of the power to learn whether the cure of the disease, or the death of the patient is "*post hoc* or *propter hoc*." It also deprives them of the power to determine the difference between pathogenetic agents and those that are curative. Hence we see homœopathists recommending for the same symptoms the most deadly with the most curative agents, as *Nux* and *Caps.*, *Merc.* and *Ham.* or *Myrrh.* Now suppose a cure follows the use of a deadly poison in A.'s case, as *Nux.* or *Beil.*, *Ars.* or *Merc.*, and in B.'s case it follows the use of *Lobelia*, *Boneet* or *Catnip*, can it be said that the cure is *similibus*? by similar agents? Must you not attribute the genuine cure in both cases to the action of the vital force, provoked in the first instance by enemies and aided in the second by friends, to the performance of good works? (See "The Pathological Effects of Drugs," "hay fever," and "throat." July ADVANCE, page 135.) How unlike are the articles, *Ars.*, *Bell.*, *Bry.*, *Baryta*, *Cham.*, *Euph.*, *Gels.*, *Hepar.*, *Iod.*, *Kali*, *Lycop.*, *Merc.*, *Nux.*, *Puls.*, *Sang. can.* How can such a mass of heterogeneous articles produce the same effects upon the mucous membrane of the throat? (which is the same in all its parts) and are they either all curative or all pathogenetic? "Pathological?" What can a man who calls the qualities or properties of *Chamomilla*, *Capsicum*, *Hamamelis* pathological, know about the properties of *any* medicine? By what sort of trials did he find pathological tendencies in all the articles on pages 135 to 139?—Fraternally yours, A. CURTIS, M. D.

NOTE.—Prof. CURTIS, by his great age, long experience, and high standing, in his school of medicine, is entitled to a respectful hearing, and we would candidly consider what he has said, if to our mind, it did not entirely lack force. He measures us, by himself; he tries to put our practice into his theories, and he fails to connect. HAHNEMANN's definition of disease, is as good as anybody's. Dr. CURTIS can not give us a better one. All definitions of it are open to criticism. If Dr. CURTIS does not recognize that his patients are sick by

the symptoms they have, he must have some odd method of getting at it. To say that those symptoms are sanative, rather than morbid, is a matter of opinion, and doesn't alter the fact, that those patients get well, when the symptoms cease. Even the venerable and benevolent looking face of Dr. CURTIS, is wreathed in smiles, when upon his return visit, he finds those "sanative" symptoms, are all gone from his patient. Now without a useless splitting of definitions of terms, the matter of medical practice comes down to this. How can our patients be best restored to a condition of health? Dr. CURTIS and his confreres assume altogether too much, when they claim to use only harmless medicines, and, that even our attenuated preparations of the so-called poisons are still but toxicological agents, capable of mischief only. Facts and our common sense, do not bear out either of these assumptions. The Physio-Meds are not the harmless creatures, they set themselves up to be. But stop, we are trying to defend our own. Why does he call the above list of drugs "a mass of heterogeneous articles"? The Doctor is not discriminative—he has not analyzed their actions, or he would find they have some things, and probably many things in common. Would he as a scientist in botany, or zoology, reject an attempted classification, certain animals or plants, because to all outward appearances they seemed unlike the leading type of the class, to which they were assigned? There is no classification attempted of drugs, at all comparable to those classifications made by our homœopathic materia medicists. No other observer could properly classify them, for it has to be done through their pathogeneses. We are not, however, trying to satisfy Dr. CURTIS, or men of his class. They think they understand Homœopathy, and hence reject it. If we understood it, as they do, we would also reject it. As it is, we know its worth, and adhere to its teaching.

YELLOW FEVER. The Great Epidemic of 1878. The Origin, Character and Treatment of the Disease. By T. P. Wilson. M. D., Prof. of Theory and Practice, Pulte Medical College.

As we sit down to write, this disease, in its devastating march, is sweeping on from the Indies up through the mouth

of the Mississippi toward its confluence with the Ohio. New Orleans, Grenada and Memphis are smitten with death and terror, and toward all parts of the North, the affrighted inhabitants of these cities are fleeing for their lives. And such is the magnitude, malignancy and threatening power of the disease, that we are now called upon to give it the most careful study. In our more northern latitude we have thought it hardly worth while to acquaint ourselves with its character, especially since for many years past it has confined itself to a few places in the far South. But to-day it is the talk of the nation, and unless its feet be stayed, it will soon be the wonder of the world.

Yellow fever is classed by modern nosologists among acute infectious diseases. The name comes from a marked but unimportant symptom; and, as Flint remarks, "has the merit of not involving any hypothesis concerning the cause of the disease," and he might have added that it also ignores the pathology as well. The name indicates the fact that there is present fever and a yellow skin. But these are not pathognomonic, and without further investigation, we would be left to conjecture what was really the nature of the affection.

The object of this paper is to present in brief the salient features of this disease. Of its origin we know nothing. It has from time immemorial prevailed in the West Indies. It seem indigenous there, and only on rare occasions, like the present, has it burst its wonted bounds and gone abroad to devastate distant lands. Its occurrence is dependent upon meteorological conditions, such as long continued and severe heat with moisture. South and West winds promote its spread and contrary winds check it.

Yellow fever is emphatically a disease of maritime towns. Seamen's quarters are its hot-bed. The essential germ which causes it is said to be developed only on ships or out of their refuse. It has been called the "white man's curse" because it was supposed that it seldom or never attacked a person of pure African blood. But the present epidemic has rendered this extremely doubtful, for it has broken out with great vir-

ulence among the blacks, incited thereto, however, perhaps by the admixture of white blood in their veins. Acclimation and an attack of the disease are pretty sure preventives. A plausible theory of the essential cause makes it to be an unknown or undiscovered organism. They are not, however, reproduced in the organism; they do not multiply in it, nor migrate from it to other men. Yellow fever, in this sense, then, is not a contagious disease, but its seeds long retain their poisonous nature. They are, under certain circumstances, quite indestructible, and when placed in suitable conditions are capable of kindling an epidemic, even far away from the place of origin.

There is no relation between yellow fever and malarial diseases. Exposure to the poison by susceptible persons is followed by a period of incubation from two to six days. There is little to characterize the disease for two or three days. When it occurs sporadically it may at first be mistaken for other diseases.

The attack at first is generally sudden. A severe chill followed by heat, with head ache, bone pains, backache, flushed face, injected eyes and great restlessness are common symptoms. The tongue is coated yellow with red edges; the mucous membranes of mouth and throat are reddened and perceptibly puffed up; the stomach soon becomes markedly sensitive and painful, and vomiting becomes persistent, especially after taking food or drink; the bowels remain constipated. A generally fatal sign is hemorrhage from the stomach (black vomit) or from the nose. Also a marked cadaveric smell renders the prognosis unfavorable.

A point of great interest in this disease is the range of temperature. The thermometer shows a rapid and extensive rise for three or four days, with great severity of all the symptoms. From one hundred and four to one hundred and ten degrees and even higher have been the points reached.

We reach now the second stage of the disease. On the fourth day remission of all the symptoms comes suddenly on. The patient, to all human appearance, seems about to recover. But the appearance is deceptive. In a few hours the third

and last stage commences with a rise of temperature and exacerbation of all the symptoms. It is then made manifest how thoroughly septic the blood has become. Rapid and dangerous hemorrhage with delirium and coma with failure of the vital powers, and finally death to end the scene.

We have failed to notice as an important symptom the suppression of urine and that with its complete suppression comes immediately fatal results.

Post mortem appearances are by no means uniform. The stomach, bowels, liver and kidneys undergo the most marked changes. But none of these has peculiar lesions. One important and interesting fact is the fatty degeneration which the tissues almost everywhere undergo.

We pass now to the consideration of the treatment of yellow fever. The inadequacy of allopathic medication is emphatically confessed by the latest and best writers of that boasting school. The standard remedies, such as *Quinine*, *Opium* and *Calomel*, are by Flint counted of more than doubtful value; they have proven to be highly injurious and fatal in their results. The former practice of using purgatives and blood letting are looked upon by intelligent allopathists even with horror. Haenisch, in Ziemssen's *Cyclopedia of Medicine*, points out no rational or specific course of treatment. There is nothing left for the allopathic school but expectant or do-nothing treatment.

Homœopathy offers us much that is better, both theoretically and practically. Similia gives us many potent and adequate remedies. By a curious transposition of ideas, one recent allopathic writer indulges in the following: "But until we have found this specific remedy (for yellow fever) we are thrown back upon a symptomatic treatment." This may be said to be a medical conception in a mirage. It simply inverts the actual facts. Why instead of seeking that will-o'-the-wisp, a specific medicine, we should seek for the cause. We want no better guide than symptomatic indications. The same author innocently adds: "This must not, however, be carried out on any fixed plan but must fully recognize the individual peculiarities of each case." Now, if we didn't

know this writer to be an allopath, we would think him an intelligent disciple of Hahnemann. He talks remarkable sense for one of his school, barring the fact that he does not seem to see that you could not carry your symptomatic treatment too far if you wish to maintain your recognition of the "individual peculiarities of each case."

This then is just what we want—what we must have in order to treat a case homœopathically. We recognize the peculiarities of each case, and find for each the wanted specific by a careful comparison of the symptoms with the pathogenesis of our drugs. The number of remedial agents likely to be used in yellow fever is not large. They are all of them, by their provings, well known to every intelligent student of our materia medica.

LIST OF REMEDIES.—*Aconite*, *Argent. nitr.*, *Arsenicum*, *Bell.*, *Bry.*, *Baptisia*, *Camphora*, *Canth.*, *Cham.*, *Carbo. veg.*, *Cepa*, *Crotalus*, *Croton tig.*, *Cuprum*, *Ipecac*, *Merc.*, *Nux vom.*, *Rhus tox.*, *Sulphur*, *Veratrum*.

From this list no drug could be excluded that showed in its provings marked symptoms similar to the disease. Two classes of men will look contemptuously on this list: the one is lazy and the other is ignorant.

How much easier to find and use a specific (if it were possible) for yellow fever, under whatever conditions it might come, than to study the "individual peculiarities of each case" and prescribe according to the law of similia. This, however, we must do if we would achieve the highest success. Of the remedies named, *Arsenicum*, *Camphor*, *Lachesis*, *Nitrate of silver*, and *Rhus tox.* deserve special notice. We lack space to give their pathogeneses. But this is not necessary. The preventive measures necessary to check or avoid an epidemic are of the highest importance to all. The best mode of nursing patients with this disease is of the highest consideration, but as neither of these departments have anything in them peculiar to yellow fever, and as we have exhausted our allotted space, we omit these considerations.

A National Sanitary Precaution. By the Editor of the Scientific American.

A sanitary measure of more than ordinary importance, not only to the Southern seaboard States but to the country at large, has recently been passed in the form of a bill to be known as the "National Quarantine Act of 1878," the object of which shall be, by means of an efficient, uniform, national system of quarantine, to prevent the introduction of contagious or infectious diseases into the United States. It is to be understood, however, that while it may assist, it shall in no wise interfere with, the present or future rules, regulations, or workings of any State or municipal boards of health. The diseases against which the provisions of this bill are more particularly designed to guard the people are those two scourges to humanity—Asiatic cholera and yellow fever—the ravages of which have frequently been so appalling. The hope that the measures proposed in this act—vigorously carried out, and aided by the cooperation of local State officials—may in time succeed in shutting out these two diseases from the country, is encouraged by the fact that science has conclusively demonstrated that both are of foreign origin, and that there is no place within the United States where they have been naturalized.

In Asiatic cholera we have a disease caused by the access to the alimentary canal of a specific form of organic poison, which is portable, communicable, and capable of reproducing itself in every body in which it obtains lodgment. It always has its origin in Hindoostan; and whenever it appears outside of the limits of that country it is absolutely certain that it is an exotic. It was in 1756 that the fact was first recognized that the disease is a periodically returning twelve-year epidemic, connected with the twelve-yearly Hindoo festivals at the great temples. The prevailing direction in which the epidemic always advances from its birthplace is to the West and North, always proceeding along the lines of the greatest and most rapid travel; and, at each periodical

recurrence, extending its limits and spreading itself over an increase of territory. It made its first visit to the United States in 1832, starting from Quebec, where it had been introduced by ten or twelve Irish emigrant ships. From this time on, its periodical returns have been pretty uniform; and judging from the past, we should expect another outburst either during the present or next year.

In our next contest with the epidemic, our whole safety lies in efficient quarantine and thorough disinfection.

As of cholera, so we may say of yellow fever, it comes in every case from without; there is no spot in the United States where it is indigenous. Its birthplaces are the West Indies, the South American coast, and, possibly, Vera Cruz in Mexico. From these neighboring countries it invades, almost every summer, our sea-board cities, and occasionally produces a desolation such as words fail to describe. This disease made its first appearance in this country in 1668, and from that time down to 1877 it had visited us seven hundred and forty-one times, spread its ravages to two hundred and twenty-eight cities and towns, and extended to twenty-eight States of the Union, causing sixty-five thousand, three hundred and eleven deaths counted—besides the innumerable deaths of which no record was made. Of all these numerous appearances of the disease among us, forty-five per cent. are directly traceable to foreign origin.

In a commercial point of view, likewise, have the losses to the country been incalculable. In a memorial accompanying this bill, from a convention of representatives of the Southern seaport towns, held at Jacksonville, it is asserted that the losses produced by the epidemic which raged in the city of Savannah in 1876 amount to five million, eight hundred thousand dollars, or nearly one-half the present value of the whole taxable real estate of the city. Multiplying this particular loss by the many similar ones occurring annually in our other cotton ports, the result will be found to be startling indeed.

Since, then, the fact is so well established that these two fearful diseases which carry such destruction to life and

property in their trail are entirely of foreign origin; that they must cross oceans before they can obtain lodgment on our shores, that they must be brought in ships, hidden in clothing, bedding or personal luggage, or actively at work on the systems of passengers, and they thus become a part, and parcel of our commercial intercourse with other nations, surely Congress—which has authority to regulate this commerce—can and probably will, with the earnest cooperation of local authorities aided by the provisions of this bill, control the visits of these terrible concomitants of our foreign trade.

Theory and Practice.

Intermittent Fever. By Geo. M. Ockford, M. D., Burlington, Vt.

How shall we cure intermittents? is a question often asked by homœopathic physicians. Those living in non-malarious districts answer invariably "with homœopathic remedies"—to which we respond with a hearty answer. But go among physicians practicing in sections of country where malaria is rampant, and you will hear a different story. "Cure chills and fever the best you can," is their advice generally. Now it is doubtful whether a cure can be made in any other manner than by the law of *Similia similibus curantur*, although a patient may get well under treatment in which it is hard to see even the shadow of that law, as in cures made by hydropathy, electricity, movement cures and other methods.

I had the fortune, or misfortune, as you please, to reside in a highly malarious district for seven years, and in that time, my intermittent fever cases were numerous, sometimes as many as a score a day coming under treatment. Upon the start I was filled with the all sufficiency of the law of *similia*, and was going to cure all cases with high attenuations, selected strictly according to that law. And I made a great many cures in that way, but I soon found there were a large number of cases in which it was beyond my ken to pick out the essential indications for remedies, or to find a remedy suitable for every case. In vain "Bœnninghausen on Intermittents" and much other literature was pored over. My note book was filled with "line upon line," relating to this complaint. Indications according to appearance of thirst, according to pains and concomitant phenomena were sedulously consulted but still my patients would shake and as a consequence my reputation suffered. This did not shake my faith in Homœopathy, and it is still my belief that we have a remedy for every case of intermittent that exists, but at the same time our imperfect knowledge of our materia medica often prevents our being able to prescribe the exact similimum. The great difficulty is to sift out from the mass of symptoms common to every case those which are essential and that point to the remedy. Almost every remedy in our pharmacopeia has among its provings chills, fever and sweat, and very frequently this was about the extent of our knowledge concerning many cases none of the concomitants could be learned. "Please send something for chills," was the popular form of communication, and *Acon*, *Nux vom*, or some other remedy might have been the right one, and if indicated would have been sufficient. This was uncertain, however, while at the same time our allopathic competitors gave *quinine* and stopped the chills. We made a good many cures with attenuated drugs, but I am free to admit that in a majority of cases our success was not flattering. The single dose was tried, but it was not as successful as repeated doses. Some patients with firm reliance on Homœopathy had attacks of several weeks duration while others

cured themselves with patent nostrums. Still we did not abandon our homœopathic practice in this class of complaints, but adopted a rule that in all cases where the homœopathic remedy was not clearly indicated to give some anti-periodic, such as *Quinine*, *Cinchona*, *Salicia*, *Ferrocyanuret of iron*, etc. In giving *quinine* our first indication was to stop the chill, or to prevent a return of a paroxysm. This was accomplished by the administration of a quantity varying from one to fifteen grains given during the apyrexia. Having accomplished this, we omitted all medication, unless morbid conditions arose, for nearly two weeks or until the thirteenth day after the chill, and then and on the fourteenth and on every seventh day thereafter until the forty-first and forty-second day, we gave as a preventive of a return a dose of from two to five grains of the drug. Without this after treatment, a recurrence would almost invariably follow, and this frequently occurred when the original attack had been cured by a highly attenuated drug. The patients thus treated were cured of their intermittents, five and six years having elapsed in many cases without any return. Of remedies used, *Arsen. Natrum muriat.*, *Nux vom.*, *Eupatorium*, *Thu*s, *Cedron* and *Canchalagua* were most frequently indicated, but a great many cures were made with such remedies as *Petroleum*, *Iodine*, *Aloe*, and others of no reputation as chill and fever remedies.

It is not claimed that this treatment is strictly homœopathic, but the patients recovered, and they were cured to all intents and purposes. We recognize the law of *similia* as being universal in the treatment of disease, and the time may come when our materia medica shall be so systemized that all cures may be made in accordance therewith. The rationale of the treatment by anti-periodics has been variously explained. Some have advanced the theory of antidotal treatment to the malarial poison. But I have another theory. The course of an ordinary intermittent is from four to six weeks, and I have seen recoveries in that time, under the expectant method. Now if we can carry the patient over this period, nature will perform a cure, and by giving *Quinine* as I have indicated,

we do not give enough to produce a china-cachexia, and at the same by giving tone to the system we assist nature, and the patient recovers. Of course, this mode of treatment was only applied to acute cases, for in the treatment of chronic cases, strict homœopathic medication meets every requirement. It gave full satisfaction to the patients, and was satisfactory to the physician, inasmuch as it enabled him to fulfill the primary duty we owe to our patients viz: to cure them. If any one can show a better practical way to treat this disease, and one more in accordance with the Hahnemannian doctrine, I am willing to be taught. But let genuine cures only be reported. Sometime ago, I remember a practitioner who reported a number of cures made with high attenuations, but the glory of his practice was somewhat dimmed when it became known that in addition to the indicated remedy, he habitually gave a mixture containing large quantities of *quinine* as a tonic! Let us conform to the law of *Similia similibus curantur* as far as it is in our power, but never lose sight of the fact that we are primarily physicians, whose duty it is to cure our patients, even if in so doing we become Homœopaths. Secondarily—our law is grand and good, but in its adaptation to the treatment of disease we are often forced to exclaim:

“The good, 'tis true, are Heaven's peculiar care ;
But who but Heaven shall show us who they are ?”

ANGINA PECTORIS.—*Ammia Carb.*—I have found great and immediate relief in angina pectoris, with one drop doses of *Ammonia* every fifteen minutes. I have also found it useful in warding off attacks. Will your readers please give this a trial and report results to me, as I am preparing an article on the subject and would like clinical experience—L. B. COUCH, Nyack, N. Y.

Malignant Diphtheria. By H. W. Taylor, M. D., Crawfordsville, Ind.

What we learn in actual experience can never, perhaps, be so perfectly communicated to any one else, as to impress him as we have been impressed. The light that burst upon the midnight blackness of my path, will never glow so brightly upon my neighbor's road. Its rays are refracted by the poor medium of words; and the angle of incidence is a thousand times greater than the the angle of reflection.

These thoughts because Dr. Pennoyer, of Kenosha Wis., told me that he had lost a case of malignant diphtheria with the treatment by *Kali Chloricum*, as described by myself in the "American Observer."

"Did you bring out the eruption?" Not that he remembered. Had not observed an eruption. In fact, had not looked for it.

And just here is the point. If malignant diphtheria and malignant scarlatina are not identical, then there is no significance in analogy, and no virtue in the opposing forces of similar poisons. For, that they are similar, all pathologists admit; and the power of their argument is spent in attempting to prove their non-identity.

If they were *similar* and not *identical* poisons, do not we of the faith of Hahnemann know beyond a peradventure that no fatal epidemic of diphtheria could go hand in hand with a fatal epidemic of scarlatina? Do we not know beyond the shadow of a doubt, that these poisons being similar would destroy the other? And do we not know that the law of similars must be riven as with a thunderbolt, if we admit that two similar non-identical poisons can simultaneously work out their utmost virulence upon one organism, as in the case detailed by Flint? Page 1010. Flint's Practice, Ed. 1873.

And what could be found more flimsy than Flint's specious arguments against their identity? As to albuminuria, I am sure that it is as often an accompaniment and sequel of mal-

ignant diphtheria as is any other prominent symptom. I saw albumen in the urine of fourteen such patients. In one more than four weeks after recovery—showing that it was not a mere transitory accident, such as might have occurred after a severe pneumonia.

The point of identity is a vital one and brings me back to the first proposition. Malignant diphtheria becomes merely a severe scarlatina under the action of the *Potassic chlorate*. And the first evidence of this happy change is the slate-brown eruption on neck, chest, back and limbs, sometimes completely covering the whole body—sometimes confined to a limited area.

And here is the fault with Dr. Pennoyer's case. The dose being relative, and not absolute, my formula was not strong enough; and the quantity should have been increased to the point of producing the eruption. Give the saturated solution sufficiently often, and in sufficient quantities for dose to bring out this eruption, and your patient is saved. The case is converted from a malignant diphtheria to an ordinary scarlatina, with the great tendency to recovery.

The fact that the basic lesion—the one constant pathological fact is the acute desquamative nephritis in both diseases is good evidence of identity. Correlated to this, is the lately ascertained fact that the false membrane on the fauces and larynx, is not a false membrane at all. In fact, it is a true desquamation of the epithelial covering of those parts and identical with the desquamative process that takes place in the uriferous tubules, and which constitutes the characteristic lesion of scarlatina.

Four cases of malignant diphtheria have been under my observation since the middle of April. All four had swelling of lateral servical glands, occlusion of nostrils; complete loss of appetite; temperature above 102.5, pulse increased forty to sixty beats; in one there was slight hoarseness, in another coughing on swallowing water; in both of which symptoms indicate commencing invasion of the larynx. Unceasing restlessness was prominent in all—showing that dangerous sub-oxidation threatened to overwhelm them. One of these

cases had so prominently the *Lac caninum* symptoms that I insisted on giving Swan's much abused drug. The case, however, was under the immediate control of my brother, J. W. Taylor, and he had too much faith in the *Potassic chlorate* to exchange it for any other drug. All these cases recovered perfectly.

Is the slate-colored eruption that darkened the skins of all these little people a pathogenetic symptom of *Kali chlor.*? I thought so once, but am now in doubt. This same slate colored eruption is the one that appears so transitory in malignant fatal scarlatina. It appeared in all my cases of malignant diphtheria—even on my own child.

Eight times have I tried to produce that eruption upon the healthy body. Eight times I have failed; although three times I gave much more of the *Chlorate* than in any of my diphtheria cases. In one of these little provers of *Kali chlor.* the drug produced such profound cardiac depression as to frighten me. It was my own four-year-old girl—little Ruth, who so narrowly escaped with her life, after my household was decimated in those wet, dark, winter days. Why was it that a comparatively small quantity of the drug was able to threaten her life now, when ten times the amount had coursed for days through her arteries and veins only to do a good work? Was it not that in the fierce battle between the drug and the murderous diphtheritic poison, the tissues escaped the direct venom of both.

Yesterday I prescribed for a two year old boy. His temperature was 103°, pulse 150; lateral cervical glands enlarged; tonsil and submaxillary glands greatly engorged, much œdema of cellular tissue of neck and throat; had two hard convulsions two hours apart within twenty-four hours from the invasion; cough hoarsely, and has patches of membrane scattered over the pharynx. If aught is to be done here, I must work rapidly, heroically, because these symptoms point ominously to a fatal termination. *Kali chlor.*, saturated solution, one teaspoonful every hour from five p. m. until ten a. m. to-day. In that time at least forty grains of the drug will have been given to a babe of two years. I am almost

tempted to await the termination of this case before forwarding this article. But, however it may be, I shall faithfully and honestly record it at some future day, even though it go to prove that my drug is not all I believe it to be.

Can I not be strictly, rigidly just to this drug, although I clasp it to my parental heart as the angel of mercy that came to me while all those dreary days the leaden clouds wept ceaselessly, hopelessly? Is the physician so merged in the father as to render calm discrimination impossible? We shall see.

Ophthalmology and Otology.

Anomalous Case from Practice. By W. A. Phillips, M. D., Cleveland, Ohio. Read before the American Homœopathic Ophthalmological and Otological Society.

The case I have to report is one of congenital temporary amblyopia induced by eating.

The possessor of this rare, if not unique peculiarity, which rises to the dignity of an ophthalmic curiosity, is a lady twenty-nine years of age, hypermetropic astigmatic, previously the subject of convergent strabismus, but subsequently cured by orthopædic gymnastics, together with amblyopia exanopsia of the right eye. Specifically as regards error of refraction and the acuity of vision I find as follows:

Left eye, without glass, $v.=\frac{1}{10}$; with convex 30; combined with convex 42 cylindrical axis horizontal, $v.=\frac{2}{10}$ or normal; after eating, $v.=\frac{1}{10}$, improved to $\frac{1}{10}$ with the above combination of lenses.

Right eye, without glass, v.= $\frac{1}{10}$, but with the same adjustment of lenses as given for the left eye, v.= $\frac{1}{20}$; after eating, v.= $\frac{1}{100}$, improved to $\frac{1}{10}$ with the glass.

The impairment of vision never fails to result in consequence of eating, and is sometimes produced in a less degree by drinking, and even by brushing the teeth. The impairment is correspondingly great for near and for distant vision. The blindness occurs suddenly and continues from twenty minutes to an hour, disappearing gradually; commonly half an hour is required for the sight to return. Anything very cold taken into the mouth, especially ice cream, produces more marked and long continued blindness than food which is warm or very hot. The ophthalmoscope does not reveal any appreciable change in the interior of the eyes, there is no contraction or dilatation of the pupil, or abnormal appearance of any kind whatsoever.

The difficulty of distinguishing different articles on the table, especially if seated with comparative strangers, leads to embarrassment through the appearance of being noticeably awkward, and hence the life long annoyance to which she has been subjected is not easily appreciated. Curiously enough she has never enjoyed the advantage of properly selected glasses, having used convex thirty-six, which render her vision only $\frac{1}{10}$, and which improved the vision after eating so slightly that she had never worn glasses at all after eating; but with the cylindrical glasses she can see to do justice to the contents of the festive board with comparative ease.

REMARKS.—Impairment of vision without any appreciable change in the fundus of the eye is a circumstance that sometimes occurs to put the most skillful of our craft to their wit's end in the endeavor to discover the cause and to institute a line of treatment that shall prove adequate to secure relief. Frequently in those cases due to toxic influences, exerted by such agents as *Alcohol*, *Tobacco* and *Lead*, sooner or later degenerative changes are observed which fully account for the gravity of the trouble, and lead to the warrantable inference that the visible change had previously been wrought deeper in the nerve substance, or even in the brain itself.

Still with all the careful investigations of eminent pathologists the exact manner of the action of toxic agents is not plain as to how the change is affected by which the amblyopia is occasioned. But still more obscure is the line of action and certainly more unsatisfactory any explanation which can account for so great a disturbance of visual power by so natural and highly important a procedure as the consumption of food.

With our knowledge of the anatomy and physiology of the human economy in relation to the manner in which the activities of the various organs are carried on, we may safely conclude that there are at least three immediate and distinct ways by which the function of the optic nerve or retina may be temporarily or even permanently impaired, namely: First, Disturbance of the circulation by which the blood vessels are either congested or anemic. Second, Blood poisoning by which the nutrition of the nerve tissue is lessened, or its normal action otherwise perverted by the poison in a manner not definitely known. Third, Reflex action by which an impression upon one or more nerves is communicated to the optic nerve or retina thus making the amblyopia a purely nervous phenomenon. In gastric disturbance due to over eating, especially in persons of a plethoric habit, it is not unusual that the acuity of vision is somewhat impaired in consequence of turgescence of the blood vessels of the interior of the eye, while from the well known action of *Alcohol* to congest the vessels about the head and face, it is likely that a similar pressure is exerted on the basilar layer, and thus diminishes the sensibility of the retina to visual impressions. As the case in question, by a test with glasses showed, was not produced by spasm or paresis of the accommodation, I felt confident that a careful exploration with the ophthalmoscope would reveal a congested condition of the ocular tunics sufficient to account for the loss of sight. But the most skillful examination I am able to make does not show any perceptible alteration in the vascular supply, and hence the speculation seems admissible that the amblyopia is produced by an irritation of the fifth nerve—the irritation or impression

sustained by this nerve being so reflected upon the optic nerve or retina as to obtund the special function of one or both of these structures. Were it not that brushing the teeth will sometimes occasion noticeable impairment of sight, I should be inclined to attribute the cause of this curious freak to the influence of the pneumogastric nerve, as the greatest blindness occurs after the food has been swallowed.

Recent Advances in Ophthalmology, By Alfred Wanstall, M. D., Baltimore, Md. Read before the American Homœopathic Ophthalmological and Otological Society. Part II.

New Searches in Keratoplasty. By Dr. Durr in Hanover, (Kl. Bl.)

Dr. Durr has succeeded in transplanting the cornea of one rabbit to the eye of another. He forms a corneal flap of the desired size, with the base on the scleral border. In cutting out make the section through the scleral ring as in Graefe's method of extraction, so that a section of the sclera, and a conjunctival flap is included in the excised piece.

A corneal wound is made on the eye of the animal under examination one Mm. smaller than the flap to be transplanted; the conjunctiva is removed from the scleral ring and undetermined for some distance back. The corneal flap is transferred and its conjunctival flap shoved into this pocket and fastened with sutures. After the correct arrangement of the flap the lids are closed by sutures. At the end of six weeks the healing and assimilation is complete.

The first one practiced on the human was practiced on a boy ten years old whose eyes were leucomatous. A flap was transplanted from a rabbit, which at the end of two months

presented itself in the leucoma as an island of uninjured corneal substance. The patient only distinguished light from darkness before the operation, saw large objects after it, and learned to locate.

Durr has since made the operation on the human eyes six times; twice for leucoma, twice for strong corneal turbidities; once for ulcer perforans, and once for peripheral ulcer of the cornea which could not be healed by other means. The transplantation took five times; in the last case it did not heal on account of the restlessness of the patient.

Operative Treatment of Total Leucoma. v. Hippel, Ophthalmological Society, Heidelberg, 1877.

The author mentions the three methods formerly in vogue namely sclerotomy, the introduction of a cornea artificialis (Nussbaum), and keratoplasty. After reviewing Nussbaum's artificial cornea, he describes his own ingenious invention, which consists of a finely polished round glass two millimetres in diameter and from one to two metres high; it is held by a silver or gold fastening one-half Mm. thick and the same height as the glass. On its posterior edge it has a very thin, smooth polished border one Mm. wide, which serves to grasp the posterior surface of the leucoma; on the anterior edge of the fastening is a border of paper thinness and scarcely one Mm. wide which hinders the glass from sinking into the eye. It is so arranged that when the setting is definitely healed in the eye the glass can be removed (for the purpose of cleansing) without disturbing the setting.

The operation consists in removing a round button from the leucomatous cornea with a corneal trepan. The trepan is to cut through the cornea and iris, and if the lens is present through its capsule, and the lens is extracted through the opening.

The wound is enlarged by lateral incisions in the horizontal meridian, and fine sutures introduced but not tied.

The artificial cornea is then placed in position, and held until the sutures are drawn together, the ends of which can be cut off if cat gut has been used.

The most favorable case operated on counted fingers at one foot at the end of twenty-four hours; in forty-eight hours fingers at six feet, and this lasted fourteen days. In undertaking to lift a heavy mattress intra-ocular hemorrhage occurred destroying the sight.

The artificial cornea was introduced into a phthisical eye by way of experiment, and remained in four-fifths of a year and then came out by the patient falling down stairs.

v. Hippel transplants in the following manner. The center of the leucoma is removed by a trepan, the centre of the cornea of a narcotized dog is removed with a similar trepan and transplanted and the eye is closed with a bandage.

In the last case operated on in this way the flap remained transparent three weeks. The patient before the operation saw light badly, after it he recognized the eyes and nose in the face of the operator, stated spontaneously that he had a beard, counted fingers and could go about to some extent. In three weeks the corneal epithelium disappeared, the transparency of the flap remaining. Six weeks after the operation a capsular turbidity could be plainly seen through the transparent flap.

On the Question of Transplantation of the Cornea. Henry Power, M. D., London. (Kl. Bl.)

Powers believes the true method of restoring vision to the leucomatous eye is the physiological one, which consists in replacing the untransparent cornea by a living cornea whose transparency remains uninjured.

He recommends that the transplanted cornea be from the human and not from animals.

Human corneas are to be easily had as enucleations are undertaken almost every day, on account of severe wounds in which the cornea takes no part and on account of choroidal tumors, detachment of the retina, etc.; it is only necessary to keep the leucomatous patient in sight.

To insure success he thinks the entire or almost the entire cornea should be transplanted; is not positive but is inclined to think it of advantage to include the sclero-corneal border.

The operation to be conducted under chloroform. Sutures are to be avoided, except when there is fluidity of the media, and then the finest silk or hair should be used, which has been previously soaked in *Carbolic acid*.

With the last case he operated on he painted the entire superficial surface of the cornea with *Carbolic acid*; a complete union resulted with retention of the transparency of the transplanted cornea for seventy-two hours.

The Healing of Corneal Wounds. Hans Von Weiss, (Virchow's archiv.) Sections of a cornea examined immediately after the reception of an injury, show only a simple gaping fissure.

Nothing is to be seen of epithelial cells which are driven into the wound by the penetrating instrument.

At the end of twenty-four or forty-eight hours, the wound is filled with epithelial cells. The formation of this epithelial growth, proceeds probably from the borders of the wound, sinks from here into the depths, again drawing upward from the ground, fills out the entire fissure.

The starting point of this growth is formed by the cylindrical cells of the lower epithelial layer. If the epithelium is removed from a part of the superficial layers of the cornea, and a wound made in the portion free from epithelium, it does not unite until epithelium has been regenerated to its borders.

With penetrating corneal wounds the membrane of Descemet with its endothelium is but outwards on the borders of the wound, causing a flat funnel shaped fissure at the posterior end of the wound which gapes more than the remainder of the wound canal. The opening towards the anterior chamber receives no epithelium or other formed elements; but is filled out by fibrin precipitated from the regenerated aqueous humor.

If the cornea is wounded in the center from behind. (approaching from the periphery), a growth of the endothelium of Descemet similar to what occurs on the anterior surface is not seen. If the wound is continued forward, then the appearances do not differ from those with which the incision was made from in front.

The elements which cause the primary union of the wound, are not furnished by the corneal tissue itself, but from the epithelium covering it.

Peripheral parts of the cornea behave somewhat differently, here only homogeneous plastic glistening fine stripes are recognized as expressing primary union.

In surface sections of corneal tissue examined, twenty-four hours after the reception of an injury, no trace of participation of the corneal tissue is found; later the bordering zone of corneal tissue is infiltrated with round cells, and the characteristic spear shaped figures; inside of this zone nothing more is to be seen of the normal corneal cells. These changes are regarded as complications which originate with the unfavorable relations of a penetrating wound.

If more irritation has occurred from concussion by blunt instruments, then besides the normal corneal bodies, innumerable pus corpuscles are found, which accumulate directly about the fissure.

The healing process until after the third or fourth day is about the same as from the commencement; the mass filling out the fissure after eight days, and longer consists of a close collection of short fibrils.

Neuritis, Migrans and its Results. Wilhelm Niedrck, *archiv. for Experimental Pathologie and Pharmacologie* 1877.

Examinations on the cause of inflammations on nerves have been undertaken three times. First Tisler pointed out the course of neuritis on animals; then Feinberg confirmed the researches of Tisler and demonstrated on ten animals a continuation of the inflammation from the nerve to the spinal cord. Klemm was the last to study the advancing inflammation, and he found that the inflammatory process advanced in both directions from the original place of lesion.

The author repeated the searches of Klemm, and examined after irritation of one ischiadicus the peripheral inflammatory irritation upon the central organ and on the opposite ischiadicus.

He undertook six investigations on rabbits for this purpose: their results presented themselves in the paralytic appearance

of the bone of the other side, or as a paralysis of the entire posterior part of the body. The pathologico anatomical examination showed that the inflammation had extended mostly farther upwards; in only one case downwards.

With the ascending inflammation the first change was noticed where the nerve enters the bony canal; the nerve between the point of irritation and the bony canal was normal.

Further changes were found at the place of exit of the nervous plexus from the spinal cord.

From the originally affected ischiadicus, the inflammation continued itself through the spinal cord upon the other ischiadicus. On the place of exit of the latter there was always swelling, and on the place of entrance through the bony canal redness and swelling was always recognized.

Upon the ground of these observations, the author arrives at the conclusion that the much discussed sympathetic inflammation of the eye is to be explained by an analogous procedure upon the ascending and descending tracts of the ciliary nerves.

The Orthopædic Treatment of Paralysis of the Muscles of the Eye. J. Michael. (Kl. Bl.)

For electric treatment the author uses the galvanic current exclusively, now ascending, now descending placing one electrode over the closed eyelid corresponding to the insertion of the diseased muscle; the other in the nape of the neck. This treatment furnishes good results, though in most cases it occupies months; the antagonistic contraction never entirely disappearing.

He recommends another form of local treatment, based on the principle of passive motion and characterized by its simplicity.

With an ordinary fixation forceps, grasp the conjunctiva in the neighborhood of the corneal border, corresponding to the ocular attachment of the paralysed muscle, draw the bulbous in the direction of its sphere of action, and as far as possible over the ordinary limit of its contraction, then back, and continue this to and fro movement of the bulbous about two minutes.

Sep-3

The field of sight is restored gradually and successively; the pain with the operation is very slight, and the conjunctival irritation following it is rapidly removed by cold applications.

One practice daily is sufficient. In the beginning of the treatment a strong resistance was felt on the part of the antagonist, so that some force was necessary in order to move the bulbus in the direction of the paralyzed muscle.

He accomplishes by this treatment first, elimination of the action of the antagonist, second, shorter duration of treatment.

The Extraction of (Gray) Cataract in the Closed Capsule.
Dr. H. Pagenstecher, (Monograph.)

For extraction in the capsule: first, All cataracts which originate as the result of iritis, of irido-choroiditis chr; of like value whether posterior synechiæ are present or not; because these forms are united with dilatation of the canal of Petit, and looseness of the lens in the fossa patellaris; second, All cataracts complicated with anterior synechiæ, since they predispose to glaucoma by dilatation of and exudation into the canal of Petit: third, All cataracts in secondary glaucomatous eyes; fourth, cataracts morgagni, which are always united with atrophy of the zonula: fifth, Over ripe and shrunken cataracts; sixth, Luxated cataracts; seventh, Certain forms which begin as posterior polar, and are complicated with retinal or choroidal disease; since the turbidity of the lens originates from an exudation (from the ciliary body) between it and the vitreous; eighth, All not completely ripe cataracts of myopic eyes, (nuclear and posterior polar) which are apt to cause iritis from retention of cortical substance after the opening of the capsule; ninth, If after the section or iridectomy prolapse or loss of vitreous occurs.

The patient is operated on in bed, by Graefe's modified linear operation, without narcosis. After the iridectomy the operator again assumes the fixation of the bulbus. With the soft platinum spoon exerts by a gentle lateral motion slight pressure on the upper scleral wound; by this means the cataract soon presents at the wound (while the operator rolls the bulbus strongly downwards, at the same time exerting a

slight continuous pressure on the scleral wound) and is liberated in the uninjured capsule.

These efforts must not be continued too long, but the flat spoon is to be used. It is carefully passed behind the equator of the lens until it grasps its under border; with a slight rotation which brings the shaft of the spoon into one angle of the wound, the lens is drawn upwards; then the handle of the spoon is depressed towards the floor of the orbit, in this way slightly pressing the lens on the cornea; a gentle pressure on the cornea with the h. r. spoon by the assistant facilitates the liberation.

In many cases the extraction occurs without loss of vitreous; in other cases a small hernia presents but returns spontaneously after the removal of the elevator; in a third quota vitreous escapes from several drops to one third.

Rupture of the capsule during delivery is rare; then cortical substance remains back, and a secondary operation is necessary.

Oedema conjunctiva commonly develops on the second or third day, and can continue eight to ten days.

The wound is closed in eighty per cent in twenty-four hours. If the wound is not closed in twenty-four hours, prolapsed vitreous is found in it more frequently than by other methods. In one case sloughing of the borders of the wound, resulted on the twelfth day from prolapsed vitreous.

Astigmatism $\frac{1}{8}$ — $\frac{1}{4}$ is relatively more frequent, but gradually decreases.

With extraction in the capsule, there is no primary iritis, but an irido-cyclitis; this has no inclination to closure of the pupil.

If either rupture or hernia of the vitreous occurs, it remains clear as a rule; only in exceptional cases slight filamentous opacities are found fixed on the borders of the wound.

Prolapse of the vitreous is more frequent than with other methods; slight loss from several drops to one-fourth the volume is favorable; great loss from one-third to one-fourth, with good consistence of the vitreous is to be considered de-

trimental; with fluid vitreous on the contrary as completely favorable.

Loss of vitreous after extraction in the capsule, is less unfavorable; a genuine hyalitis does not occur.

Later retinal detachment is never seen after P's method, while it has been seen three times after v. Graefe's.

Statistics of eight hundred and forty-six nuclear cataracts (1866-1875) three hundred and fifty-three were reserved for extraction in the capsule.

The capsule ruptured in sixty-three cases, 21.7 per cent. Of the two hundred and ninety remaining cases, the lens was removed in its capsule with the spoon in two hundred and seventy-nine; by simple pressure alone, in eleven cases.

No loss vitreous in one hundred and six cases; slight in one hundred and sixteen; great in fifty-six.

Number of complete losses in two hundred and ninety cases: 16—5.5 per cent; half results in seventeen cases. Complete acuteness of vision in thirty cases, one-half in one hundred and twenty-one.

Recapitulation. I. Of eight hundred and forty-six nuclear cataract extractions, no result in 7 per cent. II. Of two hundred and ninety extractions in capsule, no result in 5.5 per cent. III. Of sixty-three cases in which capsule ruptured, no result in 14 per cent. IV. Two and three together, give a loss of 7 per cent. V. Two hundred and thirty-nine peripheral linear extractions (v. Graefe's) during the last five years give a loss of 3.8 per cent.

Capsulitis, H. Knapp, Oph. Soc. Heidelberg, 1877. Dr. Knapp recognizes three kinds of capsulitis following cataract extraction. Capsulitis simplex, s. ambulans, more frequently observed after the removal of a four cornered piece of the capsule with a sharp cystotome. One of the upper corners of the capsule becomes turbid with a slight appearance of irritation; the corner is milk white, and slightly thickened; on the next day the thickening becomes more pronounced, reaching its greatest height on the third day, and then begins to decline. During the process of resorption, the adjoining upper border of the capsule becomes turbid, thickened, and passes through

the same process; and then in the same manner, the disease attacks the other upper corner, and extends on the adjoining border; in this way in from eight to fourteen days this whitish turbidity and thickening, makes the circuit of the entire capsular coloboma.

Iris congested but free from synechiæ; the pupil remains clear. Conjunctival secretion watery; circum corneal injection strong; pain inconsiderable. Resorption complete, and vision good.

Second form: *Capsulitis plastica*. The result of including a piece of capsule in the corneal wound. On the second or third day the thickened and turbid capsule is seen projecting into the anterior chamber, from a point of the inner border of the wound; wound is closed, and anterior chamber restored; vision is good if the pupil is not occluded by remains of the cataract; pain at night; circum corneal injection; slight chemosis, and a watery or watery mucous discharge.

The grayish white, or yellow turbidity of the piece of capsule becomes more intense and extensive; the entire pupillary space smoky, and the pupil contracted and irregular. A striped yellowish white pseudo membrane in more or less severe cases is united on all sides to the pupillary border of the iris.

After weeks or months, the appearances of irritation disappear,

In favorable cases the pupil clears spontaneously, with moderate visual power; or in severe cases it is closed by a thick membrane, which in the contraction is drawn with the iris towards the corneal scar; and is not seldom complicated with cyclitis and its results.

The third form *capsulitis purulenta* is more frequently observed after the capsule is torn with a cystotome or hook. In cases where the operation was smooth, on the evening of the same day, or the following day, oblique illumination showed that the well dilated pupillary space was free from remains of the lens; on the third day or later, in the middle of the pupil or not far from it on one point of the capsule, was observed a yellowish white turbidity and swelling

which in a few days took on the appearance of a small collection of pus (pustule).

The pupil remained dilated under the influence of *Atropine* and free, or almost, free from synechia. The peripheral parts of the pupil remained transparent though hypopyon formed, which from the absence of keratitis and cyclitis could have no other origin than the pustule.

In several cases two or more pustules formed, with secondary plastic iritis.

Marked irritation; nightly ocular and circum-ocular pains; slimy purulent secretion; chemosis and œdema of the lids.

Resorption of these pustules begins in from four to six days; the disease can run a course of three to five weeks.

Prognosis of the wandering capsulitis is favorable; it does not easily complicate with iritis or cyclitis; with the plastic uncertain on account of the complications which almost always accompany it; the purulent is again favorable as the pupil clears spontaneously with the absorption of the pus or can be cleared by a secondary operation.

Treatment: Simple capsulitis mildly antiphlogistic, *Atropine*, rest in the dark in bed. Capsulitis plastica and purulenta strongly antiphlogistic.

ALSES.—Great disinclination to mental labor; dull pres-
sive pain in the forehead, with nausea; bloating of the
bowels, with heat and burning; a feeling of weakness in
the abdomen, as if diarrhœa would come on; urging to
stool, with passage of urine; feeling as if stool would in-
voluntarily pass; must go to stool after a meal.

General Clinics.

ATMOSPHERIC PRESSURE, ETC.—Dr. Eaton's views in regard to atmospheric pressure in replacing and supporting a dislocated uterus, correspond with those I have held for years. He does not tell the "modus operandi" of applying it, however. My plan for a long time has been, to direct patients affected with simple displacement to lie upon the chest with knees drawn up and as wide apart as possible for comfort, (I imagine the position is not one of comfort), when the air will rush into the vagina where it should be retained for five, ten or twenty minutes, according to the strength of the patient. This should be repeated several times daily. Where there are flexions, enlargements, tumors or other abnormal conditions it is of no avail. This knowledge all women should have, and I am glad doctors are beginning to teach the people physical and hygienic laws, as well as curing them when sick. This principle is the secret of Sims' success with the speculum.—Mrs. E. G. COOK, M. D.

TOBACCO AND CHOLERA INFANTUM.—I read recently in a public journal that a child afflicted with cholera infantum in spite of medication and hygienic measures, grew worse until the nurse for some reason applied its father's pipe to its lips, which it sucked with eagerness, and for a time grew better, but finally this failed and the child died. The father was a smoker, and of course the child inherited its father's liking for the taste of tobacco. I have lost several cases of this disease, the father of whom smoked and chewed tobacco, and find that neither medicine or hygienic measures avail me much in such cases.—J. B. WOOD, M. D.

OZONE.—My experience with *Ozone* for the past two years has been such as to warrant me in asking the members of the profession to avail themselves of the benefits of this most wonderful agent in their practice and to recommend it to their patrons. As a prophylactic and disinfectant it stands

without a rival. It is decidedly the best deodorizer I have ever used. I have placed it in many water closets which were almost unendurable, and in a few days, perhaps hours, the air was as pure as after a thunder shower in summer, not a vestige of the old foul odor remaining. Dr. Noyes, dentist, 103 State street, has seen enough of its workings to give his testimony in its favor. Dr. Geo. A. Hall, professor in the Hahnemann college, says: "I have used *Ozone* in rooms of several patients operated on for malignant cancer, and never before saw such rapid recoveries." A Mrs. W., living on Eldric Court, afflicted with terrible cancer, had all the foul odors removed in a few hours by using the generator. She says she can not live without it. A Mrs. B., suffering from spasmodic croup, was relieved by a few inspirations after the air had been charged and made pure by *Ozone*; her trouble left her as if by magic not to return. Several families among my patrons have used the generator between two and three years and all decide in its favor, and wish everybody knew of this health giving and health preserving agent.—Mrs. E. G. Cook, M. D., 103 State street, Chicago.

EPILEPSY.—*Amyl nit.*—Harvey Trotter, colored, act eighteen, has for the past two years had epileptic convulsions. The attacks recurred every two weeks regularly, and according to the notion of the patient at the new and full of the moon. A day or two before each attack he had what he described as the "jerks"—muscular twitching in his legs, arms and face. The attacks were characterized by the usual symptoms of the disease. The patient showed no evidence of disease except perhaps slight indigestion from occasioned over indulgence in eating, for he confessed to having "an awful good appetite." Six or eight weeks ago I gave him *Amyl nit.* ix in a half ounce vial to be carried in his pocket, to be inhaled three times a day and when the "jerks" came on to inhale it more frequently every hour, until the twitchings disappeared. Thus far there have been no "jerks" nor convulsions, notwithstanding the moon has "rolled on" waxed and waned the past two months.

COUGH—*Arsen.* 6, *Ipec.*—Alice W. aet. three, awakens every night at about midnight with a dry cough, tickling, spasmodic. Gave *Ars.* 6, in water, a teaspoonful every three hours. The nightly attacks were relieved at once, but for several days she had a loose rattling cough, expectoration swallowed. *Ipec* 3 cured.

CHILLS—*Puls.* 3—Mrs. W., aet. fifty-five. General health fair; was taken with chill every day at noon; aching of the head, back and extremities; sore, bruised spots over the body; fever does not set in until midnight; no thirst during the hot stage. Prescribed *Puls.* on the key note, no thirst during hot stage. Cured; no recurrence.—J. W. VANCE, College Hill.

A PROVING OF AMYL NITRITE.—N. F. C., aet. forty-nine, nervo sanguine temperament, an inveterate smoker, an habitual coffee drinker, and in excellent health. Took two strong inhalations from a vial containing four ounces of crude *Amyl nitrite*. Immediately felt a sense of fullness of head and flushing of face which increased during one minute to positive agony, without pain; a violent palpitation of the heart now began, which shook the whole body; consciousness was still perfect, and there was no feeling of alarm. I now felt myself sinking to the floor, which seemed a voluntary act, for I eased my descent by means of two tables between which I was standing—lowering myself gently until stretched at full length; my last conscious act was the endeavor to hold the head erect lest the surcharged cerebral vessels should become yet fuller. My first act of returning consciousness was to recognize my attendant, who was giving me *Chloroform* by inhalation, in accordance with previous instructions. Not five minutes elapsed between the first inhalation of the *Nitrite* and complete restoration—complete, save for anæsthesia at the second phalanges of the middle and ring fingers of the left hand. This symptom continued about one hour. I was informed that my “face and eyes were a deep, livid red color” and that I “looked horribly.” This proving was made about two weeks ago.

Although I had been experimenting more or less with this interesting drug for a period of two years and thought myself pretty well acquainted with it, I was astonished at the *crescendo* scale in which the symptoms developed during fully two minutes after ceasing the inhalations. The close resemblance of these symptoms to those of *coup de soleil* have led me to prescribe *Amyl nitrite* in a few cases which have come under my observation during the late heated term. The results have been highly encouraging but not conclusive, as I have had none of the severest forms of the malady. I employ it in the first, second and third decimal dilutions, internally or by olfaction—raising from the crude with pure *Alcohol*. In syncope it has no equal as a stimulating restorative—while it antidotes, and it would appear is reciprocally antidoted by *Chloroform*. But these and other (empirical) uses of the drug are well known. My object in this paper is to state the crude proving, and to urge its prompt trial in insolation—especially by olfaction in very severe cases. I will gladly forward specimens to any physicians who may wish to prove or test the *Amyl nitrite* on the sole condition that they shall report results to NICHOLAS FRANCIS COOKE, Chicago, Ill.

NOTE.—The urgent necessity of antidoting the dangerous effects of the drug prevented several minute observations as to rate and character of pulse, etc., which would have been desirable. But these may be found accurately recorded in *Allen's Encyclopædia of Materia Medica*. It is not probable that any human power has cared to carry his proving to the extent here recorded, especially as it is claimed that "consciousness is never lost unless a state of approaching death is induced, from which the animal rarely if ever recovers."
—N. F. C.

Miscellaneous.

"Too Many Papers."

The above is the title of an article appearing in the editorial department of the *ADVANCE* for July. With your leave, Mr. Editor, I would like to examine the article a moment. It says: "We are overrun with manuscripts. Our bureaus are full of ready writers. The members are all there with their pockets full of written material, etc." Now, what is expected of those members appointed to prepare papers? Does not their appointment place upon them the responsibility of making the conventions successful and interesting? Is it not a mark of great prosperity to see the appointed members of each bureau present "with their pockets full of written material," thereby faithfully discharging their duties? It seems from the article that these members were not expected to be so prompt. So the conventions were taken by surprise at so generous an effusion of matter brought forward, and the cry is "too many papers?"

The only remedy, Mr. Editor, is not to appoint so many of the *faithful* to furnish entertainment for the conventions. It will not do to *snub* them, as is suggested, after they have been to the trouble to prepare articles and bring them to the meetings.

Who has the *right* to use the time of the convention, if not those who have spent days, weeks, and even months, in preparing for such an occasion? When present to *read* their productions it is only just that they should be heard.

We doubt some *are* tiresome to listen to; but these are the exception. What if they are tiresome? You can do nothing but "grin and bear it," for no convention can *afford* to be so discourteous as to refuse a member the privilege of reading his production after having been appointed by this same convention to make the preparation.

The "off-hand discussions" are all right, and appropriate after justice is done; but to throw out a paper or to call

down a member when he has read about two-thirds of his manuscript, to give time to some long-winded ready talker, who has not spent a moment in preparing upon the subject under discussion, will not, as a general rule, add much to the dignity and edification of the convention. The discussions which we hear, usually have the effect of showing not *how much* the speaker knows, but rather *how little*. Well prepared articles upon the subjects selected are of the *first* importance, even though "extracts from text books" (standard ones) *are* incorporated in them where it is necessary to establish a scientific truth. The project "to read abstracts in place of full papers, or have a committee of judicious gentlemen to select a few of the best papers, to be read and discussed," can never find favor in a well ordered convention. If you are going to limit the papers it will be even more necessary to limit the debaters. A committee of "judicious gentleman" will have to be appointed to select the debaters. Of course those whom these "judicious gentlemen" may think can entertain the convention best will be selected.

Surely there will be a difference of opinion on this point, hence a little "unpleasantness." Conventions should always act in good faith with appointees, and should not by any act leave a doubt as to whether their productions will be respectfully treated. When members of bureaus are made to feel that there is a chance of being ignored or set aside, there will be precious few productions the result of hard study, for the great incentive to the careful preparation of an article is that it will be presented to a critical audience, and the writer will improve himself and benefit others most when he puts forth his best effort.—M. B. LUKENS. Cleveland, Ohio.

NOTE.—The writer of the above seems to be well pleased with things as they are. Thereon we differ. We are not knowingly pessimistic, but conventions are a bore to us and to many others. They are a needless waste of time. What's the use of listening to long prosy papers with not a single new idea in them. Reduce the work done to new or recent things and no man can write a long article or make a long

speech. Lincoln's Gettysburg Speech, the Lord's Prayer, Hamlet's Soliloquy, Pope's Universal Prayer, Mark Antony's Oration, have all been beaten out of sight for length but they are immortal still. "Words, words, my lord, nothing but words. They are fustian." Give us ideas and if the ideas are long let us have them in sections. The fifteen-minute rule is bad, but it is better than letting a few papers crowd out all the rest. If the writer knows how otherwise to give every man with his paper a ghost of a chance, will he please tell us? We must reform or we must perish. (Lyman Beecher, with variations).—EDITOR.

Obituary of two Homœopathic Journals.

What is the cause? It is hard to say and still more disagreeable to say. At that same ominous page of the *ADVANCE* and at the same article the worthy editor remarks: "Members are there, each with a pocket full of written material—much of it, we regret to say, copied almost verbatim from the text books, and *old ones at that.*" Old ones at that; here lies the secret in a nutshell. Too many of our healers are satisfied to trot along with a few ancient books; they do well in their daily vocation and feel satisfied with themselves and their fees. Medical progress is a thing to be abhorred, and journals a nuisance. A short trip to several northern states convinced me that some of our M. D.s. do not know even the names of our periodical literature. Here and there you may find some odd numbers, but regular files I could nowhere find. It can not be the expense, for there is not a physician living who could not spare ten dollars a year for two or three journals, *if he wishes to do so.*

Others excuse themselves by the *poverty of the journals!* Brother ADVANCE, let us take that list, whether true or not, and try to benefit by it. Let us be more severe in our criticism and admit no article to our pages which is taken from these "old ones at that," and let us father no clinical case which does not show the true stamp. If we are at fault, let us try to do better; let us try to raise the standard of periodical literature; let it be our aim that every number issued under our name contains nothing but articles which we would not be ashamed to acknowledge as our own handiwork; let us discard the item, still promulgated in many journals, "we do not hold ourselves responsible for the opinions of our correspondents;" let us be severe in the selection of articles; let us feed the waste basket, even if we have to feed the midnight lamp; let "excelsior" be our motto, and let us try thus to get up such a paying subscription list that we can afford to enlist the best talent and *pay them for their work.*

Rare's incomparable *Record* gone! That excellent quarterly, the *United States Medical and Surgical Journal*, dead long ago! East and West another journal disappears! Let us agitate the question of this double-headed leaguer in our journals and bring about a speedy reform.—S. L.

Specialism in Medicine.

Notwithstanding all that has been said and written on both sides of the channel in disparagement of specialism in medicine, specialists, in France, at least, are, whatever be the motives of the parties referred to, daily on the increase; and, as mentioned in one of my last letters, we have the approval of specialties by no less an authority than M. De-

paul, Clinical Professor of Obstetrical Medicine and Surgery of the Faculty of Paris, who, in the introduction to the first number of the journal recently founded by him, sets himself up as an apologist for specialists, and declares that it is almost impossible for any man to be an "encyclopedist."

This is eminently true, and there can be no question but that he who devotes himself to one limited territory of science can explore it more thoroughly than he who wanders over the whole realm of medicine.

The opposition to specialism arose largely from the notion that it meant ignorance of other branches, as great in proportion as it gave knowledge in the one. This is a mistake. The real specialist appreciates too well the numberless harmonies and secret sympathies of the economy to overlook or underrate the value of a broad and thorough knowledge of all its parts, functions and lesions. He will embrace all this in his ken, but bend this knowledge to one point, and upon one focus.

That a school will ultimately be demanded, where graduates from our colleges can have the opportunity to perfect themselves in one or the other branches, is obvious; and the more pertinent inquiry is, has that time yet arrived?

Water in the Walls of New Houses.

I need not call to your mind the first steps in a building operation, and how soon a connection is made with some abundant source of water, and that a great deal of water is required for making the mortar, etc. Let us now try to come to an estimate of this quantity of water.

Suppose that one hundred thousand bricks were used for a building, each weighing ten pounds. A good brick can suck up more than ten per cent of its weight in water, but we will put down at five per cent. what gets into it by the manipulations of the brick layer. We will assume that the same amount of water is contained in the mortar, a quantity certainly much understated, although the mortar forms only about one-fifth of the walls; we have thus one hundred thousand pounds of water, equal to ten thousand gallons, which must have left the walls of the house before it becomes habitable.

The two principal ways in which wet or damp walls are injurious are: First, By impeding ventilation and diffusion of gases, through their pores being closed up or narrowed by water; Second, By disturbing the heat-economy of our bodies. Damp walls act as bodies abstracting heat in one direction; they absorb heat by their evaporation, and act like rooms which have not been warmed thoroughly; they are better conductors of heat than dry walls, just like wet garments, and considerably raise our heat losses by a one-sided and increased radiation. Diseases which are known to be often caused by cold are particularly frequent in damp dwellings—rheumatism, catarrh, chronic Bright's disease, etc.

What can we do to get rid of that immense quantity, of these ten thousand gallons of water, before we remove into the new house? All this water—we can not make it run off, we can not squeeze it out, we can not boil it away—it must take its leave in one way, a very safe but rather long one, that of spontaneous evaporation into and by the air.

The capacity of air for receiving water depends on the different tension of the vapor at different temperatures, on the quantity of water already contained in the air flowing over a moist body, and finally on the velocity of the air. For the first two moments let us assume the average temperature of the year to be about fifty degrees Fahr., and the average hygrometric condition of the air to be seventy-five per cent of its full saturation. Under these conditions, one cubic foot of air can take up four grains of water, in the shape of vapor, but as it already contains seventy-five per

cent of these four grains, which amounts to three grains, it can only take up one additional grain. As often, then, as one grain is contained in the ten thousand gallons of water mentioned above, as many cubic feet of air must come in contact with the new walls, and become saturated with the water contained in them; or about seven hundred million cubic feet of air are required to dry the building in question. —D. C. PETTENKOFER, in *Popular Science Monthly*.

Orthodox Homœopathy. By H. R. Arndt, M. D., Grand Rapids, Mich.

The question of orthodoxy in homœopathy has grown into importance. To oppose the tendency to mongrelism and the getting away from all law, it has been asserted that Hahnemannianism is homœopathy, and everything outside of it "false pretense." The most plausible argument made is based upon the fact that even the old fathers of medicine had some idea of a law of similars and taught it; that all through the long past; occasional assertions of this law were made; that Hahnemann in stating the law concisely and intelligibly, only reiterated assertions already made; that Hahnemann, however, elaborated this law, systematically defined its operations, critically investigated its practicability, and in doing so he not only went far beyond the limits of the work done by others, but created a thing essentially his own, laid down a basis so perfect that we must accept it "in toto" or forego our claims to be homœopathsists.

Far be it from us to attempt to tear one single leaf from the wreath which humanity has placed upon the brow of him we honor and love. But is the argument hinted at true or is it merely plausible?

Sep-4

We can not deny the fact that close observers, long before the time of Hahnemann, had occasional glimpses of the fact that drugs will relieve symptoms in the sick much like those which are produced by them in the healthy. Dr. Peterson has had similar glimpses of late. Is he a homœopathist? If not, why not? Simply because he, like those sages of old, has accidentally stumbled upon the fact that such things do occur; has, like his predecessors, a very imperfect clinical knowledge of its application, and will, in all probability, like his professional ancestors, derive very little lasting benefit from his discovery (?).

Samuel Hahnemann differed from that class of people; and his glory lies in the fact that he was not satisfied with a mere glimpse and an empty assertion. He endeavored, first, to give the world a clearly defined law of cure; second, to place that law upon a firm basis by connecting it with absolute science, and by putting it to the test of close reasoning; third, by a most critical and impartial investigation of all the points pro and con by a most painstaking system of clinical observations.

In doing this he accomplished what no one before him had done. No one teacher in medicine had ever dared to proclaim that similars cure similars, and that all true cures are made in accordance with that law. He braved the arrogance, the bitterest sarcasm of the learned; the organized powers of a government in a country where its influence extends into every department of life, and did not falter a moment. To-day, when the truthfulness of this law has been proven by a century's triumphs over all opposition, will his professedly most enthusiastic and most devoted followers attempt to lessen the claims of Hahnemann as the discoverer of the law of similars, because by so doing they can make good their own case and justify their extreme views on other questions?

All men who accept in good faith the law declared by Hahnemann are homœopathists.

Like a man of genius and of progress Hahnemann did not content himself with the discovery of this law. He made further investigations. Some of them nearly equaled in

practical value the discovery of the law of the similars. Among them the discovery of attenuating medicines is prominent. Dilutions and triturations are probably used by all professed homœopathists. Why? Because experience has taught them to be superior in promptness and efficiency to all other forms of medicinal preparations, but their connection with Homœopathy is accidental; we *might* not use attenuations and still be homœopathists; we could not be Hahnemannians without them.

Hahnemann was speculative, else he could not have accomplished the work he did. But this speculative tendency led him upon dangerous ground. Always original, candid and earnest, he grappled with many questions which may not be fully solved for years, perhaps centuries, to come. The more prominent are his views on the action of medicine and his psoric theory.

Whenever a man becomes speculative, we have a right to accept or reject his conclusions. Hahnemann is no exception. Few men carefully accept the theory of the dynamic action of drugs, but many of us love it as a first attempt to strike at the root of an important question, and think favorably of it without being quite ready to subscribe to it unqualifiedly. The theory of psora occupies about the same position. But a man does not dishonor himself or deny the greatness of Hahnemann, is not an intruder or inconsistent if he, accepting in good faith the law of cure, rejects any or all of the speculations of Hahnemann.

We insist in keeping apart facts on the one hand and theories on the other. Without doing so, harmony is impossible. Men have a right to accept Hahnemann's views as a whole; by so doing they become Hahnemannians, but can not lose cast as homœopathists. Men may reject each and every proposition of Hahnemann's, outside of the law of cure, and still claim consistency and demand courteous treatment at the hands of the profession. If this is well understood there will be no need of pleading for freedom of thought and expression, or for the observance of common decency in the discussion of topics so peculiarly important at present.

Book Notices.

A Text Book of Electro-Therapeutics and Electro-Surgery. By John Butler, M. D. Boericke & Tafel, New York.

Among the many works extant on Medical Electricity we have seen nothing that comes so near "filling the bill" as this. The book is less than three hundred pages octavo, but is sufficiently comprehensive for the student or the practitioner. The fact that it is written by an enthusiastic and very intelligent homœopathist, gives to it additional value. It places electricity on the same basis as other drugs, and points out by specific symptoms when the agent is indicated. The use of Electricity is therefore, clearly no longer an exception to the law of *similia*, but acts curatively, only when used in accordance with that law. We are not left to conjecture and doubt, but can clearly see the specific indications of the agent, in the disease we have under observation. The author has done the profession an invaluable service in thus making plain the pathogenesis of this wonderful agent. The reader will find no trouble in following both the pathology and treatment of the cases described. Electricity is not held up as the cure-all of disease, but is shown to be one of the most important and valuable of remedial agents, when used in an intelligent manner. We have seen no work, which we can so heartily recommend as this. For sale at the pharmacies.

How to take Care of our Eyes. With advice to parents and teachers in regard to the management of Children. By Henry C. Angell, M. D. Roberts Brothers, Boston.

If it be a settled fact that we may properly simplify the science of ophthalmology, and bring its teachings down to the comprehension of laymen, then is this book a good thing, and if it sells well, so that a large number shall have the benefit of it, then it is still a better thing. But our first assumption admits of a grave doubt. A little learning is a dangerous thing. Smatterers are a nuisance, and half wise people, the most troublesome that we meet with. If Dr. Angell had stuck to his text, and informed his readers "How to take care of their eyes," he would have done a good thing, but he goes further, and attempts to explain in simple language, some of the most puzzling points in optics. No writer could have done better, but it is evident that he wrote under the conscious critical eye of his professional brethren.

He has written more for them to approve, than for the common reader to learn. For these latter persons, one half of the book is superfluous, if not positively injurious. We do not hesitate to say that this is the best book of its kind, but we object to the kind. It is all well enough, even desirable, to tell people how to care for their eyes, but astigmatism, accommodation, spherical aberration, and hypermetropia, are quite beyond their ken. To teachers and general practitioners of medicine, the book can be of great service.

Deterioration and Race Education. By Samuel Royce. Lee & Shepard, Boston. 1878.

Here is a genuine modern Jeremiah, a man with an endless scroll, written within and without, with sorrow, and lamentations, and woe. If he is not himself a pessimist, the reading of his book must surely lead many to take a gloomy view of human life. We have here the key note of the entire work. "Statistics prove that a deterioration of the physical, mental, and moral tone of mankind induced by the state of civilization, is undermining the race." Page fourteen. This statement is fairly clinched by an array of statistics truly appalling. What the said statistics are worth, is quite another matter. The author proves his point, if his proof have a valid standing in court. It would be a very difficult matter, if one were so disposed, to either prove or disprove the alleged facts presented. The only clue to the sources of the author's information, is often found in phrases like these: "Frederick Hill says," "Dr. William Guy shows" "The late Governor of Chatam Convict Prison declared," "Dr. Campbell found," "Miss Dix traced," "According to Potter" etc., etc., all of which might satisfy the reader, but the student would find it impossible to verify many of the statements made. But allowing them all to be incontrovertible, does not the author know that upon the other side of this question, proof could be piled mountain high, showing the steady, if not remarkable improvement of the human race? Does he suppose optimists, progressionists, and evolutionists have no arguments or statistics to help on their views of human life? Why can't we have a book made up of proofs, on both sides; a sort of comparative statistics, in double lines—so much to be said on one side, and so much to be said on the other side, and then let the reader, as judge or juror, decide for himself. But in any case, (and this is a suggestion to our author), let us have page and book of every important quotation. Mr. Royce makes his second point, in showing the effect of Education as a remedy, for all the evils described.

Education is his all-sufficient panacea. He does not raise an issue with, but he quietly ignores the claims of those, who profess to find

in religion, the great cure-all of human ills. But his idea of education, is very wide and inclusive. He says, "But this education must embrace the industrial, economical, domestic, and social relations, and increase their efficiency as producers, their intelligence, their moral power, their health, and their social considerations," page 206. For an advanced thinker as he is, the author holds curiously to the view that above all things else, human life is most sacred. "There is but one principle, that proclaimed in all its absoluteness, can save and bless the race: regard for human life for all that preserves prolongs, and saves human life, and an absolute condemnation of all that works destructively upon human life, weakens, shortens, or renders it burdensome," page 249. This shows the writer to be a sentimentalist, and not a philosopher—he is not even a tolerable scientist, or he would not indulge in such statements. Only five paragraphs further on, he says, "a straggling piper, fiddler, rhymor or dreamer, are but poor evidences of a high civilization." No matter, the life of any one of them, should command all the power we possess, if threatened with extinction, or even danger. Could we not rather name a multitude of characters, whose existence is a curse to the world, and whose destruction could vastly bless mankind? Upon many points raised by the author, we beg to differ from him, but still we have read the book with pleasure, and cordially assent to many of his arguments. The general impression left upon the mind of the reader, is not pleasant, and this we regret, for with the views of the writer upon most points, we are in sympathy, and could wish the subject made more attractive to the public. We, however, commend the work, as worth the attention of our readers.

Popular Science Monthly and Supplement.

No physician should be without these journals lying upon the office table. The twenty-four numbers they bring in a year, are equivalent to a small library. The value of their contents is of the highest order, and treating as they do, of collateral sciences, they become an invaluable adjunct to every physician's study. Physicians who do not study will hardly care to read such journals, but we are not talking to them. Address, D. Appleton & Co., New York.

Editor's Table.

AT THE Inter-Collegiate Conference, held in Indianapolis, Prof. Cowperthwaite, of the Iowa University, was almost the only one who did not emphatically agree to carry out the decisions of that body, as he did not feel authorized so to do by the Board of Regents, of the University. We are the more glad, therefore, to see that this institution, is among the first to the front. The "Announcement" for 1878-9 states that the "graded course, occupying three years, will take effect on all *new* matriculates after the close of the session of 1878-9" The only way to "raise the standard of Medical Education," so much talked of is to go right about it *and do it*, and we are glad to see the youngest homœopathic college in the land, ready for the work.

A CARD.—In consequence of the publication of my name, in two College Announcements, as Professor of Surgery, the current year, I take this method of informing my professional friends and students who are contemplating the attendance upon my lectures, that I will deliver my course of surgical lectures the approaching winter, in the University of Michigan, commencing October 1st prox. During the term, I propose to deliver a private course of twenty lectures on the *special operations of surgery* to physicians only, comprising the more important and frequent operations. Due notice of this course, fees, etc., will be published in our medical journals. For further particulars, address, E. C. Franklin, M. D., Prof. of Surgery, University of Michigan, Ann Arbor.

FOR THE July number of your ever welcome *ADVANCE*, page one hundred and six, you have a short editorial, "Too Many Papers." The remedy, which I have advocated for several years, without accomplishing the desired relief, lies in sectional meetings. Let us have, on the first and last day, a general meeting, but during the other days let us divide into sections, and every member can then attend that separate meeting to which his inclination leads. More off-hand discussion can be had in such sectional meeting, and whenever they are tried the members feel more satisfied. Let us agitate sectional meetings and there will be then not so many papers.—S. L., New York, July 28th, 1878.

THERE has lately been a rearrangement of the working corp of the Good Samaritan Hospital, of this city, and at present stands as follows: Medical Staff, T. G. Comstock, M. D., D. R. Luyties, M. D., Charles Gundelach, M. D., A. S. Everett, M. D.; Consulting Physician, G. S. Walker, M. D.; Consulting Surgeon, S. B. Parsons, M. D.; Resident Physician, W. Collisson, M. D.

PARTNERSHIP WANTED.—A young physician of two years' experience, and speaking the German language, desires a partnership in an established practice. For particulars, address, **MEDICAL ADVANCE.**

MUNSON & Co's Homœopathic Pharmacy, St. Louis, issue a splendidly illustrated catalogue and price current, for the trade 1878.

WANTED.—Allen's Encyclopedia of Materia Medica, second hand. Address, **MEDICAL ADVANCE.**

AT A meeting of the Spring graduates, of Pulte College, May 26th, 1878, it was decided to form an Alumni Association, in order to further the interests of the College; also to invite the former graduates to join the Association. A Constitution and By-Laws were adopted, and the next meeting will be held March 5th, 1879, at which meeting Dr. C. E. Walton, of Hamilton, Ohio, will deliver the annual address. All graduates intending to join the Association, are requested to send their names, with twenty-five cents initiation fee, to C. C. Hoffmann, Secretary, 260 Penn Ave., Pittsburg, Pa.

MARRIED.—At the residence of the bride's father, in Canton, July 11th, 1878, by Rev. Dr. Locke, W. E. Rukenbrod, M. D., to Miss Kate M. Jackson, youngest daughter of Rev. C. H. Jackson.

MARRIED.—August 10, Annie, daughter of Dr. E. M. Hale, of Chicago, to Dr. Carlos Gardner, of Madrid, Spain.

DR. GEO. M. OCKFORD has left Indianapolis, and settled in Burlington, Vt.

DR. H. C. MORROW, one of the Pulte boys, has located in Shelbyville, Ind.

DR. C. R. COFFEEN, another Pulte boy, has located in Winchester Ind.

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

VOLUME VI. CINCINNATI, O., OCTOBER, 1878. NUMBER 8.

All business communications, relating to the *MEDICAL ADVANCE*, should be addressed to DR. T. P. WILSON, 120 Broadway, Cincinnati, O. Terms *per annum*.

MEDICAL THEURGY.—This is the doctrine and practice of curing the sick by supernatural means. There are four methods by which this is done, and they are used singly or combined, as may be thought best: singing, praying, laying on of hand and anointing with oil. To this is added fasting; and this may perhaps be considered as giving point and efficacy to all the rest. It would be a curious and profitable study to look into the historical side of this question and to note the employment of this method of treating disease by the various nations of the present day. That the custom of resorting to supernatural means for curing the sick has not died out in this enlightened country, we are made painfully conscious by the numerous proclamations now being issued by our government and signed by the President of the United States. *Believe me, my dear friends, I have no need to fast and pray for the staying of the great epidemic which our country is now suffering from. I have no need to fast and pray for the staying of the great epidemic which our country is now suffering from. I have no need to fast and pray for the staying of the great epidemic which our country is now suffering from.* well
has been medicine as a science and art, and has been
made a shambled upon the altar of superstition. *Believe me, my dear friends, I have no need to fast and pray for the staying of the great epidemic which our country is now suffering from.* are not
of skill? Do they believe in the efficacy of the
own health? *Believe me, my dear friends, I have no need to fast and pray for the staying of the great epidemic which our country is now suffering from.* both civil
nature, con-
complicated

and prayer have checked or cured epidemics? Where are the statistical facts bearing upon the question? Was there ever an epidemic that had not its obvious cause in antecedent hygienic conditions? Is it not demonstrable that these wide-spread and fatal diseases are directly traceable to violations of the laws of health? Is not modern science capable of grasping with their causes, their preventions and their cure? With medical theurgists it is precisely as it is with the untutored savage, who sees with alarm the occurrence of an eclipse and imagines after he has vigorously beaten his tom-tom that he has succeeded in driving the monster away. The light of science must dissipate the ignorance of the one as it has done of the other. Why should knowledge succumb to superstition? We have no objection to fasting and prayer but their misuse in these cases is too obvious not to waken our protest. If need be it can be shown that both the Bible and common sense condemn the practice of making such public exhibitions of piety.

HOMEOPATHIC LITERATURE.—“It is refreshing to get hold of a *real* book in our school after such trash as ——’s, and ——’s, and ——’s, et al. Will our writers ever get over the notion that their colleagues in medicine are going to swallow allopathic rehash as original matter? ——’s book is taken bodily from ANSTIE on Neuralgia, and ——’s book is stolen from SAYER, mistakes and all. ——’s book is hodge podge and has neither point nor honest merit. He prints a lot of stuff which his scissors has provided; and its the same with ——’s new(?) work. And will you allow me to ask when will our journals be kindly bold enough to protect their readers against these impostors? Why should such harpies be encouraged and our school starved or discouraged? What honest author can hope for a recognition when such pigmies absorb the attention and patronage of the profession.” A valued friend of ours puts at us the above series of conundrums, and we take this occasion to put them at the medical profession. Some one ought to answer these questions. We have already expressed our views on convention papers and we have done what we could to prevent so much rehash being served up. Of course it is much worse when we have to buy it instead of merely listening to it. As for our medical journals no doubt the writer’s criticism is to the point. But in this matter we, the editors, can not greatly change the work of our contributors. Our experience is that our writers of current medical literature are materially improving their productions. We have laid away large piles of rejected manuscripts, but they are not of late being much added to. Most of our published articles we are proud of, but we want to reach a higher standard yet, and that can only be done by work that bears the

stamp of originality. Will our writers and authors heed these suggestions?

It's ALL NONSENSE trying to treat certain conditions clearly not within the scope of the homœopathic law, with homœopathic medicines. But it is a greater nonsense, and a crime besides, to attempt to treat conditions clearly within the scope of that law by means other than homœopathic. Those who are so ready to fly to the help of non-homœopathic agencies seem to have hard work in finding any circumstances in which they can apply Homœopathy pure and simple. They spend the most of their time in manufacturing excuses for not following the law of similia. And when by chance or even by design they select and give a remedy truly homœopathic they mar the entire work by useless or injurious adjuvant treatment. And the worst of it is they judge everybody to be as unwise or as unfortunate as themselves. Because they can not follow the homœopathic law successfully they hesitate not to say others can not. Well, this is all a mistake, and it keeps a large number of excellent persons in the dark.

Theory and Practice.

A Case of Traumatic Hemorrhage of the Kidney from a Rupture of a Branch of the Renal Artery. By J. A. Compton, M. D., Indianapolis. Read before the Indiana Institute of Homœopathy.

Notwithstanding its protected position in the loins, well padded with adipose tissue, injuries of the kidney are not an infrequent occurrence.

In looking through the literature on the subject, both civil and military, at my command, I find cases of rupture, contusion, and even dislocation, from accident, uncomplicated

with other injuries of the abdominal viscera, but none parallel to this one. No mention is made of rupture of the artery within the body of a healthy kidney. I am inclined to believe there must have been a weakness of the vessel at the point of rupture, although Dr. Jameson, who gave a careful examination of the kidney, assures me there was no fatty degeneration or other disease of the kidney. The patient himself, who was a very intelligent man and able physician, claimed never to have had any disease of the kidney or urinary organs.

June 13, 1878, at nine p. m., was called to see Dr. Edgar B. Thomas, act. fifty-three, of sanguine mental temperament. Found him very much prostrated and complaining of sense of great weight, heat and pain in the region of the left kidney, and a sense of heat down the course of the ureter; he was in a clammy perspiration and had a death-like pallor of countenance; there was also paroxysms along the course of the ureter, showing conclusively there were coagula passing, for the Doctor was voiding from a half to two-thirds of a common coffee cupful of arterial blood every five minutes. The smell decided its being blood, and the bright red color and great abundance left no doubt as to its being arterial. It being so thoroughly mixed with urine when there was urine to be found in it and the above detailed symptoms decided its origin. I was sanguine I had a dangerous case of traumatic hemorrhage of the kidney to deal with, and at once demanded council. A history of the case proved my suspicion was well founded. While passing down the walk in his slippers, in the early part of the day, he slipped on the sleety pavement and in trying to save himself from the fall, had thrown his distended hand with considerable force over the region of the left kidney, with his body thrown back. It gave him a great deal of pain for a while, which soon passed off, and he only felt a warmth there during the after part of the day. About eight o'clock that evening he started for Cleveland for a ten days trip. Between the Union and outer depot he had occasion to use the urinal and there discovered he was passing blood. He left the train at the outer depot, and not finding

a conveyance at hand, walked and carried a heavy valise home, the distance of nearly a mile. I found him passing blood as above described. After midnight the nurse estimated the voidings to be from eight to ten minutes.

June 15. I visited him the next morning at seven a. m. and found him resting quietly—in fact he had been sleeping some twenty-five minutes; he had passed a very restless night. Dr. Corliss and I visited at nine-thirty and found him resting. We continued *Erigeron* which we had put him on the night before. Dr. Thomas kept a record of the voidings on Tuesday himself, and the time ranged from fifteen to fifty minutes, with one of twenty-two minutes, with a smell of urine in every cup. The Doctor smelled of every voiding, and said the night before many times he could smell no urine.

June 16. Average was about twenty-five minutes, some less in quantity and a more pronounced smell of urine.

June 17. Quantity much less, time less; burning and tenesmus on micturition; it was of much darker color the hemorrhage having become passive; the tenesmus was undoubtedly caused by the presence of blood clots in the bladder.

June 18. More urine, less blood which is of a very dark color; quantity from three teaspoonsful to one-third cup; average time ten minutes.

June 19. Voidings about the same, strong *Ammoniacal* smell; great tenesmus; slept two or three times to-day for a half hour and on waking would pass water as often as three times in ten minutes. At night the tenesmus became so great I introduced a Bell suppository into the rectum which so relaxed the sphincter vesicae that he passed a large clot that nearly filled the cup, perfectly easy, and was free from tenesmus for some hours.

June 20. Voiding less in quantity, and of very dark color, and strong *Ammoniacal* smell; tenesmus very great, made an effort to get away the clot.

June 21. Amount about the same, very foetid; some mucus slides down the side of the cup at the end of micturition. About eight a. m. he became very restless and had an almost constant desire to pass water; after trying various appliances

to get away the clot without avail, Dr. Wm. Thomas applied his mouth to the catheter and succeeded in getting away about a half a cup full of broken down blood clot by suction. At four p. m. and at midnight the same condition was relieved in the same way.

June 22 and 23. His faithful brother gave him relief whenever these restless spells came on which were about three times a day, and usually got about a half a cup full of broken down blood clot. His voidings were frequent and of a small amount, and there was great tenesmus, but when the restless spells came on the tenesmus was continuous until relief was given as above described. On Wednesday night Dr. Buck, of Cincinnati, saw the case and we made another desperate attempt to get away the clot, but failed as usual and had to rely on Dr. Wm.

June 24. We used the aspirator with ill success; symptoms same.

June 25. Dr. Buck returned and another effort was made with the aspirator and other appliances, without success.

June 26. Dr. Beckwith, of Cincinnati, saw the case. We *Etherized* him and by the use of plenty of *Water, Vinegar, Soda*, the sound and reversible catheter succeeded in breaking up and getting away the most of the clot. The operation lasted some two hours and left him in great distress, which was relieved by opiates and hot fomentations.

June 27. Very weak and sick at stomach, could not retain food; sickness at stomach probably caused by the use of *Ether* and opiates; no urine voided.

June 28. Eight a. m., rested well last night but complains of great weakness; stomach wont retain food; no urine since the operation, twelve m.; retains food since ten a. m.; seven p. m. retains food. Voided first since operation at four p. m. Urine very fœtid and contains some pus. The Doctor smelled of every voiding up to the operation, but now the scent of it causes singultus.

June 29. Very weak; respiration, twenty-four; pulse, one hundred and twenty-five; urine fœtid and contains pus; no tenesmus since the removal of the clot. Drs. Beckwith, Buck,

M. T. and O. S. Runnells saw him to-night. Singultus comes now with the voiding of the urine.

June 30. From Wednesday until Monday, February 4th, he gradually sank, (although he took nourishment good and seemed comparatively free from pain or distress), and died February 4th at twenty minutes past four p. m.

Medical treatment.—The remedies used in the treatment were *Erigeron*, *Cantharis*, *Muriate tinc. iron*, *Hamamelis*, *Millefolium*, *Bell.*, *Arnica*, *Terebinthina*, *Arsenicum*, *Pinus. can.*, *Acetate pot.*, *Nitric acid*, *Secale cor.*, *Rhus.*, *Baptisia*. *Bell.* was the only remedy that relieved the tenesmus in the least. Both cold and hot applications were tried over the region of the kidney, without avail. I am not sure he always got the most appropriate treatment, although we always did the best we knew. I am inclined to think, with Drs. Newcomer and Jameson and many others, that no treatment could have been of any avail in this case. Dr. F. S. Newcomer, the surgeon of the accidental company in which the Doctor was insured, chose Dr. Henry Jameson to examine the body. Dr. Wm. Thomas and myself were present. I will give a copy of Dr. Jameson's report of the result of the post mortem to the insurance company.

INDIANAPOLIS, February 7, 1878.

On the evening of February 5, 1878, Dr. F. S. Newcomer and myself made a post mortem examination upon the body of Dr. Thomas of this city. I had previously made a microscopic examination of the urine for Dr. Newcomer and found that it contained a large quantity of blood, indeed it was so abundant that the urine was rendered opaque by its presence. We found in the post mortem that all the viscera were perfectly healthy except the left kidney, which, upon removal, was enormously distended and weighed a fraction less than two pounds; its color externally was a dark purple, as if it might be enormously distended with blood. This proved to be the case. When it was opened the upper portion or half was completely disorganized by the presence of an enormous blood clot, which resulted from the rupture of one of the branches of the renal artery, just between the

pyramids in the columns of bertin. Death was undoubtedly produced by the combined result of the nervous shock and loss of blood. Respectfully submitted, HENRY JAMESON.

I requested a post mortem in the case but Mrs. Thomas utterly refused, but when Dr. Newcomer demanded it for the accidental insurance he got it, and, as I said before, chose Dr. Henry Jameson as an expert for the company.

Surgery

Cystitis from Stricture. Operation. *Chloride of Sodium.* By
W. E. Green, M. D., Little Rock, Ark.

A. DeG., aet. thirty-eight, light hair, blue eyes and fair complexion, consulted me August 25th for a urinary difficulty, giving the following history: Six months previous he had been operated upon for hemorrhoids, which resulted in retention of urine, requiring catheterization. In introducing an instrument the physician inflicted great pain and its withdrawal was followed by a profuse hemorrhage. Ever since he has suffered from great irritation of the bladder, urinating twenty or thirty times every twenty-four hours, being almost entirely deprived of sleep and subjected to great mental worry and distress. He has been under treatment constantly but without any good effect; at the time he consulted me he was passing blood and mucus with his urine. Diagnosis, cystitis, produced by traumatic stricture. I stated my views to the patient, and upon making an examination found a stricture existing in the membranous urethra, through which I succeeded, after long and tedious manipulation, in passing

a filliform bougie, over which I threaded a Thompson's divulsor, divided the stricture, after which a number twenty-four sound was passed. I prescribed *Aconite* and *Arnica* internally and ordered perfect quiet. But slight urethral fever followed and the patient suffered but little inconvenience from the operation. On the seventh day the sound was again passed, and so on, until the split in the urethral membrane was entirely filled in, and all hemorrhage and irritation following the use of the instrument had subsided. This occurred about the expiration of the sixth week, but contrary to expectations and in defiance to all internal remedies the catarrhal trouble in the bladder was not removed. I then, by the aid of the double current catheter, began daily to wash out the bladder by injections of a solution of *Chloride of sodium* ʒjv. to *Water* ʒj. The vesical irritation rapidly subsided under this treatment and at the expiration of a fortnight he was discharged cured, and directed to continue the use of the sound every two or three weeks to prevent re-contraction of the urinary passage. I have found *Chloride of sodium* very soothing to the vesical mucous membrane, and prompt curative results to follow its use after *Carbolic* and *Salicylic acids*, *Nitrate of silver*, *Sulph. zinc*, *Hydrastis*, *Calendula* and all other remedies have failed.

Lithotomy. By S. R. Beckwith, M. D, Cincinnati, Ohio.

It is not my purpose in presenting this paper to recite the recognized symptoms that indicate calculi of the bladder, or to particularly describe the operation of lithotomy, but merely to give my opinion upon the cause of failure and success of the operation, also a few suggestions upon the division of the prostate, and the plan to be followed in the after treatment.

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On examining the tables of statistics of those surgeons who have operated in a great number of cases, we find a wide difference in the results, as for example in the lateral operation: Dr. Dudley lost six patients out of two hundred and seven, or one in every thirty-four and one-half; Dr. Mettaeur lost one in twenty-two and three-fourths; Dr. Mott lost one in twenty-seven; while surgeons of equal skill celebrity, whose operations were undoubtedly well performed, have lost a much larger proportion of their cases as, Dr. Nathan Smith lost one in seven and two-thirds; Dr. William Gibson lost one in eight and one-third; Dr. S. D. Gross lost one in thirteen and one-third.

This great disparagement in cases has led us to carefully examine the reports of the operators mentioned with many others.

It is true that the experience of a surgeon is much like that of a physician, who are often so successful in the treatment of a disease that they begin to think they have found the cure all, and just at a time when they are most flattered by their success almost every patient dies.

I remember reading a report of Dr Lynn, of St. Thomas' Hospital, in which he says: "I cut for stone forty times with but one loss, and then the Almighty punished me for my arrogance in supposing that I knew how to operate better than my fellows, for in the next four I was unsuccessful."

I have not forgotten my own experience in this respect; from the year 1854 to 1860 I rarely met with a loss in any surgical operation, until I was willing to operate upon cases that others would not touch. Then for a year or two the deaths were so frequent that I grew cautious. With all allowance for the incidents of a surgeon's practice there are still some reasons for the varied failures of surgeons in lithotomy.

Among these are disease of the kidney, bladder, prostate gland, laceration of the parts during extraction of the stone, prolonged operation, wounding of rectum, and hemorrhage, are dangers that can be avoided by the surgeon. Peritoneal

and cellular inflammation, cystitis, etc., are conditions that may often be prevented or cured by our treatment.

Patients suffering from severe disease of the kidney, not apparently dependent upon the calculi of the bladder, rarely recover from the effects of the operation; their ratio of deaths is one to two and one-half.

Chronic cystitis, with an indurated condition of the walls of the bladder, with excessive irritability of the organ, are conditions unfavorable to a fortunate result.

Hypertrophy of the prostate often renders the operation difficult and seriously lessens the prospect of recovery.

Sir Brodie said, "success in lithotomy most undoubtedly depends in a great degree on the skill of the surgeon and on the mode the operation is performed." This, in a general way, seems to be true, but it must not be forgotten that age, condition, debility, and disease, all play an important part in the success or failure.

A prolonged operation exhausts the patient, the parts suffer seriously by long and continuous handling.

Dr. Dudley, the most successful lithotomist of this country, often performed the operation in from three to ten minutes. While no one should operate against time, dexterity is an important factor in recovery.

The division of the prostate gland was at one time believed to be the most dangerous part of lithotomy; as the operation became more frequent the gland was divided in certain ways, and it healed without inflammation, then this was no longer considered a special cause of danger.

In my opinion a large proportion of deaths following lithotomy is dependent upon urinary infiltration into the pelvic fascia.

In lithotomy, if the median operation is performed, and the stone is large, the pelvic cellular tissue will likely be cut or torn.

Now, there is but little difference in the ratio of cures, where the calculi are small, between the median or lateral operation, but when the stone is large, the lateral is much the most successful, and this depends upon the fact that the stone can be extracted without laceration of the fascia.

The prostate is covered with a capsule which, if divided for any considerable extent, will communicate with the pelvic fascia and allow urinary infiltration; hence, if the gland is only notched, so as to allow the passage of the finger, it can be dilated or stretched sufficiently to allow the passage of the stone.

When it is divided laterally or inferiorly, so as to cut the fascia, infiltration of urine will occur, unless a catheter of rubber properly inflated, is worn several days.

When the stone is large, necessitating injury to the gland, this instrument should be used.

I do not think that the capsule of the gland is divided as frequently with the knife as torn by extraction of the stone.

Much force with the forceps will also tear beyond the lateral lobe. In either event there is danger of infiltration and sloughing; when the knife is being withdrawn it should be made to follow the groove of the staff, for the purpose of avoiding too free division of the prostate.

Some recommend that the forceps be fenestrated and covered with cloth, claiming that the parts are less liable to be injured than with the ordinary forceps.

I do not think that this statement is correct, as an open bladed instrument must be larger than the solid one, to possess the requisite strength. The danger lies in the force used. A patient surgeon will extract a large stone by steady pressure against the walls of the gland, thus producing dilatation of the wound, while an impatient surgeon will tear the parts.

It is far better to enlarge the incision, or dilate the gland with the dilator, than to extract the stone by force, where it measures more than an inch and a quarter to an inch and a half.

Another complication is wounding the rectum while performing the lateral operation. This accident has occurred with the most experienced surgeons, and can be recognized at once by the escape of air from the bowel, and is liable to be followed by a fistula. To prevent this occurrence it is better to divide the gut from the wound to the sphincters, this will not retard the cure, as the intestine will unite, before the wound of the bladder and gland has healed.

As surgeons of the homœopathic system of medicine, we allow our patients to go a longer time, without an evacuation of the bowels, than operators of other schools.

In lithotomy we have here a decided advantage as we are not concerned if the bowels do not move for ten or twelve days, thus allowing time for the the wound to heal before being disturbed from this cause.

Where the rectum has been wounded, or the parts torn or contused by the extraction of a large stone, small *Opium* injections should be used daily for the purpose of keeping them confined until union occurs.

In lithotomy as in all surgical operations, hemorrhage is one of the principal causes of danger. Yet in most cases there are no vessels divided that require ligation.

If the bleeding is free after the first incision the perineal artery has probably been cut and hemorrhage can easily be arrested by ligature, but if the arteries of the bulb, the inferior hemorrhoidal or transverse perineal is severed the bleeding is profuse and troublesome, pressure by the finger, the use of Physic's needle, are the ordinary measures to stop the flow of blood.

In one instance when I operated on an old gentleman there was a rush of blood, as the knife followed the groove. I inserted a canula in the bladder and packed around it lint wet with the *Persulphate of iron*; in a short time the hemorrhage was controlled and I extracted two calculi. I allowed the packing to remain for three days; the patient made a good recovery.

In those cases where the wound heals slowly, secondary hemorrhage may occur at times, and become troublesome, pressure and astringents are the only local treatment.

Lithotomy under all circumstances is a dangerous operation. The operative procedure is simple, when there is no complications and only becomes difficult, when there is hemorrhage or the stone is too large to be extracted by a perineal incision. In general the after treatment is almost as important as a skillful operation.

The prevention of inflammation, pyæmia, sloughing, fistulas and prostration are the important duties of the surgeon.

The plan adopted by the homœopath to carefully wash out the bladder with *Calendula*, and frequent injections into the wound of the same, are remarkably beneficial in preventing inflammation and favoring early union.

In conclusion allow me to suggest that you can form a tolerably safe prognosis before the operation provided the patient is healthy, not too old, has no enlargement of the prostate, and there is but small amount of adipose, so that you can easily find the staff. In such a case the danger is not great, but if an opposite condition exists the danger is increased.

The comparative result of lithotomy by surgeons of our school has never been made except by our celebrated Russian surgeon who presented the World's Convention of Homœopathic Physicians with about seventy specimens of urinary calculi that he had removed.

His ratio of loss is much less than the average report of any other surgeon. His large proportion of cures will remain as a lasting monument to the superior success of homœopathic medication.

I here present you with a rare specimen of urinary calculi that I had the pleasure of seeing Dr. Walton, of Hamilton, remove some time since, eleven in number, weighing two and a quarter ounces in the aggregate, were wedged into the neck of the bladder, so as to appear like a large stone, of triangular shape. The patient made a quick recovery.

AGARICUS.—Feeling of intoxication; head falls backwards, as if with a weight at the occiput; twitching of the eye lids, eye balls and facial muscles; passage of much inodorous flatus; viscid glutinous mucus from the urethra; dry, paroxysmal cough; difficult breathing, with oppression of the chest; pain along the spinal cord when stooping; aching along the spine and limbs.

Obstetrical and Gynaecological.

Post-Partum Hemorrhage, Treated by Hypodermic Injection. By W. H. Hunt, M. D., Professor of Obstetrics, Pulte Medical College.

External pressure and "turning out the clots" usually stops "post-partum hemorrhage." If we fail with this simple and always first tried expedient, cold or hot applications or intra-uterine injections of *Iron* or *Iodine* are resorted to, each and all with varied success. In several cases of post-partum hemorrhage I have succeeded with the applications named, one or more. My custom has been, first, to resort to the universally advised conjoined external and internal manipulations, if this fails injections of *hot* water (temperature 100 to 112), failing in this I prefer as an intra-uterine remedy *Iodine*, either Churchill's preparation or a watery solution made from a solid extract. On the third of May of this year I was called to attend a lady in her second confinement. I found the patient in comparative good condition, vertex presentation, the exact position I could not make out. After the birth of the child I found it to have been the second or occiput to the right acetabulum. The os was slightly dilated, with good prospect of steady increase, judging from the character of the pains and the condition of the parts.

After waiting patiently four hours a second examination revealed the fact that very little if any advancement had been made, and as the patient was showing symptoms of exhaustion, I partially etherized her (usually in these cases of flagging of pain and nerve force, I exhibit *Chloral* with happy effect), but in this case, having no *Chloral* at hand, I resorted to the ether. Under its influence the os dilated rapidly and the child was expelled. The second stage being completed with a "gush," previous to the exhibition of the anæsthetic for four hours little was accomplished in dilation or progress, whereas in less than fifteen minutes after anæsthesia complete

relaxation and expulsion were affected. Expression or Credes' method was used, and the placenta followed in a few minutes. (Never before have I seen the second and third stages of labor terminate so rapidly). Placing my hand over the hypogastrium I could notice a disposition on the part of the uterus to relax, the rapid termination of the labor and the use of the anæsthetic probably acting as predisposing causes. (I have never noticed this tendency to exertion of the womb after the use of *Chloral*). By pressing and retention of the hand over the globe of the uterus I had the satisfaction of obtaining pretty firm contraction but at the same time I felt that the tenacity was only comparative and necessarily uncertain. In less than half an hour, in spite of every precaution in the way of pressure, the uterus gradually and perceptibly relaxed, and with the inertia I had a condition objectively and subjectively that the veriest tyro would have regarded as the result of a post-partum hemorrhage, hardly any pulse and that terrible "let me alone" "far off look" that once seen can never be forgotten, and that always accompanies this much dreaded accident.

I attempted to stay the progress of the inertia by the usual method. Failing in this I injected with a common self-injecting syringe hot water, and for the first time this failed me. As a last resort I injected, under the skin of the abdomen above the pubis, a small quantity of *Fluid ext. of ergot*. The result was an immediate contraction of the uterus and cessation of the hemorrhage, I have never witnessed so speedy a result of treatment in any case. The exhibition of *Ergot* by the mouth should never be relied on in these cases as its action is too slow, taking from fifteen to twenty minutes to develop its peculiar effect. Hypodermically used its action is almost instantaneous. In one other case I used this method of exhibiting *Ergot* and with equal success. In two instances I have used the preparation of iron as recommended by Barnes and with no untoward result, but it is an application I should resort to only after a failure with the *Iodine* and *Ergot*. With me it will ever be a "dernier resort."

Within the last year I used the hypodermic injection of *Ergot* in an interesting case of uterine hemorrhage occurring at the climateric period. The lady, fifty years of age, had not menstruated for three years. Suddenly, without a perceptible cause, hemorrhage without pain made its appearance. After treating the case with the remedies ordinarily used, especially the *Ustilgo madi.*, and having failed, the hemorrhage continuing almost continuously for nearly a year. I introduced beneath the skin, over the pubis, an injection of *Ergot*. The relief was magical and continued for about four months. A slight return of the hemorrhage induced me to repeat the treatment, since which time there has been no return of the flow and the patient's condition is good. A speculum examination and the introduction of the sound revealed no pathological state, but only a relaxed, softened condition of the body and cervix. The patient's complexion and many of her objective appearances, together with her antecedents, caused me to fear that carcinoma might exist or be imminent. I would not recommend *Ergot* hypodermically as a cure all for all forms of uterine hemorrhage, but my limited experience and the happy result of cases treated by my friends inspires me with a decided confidence in its exhibition in post partum hemorrhages, in uterine hemorrhages from atony and in placenta previa whenever *Ergot* is indicated.

Obstetric and Regimential Treatment of After Pains. By J. C. Sanders, M. D., Professor of Obstetrics, Cleveland Homœopathic Hospital College.

Treatment of after pains other than therapeutic may be considered under two general heads:

(A) Obstetric, (B) Regimential.

(A) Obstetric Treatment.—The range of obstetric management prophylactic and direct of after pains is quite extensive and worthy of careful consideration.

First. It is so to conduct the gestative process as to keep it within the definition of a physiological state for its entire duration, guarding at all times against the lodgment and fixation of the many forms of violation to which it is subject and which are sure to compromise its healthfulness and safety.

Second. It is so to conduct the labor process as to protect against the conditions which are the almost certain entailment of the malady. This involves certain and specific rules of duty which may be stated as follows:

(a) In every case, other than primipera, inquiry should be made into the history of the preceding labor or labors as to this special affection. This inquiry rationally can run back to the preceding generation, for there is no question that there are family biases to this form of suffering. And why not? I am sure I have been able to trace this as a hereditary entailment.

(b) Without any preceding experience of this kind on the part of the patient, or on the part of her mother, the common obstetric rules to break the membranes at the completion of the first stage of labor either as a fact of attained dilatation, or of attained dilatability which always is its equivalent should be scrupulously observed.

In case, however, there had been such a preceding experience with after pains on the part of the patient or on the part of her mother before her, this common obstetric rule should be observed with a *special caution*, namely, the membranes should be broken in the same manner as in placenta previa, by making a small orifice and permitting the waters thereby to be surely but gradually evacuated.

(c) As after pains are predominantly associated with extraordinary rapid labors, rapid especially in the second stage, this stage whenever threateningly rapid should be protracted all that is consistent, by taking off the voluntary forces to the required degree, or entirely at discretion, committing to the uterine forces proportionately the entire delivery of the child.

The decubitis of the patient can be made largely to subserve the same purpose.

(d) The third stage so far as concerns the detachment, and expulsion of the placenta from the uterine cavity exclusively should be committed to the uterine forces even to the limits of justifiable delay, unless interference is demanded by the interposition of some accidental condition as convulsions or hemorrhage. From an extensive and careful observation I am convinced that as it is true of the second stage so it is true of the third stage, after pains are very generally proportioned, in severity and duration, to the haste of its process and completion. If rapid, whether by the strength of the natural forces or by the interference of art, after pains more surely supervene and enduringly and distressfully afflict. This occurrence is largely determined by the factor of undue haste in delivery, both in the second and in the third stages, but especially in the latter. From a careful observation I am convinced that the longer the uterus retains the placenta the more protected the uterus is from this distressful malady. I desire to limit the proposition to the exact terms of the statement. Detention of the placental mass within the vagina after having escaped from the uterus is no part of the statement on which the proposition is founded. Whenever the placenta has progressed so far in delivery as to lodge and rest for its greater bulk within the grasp of the vagina it can no longer subserve any purpose protective against after pains and should promptly be removed, as its retention within the vagina is not only imperiling of hemorrhage but exhaustive of vaginal tenacity and unqualifiedly harmful.

(e) Incident to the extrication of the placenta from the grasp of the vagina, great care should be exercised not only to secure the entire membranes but any clot or clots which may have accumulated or gathered at or within the grasp of the os uteri or within the vagina. A wad or shred of membranes, or even a small clot firmly gathered within the circle of the os, is capable of provoking or sustaining the malady. They singly or together are often an unsuspected cause. In case there is evidence of reformation of clots, they will re-

quire removal and the surveillance may have to be continued for some time. Ordinarily one removal, together with the use of the indicated remedy, for the atonic condition of the uterus on which the loss depends will suffice.

(f) The bandage, except where there has been great distension of the uterus by multiple *fœti* or by a morbid amount of liquor amnii, should be interdicted. Its application will prove only annoying and burdensome.

(B). Regimential Treatment.—This is also prophylactic and direct and may be briefly stated as follows:

First. The gestative state through its entire period should be made to conform to healthful restraints. Especially, all excesses of food should be cautioned against. The morbid, greedy appetites which wait on this state, and which are prone to be exacting and to entail on the portal and renal centres engorgement, and on the uterine and ovarian centres morbid excitability, will require and should receive the most prudent guidance. The end to be aimed at and attained is to keep the patient free from undue vascular engorgement and irritation, out of which, when established and confirmed, after pains may reflexly spring.

Second. The parturient state equally should be guarded against everything liable to impose burden or excitation on the great sentient centres, especially the digestive.

Third. Soon as labor is completed there is need of special care; that, except the case is hemorrhagic, no cold drinks be permitted, as they are liable to aggravate suffering. Even medicine used in solution should be administered in quite warm water. So responsive sometimes is the womb to anything cold taken by the stomach that a teaspoonful of cold water, however medicated, will sustain the suffering. It is better in such cases that medicine be administered if not in warm water, dry on the tongue; that the room and surroundings of the patient be made and kept quiet. Scarcely anything, except the cry of the child, is more intolerable to a sufferer from after pains than confusion and the noise of much talking or the talking of many voices; that the babe be not dressed in the same room, nor after its toilet, be applied

to the breast, nor when crying be permitted to remain in the room. To disregard these latter cautions is downright cruelty if the after pains are severe.

Fourth. In case the after pains are neurotic and dissociated with hemorrhage and clot formation, hot fomentations will prove a most serviceable adjuvant. Light, soft napkins, wrung so as not to drip out of water, medicated or not, hot as the skin can bear, and properly covered in by a superimposed layer of warm, dry flannel, and this renewed often is a proper mode of their use. Akin to hot fomentations is the application of the *Mustard* poultice, which is often used with great satisfaction, though empirically. As popularly used it is applied directly over the cramping uterus and its position changed from side to side and up and down, so as not to make the sensation of heat and glowing disagreeably intense at any one point. Somewhat similar to *Mustard* poultice in its primary impression, but more efficient and specific in its action, is the local use of *Chloroform*. One of the most terrible cases I ever knew, the pangs of which the patient dreaded more than those of the preceding labor, yielded promptly to its use. A soft napkin, folded to four thicknesses and well charged on one side for an area equal to the outline of the uterus and applied directly over and upon it, and this quickly and well covered in by another napkin, is the mode of its application. The second application, using each time about a drachm, sufficed to subdue the suffering after it had risen to a pitch of desperation, and other resources, including the best selected remedy, had failed to relieve. Not often have I availed myself of this resource, but in every case I have, it has proved surprisingly relieving and at the same time innocent of any appreciable near or remote adverse symptom. It must be regarded a valuable though an empirical adjuvant.

General Clinics.

ELEVATING HOMŒOPATHY—RENAL CALCULUS.—In the August number of the *ADVANCE*, "J. B. O." calls the attention of the profession to the method practiced in — college of "elevating Homœopathy," and his criticism is eminently just, and not made one day too soon. But the college to which he refers is not the only one guilty of such teaching. The following from the note book of a student who graduated at the last session of one of our state universities, in which Homœopathy has but recently gained a foot hold, may be given as a fair illustration of the kind of Homœopathy taught from the chair of practice. The professor, giving the treatment of renal calculus, says: "Relax the surrounding parts and give *Aconite* and *Gelsemium* in drop doses of tincture, on general principles. *Morphia* in one-eighth grain doses, repeated every half hour if necessary; or perhaps the better way would be to use it hypodermically." Even in this extreme case the grace of consistency comes to the rescue; as the professor, armed with the periphernalia, (hypodermic syringe), is prepared to "practice what he preaches." His *theory* of Homœopathy may be unquestioned, but shades of Hahnemann! what of the practice when he enunciates such doctrines from the college rostrum? Is it not time that something more than a gentle criticism be entered against such teaching in our homœopathic colleges? If it must be taught call it by its right name, and send homœopathic students where they will receive homœopathic instruction. Those who graduated in allopathic colleges and have been compelled to carry such dead weights—millstones around their professional necks—in their efforts to obtain a knowledge of homœopathic practice, can sympathize with students who receive such teaching now in our homœopathic colleges. "When knowledge ceases chaos enters in." The names of such colleges should be published so that we may know where to send our students.—CRITIC.

P. S. The following case shows what Homœopathy can do when intelligently applied.

RENAL CALCULUS—THE TRUE METHOD OF RELIEF.—
Dec. 14, 1877, at eleven a. m., was called to Mr. M. who was suffering intensely from the passage of a renal calculus. He had no idea what was the matter and was sure he was going to die. He had wakened with the pain about half an hour before, and the agony was so great that he wept like a child, and the perspiration poured from him as he writhed and twisted in every direction over the bed. The pain was felt above the right hip, inward toward the back. He was a very strong, healthy man, about thirty years of age, and had never been sick. *Cantharis mm*, a few pellets was dissolved in half tumbler of water, and two teaspoonsful given him, with direction to repeat with one teaspoonful every fifteen minutes till easier. After the second dose he fell asleep and slept two hours; woke without pain but weak; took no more medicine; went down to dinner that day and to business the next. Dec. 20, passed a small stone from the bladder, which I now have; has had no return of the pain to date.

This case is presented to draw attention to one published in the Homœopathic Times, Vol. vi, No. 4, July, 1848, in which Dr. Roby informs us he gave *Nux*, *Colocynth* and other remedies during the night, and the following day the assistance of anæsthetics and narcotics, a *Tobacco poultice* and even a grain of *Morphia*, and then the operation of attaching a rubber tube to a Wordsworth aspirating syringe, and into the remote end of the tube inserted the open end of a female catheter; this was inserted in the bladder, pushing it well back into the region of the orifice of the ureter, and then by pumping produced a pressure of from three to five pounds, and the suction brought the stone into the bladder. Can any one say what removed the calculus? When so many expedients are resorted to who can decide? In the foot note we see that Dr. R. reports another successful operation. It would be gratifying to know if the operation alone was used. One thing is very certain: if the proper remedy had been administered at first, and in a proper potency, the result would have been as in the case I reported, and the patient saved hours of agony. I have verified it in two similar cases, and

there are many other physicians who have never been compelled to resort in such cases to eclectic measures. The remedy appropriate to the case must be administered at first, for if there is a mistake in the first remedy, it will have to exhaust itself or be antidoted before a second remedy can display its full effect, wasting thereby valuable time, and causing the patient prolonged suffering; therefore, the necessity of administering the proper remedy at first is of prime importance, and there is but one way of arriving at this result, and that is by the strict adherence of the plan laid down by Hahnemann for the examination of the sick person, and then finding the corresponding remedy to that condition—by individualizing each case and then prescribing for it. There is certainty only under the law.—SAML. SWAN, M. D., N. Y.

ARUM TRIPHYLLUM—BITING THE FINGER NAILS—C. W., a child, aet. three years, with light hair and eyes; though not decidedly scrofulous, has suffered about a year and a half from the habit—which has been constantly increasing—of biting the finger nails; he would bite them until the fingers would bleed, and it had become very annoying and troublesome. The parents had tried various mechanical means without any benefit, and although firm believers in Homœopathy, thought it useless, or worse than useless, to think of correcting what they were pleased to term, “a mere habit,” by internal medication. Like many of our professional brethren they clung with a tenacity worthy a better cause to their faith in the material nature of disease. Guided by the similarity of symptom, “picks the lips till they bleed,” he was given *Arum Tryph.* 3, and an immediate improvement followed. In two weeks he was well and has had no return of the “habit.” Giving one remedy at a time we know what did it. I consider this an important verification of the remedy, and one of which a note may be made by the busy practitioner with profit.—H. C. ALLEN, M. D., Detroit.

NITRIC ACID VERIFICATION—Allen's Cyc., vol. vii, *Nitricum acidum* symptom 628: “Stomach and abdomen tense and

clothes seem too tight immediately after a very moderate dinner."—A young lady under treatment for yellow blotches on her face and abdomen and spasmodic dysmenorrhœa on the first day of flow, with concomitant indications calling for *Nit. acid.* Had been taking the 3x potency three times a day alternate weeks, for six weeks, and improved very much; mentioned this sensation of the abdomen feeling so full and tight shortly after eating; her appetite and digestion was excellent and no flatulence; had noticed the symptom for four or five days and getting worse. Discontinued the *Nitr. acid* as it was evident the remedy had made an impression on the system strong enough; the sensation disappeared gradually in two or three days. I have starred symptom 628 in my copy of Allen.—J. F. E.

IODINE vs. QUININE—INTERMITTENT FEVERS.—Our allopathic friends have discovered in *Iodine* a perfect substitute for *Quinine*. Dr. Grinnell, at Wichita agency reports one hundred and forty-seven cases treated of the quotidian and tertian types principally, and all of them cured. Ten drops of the tincture in a glass half full of sweetened water three times daily to adults. Of course, as usual, these discoverers are at a loss to account for the result, and they timidly suggest that its action (how, not stated) is *perhaps* upon the lymphatic glandular centers, the hiding places *perhaps* of the malarial poison. The pathogenesis of *Iodine*, under the head of Fever, is quite marked and worthy of study and we have no doubt it might be found a valuable remedy in attenuation in some forms of intermittent fever. But of this our allopathic friends may be assured that *Iodine* can not be used in such doses continuously or repeatedly without resulting in profound and injurious effects upon the system.

IODINE—VERIFIED SYMPTOMS.—Sallow, distressed countenance; increased saliva; ravenous hunger; left hypochondriac region hard and acutely painful to pressure; emaciation; great debility with restlessness; profuse perspiration at night. **NOTE**—Fever symptoms numerous but not marked as verified in Allen's Ency.

Oct-3

Miscellaneous.

Liberalism in Medicine. By Geo. M. Ockford, M. D., Burlington, Vt.

The discussions between members of our school pro and con regarding the use of highly attenuated drugs has been marked by acrimony and a spirit of illiberality entirely out of place in this age of scientific investigation. While the strict homœopaths, whose vision does not extend beyond the strict interpretation of *similia similibus curantur* have sought to excommunicate their more "liberal" contemporaries, who dare to use mustard plaster, anodynes and other adjuncts to ameliorate the condition of suffering humanity, this same liberal element, so called, has sought to cast reflections upon their opponents by ridiculing their practice, calling them fanatics and humbugs. But the most bigoted opposition has been made against those who have dared to state the efficacy of highly attenuated drugs in the treatment of disease. No effort has been made to impeach the character of the men who make these statements. All admit that our "high potency" men are physicians of culture and good liberal medical education; still those who differ from them do not hesitate to denounce their teachings, accusing them of being possessed of a luxuriant imagination that, like "the poet's pen," can give "to airy nothing a local habitation and a name." Why is this opposition? They do not deny the law of cure, but cures by such minute doses is impossible and the statements are so specious that ridicule is the only weapon fitted for such a contest. Now this is just the same spirit that opposed Homœopathy at the start. The medical profession had never been remarkable for repudiating generalities without sufficient data. See the theories humoralism, vitalism, solidism, and the speculations of Brown, Cullen and others. These were adopted by a very large portion of the medical world. At the time Homœopathy was promulgated by the illustrious

Hahnemann, a celebrated English physician was proclaiming to the world that "the lancet is the right hand of medicine and *Calomel* is its left," and this latter sentiment was applauded to the echo. But the system of Homœopathy drew down upon itself the repudiation of men of liberal medical education, and if not of deep thought, at least a good practical common sense. They professed to be in search of the best methods of curing diseases, and yet they denounced the followers of Hahnemann as fools or knaves. It was not on the ground of generalization surely that Homœopathy was rejected, although a universal law of cure may have been a stumbling block to many. The popular notion of the time was that antagonism, counter-irritation and narcotism, were the only true methods of treating disease. Disease itself was looked upon as a hydra-headed monster which had to be bled, physiced and purged until there was nothing left for nature to take care of but the poor hoofs of the ugly abnormal development. Homœopathy was the expression of a fact totally irreconcilable with these notions. How absurd that like should cure like! they exclaimed. It was impossible that medicines acting in the same direction as the disease should arrest the disease, and then to crown the whole the doctrine of infinitesimals was utterly at variance with their experience. No exaggeration seemed possible for such an absurdity, and every statement was considered fair that put this absurdity in its strongest light. The whole trouble was that the doctrine was not in accord with the prevailing notions of that time. The bleeding and *Calomel* doctrine was received with open arms, and we find the leading men of the day advising the lancet as the *sine qua non* in the medical practice. People are yet alive that remember the excessive bleeding of fifty and sixty years ago. Less than sixty years ago King George IV of England was bled to the amount of eighty ounces by one eminent practitioner and upon the recommendation of another a further depletion of fifty ounces took place, which second bleeding, Greville gravely says, "certainly saved his life, for he must have died if he had not been bled." And in the further treatment of the case, a day or two after,

twenty ounces more blood was taken from the royal patient, for what purpose is not stated, but probably to hasten convalescence. The men who practiced in this heroic manner were not obscure physicians, but they considered themselves the infallibilists of their time. Their successors still exist in those who would deny free thought and practice among their contemporaries. A great progress has been made and such treatment would be considered malpractice at the present day, and how can we tell that the next generation will not look upon the use of hypodermic injections, large doses of *Chloral*, and similar treatment as being unfair to the human organism? The former generations could not bear the doctrine of infinitesimals on account of its limited information, but in the generations yet to come it is likely to be the only doctrine compatible with the then existing state of knowledge. This is an age of minute scientific research, the old school literature is becoming permeated with our principles, and their materia medica enriched with our remedies, and the time will surely come when the successors of those who so ruthlessly drove the great Hahnemann from Leipsic shall delight to proclaim panegyrics upon the great benefactor of the medical practice. Let us learn from these facts that other facts which may appear as improbable as the doctrine of infinitesimals to the former generation, may be true, and before denouncing them let us carefully test, and examine them with candor, remembering that

"Our doubts are traitors
And make us lose the good we oft might win,
By fearing to attempt."

ARGENTUM NIT.—Vertigo and buzzing in the ears, with great debility of the limbs and trembling; headache relieved by binding the head; great redness and swelling of the carnacles; tenacious mucus in the throat, with constant hawking; sensation of a splinter lodged in the throat; swelling and tenderness of the stomach, nausea, heaviness, fullness; colic, with diarrhœa, green fœtid mucus; rigidity of the calves, with great weakness; heart affections better in the open air.

To a Young Doctor from his Father.

MY DEAR SON:—Your letter of inquiry as to a “policy” which shall serve you as a guide in your professional life, has been received. I rejoice at your beginning so early in life to use the term “policy.” Never lose sight of it, and it will guide you to social and professional eminence, as it has your father before you.

Your entering upon professional life at a time when our school is so greatly agitated and seems in danger of rupture, requires, as you indeed intimated, an unusual amount of caution. Could I foresee which side would win in the end, my advice would be short and to the point. But I myself am sorely perplexed and find it trying, at my time of life, to accommodate myself to the needs of the hour. I have even thought of retiring from active work, but my position is too prominent. I have only lately been elected an honorary member of the — State Society, am president of the — Central Society, chairman of the Bureau on Dose of the — Medical Institute and my name may possibly be used (without my sanction, of course) as a candidate for a chair in the — State University. (By the bye Dr. B— has promised to help me in this latter matter and his influence is very powerful). All this tempts me to stick, hoping, that no matter who wins I shall manage to be on the right side.

As to yourself, I trust that you will ever remember that to insure success you must be prepared to throw overboard all notions of so-called consistency. A young man of talent can not afford to sacrifice position to a mere whim. It will seldom pay you to fight the majority. Act and fraternize with them. But while doing so, conciliate by a show of sympathy to a minority, if composed of men of ability, who are apt to be in the right, but have not the tact to accommodate themselves to others, and thus usually succeed in only bringing upon themselves disfavor and contempt. I might name such men; but your acquaintance with the current literature of our school makes illustrating unnecessary. On questions of importance and of

interest never commit yourself if you can avoid it. An easy way of doing this, is always to agree with present company. To give an example: No one but a fool would talk anything but high-dilutionism to Dr. L—; in conversation with a man like Dr H— of E— it would be thoughtless to omit a shrug of the shoulders or a confidential smile while mentioning them. "Individualize" with one man; but "generalize" with his neighbor.

To do this successfully be shrewd and bold. I know a man who read a paper on "Pure Homœopathy" at a meeting of medical men, deploring mongrelism and especially the use of crude drugs. He had his case with him, (thoughtlessness, mind you). A mischief loving listener opened it while its owner was reading his high toned paper, and upon finding in it *Calomel, Quinine, Dover's Powders, Ipecac*, etc., all of them in the crude, exhibited them good naturedly and thus absolutely ruined the effects of a carefully prepared paper. There you had a man who was sensible on the point of medication—but he should have left his case at home. I felt sorry to see a man of his ability overwhelmed with ridicule, owing to a little carelessness. Take due warning, my son. Nothing would so mortify me as the thought that you might be guilty of similar imprudence.

I need not speak to you of high dilutions in your practice, for you are nearly twenty-five years old. I have taught you the use of medicines in such doses as would produce desirable and appreciable effects. You have been shown how to discriminate between true science and blind enthusiasm. Remember these lessons! Hahnemann was a man of originality and respectability, but you are too well read to follow him blindly. Men of his eccentricity are not often safe leaders. While it then seems necessary to avow a great deal of reverence for the "master" as an eminent man of the day has it; while it will do well enough at times to out-Hahnemann Hahnemann himself in lofty enthusiasm for the "cause" and all that, remember that the fluid extract of a drug is much safer to depend upon than the two thousandth dilution. As you come across reports of cures with Swan's high poten-

cies, think of "*skimmed milk*." But it would not be a bad move, could you occasionally publish a cure with the millionth potency, while showing a general disposition to favor low potencies. You will, by doing so, get the reputation of a careful, earnest, thoughtful and candid laborer in the field and may become a man of note, as others have by the use of the same means.

Time however hurries. Farewell for to-day. Remember, that I will advise you at all times to your advantage. Do not fail to make good the hopes of my heart, centered in you. Above all, my son, take no sides at present. Blows are falling rapidly and are dealt carelessly. Take heed not to put yourself in their way.

Your co-laborer in the cause of Homœopathy and affectionate father,
H. R. A.

Women Doctors. An address by Prof. J. Martine Kershaw, M. D., Missouri School of Midwifery.

The majority of men who graduate in medicine fail to make either a good name or a decent living. The majority of women who take up medicine are foolishly infatuated with a profession which they can not comprehend, or they resort to it as a means of livelihood, having failed in other things. One can not become a good physician without a certain natural fitness for the calling, a fair education, and a good stock of common sense. Now permit me to say that the majority of men and women who study medicine are utterly unfit to practice it. Many of these people theorize and dream beautifully, but at the bedside of the sick they are helpless. The few only succeed, and these do it because of their fitness for the profession, by the exercise of good hard common sense,

and as a result of constant, thoughtful, and earnest study. Now the education of women for the practice of medicine is an experiment. Few men have any faith in women as physicians, and few women will trust one of their own sex in any case at all serious. Schools of medicine have opened their doors to women, because, in these broad and liberal times, it is held to be the right of everyone to follow that legitimate profession or calling, which suits him best. It is right too. Women should be allowed with men, to gain an honest living, and whether it be law, medicine, millinery, or dress-making—that is her business. Now, I am sure that many a good mother has been spoiled by trying to make a doctor of her; and many a woman would have made a better wife had she not insisted on dabbling in pills. And on the other hand I have frequently known two respectable callings to be sadly injured by a blacksmith leaving his trade to practice medicine. However, I have always believed that women should doctor women. I have always believed that in certain diseases of females, a woman should be the attendant, and not a man. Custom, with intelligence and scientific acquirements, gives the man the right to attend woman. She suffers for months and years even, and finally shrinking, cowed and mortified, she submits to the attentions of a man—doctor. Now it does a woman no good to suffer in this way, and it would be unnecessary if the women-doctors came to the front equipped with intelligence, common sense, and its requisite amount of medical knowledge. Custom and habit make the women look up to men, and down on their own sex; it remains however, in the hands of women physicians to make their cause, or let it fall through. It will succeed if they can prove themselves as good doctors as the men; and it will fail if they can not do this. The times demand skilled attention. The people want a first class article, whether it be medicine or merchandise, and whoever can furnish this will receive a proper return for it, whether the individual be a man or a woman.

THE RELATIONS OF THE PEOPLE TO THE PROFESSION.—This is another matter to which I wish to call your attention, and it is one that will prove of great importance to you

in the practice of your profession. You may think that having learned how to cure disease, you can with opportunity, do this. I am certain you will find yourselves mistaken, a very great many times. It may not be your fault that your patient does not mend as rapidly as she should, but, as physicians make pretty good scape goats, you will find that you will be obliged to bear whatever blame may be attached to the case. You may know exactly where the trouble lies, but will often find yourselves powerless to overcome it. If you can manage to prevent benevolent old ladies from administering their teas, and applying their liniments and blisters to your patients during your absence, you will do more than have some other members of the profession. There are generally from three to six of these natural old ladies to every single doctor, and they give him about as much as he can attend to at any one time. Now if the patient dies or is seriously injured for life, no one ever thinks of blaming these kind, good hearted motherly old ladies. No indeed! But they do blame the poor doctor. They neither forgive nor forget him, but talk and gossip about him at every tea or quilting party for the next ten years to come. It may be neither fair nor just that you are blamed for Mrs.—'s death, but you will have to stand it, because you can not explain to the world that the old ladies were really the attending physicians, and that they should have signed the certificate of death. If you are called to see Johnny —, and after a careful examination, prescribe a bath of *Whisky* and hot *Water*, wet bandage to the neck, and medicine to be taken every two hours, can you feel assured, on leaving the house, that all these things will be done? I think you can count on one or two of them being omitted, as a rule. It is common for the parents to improve on the prescription of the physician by substituting *Camphor* for the *Whisky*. When Johnny dies, the people look at the doctor as though he were a criminal, the parents are inconsolable, and the minister says it was God's will. The death of the patient may be ascribed to your ignorance, and your reputation suffer, but you can not explain to the world that every single direction given had a special purpose to accomplish,

and that it was the gross neglect of these plain directions that killed Johnny.

If a patient calls on you suffering from some chronic ailment, and on examination, you tell her that it will take three months to cure her, that it will be necessary to see her three times a week, to all of which she agrees, and she comes but three times and no more, you may feel indignant; the world may think you are a poor physician, but you will have to stand it. She may tell her friends that you have treated her, but that she is no better; she may have failed to tell them that you required three months to do her any permanent good; she may have failed to tell them that she only called on you three times. It is extremely likely that she made the first statement and forgot the last two. This is generally the case. Now these things are unfair and unjust. They cruelly wrong every intelligent, faithful and conscientious physician who tries to do his whole duty to the suffering patient placed under his charge. Having devoted his life to the study of medicine he certainly should know more of such matters than those who have spent the major part of their time making pies, cleaning house and attending tea parties. There can be no doubt about these things. Physicians would be much more successful in treating disease, if the plain directions given were strictly carried out in every instance. True, there are people who faithfully follow the instructions of their physician; but there are numberless people who always do things in an irregular way. They never mean any harm by it, but they invariably omit one or two explicit directions of the physician, or add some medicine or application of which they have read in the almanac, or cut from the newspaper. Sometimes they kill the baby, but then no one ever knows of it. The parents think it was the child's teeth, the summer complaint, or the hot weather; while the certificate reads, cholera infantum, hydrocephalus or marasmus. As healers of the sick, you will constantly meet with obstacles to the cure of disease in the forms I have mentioned. They are more difficult to deal with, in many instances, than the disease itself; and you will often suffer in name and reputation in a neighborhood, not

from your inability to treat the affection, but because you cannot overcome the officious interference of friends and neighbors.

In some people the milk of human kindness fairly boils over whenever some neighbors get the cramps or the baby the colic. Now, if these good people could only be persuaded to scent an approaching paroxysm of this kind by dusting their neighbor's parlors, sweeping the sidewalks, or washing the dishes, these overflows would be duly appreciated by every right minded individual; but somehow or other they invariably exhibit their good feeling by trying to persuade their rich friends to swallow a bottle, or two of their favorite medicine, or apply some formidable looking plaster to the sore spot. They seem to overlook the fact that, perhaps the attending physician does not really need their assistance, and that if he found the case of a grave character, he would certainly call and consult them at once. They never wait for him; but in their humble way they go about doing good, asking no material remunerations on this earth, content to omit the reward which comes when suffering and sorrow shall be no more.



On Cells. By Mr. W. Deane Butcher. Reading England.

The doctrines of cell action and cell pathology teach us that the cell is the centre and origin of all vital action, and of the varied phenomena of life, health, and disease. But even the cell is not homogeneous. The microscope even here reveals to us protoplasm and formed material—nucleus and nucleolus—cell wall and cell contents. Each cell is capable of a partially distinct existence, and exhibits phenomena of nutrition and reproduction—of growth, development and decay.

Marvellously linked together too are these cells—by sympathies we may not understand—perchance by social instincts we do not dream of.

Each one is a microcosm, or little world, in which are reproduced in miniature all the phenomena of life. The mind can however analyse the cell still further, and break up cell wall and cell contents each into its constituent molecules and atoms.

I have often thought that a tree afforded the best illustration of a living cell. When we view a cell from without and at a distance, it resembles some giant oak, seen on the far off horizon. All invisible are mighty limbs and wide-spreading branches, "sprouting a shady boon for simple sheep." We can discern only a dark, solid mass of many tinted green, standing solid and silent against the azure sky.

But suppose we approach more closely, and take our station within its circle. No longer an homogeneous mass—we see it is composed of an infinitude of parts. No longer still and silent, it is full of life and motion. Birds flit aloft among its branches, the hum of insects enlivens the gloom beneath. The wind, too, sways its giant arms, and soft airs sigh amid the branches. Its leaves flutter to and fro with melodious murmur—sunlight and shadow alternately chequer the grass beneath—and what at a distance appeared an innate inanimate mass is seen to be instinct with life and many colored motion.

Such is our cell. Simple and homogeneous it may appear to the highest powers of our glasses; but the more powerful optics of the mind perceive in it a marvellous complexity. Could we but transport ourselves into its interior, and take our station inside the magic circle of its "cell territory," the oak tree would be silent and simple in comparison.

What should we see? Clashing atoms and clustering molecules, more numerous than leaves and branches—wide desert wastes, traversed by soft caloric breezes, or convulsed with electric storms. Communities held together by twig-like bonds of adhesion, swayed by chemic forces of attraction and repulsion, molecular alliances and discords, atomic loves

and hates. A more mobile atmosphere, the imponderable ether, bathes the atom leaves. Pulses of sound, vibrations of light, tremors of heat, currents of electricity, ethereal waves, atomic storms, rush through the interspaces. There is no silence or repose in Nature. Atom leaves flutter unceasingly to the sway of atomic breezes, dancing to and fro in mazy whorls to the music of molecular forces; trembling, vibrating, swaying ever to the swell of ethereal waves.

This then is the cell, the arena in which the forces of life and death contend for mastery—the theater in which is played the drama of life—a Universe in miniature, where, like the stars in their courses, atom worlds revolve, each in its appropriate orbit, in obedience to laws as fixed and immutable as those which govern the motions of the celestial spheres. It is among this constant flux and reflux, this marveleous complexity and minuteness, that we have to study the harmonious vibrations of health, to detect the discordant tremors of disease—to restore the one and arrest the other—and this without disturbing the delicate adjustments of this most marvelous machinery.—*Annals British Hom. Society.*



Vermont Homœopathic Society.

The Society held a two days' meeting. The following officers were elected for the year ensuing: President, M. W. Hamilton, M. D., of Brandon; Vice-president, James M. Van Dusen, M. D., of Waitsfield; Secretary and Treasurer, A. A. Arthur, M. D., of Vergennes; Censors, Doctors H. C. Brigham, of Montpelier, Samuel Worcester, of Burlington, M. W. Hill, of Waterbury; Committee on Legislation, Doctors S. W. Worcester, of Burlington, Woodhouse, of Rutland, H. C. Brigham, of Montpelier, A. A. Arthur, of Vergennes,

C. H. Chamberlain, of Barre. A large number of interesting papers were read. The association resolved in strong terms against the use of *Alcohol*, soothing syrups and all narcotics as being dangerous to life and entirely unnecessary in medicinal treatment, and to be entirely discarded. A case of necrosis of the upper jaw of two years' standing, cured by the use of *silicia*, two hundredth potency, was reported by Dr. H. C. Brigham, of Montpelier. A specimen of *trichina spiralis* was found in pork in Waitsfield, alive, while the pork was being cured for eating. The National Homœopathic Society, in convention at Put-in Bay, Ohio, sent a telegraphic greeting to the Vermont Association. It was the most instructive and interesting meeting this year. The society instructed the censors to recall all certificates issued to undergraduates or persons not having diplomas from medical colleges. If found qualified upon re-examination certificates may be granted limited to January, 1879. The object is to raise a standard of education in the society. Adjourned to meet at Brandon, January next, for a semi-annual meeting.

Medical Experts. By W. H. Philips, M. D.

The magnitude of the matters at stake shows the necessity of having highly intelligent and skilled experts to investigate these questions properly. In so far as the protection of the citizen in his rights is a matter of State concern, provisions for securing competent experts in these cases are also of State concern. Not one of our States has recognized this fact. On the contrary, they have utterly neglected to adopt a code of laws which would secure a rational application of medical science to judicial inquiries. Supply follows demand. It is the duty of the State to furnish a demand for competent

experts. This has not been done, and hence the reason why medical jurisprudence has been so much neglected in our medical schools.

It is no easy matter to determine who are experts in a given case, and who are not. Perhaps the best rule yet laid down for making this determination is that of Wharton: "The non-expert testifies as to conclusions which may be verified by the adjudicating tribunal; the expert to conclusions which can not be verified. The non-expert gives the result of a process of reasoning familiar to every day life; the expert gives the results of a process of reasoning which can be mastered only by special scientists." But who, under our law, is to decide whether the process of reasoning, required in a given case, is "familiar to every day life," or can be "mastered only by special scientists?" The coroner or judge must decide. They may be men of intelligence and education, but not in one case out of a hundred have they that special knowledge of medical, surgical and psychological science which is needed in order to a proper performance of this duty. Notwithstanding, the law entrusts to them the examination of the expert's competency and the formation of a judgment thereon. But how in the nature of things can this be done? All judgments are based on relations. The judgment as to the expert's competency must be founded on the relation between the special knowledge of the expert and the special knowledge of the coroner or judge. If the coroner or judge has no such knowledge, he can form no correct judgment as to the expert's competency. Hence the custom which has grown up of admitting any one to testify as an expert who will certify as to his own special knowledge, without any attempt being made to discover in what that special knowledge consists.

A quack and a physician may be called to testify as experts. The quack, equipped with brazen impudence and ever ready to advertise his acquaintance, not only with the special subject whose principles it is desired to apply, but with all other subjects, lays down, *ex-cathedra*, as it were, certain fictitious principles as true; and as neither coroner nor judge knows

anything to the contrary, he receives all the credit due to the competent medical expert. The physician, on the other hand, painfully aware of the absurd confusion of the office of expert with the office of physician, knowing the immense scope of medical science, and the utter impracticability of one man acquiring special skill in all its branches, assured that his training as a physician has not fitted him to do justice, as a competent expert, in medical jurisprudence, either to himself or to the parties concerned in the case, perhaps hesitates, is uncertain, or frankly confesses his ignorance. As neither coroner, judge nor jury are able to determine the cause thereof, they are apt, generally, to judge him incompetent, and to give his testimony little or no weight. Thus, under present legal rules, is quackery exalted, justice trifled with and the reputation of the highest physician injured. One result of leaving the choice of competent experts with those who are incompetent to distinguish between experts and non-experts, has been the establishment of the legal and popular presumption that every physician is, by virtue of his profession, a medico-legist, and therefore competent to testify as an expert in regard to all the special branches of medical jurisprudence. The same presumption attaches to all kinds of experts.

Thus in New Jersey, a physician, not an oculist, has been admitted to testify as to diseases of the eye; in North Carolina, physicians, not veterinary surgeons, as to diseases of mules; in New York and Alabama, other persons, not veterinary surgeons, as to diseases of animals; in New York, physician, not a chemist, as to whether certain stains are apparently blood; in California and Iowa, a witness, not a chemist, as to the effects of a powder in removing ink spots; in Louisiana, a person, not a surgeon, to prove that a death was caused by wounds; in Alabama, a witness, who had frequently drunk fermented liquors, and is able to distinguish them by their taste, although not having any special knowledge of chemistry, as to whether a certain liquor which he has tasted is or is not fermented.

Properly speaking, medico-legists only are medical experts. A man may be the leading physician of his State, and yet not be competent for such an office. It requires a special training, which the State, as the guardian of the people and the dispenser of justice, should provide. This duty she neglects to fulfill, employing in its stead the presumption referred to. Hence it is that reproaches have often been unjustly heaped upon the medical profession; because they did not do as no reasonable man could expect them to do. Hence it is that the testimony of experts has fallen into disrepute, because the law provides no means of winnowing the chaff from the grain.—*Ohio State Medical Society.*

Action of the Homœopathic Medical Society of Allegheny County, in regard to the death of Marcellin Cote, M. D., of Pittsburgh.

At a special meeting of this Society held May 29th 1878, the death of Dr. Marcellin Cote having been announced in fitting terms, the following minute was unanimously adopted, ordered spread upon the Records and that a copy be forwarded to the bereaved family.

DIED—Pittsburgh, May 29th 1878, Marcellin Cote, M. D., in the sixty-third year of his age.

We thus record the death of an honored colleague; distinguished in his profession, a good citizen and uncommonly beloved by his patients. Earnest and aggressive in his efforts to promote medical science and education, he was one of the founders and active members of this Society, of the State Society and of the Anatomical Society of this county, having served as president of each of these organizations. He was also a member of the American Institute of Homœo-

pathy and one of the founders of the Homœopathic Hospital of this city.

At the time of his death Dr Cote was the oldest homœopathic practitioner in this county and was regarded in the community as a physician of character and eminence.

In view therefore, of the irreparable loss sustained by the profession which our lamented colleague so highly adorned, we here record our appreciation of the physician and the man, our sorrow that we shall be deprived of his companionship and counsel, and our hearty sympathy for his deeply bereaved family. (Signed) J. H. McCLELLAND,

H. HOFMANN,

J. F. COOPER,

J. C. BURGHER,

L. M. ROUSSEAU.

Committee.

Book Notices.

Annals of the British Homœopathic Society and London Hospitals.
No. XLVII.

This work is issued semi-annually and contains many of the best papers produced by our trans-Atlantic brethren. That they are doing some substantial work for the cause can not be denied, but it is all overshadowed by an atmosphere of despair that is rather painful to one's feelings. Vice-president Dr. Hale, epitomizes it when in his address he says of the future: "I venture to predict that there will be no great accessions to our ranks as avowed homœopaths," etc. The reasons he assigns are by no means the true ones. Our readers know all about what Vice-president Wyld did last year. There is unfortunately too many like him in the British Homœopathic Society.

They all stand defferentially before the dominant school and humbly apologize for ever having set up housekeeping on their own hook. If American Homœopathy had no more backbone than that it would instead of being the giant that it is, be as are our English friends, without pride for the past or hope for the future. Why can't they learn something from us?

Third Annual Report of the Chief of Staff of the Homœopathic Hospital, Ward's Island, New York. 1877.

We have not forgotten the high expectations raised when the Ward's Island Hospital fell into the hands of the homœopathic school. It set the medical world and the public mind on the *qui vive* for the result. And the result is coming in rapidly as the years come round. Nothing could be more satisfactory than the present report. Dr. A. W. Holden, chief of staff, has evidently proven himself pre-eminently fitted for the duties of his responsible position. We have reason to be proud of the success that crowns the institution, and we have no fears of its future. It does seem to us that elsewhere as well as in New York the interests of Homœopathy demand that our school should be represented in our public institutions. The domination of the old school can be and must be curtailed. With such a splendid example as this before us who can doubt the result? The gods help those who help themselves.

Bibliotheca Medica. Robert Clarke & Co., Cincinnati. 1878.

This is a compact volume of two hundred and forty-two pages and contains just what every studious medical man wants, viz: A complete catalogue of American and English works on medicine, surgery and kindred subjects, all neatly classified, first by subjects and then by authors. On any topic it is easy to find what has been written and by whom, and at what price it can be obtained. Nothing could be nicer or more desirable in this line. Price twenty-five cents.

The Science of Therapeutics in Outline. A Systematic Arrangement of Principles Concerned in the Care of Human Health, Showing their Several Departments. By J. P. Dake, A. M., M. D., etc., Nashville, Tenn.

Like a skillful general making a reconnoissance before giving battle in order to draw the fire of the enemy or learn the whereabouts of his friends so our author puts out this feeler and awaits its effects

before he ventures to hurl upon us the main body of his work. Well, for our part we can not criticise an outline except as such. Most men can plan better than they can perform. And it doesn't follow that the work will be good or ill just as the outline may be correct or faulty. Professor Dake holds a high position as a writer in our school and we may, in any event, look for something worthy his able pen. But if, as Carroll Dunham says, Homœopathy is the science of therapeutics, then Dr. Dake has not chosen a proper title for his work. Scientific therapeutics would exclude nine-tenths of all he proposes to include in his book. And we have grave fears that if the plan of the author is carried out he will leave the student following him in a state of absolute perplexity. The fact is, side issues are to be let in to such an extent that as the Goths and Huns overran Rome and swept away the Empire, so will be lost if not destroyed the precious germ sought after. Might we suggest that the book will rather be on the Principles of Medicine and all the therapeutic science in it will be in the fourth section of the third chapter. We find a large share of the work devoted to Hygiene, Chemistry, Mechanics and Parasites. These are valuable topics and Dr. Dake will treat of them in an acceptable manner no doubt, but they don't seem to belong to therapeutics as we should use the word. And what does the author propose to do with the antipathic, allopathic and isopathic methods? Will he explain them and boldly discard them, or will he give them a *quasi* recognition? It looks "in outline" as though they were to be recognized as the orthodox things only less in value to the homœopathic method. Well, here we are again on the same old issue: Homœopathy or nothing on the one side and Homœopathy plus everything that seems good on the other. To this latter class belong the author and his book. But we are judging of the outline only. Send us on the book, we know it will be good.

How to be Plump. By T. C. Duncan, M. D., Chicago.

Exercising a judicial prerogative in this case we have reserved our opinion of this book until we had time to put its recommendations to test. Its a failure—we mean the test not the book. But the failure was wholly owing to the badness of the subject. The fact is we belong hereditarily to the lean kine(d), such as Pharaoh saw in his dream. Thereupon we handed the book to a respected friend. He glanced at the title and scornfully returned it—he had already too much adipose. "Why," said he, "what do I want of that? I'm taking the anti-fat medicine by the wholesale. Show me a book how to get lean." This was an unfortunate rebuff and due to thoughtlessness on our part. Still the book ought to sell. Colonel Sellers

figured out a big sale for his eye medicine in Asia alone. "Two hundred millions of people: four hundred millions of eyes. There's millions in it." So we reckon for the income of this book on the United States alone—say forty millions of people not one of whom is satisfied with his or her present condition. One-half fatter than they like to be the other half too lean for comfort. Twenty million people wishing to be plump. Fifty cents from each one. There's millions in it. But the author is not wise. Ten years ago he had emphatically "a lean and hungry look." To-day he's as plump as an October quail. Let him show himself to the public "as I was; as I am." Let his smiling face beam at the front door of every hamlet and mansion. "Is the lady of the house in," etc., etc. No doubt he would be rudely ejected from one-half the door steps but he would be sure to sell at the other half. Better still let him supply himself with "anti-fat" medicine and he would be welcome at every fireside. Think of a man with such an opportunity before him wasting his time editing a medical journal! "Early to bed and early to rise" is nothing in comparison with this plan for making a man "wealthy." Might we suggest the next edition should be supplied with the likeness of the distinguished author? Might we also suggest the title of the book to be slightly altered? How to *be* plump is to *get* plump. How to *get* plump is therefore the proper thing to call it.

Editor's Table.

DR. S. B. PARSONS takes the Chair of Surgery made vacant by the resignation of Professor Franklin in the Missouri Homœopathic College. A most excellent appointment. The Doctor is every way qualified for the responsible position.

DOES IT PAY to get out such a work as Pettet's North American Directory? We hope so, for the careful, conscientious editor has exhibited an amount of industry seldom seen in works of this kind.

It is a great help to those who want a correct list of homœopathic physicians.

DR. G. W. WALKER, of St. Louis, takes the Chair of Obstetrics in the Homœopathic College, vice Professor Richardson, now in the Chair of Gynæcology.

DR. W. H. WINSLOW, of Pittsburgh, now in Europe, is writing a series of interesting letters to the Telegraph.

PUT-IN BAY HOUSE.—The members of the Institute who lately enjoyed the hospitalities of this splendid resort will regret to learn that it was recently consumed by fire. It cost \$100,000 and was partly insured.

OUR SANCTUM has just been lightened by the genial faces of Professor Richardson, of St. Louis, and Professor Grosvenor, of Chicago. They report the West alive and homœopathically prosperous.

TWA BONNIE BAIRNS.—Dr. J. F. Edgar has a boy, and Dr. G. M. Ockford has a girl; and thus the equilibrium is maintained.

DR. G. M. MACOMBER has located at Norwood, St. Lawrence Co., New York.

DR. DAVID THAYER has removed to Hotel LaFayette, Boston.

A NEW ENTERPRISE.—Wm. Wood & Co., the well known publishers of New York, propose to publish a library of standard medical authors, especially foreign, in good style and at prices greatly less than before attempted. The idea that medical books must always be high priced is one that must become obsolete. Cheap and valuable works must be furnished the profession. Wm. Wood & Co. take the initiative. They will commence in January next the monthly issue of a series of books of two to three hundred pages each, at the rate of one dollar each. Subscriptions twelve dollars a year in advance. Address, Wm. Wood & Co., No. 27 Great Jones street, New York.

WE HAVE just received the following: "Cincinnati Publishing Co. Jentz Please send me the Price of Dr ———'s Work on chronic diseases of women &c. materia medica obstetrics &c. I want a work Giving a full discription of all venereal diseases and all chronic diseases of men women and children with treatment allso materia medica and therapeutics. Principals of medison &c. I want elic-tic work I would like for some responsible drugest to send me his price list of medisins sperits &c. Instruments &c. I have tried the wheeling druggest to get the Pulsetella, Cactus and Staphyagria &c. and cant get them—yours &c. address to ——— M. D.

Note—how may of those branches are contained in the one Book—have you any short plane work on Anatima with surgery combined, there is so mutch Family Work &c. containing every thing and

nothing at last, that it is hard to get the throw students work, with out first getting a card from the co. explaining the various works &c. Please write Soon Yours Respectfully.

For about one hundred dollars a physician in good practice will vacate one of the prettiest little towns in Ohio. No other homœopathic physician in the place. Don't all speak at once.

THE New Orleans Homœopathic Relief Association, 132 Canal street, make an urgent call for help to aid those who desire homœopathic treatment. We hope a generous response will be sent to the President, Hon. Albert Vorhees.

LOUISVILLE HOMŒOPATHIC FUND.—The following additional contributions were made yesterday to the "Homœopathic Relief Association:" Geo. L. Douglass, \$20; cash, \$20.50. The following dispatch explains itself: "To JUDGE VORHEES, President Homœopathic Relief Association, New Orleans, La.:—Draw on First National Bank for \$150, contributed by the friends of Homœopathy, through Drs. Breyfogle and Pearce.—R. M. CUNNINGHAM, Cashier."

PULTE MEDICAL COLLEGE has just sent an order to draw on her treasury for fifty dollars.

The latest on yellow fever is from a St. Louis doctor, who defines it to be "simply an aggregation of abnormal electrical phenomena involving a predominancy of the electro-positive power over the negative." In other words, it's a case of calling the yeas and nays, and the nays seem to have it by a large majority. Prof. Valentine being on Theory and Practice ought to know.

ERGOT IN TRICHINA DISEASE.—Dr. Rohde relates cases of the disease cured by fluid ext. *Ergot*, and thinks we have a valuable remedy in this drug in the treatment of this formidable complaint. Strange to say, he does not offer a theory in explanation, and we must take it as an *ipse dixit*.

CORRECTION.—Page 266, (Sept. number), for "Alsers" read *Aioes*.

PULTE MEDICAL COLLEGE commences its eighth session October 3. The class promises to be large.

"L' AIMEE."—Miss Henry Stanley has made arrangements with the celebrated Madam Durand, (Henry Greville) to translate her novels into English. The first one, *L' Aimee*, is in the hands of the well known publishers, T. B. Peterson and Bros., Philadelphia, and will be immediately published by them. Look out for a story of rare merit.

HAVE you subscribed for "The Index or symptom Register" of Allen's Encyclopedia? If not, consult your best interests by sending your name as "one of 'em," to Boericke & Tafel.

RECEIVED.

Eight months in Europe and Egypt. By J. N. Freeman, M. D., Brooklyn.

Harvey and The Circulation. A. J. Howe, M. D.

A Plain Contract. Homœopathic Life Insurance Co., New York. Transactions of the Ohio Medical Society. (Old School). 1878.

The Testimony of Medical Experts. By W. H. Phillips, M. D., Kenton, O.

Berber-daceæ, The Botnaical Description, Commercial History, Medical Properties, and Pharmaceutical Preparations. By C. G. & J. M. Lloyd, Cincinnati.

The Medical, Surgical and Hygienic Treatment of Women, Especially Those Causing Sterelity. By Edwin M. Hale, M. D., Boericke & Tafel, New York.

Teratology, or The Science of Monstors. By M. M. Walker, M. D., Germantown, Penn.

Involuntary Action of the Nervous System. By John J. Caldwell, M. D., Baltimore, Md.

Fermented Liquors. By A. J. Howe, M. D.

Treatment of the Genito-Urinary Organs. By John J. Caldwell, M. D.

Homœopathic Therapeutics. By S. Litienthal, M. D. Boericke & Tafel, New York.

Allen's Cyclopedia of Materia Medica. Volume VIII. *Plumbum—Serpentari.*

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

VOLUME VI. CINCINNATI, O., NOVEMBER, 1878. NUMBER 7.

All business communications, relating to the **MEDICAL ADVANCE**, should be addressed to **DR. T. P. WILSON**, 130 Broadway, Cincinnati, O. Terms, \$2.00 a year.

THERE IS A LARGE NUMBER of intelligent and respectable gentlemen in the homœopathic school who do not believe in "dynamization," so-called, of drugs. They do not believe, in short, that by attenuating a remedy, it acquires any new power, or that in that state it is capable of producing any new and improved effect in the treatment of disease. In holding to that negative opinion they are in full accord with the majority of the allopathic school. We say "majority," for there is a very respectable minority even in that school which does believe that many drugs finely divided and mixed with some non-medicinal substance acquire greatly increased power as therapeutic agents. They believe that many agents in that way increase in a remarkable degree both their toxic and their physiological properties. With a reasonable rapidity the whole allopathic profession are embracing the belief that not only small doses but attenuated doses act more promptly and successfully as curative agents. The belief in dynamization is inseparably connected with the whole history of Homœopathy from its inception to the present day. It is altogether too late to attempt to throw it overboard and yet pretend to maintain the doctrines of Homœopathy. These objectors take shelter in the flimsy plea that dynamization is not expressed in the formula *similia similibus curantur*. But this pretext has no valid standing in the mind of a thoughtful student of medical

science. *Similia* is a term as expressive of causes as of results; and of the "dynamic" causes of disease there can be no question. Given such a cause and its result, namely a disease, we apply to its cure a *similimum* in the drug which is like the disease, both in its nature and its effects. But these objectors are evidently blinded to the fact that the universal drift of modern science is toward the study of belief in and use of matter in its infinitesimal forms. It is this tendency which more than all else marks the wonderful progress the manifold inventions and the wonderful achievements of these times. Dynamization is the microphone of medical science.

YELLOW FEVER has been and still is a fruitful theme. To the medical profession it is a subject of overwhelming interest. That an acute, infectious disease of this sort, could so devastate the country in spite of the wisdom and skill of medical and sanitary science, is certainly something to be thought of. So far, very little has been accomplished, either in its treatment or prevention; at least nothing of importance has yet been developed. As usual, the dominant allopathic school has assumed the chief responsibility. It alone has had control of all official positions. And we cheerfully give all honor to its individual members, for their heroism and self-sacrificing spirit. We hope that upon an enduring tablet will be placed the names of the heroic physicians who so cheerfully gave their lives for their fellow men. But they have fallen as did the six hundred who charged at Balaklava for nothing. So far as medical treatment was concerned the sacrifice of so many lives was useless or worse. A Cincinnati physician, himself a volunteer and a victim to the disease—fortunately not fatal—said, on his return to this city, "Those who had no medicine (allopathic) did best." He declared nursing to be the only palliation of the scourge. And this is the almost universal testimony of those who have watched the mode of treatment pursued by the physicians of that school. That they are conscientiously and earnestly at work, trying to discover "a remedy," we have no doubt. But as they have never yet found one for any disease, what hope can there be for them here? False in their fundamental idea of the nature of disease, they must of necessity prove false in their therapeutics. That men of intelligence can hug a delusion so long, is certainly a remarkable fact. But the issue has been deliberately made up by the allopathic school. Rejecting the law of *similia*, and all that it implies, what have they left but fruitless experiment, led on by blind conjecture? We have, however, something to hope from sanitary science. The future prevention of yellow fever and kindred epidemics should absorb all our attention when the present epidemic has spent its force. And there is no reason

why one medical school should be alone represented on any possible commission to be appointed for this purpose by the government. The homœopathic school should not miss its golden opportunity. It deserves no honor that it does not labor to secure. What it has done in the field of practice we will soon show. Meantime let us see to it that we are represented in the sanitary field as well.

PROFESSIONAL ONANISM.—This may be a term somewhat new to medical nomenclature, but it exactly expresses a condition of things prevalent and popular among a certain class of medical teachers and writers. These men pride themselves upon their ability to abuse the school of medicine to which they belong. Assuming themselves to be leaders, they lose no opportunity of casting slurs upon the real leaders, whose lives have been devoted to the work which those men seek to overthrow. There are men in the homœopathic school, who are never so happy as when they are casting imputations of foolishness and ignorance upon men to whom the school is indebted for its standing to-day in this country. What other men have, by long labor builded, these men seek to tear down. It seems quite the natural thing, to find the cherished principles of Homœopathy ridiculed and treated with contempt in the journals and colleges of other schools; but what a pitiful sight it is, to see men of our own school vieing with, nay, excelling, our opponents in abusing everything that may be considered truly homœopathic. It's a dirty bird that fouls its own nest. A young man of our acquaintance attended his first course of lectures in an allopathic college. He was not greatly surprised to find the teachers there often traducing Homœopathy. But what was his surprise the following winter, to find in a so-called homœopathic college, still worse things said against the men and principles he had been by his preceptor taught to respect and believe in. As a rule, these professional onanists begin upon LILPE, GUERNSEY and HERING, and end up by proving to their own satisfaction, that these men, together with the master HAHNEMANN, are all frauds and fools, and that, but for them, Homœopathy would have had a standing in the world. Heaven save the mark! What have these revilers ever done for Homœopathy except to give it a black eye? It is one thing to dissent from a man's teachings and to refuse to follow his advice, and quite another thing to seek to blacken his character because we happen to differ with him in opinion. Honest differences can be stated in terms honorable to all parties. But it should be our chief endeavor, at all times, to guard sacredly the characters of men, whose lives are inwrought in the fabric of our school; for, in so doing, we best protect our own honor. Differ with and oppose them? Yes, if you wish to. Traduce them? Never!

Theory and Practice.

Contagion. By M. B. Lukens, M. D., Cleveland, Ohio.

The term contagion is here used to indicate the poison transmitted from person to person, not only by actual contact but by intervening media as air and water. Concerning the nature and character of contagion, there is considerable difference of opinion among scientists. All agree, however, that it is a fermentable or putrescible principle; and that all contagious diseases are analogous to fermentation or putrefaction, and that living organisms appear to grow, multiply and invariably accompany the process of putrefaction. Hence the name *Zymotic* as applied to disease. But upon the process of putrefaction there is a war of opinion. One theory, maintained by Dr. Bastian, Ponchet and others, is, that the first change in the putrefactive mass is *chemical*; and this chemical change places the organic matter in such condition as to favor its transformation into living organisms; these low forms of life originating spontaneously from the dead matter. According to their views the particles afloat in the atmosphere, derived from a diseased body, are composed of dead organic matter; and when taken into the system by the lungs, skin or stomach have the power of spreading their destroying influence throughout the body as a fermenting mass. "A little leaven, leavens the whole lump," and why may not a bit of putrescible matter affect the whole human frame?

Another theory maintained by Pasteur, Dr. Beale, Prof. Tyndall and others is, that putrefaction is a transformation of organic matter by living organisms derived from pre-existing living beings, contained in the air, permeating all substances which the air permeates, wafted from place to place, finding in the putrescible fluid a suitable soil or pabulum in which in various forms to live, grow and multiply. The chemical changes are the result of this reproduction and movement of

living particles. The universally present living organisms are essential to the process of putrefaction; and when they are not present, putrefaction can not exist. They believe the particles of organic matter emanating from a diseased body and entering the system through the lungs, skin, stomach or any other way, is a germ, a seed, something capable of growing and reproducing. They hold that the matter which produces epidemic diseases emanates from a parent stock, that it behaves as germinal matter, and they do not hesitate to pronounce it such.

They no more believe in the spontaneous generation of disease germs, than they do in the spontaneous generation of animals. While both theories have able advocates, the last, or what is called the germ theory, seems to be more tenable; and by accepting it a difficulty is overcome, which chemists have not been able to settle, viz.: the causes of the living organisms found in fermenting masses. The profound microscopical investigation of vital organic matter is doing wonders towards settling theories. In no other way can organic matter be understood, and it is now a commonly accepted fact that the human body and all other organisms are aggregations of germs or bioplasm, as they are termed by scientists. The physiology of the bioplasts should receive a moment's notice before passing to the pathology. It teaches a progressive development of germs, whose functions are to build up a perfect organism by their constant reproduction. The parent germ is deposited in a suitable place for taking in pabulum. The process of reproduction then begins. The original germ gives birth to a brood of new germs, each of which immediately begins to take in nourishment, grows and is soon delivered of other germs, as was the parent before it, and thus the multiplying continues until a perfect being is the result. It must be remembered that from the original are evolved germs of distinct species. The parent germ no doubt possesses compound power, having within it the elements for forming separate groups or masses, so that when it gives birth to myriads of young cells, they are attracted into respective groups by power of

elective affinity, each group forming a nucleus of distinct organs, tissues, etc. Thus one group of bioplasm is devoted to the formation of bone, another to muscle, another to nerve, others to glands, blood, etc., all of which have descended from a common parent bioplasm, and been nourished by a common pabulum, according to a regular, definite and prearranged order, so that if from any circumstance the bioplasm which is to form an organ or member is not produced and does not occupy its proper place at the right period of developments, that organ or member will be forever wanting in that particular organism. If the particles of bioplasts which were to take part in the development of the brain, do not receive at the proper period a supply of the right kind as nourishment, a well developed, healthy brain can not in that case be formed.

Why the same kind of food produces the different kinds of tissues we do not attempt to explain any more than we would attempt to explain why different species of animals are nourished and reproduced by the same food, or why different plants, growing in the same field, drawing nourishment from one common source should maintain their distinct species unchanged.

The gland bioplasm can not produce bone, nor bone bioplasm a nerve, any more than can a sheep produce a cow or a maple an oak.

The only intelligent explanation is that the food being compound, the different tissues, animals and trees have the power to elect such and only such of its properties as are appropriate for its growth and reproduction. Healthy development must be that of gradual promotion. The bioplasmic cell must multiply slowly and regularly, so as to promote lasting structure; and as the texture advances toward maturity, the walls of the cells which contain the bioplasm become thicker and farther apart. As long as there is this slow and regular increase of the bioplasts, so long will the body remain in a perfectly healthy condition. They receive their nourishment from the food taken into the system. The blood is the vehicle by which the food is conveyed to each particu-

lar part. This fluid is not the life of the body, as generally supposed, neither does it contain life or live matter, except blood germs (white blood corpuscles) but is a vehicle bearing dead freight, which is converted into life, as soon as it comes into contact with living matter, the germ.

Any force that increases the vitality of the body causes disease. Whenever vitality is increased the retrograde development of the germs begins. They become abnormally active. The *pathological* condition of the bioplast, then, is of the greatest moment to us. We marshal our forces to govern this insignificant body, but it will, in spite of us, become disorderly and produce all derangements. There are two ways at least by which the system may become disordered. First. The normal bioplasm may become abnormal on account of some change taking place in the system, which increases the amount of pabulum for the germs, causing them to grow and multiply too rapidly.

This increase of pabulum is not the increase of true food. True food is that which exactly nourishes the bioplasm without producing this undue increase in development; but the pabulum which causes this abnormal multiplying is the food that should have passed out of the system as excrementitious matter.

We know that taking too much food often does little or no harm, because of the power of the system to eliminate the unnecessary quantity; but if a change takes place in the functions of the emunctories so as to prevent this elimination and the pabulum is brought into contact with the bioplasm in increased quantities, increased action is produced; and the bioplasm multiplying rapidly, the temperature of the body is raised and we have fever. Thus a good definition of fever is, "an abnormally increased development of bioplasm."

This same definition holds good in inflammations, whether local or general. In fevers the capillaries become engorged, and the blood is prevented from penetrating them, thus producing the rise in temperature. In case of local inflammation the capillaries of the part become congested, which is simply the damming up of these small vessels with bioplasm

which, being very active, reproduce much more rapidly than in health.

When the cells multiply normally they have firm walls; but when they multiply too rapidly there is not time given for the walls to harden before they burst, giving birth to new germs, and these in turn bring forth others in like manner.

This may continue at such a rate that there may be germs with only *outlines* of walls, as in the formation of pus; and when it comes to this state, unless something is done to diminish this rapid growth, there will be extensive suppuration and perhaps sloughing.

Second. The body may become deranged by the intrusion of an outside germ that is diseased; but should the intruder find everything in good working order, all the machinery in perfect harmony, it will find no sympathy, consequently nothing upon which it depends for life and growth. It will then surely die and be thrust out of the system. Unfortunately, however, it does not always meet with a cold reception but not only gains entrance but plenty of nourishment, so takes up its abode and soon has entire possession, and beside the symptoms above mentioned in the idiopathic diseases, there will be additional ones more or less malignant, depending upon the species of disease germs sown. In case of a slow, continued fever, not only is the surplus food consumed by developing disease germs but contribution is laid upon healthy nutriment. The nutrition taken into the system, instead of nourishing the healthy germ, is immediately absorbed by the diseased ones. So *nature* comes to the rescue and takes away desire for food. No germ nourishment is allowed to enter the system. Soon the development of germs begins to diminish from lack of food. The old germs die and are thrown out of the system by the skin, lungs and bowels. Occasionally a living one escapes, and if it finds congenial soil in another organism it will reproduce itself by infecting it. But this is not often the case. As soon as the disease germ becomes the weaker power the system begins to assert itself, and calls for nourishment, and eventually re-

gains its former vigor. By accepting the germ theory, we can account for emaciation in sickness.

The question may arise, Will the same kind of pabulum nourish the different kinds of disease germs perfectly? The pathological or retrograde development is governed by the same laws as the physiological or progressive development. We noticed that tissues of distinct species were formed from germs receiving nourishment from the same pabulum, and it was accounted for by attributing power to the tissues to elect suitable food. So it is with disease germs of different species. They may grow and prosper upon the same pabulum. Thus the scarlet fever germs may enter the blood, and if it can not, from the pabulum present, find what is appropriate it dies, and the system is exempt for the time from scarlet fever; but diphtheria, small pox or other contagious germ might find suitable food on which to grow and multiply, and in consequence the disease which would naturally be the product of the germ planted would be developed.

Each disease has a specific character and will retain its distinctness under all circumstances. So when a seed of any disease is planted, if it grows at all it will be sure to reproduce itself, just as surely as a grain of corn will always produce corn, but the quality of the product may vary, according to the quality of the soil. It might be asked what part does the bioplast play in those diseases which occur but once? The bioplast acts the same part as in other diseases. It grows and multiplies so long as it has sufficient pabulum. The reason of exemption from subsequent attacks is due to the presence of bioplasts descended from those first introduced into the system, remaining in the blood in sufficient quantities to consume the subsequent accumulating pabulum. So that when new recruits of like bioplasm enter they find no food and they must consequently die and relieve the system from another attack. The susceptibility to a disease is nothing more or less than the food adapted to the particular disease germ entering the blood. The effect of vaccination upon the small pox susceptibility is to take away a part or the whole of it.

The vaccine germ enters the circulation and begins to grow if it finds food at the point of contact. This food is the latent small pox pabulum, which the presence of the vaccine excites and attracts.

This serves as food until it is consumed, then the vaccine germs die, except a sufficient amount which remain in the system to consume the pabulum which may accumulate.

Now the vaccine is only germinal matter, harmless in its effects; and when introduced into the blood is capable of living upon and using up the material which serves as food for a virulent poison—the small pox germ thus robbed of its power to grow and develop.

The vaccine virus can not always use up all the small pox pabulum. Only small pox itself can do this; but it consumes a portion of it. Now it happens from the nature of things that vaccine and small pox germs depend upon the same food for sustenance and if there is only enough for the nourishment of small pox, to begin with, and if the vaccine takes its supply first and consumes half or three-fourths or even the whole of the food, then small pox has but a very poor chance for life.

The food remaining in the blood after vaccine has been supplied no longer nourishes vaccine, nor does it properly nourish small pox germ, but the germ will grow to some extent and produce an inferior quality of small pox called varioloid.

The real cause of nearly all diseases is due to the stoppage of the blood purifying channels.

It matters not whether the septic matter is generated within the system, or is received from without, there accumulates excrementitious matter occasioned by this stoppage, which always precedes sickness. We have the strongest reasons for believing that this condition is induced by the mode of living, for when we find a people who abstain from certain articles of diet entirely exempt from diseases which afflict those who use the diet, we have clear evidence of the causes. The report of the Jewish Board of Guardians, Lon-

don, gives but one case of small pox during a terrible epidemic in that city.

Exemption from epidemic diseases is noticeable among the Jews in all times and countries. May it not be attributable to their dietary laws, binding upon them for generations? Other nations subject to no dietary laws are subject to various epidemics and loathsome diseases. To what extent then may the susceptibility to certain diseases be attributed to lack of laws governing sustenance?

In treating disease we must consider that we contend with living organisms. We must use means to destroy or make ineffective the poison germs, whether lodged in the system or afloat in the atmosphere.

Contagion enters the system in the air we breathe, the food we eat, the water we drink and may make its way through the integument. Its effect upon the system when it finds suitable soil, has been already described. He who best understands the normal functions, can best understand the abnormal ones, as they may occur, and most intelligently apply the remedy.

Pathology, the stone which the builders of Homœopathy rejected, should now be made the head of corner. The old line homœopath says, "Let me understand the symptoms and I care not for the pathology." First the symptom then the remedy, how do they correspond? The times, the advancement of science, demand a step forward. We must not understand symptoms and appropriate remedies the less, but we must seek after and acquire a more thorough knowledge of the body, both in health and disease, if we expect to gain power over malignant, contagious disease, and those diseases hitherto considered incurable.

Facts vs. Theories. Dr. Curtis Replies.

EDITOR MEDICAL ADVANCE:—I agree with Dr. Prince and you, that a “theoretic objection must be set aside by the favorable results of experience.” The only question between us is, what are facts and what is experience?

The celebrated Prof. John Cullen said, “There are in medicine more facts than false theories,” and Abercrombie and Bennett, in Scotland; Elliottson and Forbes, in London; Bigelow and Holmes, in Boston; Tully, in New Haven; Reve and Paine, in New York; Chapman and Jackson, in Philadelphia; Harrison and Bartholow, in Cincinnati, with hundreds of minor lights in all these places and the world over, have *positively asserted* or *virtually admitted* the same.

Hippocrates, one of the first and most reliable observers and experimenters, said, *Fallax experientia*. The gentlemen named above and almost all extensive practitioners repeat this also. See my Criticisms, pp. 17, 18.

A theory is a proposed principle which may be true or false. A fact is a thing done and can not be false. The only thing false about it is man’s understanding and explanation of it.

EXAMPLE.—Cullen said truly “*Opium* is, in all quantities and in all possible applications, a direct sedative.” Paris condemns this true “theory” and propounds the false one that in small doses *Opium* is a stimulant, and in large ones, sedative. The general profession have rejected Cullen’s true theory, and adopted Paris’ false theory and falsely understood “fact.” Cullen did not deny that the symptoms (repelling) which follow the use of the small dose are exciting (stimulant), but pronounced them successful repellants of the sedative invader, while the dose superior to the reaction (defensive) power, proved its sedative nature. And all scientific and careful observation and experiments prove that no natural properties of any substance or power can be changed by the increase or the diminution of its quantity.

Paris saw the facts that a small dose was followed by increased action, and he falsely attributed that increase to the sedative article instead of the vital force making increased efforts to expel it. Hence he deduced the false theory, still believed by all pathological schemers, that in small doses it is a stimulant. He saw that the large dose was sure to kill, and hence was sedative. And this false theory and these falsely understood facts still govern the practice of all true allopathists, homœopathists and eclectics, and every shade of pathogenetic doctors. I fully agree with Brother Wilson, that the higher dilutions (I can not call them potencies) the better for the patients, and cordially thank Hahnemann and all his true followers for the immense good they have done in reducing the quantity of death-dealing agents to the sons and daughters of affliction. See my Criticisms, pp. 151-2.

CASE.—A short time ago a lady who had taken for some time large quantities of *Morphine*, and become “exceedingly nervous,” was brought to my friend Mrs. —, who treated her well, but did not quiet her nerves so soon as she (the patient) expected. Hence the latter insisted on having more *Morphine*, and I was called for consultation. I refused consent to the *Morphine*, but she was much worse that night, I mean more excited and vigilant, and when I called the next day manifested displeasure at my refusal of the narcotic. I told her she was her own mistress and could take *Morphine* if she choose, but not with my approbation. On consultation we devised a plan to induce her to believe she took the *Morphine* when she did not. She swallowed a teaspoonful from a vial of water so highly “potentized” that it did not contain a molecule of *Morphine* or any other narcotic, and was told that would no doubt put her into as deep a sleep as she could desire. Sure enough the “disease” yielded almost instantly to that potent dose. She sank into a sweet slumber which lasted almost all the night; awoke in the morning finely refreshed, and recovered in a few days from a very dangerous condition.

You see I am not one of the “hundred who are so bound to false theories that they will not exchange them for oppos-

ing facts." I am one of the "thinking minds who gladly accept the high dilutions," the higher the better (if of poisons) till they contain nothing but the solvent; and I agree with you that there is no such thing as reconciling true theories with "false facts"—facts misunderstood. The only true philosophy is a just description of facts correctly understood, just as a correct rule in mathematics is a clear description of the operations under it.

You say that Hahnemann's definition of disease (that it consists of "the totality of the symptoms," which are irritation, fever and inflammation) is as good as any body's." Dr. Curtis says these are all vital processes—not disease at all—only nature's signs that some organ or tissue is diseased, that is, disabled for performing its healthy effects, and her efforts to expel the obstacle to equal action." He recognized these as nature's kind notices that her machinery is out of order, unfit for proper use. Dr. Wilson says, "The patients get well when these symptoms cease." Dr. Curtis says, "Those symptoms cease when the patient gets well," that is, when all obstacles to healthy action are removed.

It is not Dr. Curtis, but Dr. Wilson who "assumes too much." The latter assumes that every cure, whether excited by friendly sanative agents, or provoked by those whose "nature" as Graham says of *Mercury*, (Crit. No. 118) "is inimical to the human constitution." The former limits his "assumption" (as eruption) of all cures to the vital force excited properly by only agents whose nature is friendly to the human constitution, as good food, water, cayenne pepper, ginger, caloric, electricity, light. These may be made to do harm by quantity or improper application, but that does not change them into poisons. Your infinitesimal molecules of *Strychnine*, *Belladonna*, *Mercury* and *Arsenic* are just as poisonous to the molecules of living fiber as the allopathic doses are to the same proportions of the whole human system. We not only limit our materia medica to agents in their nature innocent, but we limit these to the proper quantities, mode of application, and circumstances and conditions of our patients. We are very careful to use proper "terms and definitions" in

theory, and to observe them closely in practice, as "the best means to restore our patients to health." We do not see how this can be done by the use of the "heterogeneous" articles whose names I quoted. I am "discriminative." I have analyzed the actions of the articles I use, and can rely on the character and certainty of that action. I do not choose to experiment with the whole catalogue of agents which eminent men of all kinds of theories have proved to be in their nature deadly enemies to life. Brother Wilson says drugs can be properly classified only through their pathogenesis. Dr. Curtis classifies them according to their effects on the healthy tissue as Hahnemann did. Dr. Bartholow thinks this is the method by which "the greatest certainty in therapeutics must be obtained." Still, like Dr. Wilson, "he does not reject well established facts because he can not explain their philosophy," such as that bloodletting will subdue inflammation, *Morphine* neuralgia; *Mercury* will destroy adhesive inflammation and yet dispose indolent artery to heal; *Arsenic* will cure chills, yet produce dropsy, etc.—some of the "well authenticated facts whose philosophy they can not explain."—A. CURTIS, M. D.

"Malignant" Theory and Practice.

Dr. H. W. Taylor, in your last September number, has given us a short chapter on "Malignant Diphtheria," its pathology and treatment. It is well known to everybody that diphtheria becomes malignant when it becomes especially dangerous and destructive. If, now, it can be shown that Dr. Taylor's teachings are destructive of all sound reasoning in medical practice, then it will not be amiss to characterize them as malignant. On the very face of things it

can be seen that Dr. Taylor is a novice in Homœopathy and an enthusiast in medicine. Both facts render him incapable of possessing the higher qualifications of a teacher or judge. His peculiar abilities as a writer, however, render his productions very attractive. No man could make "the worser thing seem the better" more easily than he. And there is a very special danger that he will mislead many others as he is himself misled, by specious ideas of pathology and therapeutics. Who of us has not often laughed at the doctor whose first work with his patients was to throw them into fits, because he was death on that peculiar form of disease? Now comes Dr. Taylor and gravely informs us that the way to cure malignant diphtheria is to throw the patient into scarlet fever. How to cure the scarlet fever he doesn't deign to inform us. Given a case of malignant diphtheria and all you have to do is to administer sufficient *Chlorate of potash*, until you produce an eruption on the skin, and your patient then no longer has that disease, but another, viz.: scarlet fever. (Shades of Sydenham! Is that the way scarlet fever is produced? Well may we exclaim, The more we learn the older we grow). If Dr. Taylor thinks that, in this idea, he has struck a flowing well, he is doomed to sore disappointment sooner or later. The underlying principle of his proposition is as old as medicine itself. The careful student of medical history will recognize its features as belonging to an ancient tramp, whose pretensions have been foisted unsuccessfully upon every age and epoch of our science. The idea has never yet been productive of good. And because of this Hahnemann and his followers have distinctly abandoned it and turned their attention in another direction. Why, then, should we, as homœopaths, be obliged to put this false principle to this special test? It can not be true and yet Homœopathy be true. Dr. Taylor doubtless thinks the two things are not only not incompatible, but quite in harmony with one another. Therein he shows his lack of sound homœopathic knowledge. He talks of diphtheria and scarlet fever as though they were pathological entities. Or, rather, perhaps, he wishes us to believe they are identical.

But while diphtheria is dangerous, he leaves us to believe that scarlet fever is quite harmless; and having discovered the wonderful process by which diphtheria can, in a few hours, be turned into scarlet fever, has he not found the royal road to success? Well, possibly he has; but if so, Homœopathy has no part or lot in the matter. It is just like a thousand other specifics in medical practice, based on some plausible pathological theory, backed up by experimental results, but wholly devoid of any relation to a general principle in medicine. By the way, what becomes of the malignancy of the diphtheria in the process of transformation? And may we hope to yet find a drug that will thus transpose yellow fever into simple intermittent fever; carcinoma into simple ulcer; phthisis into bronchitis and insanity into dreams? Dr. Taylor is a genius, but he hasn't found his proper gait; and when he does he will join us in laughing over such erudities and go on to something better and wiser. —FINGAL HAPGOOD, M. D.

Morbus Coxarius cured by *Kali carb.* Translated from Die Alle. Hom. Zeitung. By A. McNeil, M. D., New Albany, Ind.

The symptoms contained in Hahnemann's and Allen's Pure Materia Medica, led me to administer this remedy in the most desperate cases of this disease, and the success I obtained will, I hope, cause my colleagues to seek a refuge in this drug against the fearful effects of this affection.

CASE I. M. H., aet. twenty, lymphatic, has been confined to his bed for six weeks; he complains of sharp, drawing pains in the right knee and thigh; the affected leg was about three finger's breadth longer than the sound one, the nates

flattened, movement of the joint painful, although pressure caused no discomfort; pulse feverish, loss of appetite, tongue coated white; aggravation at night of the pains, but little sleep. Leeches, purgatives and inunctions of every kind had been employed in vain. The allopathic physicians had proposed the immovable bandage, and given a discouraging prognosis. I prescribed *Kali carb.* 30, ten globules in one hundred and fifty grammes distilled water, every three hours a tablespoonful. Rapid improvement; in less than three weeks he was cured without a repetition of the remedy being necessary.

CASE II. Miss L., aet. twelve, of good constitution, and of well marked nervo-sanguine temperament. She suffered from excitable emotions and constant palpitation of the heart and occasionally from congestion of the lungs, with dry, troublesome cough and difficult breathing, sometimes paroxysms of migraine; she suffered at the same time from coxarthrocace, and had been treated for about six months without success, by one of our most distinguished surgeons. I was called to treat her cough. I informed her parents that perhaps she might be cured by homœopathic treatment.

The right lower extremity was two fingers breadth longer than the left; the gluteo-femoral crease was lower and less clearly marked than normal; she complained momentarily of drawing, tearing pain in the thigh and knee; this occurred particularly after walking. I gave *Belladonna* 6, two drops in water, for two days and thereby removed the palpitation and cough; but it had no effect on the hip. *Kali carb.* 30, ten globules in twelve tablepoonsful of water for two days. This was four weeks after the *Bell.* was given. Rapid improvement set in. I must mention that after discontinuing the latter remedy the patient had drawing, pressing pains in the entire head for thirty-six hours which compelled her to keep her bed. These pains were entirely different from her migraine; I ascribed them to the drug. In five weeks she was cured without a repetition of the medicine.

CASE III. M. V., aet. fourteen, sanguine-lymphatic, weakened by loss of semen. He had perceived for some

time pains and heaviness in the left thigh, increased by walking and particularly by forced marches. This affection was mistaken for rheumatism and treated by inunction. On examination of the lower extremities I learned that the left leg was a finger's length longer than the right one, and the head of the femur was partly forced out of the acetabulum and threatened a spontaneous luxation. Considering the severity of the case I ordered absolute rest in bed, and prescribed *Kali carb.* as above. Cured in fourteen days.

CASE IV. The child of Herr B., aet. three years, would not walk for the past ten days. Considerable lengthening of the right lower extremity; the folds of the nates almost completely obliterated; the touch not painful; general health good. An allopathic colleague had given an unfavorable prognosis in the presence of the parents. *Kali carb.* 30, six globules in one hundred and eighty grains of water cured her in eight days.

CASE V. M. B., aet. five years, lymphatic, badly nourished, has been limping for two months. They ascribe this to the lancinating pains in the left thigh and knee, of which he complained; aggravation on walking; inunctions had produced no result. On comparison of the lower extremities I found a good finger's breadth lengthening of the left leg. Rest in bed and *Kali carb.* 30, ten globules, in two days introduced improvement. After three weeks I must again administer the same remedy, as a lengthening of the leg with more severe pains than at the beginning of the treatment had occurred. I gave the twenty-fourth dilution in the same way as I had the thirtieth. Notwithstanding his bad nutrition a cure was made in eight weeks treatment.

CASE VI. The child of R. T., aet. twenty months, lymphatic blonde, very delicate, has had bronchitis and conjunctivitis, and has been suffering for four months from pains in the right lower extremity. On examination I learned that it was a good finger's breadth longer than the left, and the corresponding fold of the nates almost obliterated; the very weak little child could not stand alone; she had to be carried about in the arms; the spine had a curvature which gave me reason

to fear Pott's disease; appetite moderate. On the fourteenth of May, I ordered *Kali carb.* 30, six globules in two days. Under the influence of this remedy I perceived an improvement of the general health, as well as of the back and hip. On the fourth of June I learned that she had not been doing so well for three days; the pains had again returned more severely and the affected leg had again assumed its former abnormal length, and every change of position caused a pitiable cry. I gave *Kali carb.* 200. Rapid improvement set in, which was not disturbed by difficult dentition and constipation, against which I gave *Chamomilla*.

CASE VII. M. A. R., from Zealand, aet. eleven years, suffered from a coxarthrocace which the physicians of his own country had combatted in vain. His parents brought him to Grand on October 28th, 1876, in the hope to find surgical aid for their child. They took her to the clinic of the hospital of Byloke, but the physician in chief declared all further treatment would be useless and the use of the leg was irretrievably lost. They were about to return disconsolate to the Netherlands, when one of my patients witnessing their grief, spoke to them of the beneficial effects of Homœopathy, and advised them to consult an Hahnemannian physician. The boy was lymphatic, pale, slight figure; the left lower extremity elongated about two finger's breadth; gluteo-femoral crease obliterated; the knee slightly flexed as if ankylosed, permitting neither flexion nor extension of the leg; violent pains in the thigh and knee; has suffered thus for three months. I gave *Kali carb.* 30, ten globules to be taken in ten days. Slow, progressive improvement; no repetition of the remedy. Complete cure about the end of the following January. It remains to be observed that after fifteen days action of the drug a very violent itching, lichen-like eruption on the throat and neck appeared; this lasted ten days. The parents said he had never had such an eruption before.

CASE VIII. Matilda Y., aet. three and a half years, has been afflicted for eight months from a disease of the right hip joint; the leg on this side is about two fingers breadth elongated; the gluteo-femoral fold almost disappeared. Al-

though she could formerly walk very well, yet she has not taken a step for eight months; pains in the leg and knee. Matilda took *Kali carb.* 30, ten globules in solution. Under the influence of this medicine rapid improvement and a cure in less than six weeks. It was not necessary to repeat the medicine.

If we compare the allopathic treatment and its usual lack of success in the hip disease with the so often successful issue of Homœopathy, it is scarcely to be comprehended how any one whose head is not filled with prejudice can help proclaiming the superiority of Homœopathy.

Ophthalmology and Otology.

The Relation of the Ciliary and Recti Muscles from a Therapeutic Standpoint. By W. H. Woodyatt, M. D., Chicago. Read before the American Homœopathic Ophthalmological and Otological Society.

The following cases are submitted for what they teach concerning the action of remedies upon the ciliary and recti muscles of the eye when they are found to be affected simultaneously and operating in the production of conditions commonly considered as amenable only to mechanical treatment. An exhaustive study of these clinical gleanings demands a full presentation of what is taught on the connections between accomodation and convergence of the visual axes; on relative accomodation and relative convergence; on the possibility of the ciliary muscle acting in segments, and all these while the eyes are in a healthy state. It would also embrace what is

known and taught concerning the counter actions of these different sets of muscles when one or more had become impaired, either slowly or rapidly, by a local affection of the eyes, or some constitutional disease.

The subject is manifestly too exhaustive for a paper of this character, and will be considered as it deserves to be on some future occasion. In the meantime it is believed that careful attention to the following records will enlarge our conception of the possibilities of internal remedies; somewhat clearly define the sphere of action of one or two, and compel us to hold in abeyance some conclusions on the subjects involved which have descended to us with all the weight that the stamp of orthodoxy can give.

The cases being offered for the consideration of special practitioners particularly, mention is not made of the several question as they occur, because they will be likely to suggest themselves as the peculiarities of the record are observed.

CASE I. *Natrum muriaticum*.—S. H. W., male, aet. forty-six. Complains of pain, burning and smarting of the eyes in attempting to use them. Examination showed V. $\frac{3}{80}$?; M. 1-40; V. $\frac{3}{80}$. Insufficiency of the internal recti five degrees. Prescribed *Nat. mur.* 30 four times a day. In two days some letters of No. 20 were made out, and a concave eighty glass enabled him to make them all. The insufficiency remained as before. Under thirty days use of the remedy the muscular power was restored, the myopia had disappeared and the eyes gave him no trouble.

CASE II. *Nat. mur.*—Miss C. complains that use of the eyes brings on heaviness and drooping of the lids; causes letters or sketches to blur, and if continued produces aching in the balls; lamplight particularly troublesome; retinal images are retained; right lower lid twitches a great deal. Careful test developed the following:

R. E., V. $\frac{2}{40}$, M. 1-30, V. $\frac{2}{40}$. A.=4 to 21.
L. E., V. $\frac{2}{40}$, M. 1-30, V. $\frac{2}{40}$.

Insufficiency of the internal recti two degrees. Prescribed *Nat. mur.* 30, four times daily, which was taken irregularly and spasmodically until reporting a month later. At this

time R. E., V. $\frac{2}{3}$,—60°, axis 70°, V. $\frac{2}{3}$?. L. E., V. $\frac{2}{3}$?. Two days steady use of the remedy was followed by the record of V. $\frac{1}{3}$? in R. E., but requiring +48 to make it $\frac{2}{3}$; V. $\frac{2}{3}$ in L. E. Insufficiency of two degrees of each internal rectus. Remedy continued ten days. All troublesome symptoms had disappeared and patient did not report in person for six weeks, when there was found to be $\frac{2}{3}$ in each eye with no insufficiency. The patient did a good deal of fine painting and her eyes were inclined to give out after a certain amount of taxation, especially if she was fatigued from over exertion in other ways. The *Nat. mur.* 30 always helped her eyes promptly.

CASE III. *Argentum nit.*—Mrs. T., aet. forty-four. Asthenopic symptoms complained of. Test, V. $\frac{2}{3}$; no ametropia—p.=11". Insufficiency of each internal rectus two degrees. Prescribed *Argent nit.* 6x, four times a day. In five days p.=7½"; insufficiency the same. Five days later, p.=6½"; some insufficiency of the right none of the left internal rectus. Ten days later, p.=6"; no insufficiency. Eyes no longer troublesome.

CASE IV. *Natrum mur.* and *Argent. nit.*—Mrs. B., aet. forty-eight. Has not been able to use her eyes for years because of pain produced by the attempt. Has feared blindness and is rather unwilling to read for the tests. First record V. $\frac{2}{3}$, but this was not satisfactory because of her unwillingness to try and see; said her head would ache all day if she tried; would not attempt fine print. Insufficiency of each internal rectus five degrees. Prescribed *Nat. mur.* 30. In nineteen days V. $\frac{2}{3}$ and no insufficiency. Could not read No. 1 without glasses, but with +36 read at a near point of 14". Prescribed *Argen. nit.* 6x. In ten days read at 9". Eyes now used steadily without discomfort.

CASE V. *Nat. mur.*—Mr. H., aet. twenty-five, student. Has had more or less trouble with his eyes since an attack of measles when twenty-one, four years ago. Complains that short use causes lids to smart and feel heavy, with desire to rub them; sharp shooting pains in the globe; blurred vision; at first interview dull aching pain in globes was constant; photophobia

especially to gas light. Test: V. $\frac{2}{30}$, M. 1-72, V. $\frac{2}{30}$. Insufficiency of internal rectus two degrees. Prescribed *Nat. mur.* 30, four times a day. In four days, V. $\frac{2}{30}$ easily; insufficiency unchanged; pain relieved. Remedy continued four days; insufficiency barely perceptible. A week later reported no pain or inconvenience and test showed normal vision without any muscular defect. Patient had been studying steadily from the first.

CASE VI. *Physostigma, Gelsemium*.—L. P., aet. forty-four, student. L. E., V. $\frac{2}{30}$?, M. 1-40, V. $\frac{2}{30}$, A.=10" to 19". R. E., V. fingers 9', M. 1-7, V. $\frac{2}{30}$, A.=5" to 10". With the glasses before each eye there is diplopia and a seven degree prism, base outward before L. E., is necessary to remedy it. Patient complains of discomfort in trying to use his eyes. Took *Physostigma* 3x four times a day. In eleven days the following record was taken: L. E., V. $\frac{2}{30}$?, A.=6 to 16; no glass helps. R. E., V. fingers 12', M. 1-7, V. $\frac{2}{30}$?, A. $4\frac{1}{2}$ " to 12"; five degree prism blends the double images. In thirteen days more the three degree prism was sufficient to blend the double images. After ten days use of the *Physos.* (thirty-three in all) vision and condition of left external rectus remained as at last record. Prescribed *Gels.* 6x. In twelve days the following record was made: L. E., V. $\frac{2}{30}$. R. E., V. fingers at 20', M. 1-8, V. $\frac{2}{30}$ —the best that could be done; two degree prism removed diplopia. In twenty-eight days, during which medicine was taken irregularly, in the L. E., V. $\frac{2}{30}$?. R. E., fingers at 12', M. 1-10, V. $\frac{2}{30}$ and no diplopia.

CASE VII. *Argentum nit., Gelsemium, Strychnia*.—Mr. F., aet. forty-five; literary man, author, etc., said his eyes had given out, and his glasses (+24) did not seem to relieve him. Test: V. $\frac{2}{30}$, Hm. 1-30, V. $\frac{2}{30}$, p. 15"; deciphers No. 1 slowly at this point without glasses; insufficiency external rectus two degrees. Prescribed *Argent. nit.* 6x four times a day. In one week no insufficiency could be made out, and near point was 12". In two weeks, the medicine being taken only part of that time, record reads, p.=11"; potential weakness of the right external rectus, two degrees of insufficiency in the left. Prescribed *Gels.* 6x four times daily. In one week, insuffi-

ciency the same $p.=9^{\circ}$. In two weeks, having been out of medicine a week, insufficiency had increased to three degrees in each eye, but the near point had advanced an inch, was now S° . In another week $p.=5^{\circ}!$; three degrees of insufficiency in the L. E. same in the R. E. Did not report again for one month when I found a near point of $3\frac{1}{2}''!$; insufficiency of each external rectus two degrees. Prescribed *Strych.* 3x.

CASE VIII. *Natrum mur.*, *Physostigma*.—Miss C., aet. twenty-three, student, complains of asthenopic symptoms.

Test: R. E., V. $\frac{2}{3}\frac{0}{0}?$, with pinhole $\frac{2}{3}\frac{0}{0}$, A. $3\frac{1}{2}$ to 22. M. 1-42, V. $\frac{2}{3}\frac{0}{0}$.
L. E., V. $\frac{2}{3}\frac{0}{0}??$, " " $\frac{2}{3}\frac{0}{0}$.

Insufficiency of each internal rectus four degrees. Prescribed *Nat. mur.* 30. In nine days, R. E., V. $\frac{2}{3}\frac{0}{0}?$; L. E., V. $\frac{2}{3}\frac{0}{0}$; insufficiency three degrees; globes have ached a good deal, whether the eyes were used or not. In seven days more, R. E., V. $\frac{2}{3}\frac{0}{0}$; L. E., V. $\frac{2}{3}\frac{0}{0}?$; no insufficiency, yet the pain in the eyes has been quite bad. Prescribed *Physos.* 3x. In twenty-seven days the pain was entirely gone; eyes could be used freely and only suffered from exposure to strong light. In this case the insufficiency in the left internal rectus and a slight degree of myopia were detected at one or two of the intervening visits.

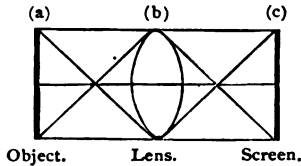
CASE IX. *Physostigma*.—Miss B., aet. sixteen, student. No symptoms of any kind, but wants to know if she can be helped to abandon the minus ten glasses which she has been wearing for four months for acquired myopia. Test: V. fingers at 9', M. 1-10, V. $\frac{2}{3}\frac{0}{0}$, A. 3" to 13"; insufficiency of each external rectus two degrees. Prescribed *Physos.* 3x four times a day. Record taken in five days reads, fingers counted at 20', M. 1-14, V. $\frac{2}{3}\frac{0}{0}$, A. 3" to 15". In L. E. no insufficiency; in R. E. between two and three degrees. Five days later, V. $\frac{2}{3}\frac{0}{0}$, M. 1-16, V. $\frac{2}{3}\frac{0}{0}$. Seven days later, V. $\frac{2}{3}\frac{0}{0}$, M. 1-16, V. $\frac{2}{3}\frac{0}{0}$. But at the examination the prism test showed two degrees of insufficiency of the right external, and one degree of the left internal rectus. Gave no medicine for one week, and on her return the muscles were harmonious and not insufficient; vision the same. Resumed the *Physos.* for two

weeks, when V. $\frac{2}{0}$, M. 1-18, V. $\frac{2}{0}$, A. 3" to 17". Prescribed the —1-18 and tested in two months again with the above result.

CASE X. *Lilium tig.*—Mr. B., aet. forty-five, teacher. Has been wearing +36 for his old sight, selected at an opticians; latterly has been using the microscope a good deal, and has been annoyed some by fatigue of the eyes. Test: V. $\frac{2}{0}$, Am.—24c., axis horizontal, V. $\frac{2}{0}$, A. 9" to 24 $\frac{1}{2}$ ". Prescribed *Lilium tig.* 30 four times a day. In seven days, V. $\frac{2}{0}$ clearly. A week later, A. 7" to 29". One week later, A. 5 $\frac{1}{2}$ " to 31". Examined a month later after the medicine had been stopped and found the condition unchanged, Had abandoned his glasses entirely.

The Relation of the Fovea Centralis to the Work of Accommodation. By T. P. Wilson, M. D., Cincinnati. Read before the American Homœopathic Ophthalmological and Otological Society.

One of the unsolved mysteries of physiology concerns the functions of the fovea centralis. Our inability to settle the question, shows how far removed after all, are theoretical and mechanical optics from the facts and principles of ophthalmology. This paper is an attempt to suggest, rather than to make, a solution of this question. First then, for the benefit of all our readers, let us premise this: In the production of an image we have to consider, (a) the object, the image of which we desire to produce; (b) the lens by which the rays are to be focalized, and (c) the screen upon which the image is to be produced. A law of prime necessity is that the planes of the object, the lens and the screen, shall be parallel. Let the following illustrate:



If now you change the condition of parallelism of either of these, in whole or in part, you blur the image.

Suppose now we should bend the screen into this shape:



Such a screen in a camera obscura would be utterly worthless. Suppose again we modify its shape still further as follows:



This would render it still more worthless for the reception of images.

Yet it is a well known fact, that this last form of the screen is one corresponding to the shape of the retina, and that in that portion of the eye which is most sensitive, and upon which the image in direct vision falls, is marked by the small depression shown in the figure—this depression being known as the fovea centralis or central pit.

By modern writers the eye is often termed a camera obscura; but it must be confessed that, in this important particular, the eye fails in the resemblance; and it must also be confessed that, in judging of the function of vision, we must abandon the idea of the image being produced as in the camera obscura.

The photographer who uses the camera, aims to produce upon the screen an image equally and perfectly focused throughout. This could not be done upon the retina even if

it were desirable—which it is not. To the mind, nothing would be so utterly confusing as an image, distinct in all its parts, thrown upon the sensitive layer of the retina; that is, if the mind attempted to perceive it at all points simultaneously.

We come now to a fact not generally known, and not to our knowledge ever clearly stated by our ophthalmologists, viz.: *direct vision is a geometrical point.*

No matter what the size or shape of the image there is always a focal point in it, upon which perception rests, which is without length, breadth or thickness. Over the shortest line and the smallest dot that you can make, this geometrical point of vision can be carried; and the movement is perceptible to the most ordinary observation.

When the normal eye is adjusted to the best of its capacity for seeing an object, there is thrown upon the macula lutea an image. This image is composed of an infinite series of points, of which, only one is clearly and definitely focused upon the retina. It is probable that this point must rest somewhere within the boundary line of the macula. It would seem to be most effective when resting in the bottom of the fovea.

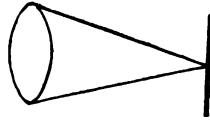
The image as a whole lies across the fovea and upon the general plane of the macula, which plane is a curved surface. Hence, all parts of the image must be somewhat out of the true focus save the one point we are considering.

There can not be two or more points in focus at the same time, because no two points of the macula and fovea hold the same relation to the image.

We come now to consider the work of accommodation as related to the foregoing facts. We recognize in this act, an effort put forth by the joint action of the rectus internus and ciliary muscles to first bring the image upon the macula and secondly to fix the point of direct vision upon some portion of the retinal elements included within the boundary of the macula.

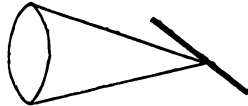
Suppose now the sensitive surface was perfectly flat and parallel with the lens; it would then occur, that the accom-

modation would have the point of vision precisely upon that plain under all possible circumstances, in order to have vision perfect.

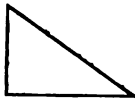


This figure represents this fact clearly.

It is equally clear that, if we placed the sensitive plate at an angle and could use any one of the innumerable points of which it is composed, then we would almost immeasurably assist the accommodation; for, instead of one plane, we would have an infinite number of them. For instance:



Assuming the plane to be oblique as represented, let us construct a base and perpendicular:



It is easy to see that, whatever may be the length of the base, that will be the measure of assistance given to the muscles of accommodation.

We need now only to recall the fact that the retina in the macula is a curved surface and offers all that an oblique surface could, as stated. Now that we have the fovea centralis making a still greater incurvation and general obliquity to the retina, it is not difficult to see, that we have here a condition of affairs that greatly assists the act of accommodation.

This will be made still more clear and enable us to readily understand, how the point of vision may be in turn fixed in all parts of this curved surface, when we come to learn that recent investigation makes it at least highly probable, that there is a meridional action to the ciliary muscle, so that the

lens is tipped in various directions. By this means the focal point may be adjusted to any part of the sensitive surface; and is undoubtedly shifted from place to place, so as to prevent exhaustion of the nervous filaments that supply the rods and cones.

Just so much, then, as is the distance from the bottom of the fovea forward to the outermost parts of the retina upon which direct vision may be fixed, is there added to the power of accommodation; or, in other words, to summarize, the obliquity of the retina, presenting innumerable planes, upon any one of which the focal point may rest, does, by this means, relieve the ciliary muscle of the duty of always fixing direct vision upon one and the same plane.

The curved macula answers the same purpose; and the fovea, adding to the curvature of the retina at that point, greatly enhances the effect. It is a curious fact to be observed that the fovea is by no means a constant condition to be found even in all eyes apparently well developed. Among mammalia we find the fovea in apes only. Of course it is always found in the normal human eye. In certain birds we find two fovea in each macula. The chameleon has a remarkable development of this part, while it is found only slightly developed in most other lizards. Amphibiae and fishes have neither macula nor fovea. Acuteness of vision seems to depend upon the presence of the fovea and to this stands inseparably related also the work of accommodation.

General Clinics.

LAC CANINUM IN ACUTE GASTRITIS.—September 16, Miss W., aet. eighteen, dark complexion, complains of burning pain in the epigastric region; feeling of weight and pressure of

stone in stomach; very thirsty; abdomen swollen and burning with bearing down pains therein, looseness of bowels; mucous yellow liquid stools; pulse one hundred; pain and throbbing in temples; flushes on left cheek; red, circular spot on right side of face below malar bone the size of a two bit piece, hot and burning to the touch; no appetite whatever, can not bear food; "cracking in jaw when eating. I prescribed *Lac Caninum* 10m, a powder every three hours dissolved in water. Sep. 17. Returns to my office generally improved; has appetite; all symptoms removed except burning in stomach and abdomen; pulse eighty; repeated medicine. Sep. 25. Reports herself quite well has been since the 20th, the date when my last prescription was finished.—DR. D. A. HILLER, San Francisco.

CLINICAL CASES—CASE I—DISURY—CANTHARIS TINCT.—A young unmarried man had several weeks previous been suffering with intermittent fever and been treated by an old school physician. He came to me after the paroxysms were broken and said he had a dull, heavy pain in the front part of his head and running back to his neck; he was of a jaundicial appearance and constipated; was also suffering with retention of urine, attended by a sharp pain in the perinæum and testes, and the urine came away in drops with great pain. I thought on the whole that *Nux vom.* was the remedy, and gave him the third dec. dilution. The next day the pain in his head was relieved and the action of the bowels was almost natural, but the urinary organs were in no better condition and I had to relieve him with the catheter. The next day his bowels were regular and the jaundiced look was not so prominent; still, however, the urine was voided drop by drop with much distress. I then gave him drop doses of *Cantharis o* every two hours with complete relief after the third dose.

CASE II—RETENTION—CANTHARIS TINCT.—A man applied to me saying that he had a valuable horse that could not make water although he tried continually and it came slowly in drops. I gave him *Cantharis o* and directed him

to give one drop in a pint of water. He seemed incredulous of the power of so small a dose, but gave it with complete relief.

CASE III—WHOOPIING COUGH—A little girl, aet. three years suffering with whooping cough. I gave her drop doses of *Drosera*, first, and *Corallium rubrum* alternately every four hours, beginning the second week, not having seen her sooner, and continued this one week. The third week after the attack she was taken with a convulsion and great rigidity of the body, and cold sweat with great drowsiness after the paroxysm. I gave *Veratrum alb.* 6 one week, every two hours, and the fourth week I returned to *Drosera* alone, one dose a day and by the end of the fifth week she was well. The old school physician of this place meantime said that pertussis could not be controlled, but would run its course in from ten to fifteen weeks.

CASE IV—WHOOPIING COUGH—IOD. POT.—A young lady, aet. nineteen; took *Iodide of potassium* in the catarrhal stage of whooping cough and was entirely well in three weeks, not taking any other remedy and taking it only during the first week.—J. C. KILGOUR, M. D.

POST-MORTEM.—Mrs. E. J. S., aet. sixty years. Gall stones were found in hepatic duct and gall bladder; in the latter over one hundred were found about the size of large squirrel shot; liver weighed one and a half pounds; left lobe very small; spleen diminished in size to about one-half its normal size. Remedies used for about two years: *Ars.*, *China*, *Mercurius*, *Podophyllum* and *Sulphur*. The trouble was of a malarial origin; the stool was carefully examined but none ever found. Of the remedies used *Ars.* appeared to do the most good.—T. RYALL, M. D., Savannah, Ga.

Obstetrical and Gynaecological.

A Case of Hour Glass Contraction With Uterine Fibroma. By George C. Jeffery, M. D., Brooklyn, N. Y.

I was called on September 22d, to attend Mrs. L—, in labor, and as the results of the case present some points of interest, I contribute a report of it, for the consideration of your readers.

The messenger arrived about eight o'clock in the morning, and informed me that my presence was desired without delay. Upon arriving I found my patient was having pains, at stated periods, in the front part of the abdomen, indicating the dilatory process of the circular fibers of the uterus. I made an examination and found the os dilated to about the size of a fifty cent piece. After determining that I had a vertex presentation and with the belief that a couple of hours would elapse before my services would be actively required, I left my patient promising to return within an hour. The specified time elapsed and I was at my patient's door. The moment that I entered, the husband and several others interested in the patient's welfare greeted me with such pressing demands that I hurried to my patient's room without delay.

I found her in the last expulsive pain. I had just time to get my coat off, when the additional daughter of the household laid her head gently in my hand as it was protruding through the external labii. So much done in haste. I sat down and with leisure awaited the appearance of the placenta. After waiting for an hour without the afterbirth being expelled I concluded to take it away.

I introduced my hand and without trouble or delay delivered it. I naturally concluded that my duties were now over, and to doubly assure myself placed my hands upon the abdomen to detect whether the uterus had properly contracted or not. When to my surprise my hand came in contact with something enclosed within the womb that gave the impres-

sion of a child's head. To satisfy myself at this surprising revelation, I again introduced my hand within the uterus and when partially advanced to the fundus, was impeded by an hour glass contraction that barely admitted the passage of my two fingers through its orifice. By gradual pressure outwards it was overcome only to return with each succeeding after pain and so powerful indeed were its contraction at the orifice, that it was only with the most determined fortitude that I could bear my fingers to remain within it. Finally my hand passed it, when to my surprise I found a growth within the fundus that in size would compare with a man's fist. After careful consideration and from the fact of its tenacity, I reasonably concluded that I had a fibroid tumor.

The case was a new one to me, and I immediately sent for a professional friend who confirmed my diagnosis. When I first saw my patient in the morning, I prescribed a few drops of *Pulsatilla* tincture in a glass half full of water, of which she had but one dose. I doubt not that it was the effect of this remedy upon the longitudinal fibres of the uterus that produced the rapid expulsive pains of which she had but three; and from the rapidity of these pains the hour glass contraction resulted. The patient is getting along satisfactorily and should any abnormal phenomena arise from the presence of the tumor I will advise you in the future.

Post-Partum Hemorrhage.

When the October ADVANCE arrived, I read the editorials, then Prof. Sanders' article on obstetric and regimential treatment of after pains, then Prof. Hunt's article on Post-Partum Hemorrhage and was reminded of my experience with a case of labor a few months ago.

I attended two full courses of Prof. Hunt's lectures, and occasionally a lecture, or part of one, afterwards, and at examination, when the question was asked me, "What would you do in a case of post-partum hemorrhage?" I answered promptly, "External pressure and turn out the clots;" and was about to add my ideas of internal medication (theory?) but was interrupted.

With the case noted above it was the woman's second labor. Her first gestation was dropsical, with very troublesome dyspnœa, and bursting of the cutaneous veins nearly all over the body—the hips, thighs and abdomen being the worst. A spontaneous bursting of the waters occurred about the eighth month, with great relief; labor came on at term, lasting about fifteen hours, having been tedious, and after pains were intense. The child died in a few weeks of hydrocephalus, and the mother, at the end of six weeks was able to walk and be out of bed. She then came under my care, and in four or five months she again became pregnant.

Grauvogel's article on treatment of hydrocephalus and its preventive, had interested me, but although I am naturally lazy I hate specifics, or the idea of it rather. He recommends *Calc. phosp.* 6x one day and *Sulph.* 6x the other day.

I concluded to treat my case homœopathically, or as near it as I could. *Calc. phos.* was indicated, and when so, she received it in 2x. *Sulphur* was seldom called for. Some few others were given also when seemingly indicated.

Gestation was no inconvenience to her, the cosmetic appearance was all that interfered with it as a true maternal pleasure. The rupture of the cutaneous veins have gradually healed and disappeared, contrary to expectations. Labor came on at prolonged term, and first stage was about four hours long, while in the second, three pains ended it, and the third stage must have followed simultaneously, for the placenta was noticed in the vagina just after tying the cord and handing the child to the nurse. In a few minutes a tumor was felt rising above the pubis, and up above the umbilicus in the mother—and with, as Prof. Hunt so characteristically expresses it, that "far off" and "let me alone"

look. I remembered "external pressure and turn out the clots." I used external manipulation and succeeded in compressing the uterus into about its proper place, but it wouldn't stay there; this I did more or less for several hours and at last put on a very tight bandage, and after pains were excessive, especially when the child would nurse. After about ten hours I concluded that I must exhibit *Ergot* to hold the uterus down, and I did so, using six pellets medicated with the thirtieth dilution of *Secale cornutum*, placed dry on the tongue; another dose in two hours; result excellent; she has always been a very hearty eater; no more bother with the uterus; scarcely perceptible hemorrhage; after pains less and less, and next day no complaint from them and no more medicine. The mother sat up in bed of her own accord on the second day and could hardly be kept in bed till the fourth day, and walked down stairs to dinner on the thirteenth day. About fourteenth day some bright blood appeared in the lochia, and one dose of *Secale* 30 was again administered. Child hearty and strong limbed. Mother still takes an occasional dose of *Calc. phosp.* 2x when indicated, for I think her system is wanting in those elements and the child takes all that comes to her through her food.

Yes, I am in favor of *Ergot*, and I am in favor of homœopathic colleges teaching all the mechanical means necessary in cases of emergency, but unless they require *each* member of the *faculty* to *also* teach scientific therapeutics, they do not deserve to be recognized as homœopathic colleges. And as "supply should equal the demand," the demand is coming when more scientific teaching will be required than *Nux. tincture* as the specific in dysmenorrhœa; *Aconite tinct.*, *Hepar* and *Spongia*, 1x each dissolved in separate glasses of water and given alternately every half hour, as specific for croup; *Quinine* in intermittent fever, etc., etc.—J. F. E.

Post-Partum Hemorrhages.

My experience coincides exactly with that of Dr. Guernsey in the management of post-partum and all other hemorrhages of like nature produced by diseased condition of the system. With over thirty years of practice, very largely of an obstetrical character, I rely exclusively upon the application of homœopathic law in the cure of all such cases, and I know of many others who are just as firm in their faith. Trusting to the homœopathic remedy and using no other means no case of hemorrhage has yet slipped through my hands "before the remedy has had time to act." If the indications for the remedy have been verified and if the reliability of the preparation to be administered has been previously tested I should not hesitate to trust even the highest attenuations in such cases. I have more confidence in the promptness of action of the homœopathic remedy operating through the law of nature, *similia similibus curantur*, than I could have in a hap-hazard application suggested by the judgment or ingenuity of those who ignore that law.—THO. MOORE, M. D., (in Sept. Hom. Times).

Miscellaneous.

Saul Among the Prophets.

DEAR MR. EDITOR:—I live way up here among the woods and am not always sure the world is turning on its axis. In fact, if the sun and moon were to stand still or even go back-

ward I am not sure I would be any wiser for it for we haven't got any daily papers here. But Uncle Sam has established a post office at the cross roads, about a mile from our place and I get now and then a letter or a circular from the outside world. I got a circular the other day, which, when I had read it, took away my breath and paralyzed my vocal cords so that I haven't spoken above a whisper since. The circular I refer to was No. 3 (I won't say the last, for there may have been several issued since this one) of the Cleveland Homœopathic Hospital College for the year 1878. My first impression upon reading it was that I had gone insane. I had a vision of the Cincinnati Sanitarium fitting through my broken and demoralized mind. I asked the post master, who is a member of the church, to read it and he did so, but he also was insane. I took it home to my wife, who is a pious woman, and she was equally off as to her mental equilibrium. I then got my youngest child, a dear little prattler whose sanity had never been impeached, to read the circular. He spelled it out, letter by letter, and to my utter dismay, he too had gone daft. I hear him and judge for yourself: "P-r-o-f." "Professor," I suggested. "Professor it is," he said, with a wicked blink of his eye. "S. R. B-e-c-k-w-i-t-h, L-e-c-t-u-r-e-r-o-n S-u-r-g-i-c-a-l D-e-f-o-r-m-i-t-i-e-s." Poor little fellow he could only say the letter. He could not pronounce the words much less understand their meaning. Thank Heaven! I did not break their awful meaning to his young heart. So far the terrible secret is all my own. Not a man, woman or child in all this section, save myself, knows that the Cleveland Homœopathic Hospital College *admit, women students*. They would be heart broken indeed if they knew what this champion opponent of "*mixed classes*" was sacrificing in order to hold a position in this mixed school. He, the one great leader against women doctors in "men's schools," now glad to take the humble position of "lecturer" in a college where women are admitted "on the same terms as men." Toward what *Damascus* has our worthy friend been traveling that he has thus suddenly been converted? Henceforth his name shall be no more Seth but Saul, for he

is at last found on the Lord's side and among his prophets. My wife says I'm badly mixed on my Bible quotations and have confounded the king with the apostle. Very likely; and I submit to you, Mr. Editor, that in these degenerate days it is the regular thing to get "mixed." But pray don't let them send me any more circulars. If any more of my professional friends are going to go back on their record that way don't for heaven's sake publish it to the world. We'll all be crazy if you do. Yours, QUIDMUCK, Bungle-town, September 20, 1878.

News from the Colleges.

UNIVERSITY OF MICHIGAN.—The opening exercises of this college were inaugurated by an "anti-lecture" address delivered by Prof. E. C. Franklin, Dean, on the first of October, before a large and appreciative class, fully equal in number to the preceding year. The professor dwelt upon the importance of a thorough knowledge of surgery which can only be acquired by close attention to the minor details, a close study of their processes gradually leading to the more complex or important operations which constitute the working field of the practical surgeon. Prof. S. A. Jones followed with an able address in the department of materia medica, and held his audience spell bound by a logical and masterly address on the direction of his specialty. On the second, Prof. C. B. Gatchell, who holds the Chair of Theory and Practice, inaugurated his course by a beautifully written lecture on the past history of medicine to the Hahnemannian epoch and dwelt largely upon the scientific therapeutics of *similia*. The school is in a prosperous condition and students are coming in daily. The senior class now here number nearly

forty. With an earnest and harmonious faculty and with yearly increasing matriculants, this school is developing a position and strength second to none in the country.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.—Hahnemann opened October first with a class of one hundred students, and forty more have come in since. The order of exercises at the opening consisted of an address by the president, Dr. Small, an opening address by Prof. Hawkes, and music by the St. Cecilia Quartette (four ladies). The lecture room was crowded with an audience of over two hundred and fifty persons. On October second a banquet was tendered the students at the opening of the hospital course. Each student was introduced to every professor and then followed short speeches, music, etc. About fifty or sixty more students are expected, and the indications are that the class will be much larger than last year.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—We opened yesterday the thirty-first annual session, with one hundred and fifty names on our register, with prospects that the number will reach two hundred. Fully one-third of our class take the graded three years' course. No female students. Have added new or third lecture room, for better carrying out the graded course. Our students attend six college clinics and four hospital clinics per week. Have practical courses in anatomy, surgery, obstetrics, chemistry and microscopy. Our alumni are one thousand, four hundred and forty-nine in number.

PULTE MEDICAL COLLEGE.—We opened on the evening of the third by an address by Prof. D. W. Hartshorn on the history of medicine. Next morning a class of forty gentlemen reported, and since that, over fifty have entered on the matriculation register. This is far better than we had hoped for, owing to the many serious obstacles which had been thrown in our way. These obstacles at last surmounted, we have the most cheering prospects before us. Our improved

clinical and hospital facilities make our present course highly attractive and useful to students. In money received and students in attendance, we are in advance so far of any previous term.

THE HOMŒOPATHIC MEDICAL DEPARTMENT OF IOWA.—
We opened on the ninth inst., with a class of twenty-six students, a larger class than our friends had anticipated. Prof. Cowperthwaite delivered the opening address to a large audience, composed partly of the students in the allopathic department. The harmony which has heretofore existed between the two schools of medicine in the Iowa University has proved of great benefit to each, and it is to be hoped that it may continue. The homœopathic department has a new building erected by the State for its exclusive use, and has started off, as we trust, on a permanent and prosperous career.



A Few Earnest Words About Yellow Fever. By W. H. Holcombe, M. D., New Orleans.

I have a few earnest words to say to the friends, nurses and physicians of yellow fever patients. There are three great causes of the large mortality in this disease.

1. Special intensity of the poison acting upon the individual case. This can not be foreseen or prevented. This cause is irremediable. Fortunately these malignant cases are rare.

2. Injudicious or inefficient medical treatment. This subject, belonging especially to the medical profession, can not be discussed in a newspaper.

3. Bad general management, and here, nurses especially, the public generally, and even some professional men, need a word of caution and advice.

The yellow fever patient should be put to bed after taking a warm foot bath, not a scalding mustard bath, and covered with one sheet, and one blanket or quilt. The room should be well ventilated, without letting a direct current of air fall upon the patient, and he should be allowed to drink frequently, but moderately, of cool or cold water.

Now, instead of this simple and sensible method, based upon sound physiological and hygienic principles, what do we often see? The attendants are all in a perfect panic of haste to get the patient into a profuse sweat as soon as possible. He is scalded in his bath, covered almost to suffocation with blankets and quilts, crammed with hot drinks, and denied a drop of cold water, whilst the corridors and doors are shut, and the atmosphere of the room made unbearable and unhealthy.

I was called to a man lately who had been wrapped or rolled over in blankets until he looked like a roll of carpeting. The room was as hot as a close kitchen in summer. He had been dosed with hot teas, denied water and air, suffocated, held down by the force of four women, for twelve or fourteen hours. He was furiously delirious, and died in two hours afterwards with congestion of the brain.

This horrible case of bad management, with the kindest intentions on the part of friends, is only an exaggerated picture of what occurs in every sick room, where the sick man is denied God's greatest blessings—air, light and water. The fact is, yellow fever can stand more fresh air and cold water than any other disease. A great deal of the mortality has been caused by over heating and over sweating in the first stage. It must have been especially fatal to young children.

Another point of bad management is the effort to keep up a perspiration during the *second stage* of the disease, which is a stage of great debility and sometimes of utter prostration. If any bad symptoms occur, nurses, doctors and all

seem to think that if the patient can only be made to perspire, all will be right. Sometimes the same violent measures used at first are resorted to again and with almost invariably fatal result, so that a fine perspiration one day and black vomit and death the next day, are almost related like cause and effect. It reminds one of the newsboy cry of "Confederate victory," which nearly always meant Confederate defeat.

Yellow fever patients, in my opinion, are very often *underfed*. They are denied absolutely everything for two or three days, and by that time, with purging, sweating and starvation, they sink into a state of frightful nervousness and debility. The distressing symptoms which then arise are considered still further indications for extreme abstinence, and the blood making apparatus is left perfectly idle at a time the blood most needs its recuperative supplies. I have allowed a good cup of tea with plenty of milk in it, three times a day, to my patients, with a cracker or piece of toast added, if they desired it, during the febrile stage. As the fever subsides and the second stage approaches, give chicken and beef tea regularly every two hours all day—one or two tablespoonsful at a dose. At night give milk punch, made with brandy, in the same doses. Iced champagne a teaspoonful or two every hour, is very acceptable and useful to some cases. More food, gentlemen, and less medicine.

Many yellow fever patients are *overnursed*. This may seem strange but it is true. Incessant and intelligent vigilance is required of the yellow fever nurse, but if the nurse considers it his or her principal duty to keep the patient *under cover* at all hazards—the poor patient in the second stage continually watched, and "tucked in," and scolded and hectored, is made more and more nervous and wakeful, and if starved and physicked at the same time, is sure to die. A sick man may be as much worried by the overdone attentions of nurses and friends as Jefferson Davis was by the sentinel eternally gazing at him from the window.

The yellow fever sick room is haunted by many old and absurd traditions and superstitions. It is the business of the

medical profession to dissipate this darkness and let in the light of science. Let us always consult nature, and be sure that the sensations and instincts of our patients are frequently better guides than our own theories of the disease. We sometimes yield too complacently to prejudice and unfounded opinions. Reformers must be ready to confront error, misrepresentation and abuse. Let us feel sure we are right, and then, like General Jackson, assume the responsibility.

The Yellow Fever Commission.

Dr. Woodworth, of the Marine Hospital Service, has organized a Commission to inquire into the aetiology, pathology and prevention of yellow fever, said Commission to report to the approaching meeting of the American Public Health Association at Richmond.

Work of this kind, performed by surgeons of the army and navy, is notoriously ex-parte and unfair, as may be seen by reference to the portly volume issued, at the expense of the Government, by this same Dr. Woodworth, upon the visitation of Asiatic cholera in 1873.

Having been within the limits of that scourge and having seen much of its ravages, I was supplied, as other physicians were, with blanks, upon which to report cases treated, with spaces in which to place the name of each person, the characteristics of the case, the remedies employed and the result. I used all the blanks sent me and applied for more, making a faithful return of sixty-two cases, treated homœopathically, with but one death.

I do not know what kind of returns other practitioners made; but I venture that not an allopath in the State made out so full a report and so favorable a result.

Surgeon McClellan, who gathered up the reports from the field, had the name of every one of my patients and could have disproved my great success if my returns were in any wise untrue; and yet, while he dwelt upon the prescriptions, made by other physicians in Tennessee, whose success was not to be compared with mine, he never made one word of mention of the remedies which I employed nor of the prophylactic measures which I had found efficient,

So wanting was the whole report in any reference to what had been done by the practitioners of Homœopathy in the southern field, the editor of the *North American Journal of Homœopathy*, while noticing the book, expressed his astonishment and regret that *none of our physicians in the South had taken pains to keep records or report cases, so as to appear in the portly volume.*

[And here I will do the tardy justice to myself to say that I took pains to inform Brother Lilienthal of the true state of the case, and that my communication was allowed to go into the waste basket in place of his columns].

What I wish now to enforce is the idea that we must have a Commission of our own, which shall gather up data for a faithful report of what Homœopathy has done in this terrible scourge, which is slaying its hundreds in my State, even while I am writing these lines,

We must have our report ready so that when Surgeon Woodworth comes again to ask Congress for money to publish a portly volume of statistics, observations and theories, gathered alone from men of his own ilk, our friends upon the floor can move an amendment like this: *provided, the statistics gathered by the Homœopathic Commission are properly embraced in said publication.*

There has been enough public money spent to gratify bigoted and intolerant army and navy surgeons; enough of hunting in a circle to discover nothing; enough of red tape and nonsense.

What is to be expected of the meeting of the American Public Health Association at Richmond?

That is the same body which, though originally composed of philanthropic men and women, as well as medical doctors,

at its meeting, four years ago, in New York threw out the names of Dr. T. S. Verdi and Dr. D. W. Bliss, of Washington, who were applicants for membership.

Why were those men kept out?

Were they not educated medical men, devoted to sanitary science and public hygiene? No one questioned it.

Both were active members of the Board of Health of the District of Columbia.

Why, then, were they rejected?

Simply because Dr. Verdi was a homœopath and Dr. Bliss would not refuse to act with him on the Board of Health!!

Dr. Bliss had been expelled from the Allopathic Medical Society of the District, for acting on that Board with Dr. Verdi—the army and navy surgeons were the governing spirits in that society—and, of course, the great American P. H. Association run largely by those same surgeons, could not tolerate the “irregulars!”

Steps are being taken by the President of our National Society to organize a Commission to inquire into the present epidemic and its homœopathic treatment, and we hope every practitioner, under the law *similia*, will be prepared to furnish a full account of all cases seen and treated by him.

Homœopathy owes its rapid extension in this country, especially in the South and West, to its great success in the fearful epidemics of yellow fever and Asiatic cholera.—J. P. DAKE, Nashville, Tenn.

Editor's Gable.

WE ACKNOWLEDGE, with great pleasure, the receipt of a small manuscript of Hahnemann's own writing. It is the gift of Mad. Boeninghausen Hahnemann, to whom we return grateful acknowledgements. We will keep the treasure while we live, and then will it to our heirs and their successors forever. Our friends can see it by calling on us.

DR. J. P. DAKE writes from Nashville: "The yellow fever is all about us and we are having cases here from all quarters. This land is full of death and woe—we see it and hear of it every hour. Our weather is hot. The prayed for frost delays and God only knows what is before us."

DIPHTHERIA of a malignant and fatal type is prevailing in Cleveland. It threatens to break all the schools up and all the doctors down unless they cope more successfully with it. We would like to hear reports from our friends there.

THE Homœopathic Relief Association report having one thousand and fifty cases of yellow fever since commencing their work, September 1st, three hundred and twenty-five of which are still under treatment. Aside from furnishing physicians, nurses, and medicines for such sick, subsistence for their families, amounting in the aggregate to five thousand persons, has also been supplied by the Association. They claim an average death rate of less than five per cent., with all present patients doing well. They have accomplished a large amount of good work by sending physicians, nurses and medicines into the interior of the infected districts, all of which have met with success.

THE Rochester Union says there are at the Auburn State Prison twenty-seven clergymen, forty-two lawyers and thirteen doctors; to which we add: The balance of the convicts may be credited to the clientage of the clergymen and lawyers, for not to our knowledge have the doctors aided in filling the penitentiary.

PROF. J. H. McClelland, M. D., of Pittsburgh, so we learn from private sources, has accepted an invitation to deliver a course of lectures on Surgery at the Boston University School of Medicine. Thus the balance of trade seems to be in favor of the West.

"THE NURSE" addressed to "Mothers, the Natural Nurses," is a new work now in press by C. T. Harris, A. M., M. D., of Ypsilanti, Michigan. We have had the pleasure of reading the MSS. It is written in language devoid of unnecessary technicalities, and well adapted to the class of readers to whom it is addressed. The last chapter is devoted to Homœopathic Cookery. Those having charge of the sick room will find its timely hints invaluable; and the busy practitioner can safely recommend every family to secure a copy. It gives no uncertain sound on the Homœopathy of Hahnemann.

"R. B." (ROBERTS BARTHOLOW?) has been to "Yrrup" and he writes something about it to an allopathic journal in this city. On shipboard he met the distinguished homœopathist, Dr. E. E. Marcy now an ac-togenarian, whom he found so popular and honored among the pas-

sengers, that he, "R. B.," dying of envy, devotes his entire letter to abusing the genial old gentlemen and covertly accuses him of immorality. It would appear that a coterie of fellows with "R. B." at their head spent most of their time making up faces at Dr. Marcy, and playing upon him practical jokes. Had they occupied their time setting at the feet of this grand old apostle of Homœopathy, they might first of all have learned good manners and after that, something about medical science.

BROOKLYN, E. D., Homœopathic Dispensary reports for August, '78, ten hundred and thirty patients. This is a fine showing. Our rising young friend, Dr. George C. Jeffery, is physician in charge.

"I AM GOING hereafter to make every effort to have my patients, when the case demands special treatment, to consult homœopathic specialists." This from a correspondent recently is worthy of imitation, for it is only when this is faithfully done that our specialists can advance our school to its proper position in the front rank of successful medical practice.

HOW TO BE (GET) PLUMP. Proverbs XXVIII-25. "He that putteth his trust in the Lord shall be made fat."

I WOULD dispose of my house and lot at a fair price to any good Hom. physician, with practice and good will thrown in. Situated in a beautiful college town of four thousand people. To any physician having a family to educate, and desiring at the same time a *good practice*, this is a rare chance. No other Hom. physician within nine miles. Satisfactory reasons for leaving. For particulars address, H., this office.

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

VOLUME VI. CINCINNATI, O., DECEMBER, 1878. NUMBER 8.

All business communications, relating to the **MEDICAL ADVANCE**, should be addressed to **DR. T. P. WILSON**, 130 Broadway, Cincinnati, O. Terms, \$2.00 a year.

A *GRAND Coup d'etat* is what the young doctor sighs for when he first sets himself down in a community to practice medicine. A runaway with broken bones and scalped heads, a conflagration, with somebody half consumed by fire, some one mutilated by fooling with a pistol, a child nearly drowned or chewed up by a favorite dog, what a God-send these would be to him if he were only called in to care for them! But while he is waiting for these things, the summer months go by and he finds the winter coming on with hoary frosts to nip his great expectations in the bud. In the absence of such catastrophes, what can a young doctor do to distinguish himself? In many places he can do this: he can with profit to all, look up the sanitary condition of the town. The attention given to this subject is generally in the exact ratio to the size of the place. A large city has generally a well organized sanitary system. Smaller towns pay less attention, and many a country village pays not the slightest attention to matters of general health. And this is the reason we find these fearful outbreaks of diphtheria, scarlet fever and typhoid fever in these small places. Incorporated towns have special means afforded them for self-protection. But there are many places not incorporated and there is nothing to rely upon but the intelligence and good will of the citizens. In many instances these are unfortunately lacking. And here is just where the newly arrived doctor can make him

self felt for good. By virtue of his learning he possesses a peculiar moral power, and when he finds existing an abuse of hygienic laws, either by the community or any of its separate families, he can step in and correct that abuse. If he has studied sanitary science, he will not need to have these things pointed out to him. He will readily determine for himself if cellars, wells, street gutters, ponds of water, running streams, slaughter houses, privies, etc., etc., are in such conditions as do not imperil the lives or health of the citizens. Let him look to the sanitary conditions of the churches, public halls, school houses, and it may be to the sleeping apartments of the people. Let him lecture, at least talk, or it may be, procure some one from abroad to lecture upon sanitary laws. In this way he will become a successful and popular physician, and above all he will be a benefactor of his race.

PEGASUS HITCHED TO A PLOW is nothing compared to a man or woman trying to practice Homœopathy without possessing a knowledge of the principles upon which that practice is based. A recent exchange of the allopathic school, insist that there is nothing in the written or unwritten code of their school to prevent one of their number from practicing Homœopathy. Well, why should there be? There is nothing in their code to prevent their curing all their patients or collecting all their bills. The impossibility of doing these things is apparent *prima facie*. An allopath can not practice Homœopathy simply because he doesn't know how. When he comes to know how he is no longer an allopath. And that is exactly what troubles the camp of the "regulars." Realizing the danger of contact they wall themselves in with exclusiveness. Knowing the contagious character of homœopathic ideas, the old school keep themselves in perpetual quarantine. They make frequent exhibitions of their bills of health in order to be assured of safety. Now and then they cast over some unlucky JONAH, in order to have their ship ride with more safety. All this is a needless anxiety, for, since the world began, oil and water will not mix. A "regular physician" is inherently incapable of using remedies homœopathically. Using an attenuated preparation of a drug on allopathic principles would only bring failure. Using it on homœopathic principles makes that physician a homœopath. The success that follows leads to the adoption of the law *Similia*. At this point the code of ethics erects the guillotine, and an execution follows. Well, there's some satisfaction in knowing that the head belongs to the one that is executed; the headless trunk belongs to the system that ordered the decapitation. And to this day the allopathic school is an acephalous system of therapeutics. It has no guiding principle that it dare follow beyond the first or second step, other

wise that principle would constitute a "dogma," and that is the one thing a "regular" hates as the devil hates holy water. Curious, isn't it, how fearful the old school doctors are that they will yet find a law of cure; and how fatal it would be to all they hold dear, if they should find such a uniformity of relation existing between drugs and disease, that one could be applied to the other with intelligence and certainty? Let us hear no more of Homœopathy being absorbed or swallowed up by its ancient enemy. They do not seem to bear even small doses well, and so large a quantity as the entire homœopathic school would be sure to kill them outright.

Insanity—Its Pathology and Treatment. By E. R. Eggleston,
M. D., Mt. Vernon, O.

At the last meeting of this society I was honored in the acceptance of a paper entitled, "The Molecular Constitution of Nerve Tissue, Considered in its Relations with Nervous Manifestations," in which an effort was made toward the determination of the character of mind, and defining its relations with the body. The considerations urged therein, and the conclusions arrived at will form the basis of the present discussion, and that the points may be somewhat fresher in your minds, your indulgence is asked to this brief recapitulation:

I. In the molecular organization of nerve tissue, and in its single uninterrupted channels, lies the explanation of all its manifestations, physiological, psychological and pathological.

II. In the arrangements, rearrangements and vibrations of the constituent molecules, lies the explanation of the infinitely various impressions and counter impulses of which this tissue is capable.

III. In the proper developments and stability of molecular sensibility—otherwise stated as functional perfection and integrity—lies the explanation of the operations of the mind.

IV. That perfected function, as applied to the brain, is mind.

Excluding all the claims for pre-natal education, the sum of which is expressed in the true instinct, which is common to all animal life, the infant capacity is placed at zero, and from that point, step by step, is traced the development of the later manifestations of nerve function, their capacities and methods of growth which result in mind. The conclusion reached was that mind is, absolutely and entirely material, in the sense that it is the function of a material organ, as much a part of man and an outgrowth of his opportunities, as he is a part of nature and gains his characteristics from his environment.

On the pathological side of the question the following propositions were considered:

I. Certain diseases, certain poisonous substances, traumatic influences and psychical operations, exaggerate, diminish, pervert, or totally destroy the functional power of a nerve, system of nerves, or nerve center.

II. Molecular relations, whether of arrangement or impressibility, may remain the same, while function or expression may be intensified or depressed.

III. The relations of molecules may be so changed that a new adaptability obtains, which, modified by the characteristic impressibility of their previous relations, originates a new function, so to speak, which is of a nature to be expected from a new impression upon an already habituated impressional medium.

IV. Double function may result from continued exercise; but in no case can the added duty be maintained without a sacrifice of efficiency on the part of the original function.

V. The function of a nerve or nerve center being lost, its office is filled, or sought to be filled, by other nerves or centers; or a complementary action is set up which compensates for the loss by added force in other directions.

Assuming these propositions to be true, the further present consideration of the subject has the following basis:

I. The normal average mind having reached its maturity, will, under the continuation of like conditions and influences, perform its functions undeviatingly, until, in accordance with natural laws, it falls into physical degeneracy.

II. Among the many component parts of the mind a perfect equilibrium is maintained, a balance among the nerve forces; which, so long as the physiological process of regeneration is not interfered with in the direction of waste and supply, and no external influence intervenes, will remain undisturbed.

III. When disturbances do occur, whether they are traumatic, psychical, or of disease, mal-distribution of force is the inevitable consequence, and mal-functionation of the faculties involved as inevitably results.

IV. Whatever may be causative, energy, active and potential, must furnish the key to the manifestations of mind in disease, as it most assuredly does in health.

The following definition best meets my views: Insanity is a disease of the brain in which the normal balance between the faculties of the mind is disturbed; the disorder being, predominantly, in the direction of excess of action in one or more of the faculties—yet is often manifested in deficiency of action—with the following leading characteristics: loss of mental equilibrium; maintained consciousness; perversion, weakening or destruction of will-power; and absence of logical motive for acts committed.

In this latter day it is fully conceded that insanity is an actual morbid condition of a material organ, and not an inexplicable visitation too often held as a disgrace rather than a misfortune. It is probably within the recollection of many here present, how awesome the announcement of a neighbor's craziness has fallen upon a community, not being considered as an attack of disease, but rather a mysterious something, occult, unfathomable. Even physicians gave aid to popular superstition, in tacitly admitting its immateriality, classifying it as a "functional disturbance without disease." Such mere form of words or technical phrase is no longer satisfactory, being, in the face of such manifestations, wholly

meaningless. True, mal-constitution of tissue is not a necessary concomitant of mal-functionation, but it is true only of temporary deflections; it being equally so that in cases of marked continuance actual metamorphoses of tissue supervene, and these are such as are technically termed insane.

What is function? The operation of an organ in health. Any deviation from this state must either be functional disturbance, which is temporary; or functional or organic disease, which is permanent. All functionation is either normal or abnormal; if the former it is of health—if the latter it is of disease, or becomes so eventually. Modern physiology teaches that every act of an organ involves organic change; every act of growth, maintenance or decline, involves waste and supply, both of which are organic changes. As long as perfect equilibrium prevails between these factors, just so long is functionation perfect; when either is in excess or deficiency, disordered function or disease is at once manifest. The waste of a cell in the act of thought must have the same import as regards the brain, as the drain upon the blood in the regeneration of tissue has upon it, and the integrity of both must depend on a balancing supply. The conviction, therefore, is forced upon us that insanity is in every proper sense a physical disease, and should be amenable to rational treatment,

This is fully borne out in the results of elaborate researches. Balfour analyzes seven hundred cases. In ninety-one per cent. of these *post-mortem* examinations discovered alterations of tissue, mostly in the membranes and cortical substance, and all of them, immediately or remotely, are the results of congestion and inflammation—thickening, opacity, adhesion, effusion and cortical softening. In the remaining nine per cent. the brain was apparently normal. From the reports of superintendents of asylums in our own state, I glean the following: Of eleven thousand, four hundred and nineteen cases, in which the cause of insanity is stated, sixty per cent. were from physical causes; while forty per cent. are classed among moral causes; of which we may feel very sure that a large majority were cases in which an actual disease was

present, from the fact that in all moral or emotional perturbations the circulation of blood in the brain substance and meninges is interfered with, resulting, inevitably, in disordered function; and if continued, in disease. Therefore, it may perhaps be fairly stated that in only about ten per cent. of all cases is there an apparent absence of lesion. The phrase "apparent absence of lesion," too, undoubtedly covers a large number of cases which are due to physical causes, but are undemonstrable because our means of diagnosis are inadequate. If this be true, physical causes are almost universal, and should be demonstrable by either *ante* or *post-mortem* examinations.

As stated in the paper referred to, the most perfect example of the points taken from the pathological side of the question, either of its parts, or of the whole, is insanity. Here are forms of disease, exaggeration or diminution of force or function, changed molecular relations, origination of new functions, and actions complementary. Let us see. Upon the bare statement it will be admitted that hyperexcitation of one faculty of the mind, or a less than normal degree of excitation in another faculty, must result in a disturbed equilibrium among the many faculties, if the faulty degree of force is so persistent as to approach permanency. Again, molecular relations suffer here, as well as more independently, in the fact that the physiological changes which take place in the process of waste and supply are interfered with. And again, each group of molecules or nerve cells has its own mode of responding to impressions, its own functional expression, so that in the event of having thrust upon it the duty of a faculty in abeyance by reason of disease or other cause, we find this expression intensified, the while maintaining its characteristics; or the cumulation is so badly borne that no sign of either of the original faculties remains distinguishable, but instead, a new expression.

In a typical case we find these conditions in existence, generally. From extraneous or inherent influences the mind falls under the sway of a single, or a few impressions, and these become intensified more or less, according as one or

more of the faculties are involved, while all others pass into a state of degeneracy, to be rescued only when the currents of force again flow to them in their accustomed volume. This view seems fairly beyond dispute, even on the ground of natural law. The sum of the action and latent forces of the nervous system must be represented by a certain figure, beyond which it can not go. But the force required in one part may be diverted to the uses of another part, in which the unaccustomed superabundance must appear as excess of action; while in that which suffers the deprivation, deficiency of action, or actual atrophy must result.

It can not be claimed that in a normal condition the currents of force are so stable and unvarying as to bar temporary inequalities of distribution, for, by a wise provision, a wide sweep of elasticity is characteristic of these forces, and, other things being equal, the diversion from the many channels to the few may be excessive, and yet the strain be borne, although the period of relief must come before the tax becomes too great, else destruction will ensue. Nor can it be claimed that even a naturally inordinate predominance of a few faculties is an evidence of mal-distribution of force, because the chords of various minds are so variously altered; as are the strings of an instrument, one of which gives the fundamental tone, while others are ranged above and below, yet all are in harmony. But in every case there is a boundary line, nearer in the one, farther removed in the other, which overstepped brings it within the category of misapplied force.

Now what are the characteristic features of insanity?

I. *Disorder.* This is so unmistakable as regards externals, that the simple statement of the fact is sufficient. In view of what is assumed as true in the foregoing propositions, the disorderly effect upon ideation is equally obvious. In any event it will not be disputed that the currents of nerve force are misdirected, and that what was once evenly distributed, has been heaped into torrents in our locality, with a consequent dearth in another, which is equivalent.

II. *Illusion, Hallucination and Delusion.* In the first the impressions are real, but the perceptive faculties so distort them, that the intelligence is misled as to their real character. In the second the perceptive centers are in such a state of activity that impressions are actually originated without the intervention of the organs of special sense—that is, the perceptions have not a material basis. In the last the intelligence has become involved—not necessarily to the extent of actual disease, but false impressions have become so habituated that they are accepted as true—that is, belief based on false premises.

III. *Loss of Volition.* Authors generally argue that the will-power is almost universally impaired; which shows how early and how constantly it is involved, and how close its relation is between it and the other elements. It will be observed that it is the final one of the series of mental operations in general, hence its general impairment. The sequence is as follows: We take cognizance of objects or events through perception; reason upon them through the intelligence; feel upon them through the emotion; act upon them through the will;—each being the result of the functioning of the one which immediately precedes. If either or all which precede act faultily, we see at once that the ultimate operation must likewise be faulty.

IV. *Lack of correspondence between the motive for an act, and the act itself.* From a legal point of view the question involved here is a very serious one, for in a given case it may prove the pivotal point upon which the scale may turn in a decision for or against. The motive may be true and logical, either with or without material basis, but disproportioned to the act which follows; it may be wholly foreign to the act; it may be entirely absent. Not long since I found myself in the unwelcome position of “medical witness” in a trial for murder in which the plea of insanity was set up in defense. Strictly upon the evidence, for both state and defense, the question became so narrowed down that this very point became the chief one upon which to base a decision. My testimony was unhesitatingly given in favor of

unsoundness of mind. In cases of this kind the probable action of the average mind necessarily becomes the point from which departures are reckoned.

V. *Mutability.* In the chronically insane the changes of locality of the disease are frequent in many cases, while in the few the same dreary ideas are reiterated year after year, with only such variability as attends added intensity as time passes.

VI. *Progression.* As in other morbid conditions, the natural tendency is from bad to worse. True, its manifestations may not be in a perceptible degree intensified, but structural modifications must, in the very nature of things, push farther and farther into the background all possibility of amelioration or cure.

The list need not be extended. In the light of the foregoing every phase of the malady is reasonably accounted for. It would be too great a trespass upon your time to consider the various forms of insanity, but the same principle applies to all. If this discussion has placed one form upon an understandable basis, it has equally so placed all forms, from simple eccentricity to the most profound confusion.

PROGNOSIS.—Answers to the following questions involve the whole matter:

When, or how long insane?

Why, or by what means insane?

Whose, or what organ is deranged?

Is the aberration a manifestation of excessive or deficient action?

Was it originally due to, or is it now prolonged by physical disease?

What structural modifications are demonstrable or suspected?

The question of *time* bears most heavily on the matter of actual deterioration of tissue—the prognosis becoming more dubious the more certainly this is determined.

The *cause* of the alienation is more or less grave according as it is physical or psychial; the presumption of greater gravity being in favor of the latter.

The *location* of the disorder is manifestly of the first importance. The avenues by which the intelligence is reached, those perceptual, may be disordered, by which means all the succeeding operations are disordered; thus, the intellect being misinformed, ideation is false; the false idea stimulates the emotions beyond a proper correspondence; the overwrought feelings inspire to acts out of all proportion to the real impression. In this case those faculties which succeed perception would resume their normal states if the integrity of the initial steps could be regained. All that which is perceptual and impressional flows into the intellectual sphere; all that which is emotional and volitional flows out of it. If the fault is here, degeneration of the tissue of these centers—molecular alterations—may be regarded as certain. If the emotive sphere is the focus of the disease, its initials may be found in these centers, or in the intellect, or in the perceptions; in either singly, or in both together. Volition suffers in the same way primarily or secondarily.

As to excessive or deficient action, one point is especially important: an overflow of force to one part presupposes an overdrain upon another; if this be true of a given case, restoration of the equilibrium between the parts which suffer, restores the integrity of both, and is possible, but if there is deficient action without a balancing excess in other quarters, the lesion is so profound as to be often beyond discovery, and certainly beyond help.

In the matters of disease and structural changes, the prognosis depends primarily upon the curability of the causative conditions; and secondarily, upon the manner in which the mind has been affected by them, when what but now has been said becomes applicable.

TREATMENT.—I. *Prophylactic*: This aims chiefly at the management of the early years of those in whom the taint is suspected, from either hereditary or observed tendency. It is unquestionable that an hereditary taint can be extinguished, as in other transmissible dyscrasias, scrofulosis, tuberculosis and syphilis, and it becomes more probable in giving due weight to the possibilities of pre-natal education, as well as

to the later intelligently used preventive means. The "bent of mind" of such children—of all children in fact—should be most carefully watched, accumulations of force in a few channels to the exclusion of others, sedulously guarded against. It is certainly true of most minds that there are the few grand channels to which the many are tributary, but the circulation of force is action in all, and consequently healthful. The point is that however limited may be the capacity of a faculty, its vigor must be preserved, on account of the advantages which accrue from its stimulus and balancing support to facilities which predominate.

II. *Regimental*: In general terms, whatever is conducive to sound health is indicated. How far variations in alimentation may influence the predisposition, or the attack itself, can only be demonstrated by experience. It seems not unfair to infer, however, that as the abnormal impression is upon the nervous system, especially in cases within an hereditary range, the diet may be made to play an important part. That which supplies in the largest proportion what is demanded for nerve sustenance, should enter largely into the dietary,

III. *Moral*: Of the controlling influence of a strong mind over a weak one all are fully persuaded. The keepers of the insane make most potent use of it, but generally only for purposes of restraint, leaving too much out of view the absolute gain to be had in the progress of a case should this mastery be used to turn the disordered thoughts into new and unused directions. For it is fully substantiated by experience that however absurd may be his delusions, the lunatic may be made to see its absurdity and to adopt another in its stead, or to modify it, upon often repeated assurances of his mistaken idea, or by denials of the existence of the beings with which his fervid fancy is peopled. The practical verification of this means should place it in the fore-front of available curative resources. Nearly allied to this, and what, indeed, seems to result from its application, is the institution of what may be termed a retrograde metamorphosis of the disease—an inductive treatment. To prove advantageous it

is absolutely necessary that the consecutive steps in the progress of the case should be traced with the most marked precision, along the exact course of which the mind must be turned, backward, as it were, and every step retraced to the point of departure. The admitted fact that one insane idea may be substantiated for another, is in proof of the assumed fact that a sane idea may become the substitute of an insane one. In the case of a shattered mind, so called, there is no proof that all of the old molecular arrangements are broken up, that the chaos is universal, but it is more readily believed, and especially in view of the foregoing premises, that members of the faculties are only dormant, because the spur to their activity is withdrawn, to be monopolized by the superlatively excited ones. The proposition is, then, to turn to account the latent reason force, the encouragement to the activity of which must tend to equilibration, the normal state. The paramount indication, then, is to accustom the mind again to familiar impressions, thoughts and associations. Because it is very evident that a certain group of cells will perceive the more readily, the more it has previously been habituated to the same stimulus; so by persistently rousing the faculties in abeyance to impressions characteristic of them, their power is in the same proportion enhanced; while those which have become disproportionately active are subdued in the same ratio.

IV. *Therapeutical*: As in other diseases, both acute and chronic, so here, there are cases curable, those capable of amelioration, and the incurable. As in others, so here, the cause, and whether its operation is perpetual; the effect, and whether its removal is possible, are the chief considerations. In our literature authentic records of cases are certainly not common, but there are enough to establish a basis for the assertion of the curability of the disease by homœopathic medication, and that in answer to the demands of a sound pathology, and in accordance with symptomatic indications.

Materia Medica.

Some Provings of *Lac Caninum*. By H. W. Taylor, M. D.

Among all the wild vagaries that in times past and present have done duty as theories of the causes of diseases, I am sure that there is none more apparently absurd, none more seemingly fanciful, none that has been or will be more loftily scorned by the average orthodox etiologist, than the one that is deep rooted in my brain at this nine o'clock of October 16th, 1878.

Outside my window a loud-mouthed wind is howling and roaring like a legion of fiends. It is a wind south, by southwest, and blows at twenty miles the hour. This is about the seventieth hour, and this same gale has swept over New Orleans, Vicksburg and Memphis. Ah! my prolific Lionel of the vegetable germ theory, how is it that the whole population of the Mississippi Valley is not now prostrated by this epidemic nephritis, ycleped typhus icterodes? Have you proven the unlimited vitality of microscopic vegetation but to preclude it as a disease producer? Have you shown that it is wafted about over the face of the earth at the will of the fickle wind that bloweth where it listeth, only to prove that epidemics follow not upon such paths—that vegetable germs must be declared innocent of the charge of imperiling human life?

It would seem, Lionel, good Lionel, that thou hast proven too much.

In my office I have a pawpaw club. It is the lightest and softest club ever wielded by hand, save only the feather stuffed bludgeon with which Harlequin is wont to thwack Clown. I shall carry that club to all medical conventions and associations within the length of my cable tow, and in the square and angle of my work. I shall feel for calcifying spots on the soft crania of the professional sanitarian. Especially shall I take vengeance on the "Disinfecter," the fellow who

pours *Carbolic acid* in the gutters and yells "clean up, clean up," as if he were a collier crying his coals.

If enough *Calc. carb.* had passed through his intestinal villi to harden his skull, would not this Cuban epidemic prove to him that his house is built upon sand—quick sand, at that?

How it rushed upon the clean cities, towns and villages of the clean South. The clean unquarantined cities of the great valley! Unquarantined! Ha! there it is! That is the word. Unquarantined! Not uncleaned! Not uncarbolicized! Not uncopper sulphated! Not uncalcic chlorided? Only unquarantined and nothing more.

Wash out your gutters, pile up your *Calcic chloride*, your *Copper sulphate*, your *Carbolic acid*, pile up your disinfectants and remove your quarantine, and let the demon drink the blood of innocence till his iron jaws are clogged with clotted gore!

I would to Jove that we might be allowed to hang a few dozen Sanitariums by way of reprisal. My heart misgives me that only thus can the chancel house of sanitary science be fairly "disinfected."

But the theory, the theory. Ah! let me whisper it in your ear, lest the sanitary etiologist hear and smile. Harken, O, student of Time, for these be words that doubtless were voiced ages ago, and will be again in the ages hereafter. Diseases are produced only by the contact and mingling of the dead tissues of one animal with the living tissues of another. Hence the folly of disinfection. Hence the saving grace of rigid, argus-eyed quarantine.

We will argue this point, my sanitary friend, some other time. Just now I shall tell you how I saw the dead tissues of the *Canis Americanis* take hold upon the lymphatics of another animal.

Sometime in August last I received from Dr. Samuel Swan, of New York, a little wooden box filled with small lozenges of milk sugar and starch medicated with *Lac caninum* 200.

If there is one thing more than another that I don't believe in, it is the possibility of "provings" with high potencies.

Nevertheless I gave the *Lac caninum* to E. P. T., a strong, healthy, dark lady of forty, now nursing a pretty, white, plump boy of nine months.

First day six lozenges and no symptoms.

Second day same as first day. She hadn't followed directions, which were "one lozenge every hour till a symptom turned up—then *nil*, and watch."

I made some remarks about the incapacity of womankind for real scientific investigation, and smole the serene smile of the self-conscious tactician as I watched her go for that lozenge box.

That night there was a symptom. Not more than thirty lozenges had been taken when I found that my gentle (?) companion, whose slumbers are like those of the seven sleepers, was now broad awake. Thusly she put it down, and I am here to swear to it, for not forty winks of sleep did I get you may be sure. "Rolled and tossed about all night; could not sleep at all on account of uncontrollable feeling of restlessness—necessity to turn and shift about constantly." Ah! did not thus my darling babes all those long winter days? "Palms of hands abnormally hot as are the soles of the feet; sighing frequently; and utter inability to lie half a minute in one position." (Suboxidation.). "Throat feels dry, husky, as if scalded by hot fluid."

I looked into that throat and saw dark red angry streaks of capillaries flashing upward along the faces of the anterior pillars of the fauces. Just such bundles of inflamed capillaries I had seen often before in that nightmare of diphtheria. Never anywhere else. The whole pharynx and fauces grew dark red and tumid; and where the disease first set foot, a round gray spot, two lines in diameter, was formed and showed plainly as a desquamation of epithelial structure.

When I saw this I said to myself, "This so-called false membrane is a true membrane; and there is, in very truth, no such thing as fibrinous exudation upon a mucous membrane in diphtheria, but a wholesale destruction of epithelium, instead of the physiological death, scale by scale." And I looked over my scant hoard of pathological research, and

found in Flint that I was preceded in my discovery—but if preceded, also confirmed.

Next day a new symptom was added and thus expressed: "Very sharp, constant, distressing pain in bladder, with frequent urging and tenesmus. Emptying bladder does not help, although it seems as if it would." This pain lasted fifteen hours, and gradually diminishing it passed away and has not been felt since—as it had never been felt before this crude experiment. Next night great restlessness again. All sides of the bed belonged to the subject, and even my threat to abandon her bed and board, was only of temporary effect. The kicking and pawing, and sighing, and "jawing," went on all night to my infinite discomfort. I know I never slept a wink, although my Betsy declares that I snored placidly all night long.

A thought strikes me here; a practical, every day thought. I know some fellows who forget to pay their doctor bills. I shall give their wives *Lac caninum* to beautify the complexion. You will hear of those fellows dying red-eyed and sleepless, mind if you don't.

The palms grew hotter, and finally itched so frightfully that the subject could do nothing but sit and grind her palms together. This was a most distressing symptom and awakened some scientific qualms in my manly bosom. Under the thick cuticle of the palms were numerous dark red splotches, as if an exanthem were about developing, and were only held in check by the horny layers of mailed epithelium.

About this time the following entry is made in the day-book: "Great dryness of throat, with secretion of thick viscid saliva, (in the throat,) so tough and tenacious that it must be wiped away with a handkerchief, since it can not be expectorated."

These then were the conditions: Pharyngeal inflammation, with wholesale destruction of epithelium; viscosity of saliva; heat of palms; absolute necessity for constant change of position—three prominent symptoms of suboxidation. All characteristic symptoms of diphtheria of malignant type.

All these symptoms subsided within four days, and none of them have returned, nor have any new ones been developed. Save while undergoing an attack of malignant diphtheria, the subject had never experienced any of these symptoms. The itching of the palms and the pain in the hypogastrium were not then experienced by her. But they were by my angel child many hours before she died. *Lac caninum* would have cured her. So would the *Potassic chlorate*.

Grace Taylor, aet. seven, slender, tall, bony, with enlarged cervical lymphatics and tonsils, after attack of membranous (diphtheritic), croup six years ago. Had diphtheria last winter, cured with the *Potassic chlorate*. Took *Lac caninum* 200th, twenty lozenges in two days. Had restlessness, groaning in sleep; hot hands; pharyngeal inflammation, with rapid development of large yellowish patch upon back of left tonsil, precisely as she had it during her attack last winter. With this inflammation of the pharynx there was quickening of pulse and slight rise of temperature, showing absorption of poison. As there were cases of diphtheria still in the town I almost yielded to the temptation to give her *Kali chlor*. However, I let her go without drugs and watched her narrowly. In three days all the symptoms had disappeared, although the disappearance was gradual. She also complained of hypogastric pain.

Two things are proven, to me, in these provings. That *Lac caninum* will uniformly produce the most marked of the symptoms of diphtheria, including the objective.

Secondly, that to the dog we must look for the origin of diphtheria and scarlatina. Whoever will make an autopsy upon the body of a rabid dog will find in his pharynx and larynx the diphtheritic membrane. This is a prophecy; and if any of the readers of the *ADVANCE* who may be so fortunate as to come in possession of a rabid dog will express the same to me, (C. O. D. or otherwise), I will be delighted to verify this prognostication. Be sure to kill him before you send him.

But should not the *Lac caninum* be injected directly into the circulation? The morbid tissues go in by way of the

lymphatics. Should not the morbid tissues that are designed to neutralize these, be sent by way of the circulation direct?

There is between the blood current and the lymph current, the blood glands and the lymph glands, an unexplored complementary (perhaps antagonistic) reciprocity. This may sound like a transcendentalism. It is not meant to befog. The vaccine virus will not prevent variola.

Aur. Met. in Mental Derangement. By H. C. Allen, M. D.

In the autumn of 1870 I was consulted by a gentleman of Montreal, in regard to the case of his brother-in-law, who resided in Scotland, and asked if medicine could be sent across the Atlantic with any prospect of success. He had just received a letter from his sister, and from it gave me the following symptoms:

Mr. M., aet. fifty-two, of a healthy family, and had always enjoyed good health. Had been actively engaged for twenty years as a manufacturer of edge tools, and was in financial matters independent. He first became despondent, then melancholy, thought his business affairs were in bad shape, and that he was coming to poverty. From this stage he thought he had committed some great wrong and could not obtain forgiveness. Next he was in mortal fear of being deserted by his wife, (who never left him for a day during his illness), and frequently wept on account of it. A terrible insomnia troubled him from the beginning, and every anodyne prescribed for his sleeplessness only made him worse.

He had the best advice, (of the kind), to be procured. Of course it was all allopathic, but the medicine appeared to make him worse instead of better, and he soon declined very positively to take any more. Then change of air was advised, and he was taken to the seaside, and from one watering place

to another, but after a time he no sooner reached a place than he wanted to leave again, at some even declining to remain over night. He was first attacked in March, 1870, and it was now September—six months—and he was steadily growing worse, so that an insane asylum was now advised as a dernier resort. Fifteen powders of *Aurum met.* 12th trit. was sent and one every morning was given in his food. His wife wrote that, "From the first time the powder was given she noticed a change. He slept better from the first day the remedy was exhibited, so that when nine powders were taken he was almost as well as ever, and the medicine was discontinued." He remained well for three years, when a slight return was again promptly relieved by *Aur.*, and he has continued in good health ever since. Came out to this country in 1876 and spent three months—was in splendid condition. I have no doubt but a higher dilution would have acted quite as promptly, and would not have been followed by relapse.

How to Study the Materia Medica. By A. McNeil, M. D.
New Albany, Ind.

The difficulties to be overcome are well nigh insurmountable. The late lamented Carroll Dunham said, after speaking of a method of studying the materia medica, "To complete such a systematic study, even in comparative leisure, might require seven years of unremitting labor." Gauvogle says he spent five years after he had become a physician, in studying nine remedies. And Dr. A. Imbert-Goubere has spent twenty-five years in the study of *Arsenicum*. While we may not be able to reach the great heights acquired by these eminent men, yet we should remember that it was because of

the many years of constant study that they became so illustrious. These difficulties should not dismay but rather nerve us to go in and possess the land even if it is inhabited by giants, for the example of the master is before us.

Mistakes in the mode of study have rendered the task more difficult than the nature of it necessitates. The analytical method of arranging the symptoms according to the different parts of the body, however useful for reference and more extensive study, is confusing and bewildering to the beginner. If a novice were shown only the wheels, screws, spring and pinions of a watch, one at a time, how much of an idea would he have acquired of such a timepiece? Not till after he had learned after innumerable failures to put all of these parts together would he have a conception of the appearance and character of a watch. This would waste a great deal of time. The rational way is to show him the watch, point out and explain its different parts, and the connection of each with the others; then show him piece by piece and he will soon acquire a knowledge of the whole. This is the way in which I would study the materia medica. This is the synthetical plan which is so well adapted to the mind of the learner. It is not with the usual method till he has, after innumerable efforts and failures, learned to synthetize for himself the individual symptoms does he get a conception of the character of a drug. These failures waste his time and discourage him. Many become hopeless of reaching that point, although they may be graduated physicians. After studying a remedy, in this way, the student imagines it will cure all the ills to which flesh is heir, for it has pains of every kind in every part of the body, and it has derangements of the functions of every organ. But when he proceeds to the next drug he sees a *fac simile* of the former, and so on, *ad infinitum*. Some, overwhelmed and discouraged, learn two or three of the leading symptoms of a few drugs, and give *Aconite* for fever, *Belladonna* for headache, *Quinine* if intermittent, *Ipecac* for vomiting, and if the poor, unfortunate patient has all of these symptoms, he gets all of these drugs mixed together, or what is the same thing, in alternation. If

he has constitution to survive without fully recovering, the doctor thinks he has not given them strong enough, and he increases the size of the dose till the disease, if acute, runs its course, or the patient dies; if chronic it gets no better. If the patient does die, the doctor is surprised that the medicine failed to cure, as he is sure that among so many remedies he must have given the right one, and he is also certain he gave the doses strong enough; if the patient lives the case is probably reported in the journals as a cure, and cited as a proof of what rational medicine can do. Do not accuse me of exaggeration, for I know several practitioners whose practice I have photographed to the life.

May the difficulties in the way of a better knowledge of *materia medica* be lessened? I think they can, but it can not be made so easy that sluggards and idiots may become good physicians.

The synthetic combined with the key note and comparative methods, will make the task less difficult, and to any one who has capacity for a physician, an agreeable, but not a short one. Unfortunately we have no work on the synthetic plan. There are scattered through our literature in different languages, studies of individual drugs arranged in this way. Dr. Carroll Dunham wrote studies of *Acon.*, *Bry.*, *Platina*, *Rhus tox.*, *Silicea*, *Calc.*, *Eup. per.* and *Opium*. These are scattered through different periodicals, part of which are out of print. H. Goullon, Jr., has written a prize essay on *Thuja* which is a masterly production; it has been translated and published in the North American Journal of Homœopathy. Hartman studies of *Acon.*, *Bry.*, *Merc.*, *Nux vom.*, *Cham.* and *Bell.* Eidherr of *Verat. alb.*, Wurmbe of *Ars.* Von Meyer of *Acon.*, *Platina* and *Sepia*. Most of these are buried in German journals. Many fragmentary studies of different drugs are in Wurmbe and Caspar's *Clinische Studien*, some of which I translated for the U. S. Investigator. H. Goullon's work on scrofula also contains fragmentary studies of antipsoric remedies. Many others of great merit are scattered through our periodical literature in different languages. The man who will collect these into one work will in my opinion, be a public benefactor.

The beginner in materia medica should read first of all a good synthetical study of *Aconite* for instance. This should be done very carefully so that he can answer readily any question concerning what he has read. He should then memorize the key notes of that remedy. Then Lippe's materia medica is still better. Hering's condensed should be very carefully studied. Allen's might then be read with profit. Another drug resembling the former should then be taken up in the same way, only that, after Lippe or Hering he should read in Gross' Comparative Materia Medica the comparison with *Aconite*. Every remedy should be very carefully compared with all that has been previously studied that in any degree resemble it. The reading of cases with closely cut indications, or what is still better, watching the effects of the remedies at the bed side, would serve to rivet their action on the memory and enable him to apply his knowledge advantageously. This study should be continued after graduation, and in fact during his entire professional life. Of course the more extensive works will then be of more benefit, such as Hahnemann's *Materia Medica Pura* and *Chronic Diseases*, and Allen's *Encyclopedia*. A useful exercise for the student is to arrange some of the remedies after the methods proposed by Dunham in the *American Hom. Review*, and by Hirschel in his *Compendium der Homœopathic*.

In order that our students should be properly qualified to discharge their duties at the bedside, by a sufficient knowledge of materia medica, at least a year should be devoted to this study after they are able to graduate at the best colleges of the antiquated school. Our colleges have a sacred duty to perform, viz., to permit no student to be graduated, whatever the knowledge he may possess of the other branches of medicine, unless he be well versed in this. We should see that they do this or read them out of the number of reputable schools. Even after he has thus graduated, and begun practice, when he has plenty of leisure he should study carefully the pathogenesis of every drug after prescribing it, unless he be able to report the indications which determined his choice.

Nearly all the disputes among us arise from an insufficient acquaintance with this subject; for instance, alternation of remedies is a confession of ignorance on the part of the prescriber of those agents he has administered, for if he knew which of them was indicated he would be under no necessity of giving more than one. For if no one drug covers all the recent symptoms of the case it is clear that neither is indicated, and he should look for another one which does. The giving of crude drugs also arises from this, as the most frequent reason assigned for not using the minimum dose is that it demands such a rigid examination of the patient and a careful selection of the remedies. Almost the only defence made for the administration of *Quinine* in intermittents is, it is too difficult to choose a remedy that, given in the potentized dose, will cure. But others succeed with it, and so can all of us if we make an earnest effort to do so.

Let us begin the study of the *Materia Medica* anew if we have ever given it up. The prize is grand, and we can win it by making a determined effort. On those who are professors or preceptors rest great responsibility to instruct properly the rising generation of physicians, and if they do their duty their students will in after years "rise up and call them blessed."

General Clinics.

SUDDEN BLINDNESS—WHAT IS IT?—WHAT WILL CURE?
—I have a queer case and wish your advice. Mr. S., a jeweler, aet. thirty-five, unmarried, sandy hair, wiry build, went to bed Saturday night, apparently in perfect health, and

Sunday morning awoke with left eye blind; he could only see when objects were held almost over his head. The ophthalmoscope showed the most striking picture I ever saw; the whole back of the eye was perfectly white, and only the larger blood vessels to be seen. Almost midway between the disc and the edge of the retina it assumed a pinkish look, which gradually passed into the usual look, with the choroid plainly visible. I examined his urine and found acid reaction S. G, 1.031, with a pinkish sediment, which dissolved on testing with potash and copper; usual precipitate for sugar but no albumen, with albumen tests. He has been one of the "boys," and is to-day; smokes considerable, and like the rest of them indulges in an occasional drink. Had the clap ten years ago, but never had the syphilis. Now the question comes up, what is the trouble, and how shall I treat it?—
H. A. W.

MENORRHAGIA—Mrs. I., aet., thirty-nine, slight build, light complexion, was on a visit to California to see her daughter and with a view to improve her feeble health. Before leaving her home she was cautioned by her physician to be sure to consult a physician as soon as feasible on her arrival and state to him her case, so that in an emergency when called upon, he should be fully prepared to act judiciously; failing which she would run great risk. The patient, however, did not follow the advice of her physician, for fear of alarming her daughter, whose family physician I happened to be. In due course I was introduced to her, and was requested to prescribe for the weariness and fatigue she experienced consequent upon her railway travel, which I did by giving her *Bell. 3, Cal. carb. 6*, which relieved her considerably. Sight-seeing now commenced which was followed by cough and cold, for which I gave her *Spongia* with success. Next morning I was hastily summoned to her, and was then informed of the real nature of her trouble, which was profuse menstruation. As her friends informed me of the severity of her former treatment, such as *Iod. 6, Argent. nit.* injections, plugging, etc., I resolved to put her on high attenuations, so

left her a reliable *Lachesis* 2,000 and *Causticum*, telling her daughter that on the event of an aggravation from the medicine, she could give her *Kali nit.* 1,500, which I left. Towards the evening patient noticed aggravation and took the *Kali nit.*, a teaspoonful every half hour, which relieved admirably, so when I called next morning patient was comfortable and smiling. I filled up the glass containing the *Lachesis* and water, directing the patient to take a teaspoonful every hour. She immediately improved and remained so for two years. Subsequently, and to the present date, her daughter, who corresponds with her, informs me of her perfect immunity from her original trouble, and moreover, that her present health is much better than it has been for the last ten years, the period which her trouble first commenced.—D. A. HILLER, M. D., San Francisco, Cal.

AGUE WITHOUT QUININE.—While riding into the country with Dr. B., to see a case in consultation, he remarked that he had a great many cases of "malarial fever" to treat, and "would like to be able to cure his patients with the single remedy and without *Quinine*." I told him that I treated all my patients with a single remedy and rarely found *Quinine* indicated. "Then please prescribe for a few of my hard cases," of which the following are examples:

CASE I.—*Ipecac.*—Mrs. —, a lady about thirty-five years of age, had been sick with "chills and fever" for nearly two weeks. No regularity of chill, which is light and of short duration, fever long but not very violent; no thirst during chilly stage, but much thirst all through the hot; tongue thickly furred with a white pappy coating; loss of appetite complete, and great weakness and prostration during apyrexia; constant nausea, and occasional vomiting, were marked symptoms from the outset. For the last few days was compelled to keep her bed. She had taken two grains of *Quinine* three times a day, and was taking *Gelsemium* and *Arsenicum* in alternation every two hours then. I suggested that her symptoms called for *Ipecac*, which she received with prompt and permanent relief, and the doctor wondered why he had not thought of it before. This remedy cured.

CASE II.—*Eupatorium per.*—A married lady had been sick ten days with chills, which she described as the “regular ague.” Had taken thirty grains *Quinine* up to date, and was now taking *Nux v.* and *Ars.* during apyrexia, and *Gels.* when fever paroxysm was on. Chill came on between seven and eight every morning, attended by violent bone pains in the extremities, and pain in the back, and preceded for an hour by thirst, which continued during the chill, but absent during fever. The thirst preceding chill was so characteristic that she always knew it was the forerunner of a paroxysm; fever and perspiration not violent, so that she was prepared for her ordinary household duties as soon as fever passed away, *Eup. per.* was the remedy, which afforded prompt relief.

Is it not strange that so much *Quinine* should be thrown away on cases in which it can do no good? In my practice, when indicated, I give it in the thirtieth trit., and it answers every purpose, in fact I have better success than when I gave the crude drug. But our want of success in the treatment of intermittent fever is to a great extent due to the unfortunate habit of generalization; treating the diagnosis or the disease instead of the patient. A messenger is sent ten miles from the country for some medicine for “ague,” and that is all the information we have. If we do not prescribe some one else will, and rather than lose a patient we make a chance shot with the probabilities strongly in favor of missing; thus risking our reputation for a mess of pottage. This is an inheritance left us by Allopathy, and perpetuated in our school by a diligent search in allopathic literature for the pathology of the disease (?). It took Hahnemann many years to overcome this habit; and his *Organon* teaches a better and a surer way. The nearer we follow his guidance the more successful will be our practice.—H. C. ALLEN.

INTERMITTENTS.—A BETTER WAY.—In the September number of the *ADVANCE*, is an article on intermittent fever, by Geo. M. Ockford, M. D., of Burlington, Vt., that seems to indicate that he has not been very successful in treating the so-called “shakes.” I was in a box similar to George’s not

long since. I pored over Boeninghausen, on intermittents, until I was disgusted, then I halted between two opinions. First. Should I do as he has done, write an article and condemn that good for nothing little pamphlet, or should I go to work and see if I were not slightly to blame because some of my patients continued to shake. I soon decided upon the latter plan, and procuring Johnson's Therapeutic Key and Boeninghausen, by Korndorfer, I studied them pretty thoroughly for a few weeks, and now the treatment of intermittents is not only easy, but simply fun, and I am obtaining my best success with the two hundred potencies. Because I find where they shake for a week on large doses of *Quinine* and *Fowler's solution* from the allopaths, they will shake only two or three times on the third, once or twice on the sixth, and very seldom the second time on the two hundredth of the indicated remedy. And now George I would say if you intend to cure "chills," you had better spend more time in studying your materia medica, and less in "quill driving," attempting to make the many readers of the *ADVANCE* believe that high dilutions will not cure chills, or that a similar can not be found for them, and, although perhaps not at present, you certainly will in the near future reap a satisfactory reward.—ASA ALLEN, M. D., Perrysburg, Ohio.

Miscellaneous.

Anomalous Cases. By C. H. Vilas, M. D., Prof. of Diseases of the Eye and Ear, Hahnemann Medical College, of Chicago.

I. In the winter of 1873, A— B—, aet. about two years, was noticed by her mother to be cross eyed, but only

on alternate days. She was brought to the clinic for treatment, and fell to my hands.

The examination was mainly negative in result. Child was healthy and had always been; complained none, and was thriving. The only fact of seeming importance elicited was that the child lived in a malarious district, where intermittent fever largely prevailed.

To prove the statements of the mother, she was directed to bring the child daily to the office. This was done for several days and then omitted. Carefully computing the day in which the eyes should be crossed, she was again directed to bring the child on that day. They were found to be crossed; the day following they were not. Then her story was found true; the strabismus intermitted regularly on each alternate day.

At that time I was an assistant in an allopathic clinic. I gave full doses of *Quinine*. The strabismus disappeared in a few days without other trouble or symptoms intervening.

II. In the spring of 1878, Mr. W., a student of Hahnemann Medical College, Chicago, consulted me about a peculiar affection of his left eye.

Epitomized, he was in excellent health in every respect, but ever since his remembrance, he could seldom open his mouth but that it was accompanied by a spasmodic affection of the lids, resembling a coquettish winking. He desired relief on account of the great annoyance which was evident from such an affliction, for he could not even take a meal at a railway station without rendering himself open to the suspicion of coquetting with any lady opposite, and frequently unintentionally and undeservedly provoking ridiculous situations. Aside from this, he had nothing whatever to complain of, sight being perfect.

Every form of deception thought of was used to test the assertion; it was strictly true. A thorough examination revealed nothing whatever abnormal, and I was unable to offer any relief, but advised remedies.

III. Mrs. ———, a large, fine appearing, well formed blond, aet. thirty-two, applied to me in the winter of 1877

for relief from a peculiar sharp ticking noise which annoyed her in the left ear.

She was in perfect health in every way she said, and she certainly looked so. On rolling her head, however, in a peculiar way, (much such a motion as one makes when rolling round a bowl nearly full of fluid to get the sediment in motion), and then stopping, there began in her left ear a sound like the ticking of a metronome, which would last from three to ten minutes, according to the length of the previous motion, gradually running down until it ceased, like a clock running down from lack of winding. This noise sounded very loud to her, and was perfectly audible to me on placing my ear near hers. She could produce it at any time, but it lasted longer and was louder when she was fatigued.

A careful and persistent examination revealed nothing abnormal, in hearing or objective disease. I could only advise her not to roll her head, and wished to give her remedies, but never saw her again.

IV. Mr. W., a lawyer, in fair health, about forty-five years of age, came to consult me in the winter of 1876 regarding his left eye.

He could see to read with it only in certain conditions, though he saw well at a distance. Tested V. was perfect at a distance with both eyes, and through the range of accommodation, (which was nearly normal—slight presbyopia), in the right eye. But on placing an object within about two feet of the left eye, it failed to see the same clearly, and thus he could not read with it. He now, however, resorted to this expedient. Looking at his book, he pressed with the index finger in the center of the superior nasal quarter of the globe, until he was able to see clearly, after which he could read without difficulty. He said he had pressed thus several years without injury to the sight or globe.

Nothing was apparent on examination objectively, and all tests showed his statement to be true as far as could be discerned. There was no reason for feigning. Through long practice he had acquired great precision and dexterity in regulating the pressure, instantly producing the desired accommodation for any point. I only saw him once afterward.

A Question as to Mortality. Bungletown Letter No. Two.

DEAR MR. EDITOR:—Since writing you last, Bungletown has had a genuine sensation. The other day the mail, or rather I should say the mail bag, arrived at our post-office, and the postmaster having gone to mill with a grist, the postmaster's wife, who had been duly sworn to do her whole duty in the absence of her lord, received and opened the bag, and pronounced it empty. A colored boy and your humble servant who were in waiting, hearing this announcement, turned their disgusted, (my wife here says the proper word is disgusting), countenances toward home. What become of the colored boy I can't say; but as for me, I went to bed, it being late when I returned. About ten o'clock, my entire family was awakened by the clattering of horses hoofs. It was the postmaster on horseback, who had come to make one thousand apologies for his wife, and to beg me not to report him to the authorities at Washington. The fact was, as he explained, when he came home, he reexamined the mail bag, knowing very well that it would not have been sent had it contained nothing. Eureka! he found a postal card concealed in one of the folds of the sack. It was addressed to "Dr. Quidmuck," and is as follows:

"PHILADELPHIA, Oct. 18, 1878.

"DEAR COLLEAGUE:—Estimating from your own experience, and from the experience of your most intimate associates, in the practice of Homœopathy, pure and simple, what should be regarded as the average mortality among women dying in parturition, and the four weeks immediately succeeding? By returning an answer to the above within a week or ten days, you will largely subserve the interest of Homœopathy, besides conferring a great favor upon,

"Fraternally Yours,

"H. N. GUERNSEY, M. D.,

"1423 Chestnut St."

I asked the post master if his wife had read this card, and he informed me that she had; and that it had been read by everybody at the corners; and that he had shown it to several

families on the road. He was thunder struck when I told him, with as tragic an air as I could assume, that by that act, he had sealed the fate of the community. Upon recovering he said he was glad to hear of it, for his wife had often observed that, if things were well sealed, they generally kept in good condition nigh the whole winter through. I then explained to him that this card was not a question of life and death, but of death only. Thereupon he begged me with many tears to let him resign his office, and to solicit my appointment to the place. I sternly refused and the man went home broken hearted. Since that, I have spent the greater part of my time in figuring out Dr. Guernsey's conundrum. With the aid of our schoolmaster, (though he knows nothing about medicine), I have arrived at some astonishing conclusions. It would seem that the mortality among those dying of any disease was generally pretty high. I did not myself notice this fact, until the schoolmaster put it to me in this wise: What should be regarded as the average mortality among soldiers killed in battle or dying within four weeks after the fight? I thought at first we would have to subtract the number of those recovered from the whole number dying, but the schoolmaster said that would evidently be very unfair, for we would have nothing left for a remainder. For comparison sake, I looked up the statistics as to ague, hysterics, tooth ache, corns and sea sickness, and to my great surprise, I found the mortality, after being multiplied and divided in various ways by the necessary logarithms, amounted to zero. I then looked up typhoid fever, cholera and diphtheria, and after considerable work, putting in each instance soldiers for patients, I found that in every case the mortality among those dying, amounted to exactly the per cent, as expressed in the number of the dead. The schoolmaster then insisted that this rule must hold good with *Parturition*. But evidently he knows nothing about medicine. I told him I was sure he was mistaken, for Dr. Guernsey would not deliberately perpetrate such a joke as that on the profession. At last the subtle truth dawned upon my mind. I dismissed the schoolmaster and wrote the following reply:

"BUNGLETOWN, November 18, 1878.

"H. N. GUERNSEY, M. D.—DEAR SIR:—The average mortality among women dying in parturition and the four weeks immediately succeeding is just one hundred per cent. In case the child dies the mortality will be two hundred per cent. unless the child is a girl, which fact will deduct at least twenty-five per cent. In case of twins the mortality might reach three hundred per cent. If the mortality ever goes above that it will be because it is a case of triplets, or because the doctor is not practicing 'Homœopathy pure and simple,'

"Yours,

"DR. QUIDMUCK."

P. S. Dr. Guernsey does not correctly estimate the weight of his question. No man can answer it "within a week or ten days." It has taken me a whole month and I consider myself a high "average" in figures.

Kali Chloricum and Diphtheria. By H. W. Taylor.

What are the symptoms of diphtheria? Prominently a desquamative inflammation—pharynx—sometimes also of the larynx. Does not *Kali chlo.* above all other remedies produce this? Let us see. Allen's Ency., Vol. V., page three hundred and eighteen, *Kali c.* in bold faced type, preceded by a star: "Most acute ulcerative and follicular stomatitis. The mucous surface was red and tumid, and in the cheeks, whole (buccal cavity), lips, etc., were numerous gray based ulcers." What other drug has such an array of prominent objective symptoms of diphtheria? "Excessive secretion of tough, stringy saliva, as of *rabies caninum*," is another prominent objective symptom in malignant diphtheria. Same article, page and section, we have in italics with star: "Profuse secretion of acid saliva. Increased secretion of saliva. Increased secretion of mucus in the mouth Intensity of salivary excita-

tion proportioned to dose." Four provers give this proof of intense power over glandular action—a power that is unique, paralleled only by *Mercury*—and even not by that, according to my provings. Epistaxis is one of the fatal signs of malignant diphtheria. Same article, vol., page, we have, "Bleeding from its nostril. Nose bleed twice. Nose bleed, Nose bleed at night." What is the pathological significance of nose bleed? Fatty degeneration of muscular coats of arterioles. Diphtheria has ravenous hunger at first, with total anorexia following. Page three hundred and nineteen, vol. v., we have, "Paroxysms of ravenous hunger, afterwards followed by loss of appetite. Deficiency of appetite. Appetite much diminished. Loss of appetite." In the throat we have, along with dryness and pain, this startling symptom, *difficult swallowing!!* What does this mean? Not mere obstruction to the bulk of a bolus! Not mere narrowing of the faucial cavity by impinging tonsils! No; for this condition was brought about by one to five grains of a drug that I have given in ten grain doses every hour of the twenty-four. It means beginning paralysis of the glosso-pharyngeal nerve. It means absolute tissue destruction going on in the upper part of the medulla oblongata and extending to the floor of the fourth ventricle! In the renal organs it produces that thinning of the arterial coats, (by loss of epithelium), that renders possible a rapid transudation of the watery parts of the blood, (urine), and even passage of blood discs as there is "hematuria" happening to prover 26, after a "large spoonful." Excessive urine and hematuria are among the forerunners of *albumen*. And beyond a reasonable doubt the *Kali chlor.* can produce a desquamative nephritis; as to my knowledge it has cured it.

By looking at page three hundred and twenty-two, vol. v., you will see that *Kali chlor.* has produced all the phenomena of violent pyrexia—the last element of the group of symptoms of malignant diphtheria. Going a little further into the "*Kali hypochlorate*" we find "hoarse voice." "Incessant cough with difficult respiration," and as a horrible climax, (*post mortem*), "chest pressed together, (in tonic spasm), and

watery froth exuding from the mouth, page three hundred and twenty-three, vol. v. How this recalls to my mind the bloody froth that crawled over the waxen lips of my beautiful boy. And how "forehead covered with sweat," calls up before me the long, yellow, damp, dripping locks of my darling Agnes, as she struggled so hopelessly, so patiently, with the gaunt fiend of the throat. How my heart aches when I think of those dark, wet, winter days when my children lay slowly dying, while of all the world's drugs, the cheapest and most plentiful, was the one that might have cured—that would have cured.

The Progress of Medicine. By H. N. Guernsey, M. D.

If we take a retrospective view of the medical world for the past half century, we shall see that a wonderful change has everywhere taken place in the practice of medicine. As an illustration, in Philadelphia, at that time, the signs of cuppers, leechers and bleeders were seen conspicuously posted very generally in every street. So heroic was the medical treatment of those days, that it was said of the above city, "her streets ran with human blood, and blue pills are taken by the ton." But even then, in the near horizon, the welcome light of the day of better things began to shine. Dr. C. Hering, with a few other *real healers*, came to the relief of the tortured multitudes. More and more have been added to that little band, enrolled under the banner of *similia similibus curantur*, and so well have they fought the good fight that now where do we find the above signs? Echo answers, "Where?" A corresponding change has taken place in every other form of heroism and terrorism in the fair land of this Commonwealth. Yea, throughout the world—thanks be to

our Heavenly Father who sent his servant, Samuel Hahnemann and his faithful and trusty followers. Now the better educated and more progressive members of the allopathic school are investigating therapeutics upon the same plan as did Hahnemann; and they will never be found wallowing in the mire of eclecticism. I think it evident in regard to all the sciences everywhere, that there is a corresponding improvement—quality, not quantity, being the demand; so also of all the arts; in husbandry and in daily labors even.

The homœopathic profession in our State has abundant reasons to be congratulated in this respect. The general tendency is not only to revere Hahnemann, but also to *emulate* him; not as a man, but because of his principles, which are found to be more and more reliable in proportion as we study and apply them; and by which we are learning every day that it is quality, not quantity, that does the work of healing the sick, restoring the blind to sight, making the lame to walk, causing the deaf to hear, and doing all other works of redeeming the mental and physical man from his fallen condition of health. Yes, it is by reading and applying his directions that we are able to do this more and more successfully, with more and more certainty as we understand and obey his teachings. By *studying* the Organon its principles gain and grow upon us, and our faculties develop, increase and expand into a clear comprehension of it. "The observation of this fact, by experience, led our Bœninghausen to inculcate upon the profession his advice to iterate and reiterate the diligent perusal and assiduous study of this work as the fountain head of our knowledge of Homœopathy." In reading and pondering over the writings of our great preceptor with a view of applying them to practice, some of us can understand and apply them more easily than others, and can carry forward the work quite satisfactorily; others stumble more or less from the want of a clear perception how to proceed, and feel very timid and doubtful of the efficiency of the small doses and the single remedy; others again make very bungling work of it, and call their practice homœopathic, when it scarcely bears a resemblance to that mighty and all-

powerful system of healing the sick. We all need to study Hahnemann's writings more and more closely, and the stronger should instruct and lead the weaker. Now, as our conventions are, and *pre-eminently should be*, educational in character, it seems to me that some educational standard should be recognized, something that we can "square by," and that it should be one of the first duties of our Convention individually and collectively, to strive to elevate ourselves to that standard. If we think there is a principle in Hahnemann's writings that will stand the test of the closest possible investigation scientifically and practically, why should not the matter come squarely before us, and be dispassionately discussed and practically elucidated? Let it come pointedly and clearly that we may see if there is the perfection that some of us claim.

What we want in our school is precision and certainty, and we desire to approach this elevated, this grand and noble standard all the days of our lives for the sake of our wives, our children, and coming posterity. We desire to preserve their health, to mitigate their sufferings, to see them well and enjoying the full fruition that sane minds and sound bodies vouchsafe to them. Then we may be happy. Are the principles of Samuel Hahnemann calculated to lead us onward and upward to this high goal? Let this be fully determined at our approaching State Convention. If there be a negative response, then are there any principles in existence that will conduce to such an end? If so, let them be presented, discussed, and if found worthy, adopted. Let us have the best we can find, and when found, appropriated. Let us not be afraid to examine into their fullest significance and practicability, and measure all our proceedings thereby, individually and collectively. I already hear the decision loudly proclaimed by the united voices of the Convention, "*Similia similibus curantur* is our motto, and the principles as unfolded and explained in Hahnemann's *Organon* and in his *Chronic Diseases*, are our guide in the practice of our profession. We are satisfied that men's medical opinions are valueless without the basis of true principle." This being the case, we must

define our motto. What does "*Similia similibus curantur*" mean, what does it imply, and do we fulfil its requirements in our practice? Are we really in the endeavor to form those habits of nice observation, without which no progress in science is ever made?

Having thoroughly and deliberately settled these questions, there are others growing out of the principles of our science upon which we all want more light, that we may become stronger and truer to ourselves as medical practitioners, truer to our patients as more successful healers, truer to our Commonwealth in the abatement and prevention of disease. How often do we hear the statement made, "Away with your science, it is my duty to cure my patient in the best manner I know how." What is science but knowledge—knowledge so perfected as to become science? And did this kind of knowledge ever stand in the way of making the best of cures in the most sure, speedy and perfect manner? He who questions this fact, can not long stand in the way of blazing light and advancement. He who casts loose from homœopathic principles in prescribing for the sick, and bangs away at his patient at random, and teaches others to do so, will soon enough come to grief and to judgment.

Fourteen Years Without Food(?)

Dr. George C. Jeffrey writes us that the following account of a young lady in Brooklyn is as truthful as it is strange and unaccountable.

While getting off a Fulton street car one day in 1864, on her return from school, the young lady slipped and fell backward. Her skirt caught on the step, unseen by the conductor, who started the car on its way again. The poor girl

was dragged some ten or fifteen yards before her cries were heard and the brake applied. When picked up she was insensible, and was carried, suffering intense agony from an injured spine, to her home near by. Forty-eight hours afterward she was seized with a violent spasm which lasted for over two days. Then came a trance, when the sufferer grew cold and rigid, with no evidence of life beyond a warm spot under the left breast, where feeble pulsations of her heart were detected by Dr. Spier. Only this gentleman believed she was alive, and it was due to constant assertion of the girl's ultimate recovery that Miss Fansher was not buried. Despite the best medical help and the application of restoratives no change was brought in the patient's condition until the tenth week, when the strange suspension of life ceased and breath was once more inhaled and breathed forth from her lungs.

To their dismay the doctors then found that Mollie had lost her sight and the power of deglutition, the latter affliction rendering it impossible for her to swallow food or even articulate by the use of tongue or lip. Previous to her trance a moderate quantity of food had been given her each day, but since then she has not taken a mouthful of life-sustaining food. Spasms and trances alternated with alarming frequency since Miss Fansher was first attacked. First her limbs only became rigid and disturbed at the caprice of her strange malady, but as time passed her whole frame would writhe as if in great pain, requiring to be held by main force in order to remain in the bed. She could swallow nothing, and lay utterly helpless until moved.

Although one of the most important of the senses, that of seeing, was thus cut off, it was soon discovered that by some phenomenal means Miss Fansher made up the deficiency by what may be called "second sight." Though unable to see, yet she can work, night well as day, upon her wax flowers and embroidery, requiring great nicety and taste in the selection of colors. When questioned in regard to the matter she will say, in writing, "I can see, but not with my poor old eyes." Sometimes, indeed, her mouth will lose its rigidity and

she will mumble out some half forgotten sentence; but even on these occasions she will not taste food, so accustomed is she to do without it.

Dr. Ormiston says: "It seems incredible, but from everything I can learn Mollie Fansher never eats. During a dozen visits to the sick chamber I have never detected evidence of the patient having eaten a morsel."

Dr. Spier says: "I do not believe any food—that is, solids—ever passed the woman's lips since her attack of paralysis consequent upon her mishap. As for an occasional teaspoonful of water or milk, I sometimes forced her to take it, by using an instrument to pry open her mouth, but that is painful to her. As early as 1865 I endeavored to sustain life in this way, for I feared that, in obedience to the universal law of nature, she would die of gradual inanition or exhaustion, which I thought would sooner or later ensue; but I was mistaken. The case knocks the bottom out of all existing medical theories, and is, in a word, miraculous.

"Several times I have given her emetics on purpose to discover the truth; but the result always confirmed the statement that she had taken no food. It sounds strangely, but it is so. I have taken every precaution against deception, sometimes going into the house at eleven or twelve o'clock at night without being announced, but have always found her the same and lying in the same position occupied by her for the entire period of her invalidity. The springs of her bedstead are actually worn out with the constant pressure. My brethren in the medical profession at first were inclined to laugh at me and call me a fool and spiritualist when I told them of the long abstinence and keen mental powers of my interesting patient."

Dr. Jeffery says: I enclose the report of a very remarkable case, that belongs to "our parts." The history of the young lady referred to is substantially true, I knowing it to be so by being most intimate with a lady who has known her and her family for many years—and has recited to me many times the wonderful phenomena of the case. The enclosed cut I take from the New York Herald of yesterday, and

thinking that you might see fit to publish it in the *ADVANCE*, I have concluded to send it. She eats sometimes one or two grapes in a day. Every few weeks she passes into a trance, from which she recovers only to find some new contortion of her body, sometimes an arm is bent upon itself, or the lower extremities are drawn up, with the knees upon the abdomen. These conditions of rigidity remain until another "spell" comes on, when she gets relief from the previous unnatural position, only to pass into another. She, for some reason, can bear no light or heat. Therefore, she remains in darkness, also without a fire in the coldest weather.

The physicians referred to are representative men of the old school of this city, both being busy practitioners. They call upon her every day, and take notes of any new symptoms that may appear. The case is authentic in every respect, and certainly causes a new question on the point of waste and repair.

Book Notices.

Homœopathic Therapeutics. By Samuel Lilienthal, M. D. Boericke & Tafel, New York.

Here we have another evidence of the downfall of Homœopathy. The "critical period" is indeed upon us. A few more such books and we will have no standing in the court of public opinion. If this is not a valid proof of the decadence of our cause, where will we find it? No where my good friend. Such proof doesn't exist, except in the morbid imagination of a few professional foundlings, who are wandering about and crying, and needing only to be taken up and spanked, and adopted into the "regular" profession. Just look at this book a moment and ask yourself, if any sound man, who pos-

sessed it, would throw it away for anything under the light of the sun that Allopathy could give? Why here is a system of therapeutics based upon a law. There is not the slightest intimation in it, of any other method than *Similia similibus curantur*. Now as a system it is very complete, or else it is shamefully deceptive, because incomplete and one-sided. Looking at it with care, it does not seem to lack at any point. The author does not say of any disease, "This can not be treated homœopathically. We have no remedy for this condition." On the contrary, he brings to the attack of each case, a quiver loaded with Parthian arrows; and places in our hand a strong bow, bent and armed with the unerring implement of success. What do we want more? Absolutely nothing, except it be to add somewhat more of the same quality of instruments to his armamentaria. The wonderful fullness and growth of our materia medica could not be better exemplified than in the production of such a book as this. Only a coward or an ignoramus could falter in his determination to treat disease strictly according to the law of *Similia*, when he had such an aid as this to help him. The work is not original, nor does it comprise everything that might be included in it; but it is a work that only a life long earnest student of the materia medica could produce. It is a lasting ornament to our literature, and will prove a priceless blessing to the profession; and more than that, it will stop the mouths of those senseless croakers, who complain of the insufficiency of our therapeutic agents, and who tell us that, our ability to treat diseases strictly according to the homœopathic law is greatly limited; and that if we would succeed, we must often resort to non-homœopathic agents. They have but to look at this book, and shame will cover their faces, and silence seal their lips.

Cyclopædia of the Practice of Medicine. Vol. XIV. Diseases of the Nervous System and Disturbance of Speech. Wm. Wood & Co., New York.

In this portly volume, Eulenburg treats of Hemicrania, Angina Pectoris, Unilateral Progressive Atrophy of the Face, Basedow's Disease, Progressive Muscular Atrophy, Pseudo Hypertrophy of the Muscles and True Muscular Hypertrophy. Prof. Nothnagle treats of Epilepsy and Eclampsia. Prof. Bauer discusses Tetanus. Eulenburg again treats of Catalepsy, Tremens and Paralysis Agitans. Von Ziemssen writes on Chorea, Jolly on Hysteria, and Kussmaul closes the volume with Disturbances of Speech, giving us nearly three hundred pages, making the most complete treatise on the subject extant. We have not in the entire series of volumes one to which this

one holds a second rank. But it is a book that will not be sought after by the great body of medical practitioners, and yet it is the mastery of these very subjects that is likely to give the highest reputation to a medical man. It is no small satisfaction to know that we have this part of our medical literature brought up so fully to date and made so accessible to the profession. Price \$4.50. For sale by Robert Clarke & Co.

Physicians' Visiting Lists. 1. Lindsay & Blakiston. 2. Boericke & Tafel.

Both of these are standard books, and their well known use and value preclude the need of a lengthy comment. Many a physician fails to make important entries for want of these valuable aids. Lindsay & Blakiston's work is prepared specifically for 1879, and contains a valuable table of antidotes. Boericke & Tafel suits all dates and seasons alike, and contains an elegant repertory for the use of the homœopathic physician. Don't fail to send for a list book.

Twelfth Annual Report of the Homœopathic Medical and Surgical Dispensary of Pittsburgh.

We may reckon on this as one of the most substantial and important institutions of the kind in this country. For twelve years past it has been making a record of which the homœopathic school may well be proud. It has during the past year had a current expenditure of eleven thousand, eight hundred and thirty-four dollars and sixty-four cents. It has treated three hundred and fifty-three patients in the hospital proper. In the dispensary department there has been issued eighteen thousand, one hundred and eighty-three prescriptions and one thousand, two hundred and twenty-one visits. May its shadow never grow less.

The Human Eye. Its Optical Construction Popularly Explained. By Dr. R. E. Dudgeon, London, England, pp. 92. Hardedicke & Bogue, London.

The pages in this book are few, but they bear the imprint of consecutive thought, honest scientific work, original investigation, clear, logical reasoning and careful construction.

The subjects under discussion are treated with great clearness without the use of a superfluous sentence. By reading every word and understanding each sentence, the reader will comprehend all

there is before him and be rewarded. The work which the book represents has evidently not been done spasmodically, and the author's conclusions appear to have been subjected to mature consideration.

The book contains much that is interesting concerning subaqueous vision—the construction and use of his lenses—methods of determining the movements made by the crystalline lens of the eye during the accommodative act—the theory of accommodation.

Before introducing the peculiarities of subaqueous vision, and the means of correcting them, the character and qualities of different lenses, and the behavior of light in passing from a rare to a dense medium, or the reverse, are clearly set forth. A very interesting account is given of the experiments made under water, of the way in which the water acts upon the media of the eye, of the way the new condition produced is met by either strong convex glass lenses or concave air lenses; of the way in which the respective power of each part of the dioptric media was determined. If any have failed to understand how the cornea and aqueous humor could be the principal lens of the eye, they will find enlightenment here.

In trying to determine the movements of the lens during the act of accommodation, Dr. Dudgeon seems to have succeeded better than any previous investigator. Watching under the microscope the movements of a lighted candle, held to one side of the eye, as they appeared reflected from the cornea, and anterior and posterior capsules of the crystalline lens, he discovered that the relative position of these images depended upon whether the lighted candle was held to the nasal or temporal side of the cornea.

When held to the temporal side the three images assumed a certain position, and during accommodation moved as had been previously pointed out, but when the light was placed on the nasal side a similar movement did not occur.

From his experiments, and recognizing the oblate spheroidal character of the crystalline lens, he concludes that during accommodation the lens is rotated upon its vertical axis. The view is decidedly novel, but commands attention and respect. Few of us but have felt that sooner or later the Helmholtz theory of accommodation must yield to something better. Any new theory based upon experimental research of the character of this of Dr. Dudgeon is worthy of consideration.

Without pretending at the present writing to accept or reject the theory, it may be said that the notion finds confirmation in the shape of the ciliary muscle, in the prolongation backwards into the choroid on the nasal and temporal side of the longitudinal fibres of the ciliary

muscle, and also in the much more frequent occurrence of atrophy of the choroïd on the external side of optic nerve, in progressive myopia.

In a small compass this book embodies the results of a great deal of hard work and study. It has been carefully written, and supplies what can not be gotten elsewhere. It was needed, and certainly should be obtained by all who desire this class of information. It is a credit and ornament to our literature.—W. H. W.

Diseases of the Brain and its Membranes. Vol. XII. *Cyclopædia of the Practice of Medicine.* Wm. Wood & Co., New York.

We have here unquestionably a book that stands without a peer in this department of medicine. It is in many respects the least attractive of the series, but at the same time it is among the most important of them all. A glance at the topics discussed shows the scope of the work, and when we observe that they are expanded over some nine hundred pages, we may well consider the discussion quite elaborate, if not exhaustive. Professor Nothnagel treats of Anæmia, Hyperæmia, Hemorrhage, Thrombosis and Embolism of the Brain; Obernier treats Tumors of the brain and its membranes; Heubner of Syphilis of the brain and nervous system; Huguenin of Acute and Chronic Inflammation of the brain, and Hitzig of Hypertrophy and Atrophy of the brain. It is hardly necessary for us to commend this work to the attention of the student. Here is a department too little understood by any and almost unknown to the bulk of the profession. It will be studied with the liveliest interest by those desiring a knowledge of brain diseases. The pathological investigations are admirable and without exception the authors and their translators have made the discussion in every sense readable and comprehensible. For sale by Robert Clarke & Co.

On Therapeutic Forces. By Tho. J. Mays, M. D. Lindsay & Blakiston. 1878.

This is an effort to consider the action of medicines in the light of the modern doctrine of the conservation of force. Why the distinguished author did not also consider their action in the light of the modern doctrine of correlation of force we can not clearly see. He is one of the few men in his school (allopathic) who has "firmly espoused the belief that the action of medicine in the animal body is like everything else amenable to unchanging laws; and that it is our duty to unravel and elucidate those laws." Very well, when that law of action is discovered and formulated will it not constitute

a "dogma," and would not its promulgation bring down on the head of its discoverer the severest condemnation of the dominant medical school? The author of this book has, he thinks, discovered several fixed laws, under which medicines act with more or less certainty. He does not, however, condense them into such a brief formulary that one may easily restate them, and leaving them in this nebulous condition, extended into a discussion reaching over nearly one hundred and fifty pages, it will be safe to assume that they will excite little attention and not the slightest opposition. But here page one hundred and forty-two is a striking thought and might well have been chosen as a motto: "Just as soon as the medical profession rightly appreciates that the art of curing disease is controlled by invariable law, so soon will it be wrenched from the uncertainty of empiricism and of charlatanism and rise to the dignity of a science." Brave words, indeed! And we only wonder that, with all the light this author possesses, he does not after all, see the true light, for he might find in *similia* a certain guide in the administration of medicines and he would also find that the rationale of their action under this law is quite in keeping with what we know of the conservation and correlation of force.

The American Naturalist.

This splendid monthly should be read by all our physicians, for it gives just such information on all scientific matters as should be possessed by every such person. Terms, \$4.00. Published by McCalla & Stavely, Philadelphia.

Man.

Our indefatigable friend, A. K. Butts, 19 Dey St., New York, has recently added to the list of his publications, a weekly journal with the above caption. To this he adds a scientific supplement and promises to furnish for one dollar a year, a wonderful amount of valuable reading. Send for a specimen.

THE American Homœopathic Publishing Society have in press a new volume by Dr. Constantine Hering, "The Guiding Symptoms of our Materia Medica." Proof sheet which we have examined convince us that it will furnish the profession with a most desirable hand book, and will be made welcome by every student of our materia medica.

RECEIVED.

- Ovarian Tumors. By Henry N. Guernsey, M. D., Philadelphia.
Annual Address to the Homœopathic Medical Society of Pennsylvania. By the President, Henry N. Guernsey, M. D.
A Friend. By Henry Greville. Peterson & Bro., Philadelphia.
Cyclopedia of the Practice of Medicine. Vol. viii. Diseases of Chylopoetic System. Wm. Wood & Co., New York. \$5.00.

Editor's Table.

DR. H. P. GATCHELL.—It has given us great pleasure to recently welcome this distinguish gentleman to our sanctum. We recognize in him a valued friend of many years, and one who, while he was our medical teacher, celebrated for his learning and eloquence, was also the pioneer representative teacher of our school in the west. Here in Cincinnati and in Cleveland and Chicago it has been the good fortune of many students to sit under his instructions. The Doctor is going South to live. He is hale and active and hopeful of many years of usefulness.

HOME AGAIN.—Drs. Winslow, Vilas and Campbell, the well known specialists in the eye and ear department of our school, have recently returned from their summer tour through Europe, and report enthusiastically of all they saw and heard. On dit, Dr. Campbell has joined the staff of the Good Samaritan Hospital, and is lecturing in the Missouri Homœopathic College—on his specialty, of course.

DR. F. W. HUNT died recently in New York at the age of sixty-nine. He will be remembered as the joint author with Dr. Marcy of a large work on homœopathic therapeutics. He was also for some time editor of the North American Journal of Homœopathy, and professor in the New York Homœopathic College.

DR. W. JOHN HARRIS, Secretary of the Alumni Association of the Homœopathic Medical College of Missouri, desires to give notice that

there will be a meeting of the Association in March, 1879, at the time of the Commencement of the College. The graduates are requested to communicate with him at 1803 Wash street, St. Louis.

DR. LEWIS SHERMAN, of Milwaukee, issues a very neat bulletin of new remedies with valuable information of recent date. It will be sent on request from the Doctor's Pharmacy. Send for it.

MARRIED.—In St. Louis, September 26th, Dr. W. John Harris and Miss I. F. Gibbs, both of St. Louis. Our blessings go with the happy pair.

M. M. Eaton, M. D., of Cincinnati, and Miss M. E. Southerland, of Peoria, Ill., September 29th. Our best wishes attend the doctor and his fair bride.

DR. THO. WILDES removed to 24 W. 26th street, New York.

Look at the symptoms of *Osmium*, under eye, Allen, vol. vii, and note how clearly they resemble glaucoma.—EDGAR.

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

VOLUME VI. CINCINNATI, O., JANUARY, 1879. NUMBER 9.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to Dr. T. P. WILSON, 130 Broadway, Cincinnati, O. Terms, \$2.00 a year.

A HAPPY NEW YEAR TO ALL.—We shall never tire of repeating these blessed words so long as breath to utter them is vouchsafed us. They make one of the sweetest prayers ever breathed from human lips, for they are the soul's sincere desire toward all the human race. Well, since we wish it, let us try and secure its fulfillment. And if each one shall do his part well in the great drama of life, with malice toward none, with charity toward all, then will the year 1879, both in its inception and at its close, as well also throughout its entire course, be a happy new year to all.

COMPARATIVE MORTALITY.—In investigating the different modes of medical practice, we are often asked to settle the question as to their relative value, by comparison of their respective mortalities. Each party presents a certain number of cases treated in its own peculiar manner, and the ratio of the dead to the whole number treated, shows of course in their estimation which mode is best. *Prima facie*, the test seems to be one quite reasonable. The object of medical practice is to save life. Therefore that system which saves the largest number, or, if you please, shows the least lost, is the one we should adopt. Theoretically the idea is a good one. But the fact is, practically it will not work. This we propose to show. Cases for such comparison must be drawn from two sources. 1. Private prac-

tice. 2. Hospitals. Now as regards the latter, it is well known that into one and the same hospital, diverse modes of practice have seldom or never been introduced. The conservatism and jealousy of the management of the hospital always prevent this. Where has Allopathy opened any one of its numerous institutions to any of its competitors and courted a comparison of endeavors and results? When will it do so? Never; it dare not. Regarding the first, namely, private practice, it would seem that we had here abundant material to work with. And so we have if we could get at the actual facts. But there is first this grave objection: Do these private practitioners keep a reliable record of their cases? And secondly, do they as a rule correctly diagnose them? And thirdly, will they give a true account as to the treatment of their cases? And lastly, can you rely upon their statements as to the mortality? The government never employs a man or takes his testimony without first putting him under oath. The courts would not allow a man to administer on an estate composed of a few pattry dollars, without swearing him and placing him under bonds. These facts are not looked upon as a serious reflection on the virtues of mankind, but they do really show that men, as the world goes, are not to be implicitly trusted. The followers of what medical school or mode of practice, would willingly see themselves discounted in matters of statistics? It follows therefore that an element of uncertainty enters very largely into reports which are presented as crucial tests of relative value. We do not say that doctors under such circumstances will deliberately lie. Heaven forbid! We say this: The man who tells the last story has the best chance. Now for a case in point. Dr. GUERNSEY, of Philadelphia, believes that the mortality incident to the lying in state, is greatly reduced by the treatment of all such cases strictly according to the law of similia. He proposes to prove it. How? By statistics from the private practice of men who follow the above law, or in other words, practice "Homœopathy pure and simple." At a late meeting of the Homœopathic Medical Society of New York City, he presents his statistics embodied in an able and interesting paper. We quote from the daily *Tribune*.

Dr. GUERNSEY said: "About the year 1850 it fell to my lot to work through an epidemic of childbed fever which raged with great severity in the twenty-third ward, of Philadelphia. My obstetric practice was very large, certainly as large as that of any of the twelve physicians in the ward. I was the only homœopathic physician practising in the ward at the time. We worked side by side in the same streets and in the same blocks. The allopathic physicians lost a large number of their patients, whilst I did not lose one during the entire epidemic. In a practice extending over thirty-five years, during which I have attended fully four thousand child-bed cases, I have lost only

one case. The allopathic mode of treatment of post-partum hemorrhage, with all its appliances—the cold douche, ice plugs, etc.—loses one-sixth of all cases. The homœopathic physicians, when they select their medicines according to the strictest principles of their own school, lose only one-twentieth of one per cent.”

Dr. GUERNSEY summed up the difference between the results of the treatment of the two schools as follows: “In allopathic treatment of puerperal fever, phlebitis, phlegmasia alba dolens, etc., the loss within the puerperal month is thirty per cent.; in homœopathic treatment, pure and simple, in the same disorders, two per cent. In puerperal convulsions, allopathic treatment has a mortality of twenty-five per cent.; in homœopathic treatment, pure and simple, we have a loss of only one and one-half per cent. In puerperal hemorrhage, the allopathic fraternity sustains a loss of sixteen and two-thirds per cent.; under homœopathic treatment the loss is only one-twentieth of one per cent. The average mortality from all causes within the puerperal month from allopathic treatment one per cent.; from the effects of drugging and inefficiency of aiding the recuperative powers of nature, at least one per cent. more premature deaths sooner or later. When such striking differences of mortality are so clearly manifested between the two schools, which at the same time are so easy of demonstration, what hope or incentive have we in borrowing tools from the allopathic school?”

To this Prof. DOWLING, of the New York Homœopathic College, replied that he in such cases sometimes made use of means not homœopathic, and he never lost a case. Dr. McMURRY confessed to following “good ideas” even when found in the old school, and he had never lost a case of the kind. Mrs. Dr. LOZIER said she had treated two thousand, five hundred such cases, and her treatment was not strictly homœopathic, and she had never lost a patient. Then several other doctors told how, with similar methods, they never lost a patient. At last a doctor named PIERSONS said that probably he was the only physician who had lost a patient—he had lost one.

Dr. DOWLING said if he had himself given such a patient a dose of *Ipecac*, and she had died, he would leave New York and never return. Then several doctors arose in order and each said he had lost just one patient and told how it happened.

The upshot of the matter was Dr. GUERNSEY was forced to believe himself beaten at his own game, or else that his brethren were pretty generally in a parturient condition, or, in other words, in the *lying-in* state. So much for statistics in regard to mortality.

Fatal Errors. By Dr. Ad. Lippe. Philadelphia.

It is a fatal error to suppose that dynamization is not expressed in the formula *Similia similibus curantur*, or in other words it is a fatal error to believe that there can exist a Homœopathy deprived of dynamized remedies for the cure of the sick. This error can only be indulged in by persons who doubt or reject the dynamic causes of diseases; who again seek to find material causes for diseases, either seeking to show that the finally perceptible chemical changes in the organism, or the changed and altered tissues are the disease itself, while really they are only the results of disease, or adopting the germ theory as showing the material cause of disease; a theory by no means accepted by the best thinkers, even among the allopathists. Were these gentlemen to study carefully the writings of the father of our school, they would soon find out their errors; they would find that in reality they must reject all of the teachings of the master, or accept the logical necessity of the dynamized remedy.

A very short quotation from Hahnemann's greatest paper he ever wrote; and wrote it as early as 1813, on "The Genius of the Homœopathic Healing Art" may be of service to them. Hahnemann says: "In proportion as the human organism is more easily affected by medicines when in a state of health than by disease, as I have demonstrated above, so is that organism when diseased, without comparison, much more easily affected by homœopathic medicines than by any other, (for instance, allopathic or antiopathic)—and is acted upon easily and in a very high degree, as it is already inclined to certain symptoms by the disease, hence it becomes more susceptible to similar symptoms by the homœopathic medicine, just as our own similar mental suffering causes the mind to become much more sensitive to similar stories or woe. Therefore, it becomes obvious that only the smallest doses become useful and necessary for a cure; that is to say, for the changing of the sickened organism into a similar medicinal disease; and for that reason it is necessary to give

it in a larger dose, because in this case the object is obtained not through the quantity but through potentiality and quality, (dynamic conformity, Homœopathy). There is no utility in a larger dose, but there is harm done; the larger dose on the one side does not cause the dynamic change of the diseased affection with more certainty than the most suitable smallest dose; but it causes and supplants, on the other side, a multiplied medicinal disease, which is always an evil, although it passes by after a certain lapse of time." So says the master, and those who call themselves homœopaths and accept his teachings endorse every word of it and their endorsement is based on the results of the clinical experiment—the only true test of it.

It is a fatal error to say, *"Pathology, the stone which the builders of Homœopathy rejected, should now be made the head or corner. The old line Homœopathy says, 'Let me understand the symptoms and I care not for the pathology.' First the symptoms then the remedy, how do they correspond? The times, the advancement of science, demand a step forward. We must not understand symptoms and appropriate remedies the less, but we must seek after and acquire a more thorough knowledge of the body, both in health and disease, if we expect to gain power over malignant, contagious disease, and those diseases hitherto considered incurable."

In the first place we call for evidence to prove that the builders of Homœopathy rejected pathology. There were no builders, there was one single inspired man who was the founder of the healing art, by him called Homœopathy. This one man never rejected any of the collateral branches of the medical science; if he did, it has never come to our eyes as yet. Hahnemann time and again strenuously objected to a therapeutics which was based on two fallacies. First, the fallacy to be able to explain the nature of any disease, or the workings of the internal organism which could not be explained, because the living organism was governed by very different laws from those governing inorganic bodies, or in other words, the natural laws governing inorganic substances

*The CINCINNATI MEDICAL ADVANCE, November, 1878, page 343.

could not be applied while endeavoring to explain the laws governing organic bodies. Pathology, which is based on the supposition that the laws governing inorganic substances is capable of explaining disease, and the changes by it produced in organs and tissues, will remain a hypothesis, which it was before Hahnemann's days—forever. To base therapeutics on such a fallacious hypothesis, and thus apply for the cure of this hypothesis means in the shape of drugs without knowing to any certainty their effects on the human organism, much less their hypothetical effect on a hypothetical disease, is a fatal error. Hahnemann and his true followers never rejected such knowledge as pathology might impart to the true healer. They and the master made this knowledge, as well as all other knowledge obtained from a diligent study of all collateral medical science—subservient—to the new and true healing art. The homœopaths are here erroneously charged with having rejected pathology, and are now invited to take up pathology and again base our therapeutics on it. That is a demand strictly in keeping with a modern demand to set aside our only law of cure and admit it only as a tolerably good rule, admitting also that there may arise occasions when other laws, other principles discovered, or discoverable, may be more advantageously applied, and all this is done under two other erroneous propositions. First. The freedom of medical opinion and action fallacy. Second. The fallacious statement made at Philadelphia on the 26th of June, 1878, "That pathology, which hardly existed as a positive science in Hahnemann's day, has been diligently elaborated by ingenious and exact experimentations, until to-day it holds no mean rank among the positive sciences of observation."

The fallacy of what is now called liberalism in medicine, has been so abundantly exposed that we can not add anything any more to make it more ridiculous than it has been made. The erroneous statement about pathology has been refuted time and again, it has been shown by historical statements—never yet shown to be erroneous—that Schœnlein systematized pathology long before Hahnemann published

the last edition of his Organon. The old line homœopaths—says our learned friend—does he mean the befogged men who, by some genius of an author, are called “Fossils?” Meaning men who hold on to the principles and natural laws, establishing them as they were revealed to suffering humanity by “The Master?” The old line homœopath say, so our learned writer says, “Let me understand the symptoms and I care not for the pathology.” Exactly so, but not as the writer interprets it. Can a homœopath or any other physician understand or obtain the symptoms without a knowledge of the collateral branches of medical science, of course, pathology included? Did any old line, (orthodox), homœopath ever claim that he could, and where? and when? After the homœopath has ascertained the symptoms and after he has learned to understand them, what does he do then? What must he do? Why, find a corresponding remedy according to the formula by him accepted. The “liberal,” the “scientific” physician, who pretends to have accepted the formula understands that the symptoms must be pressed into the pathological livery, that a form of disease must be diagnosticated, and that a remedy must be administered in palpable doses, which is supposed to produce the same disease. The old line homœopath treats “individuals,” so did the master! The liberal treats disease; so do the allopaths. And when the learned writer continues and says, “The times, the advancement of science, demand a step forward,” he falls into a deceptive and grave error. Hahnemann says, “What life is can only be empirically discerned by its manifestations and appearances, but it can never be explained a priori, through metaphysical speculations. What life is, in itself and in its internal essence, can never be comprehended by mortals, and can not be explained by conjectures.” Has the advancement of science explained what life is? Is not this very corner stone on which our immortal master built his never to be destroyed physiological arguments, just as true, just as solid, as when he uttered these sentences? Can any advancement of, and in science solve the question? Can that which is never to be comprehended

by mortals ever be explained by mortals? Let these liberals, these forever fault finding scientific opponents to the old line homœopathists, explain themselves, and cease to deal in generalities, in assertions; let them as philosophers, and as men of science, come out and show where and when Hahnemann's arguments were erroneous, and then correct them—finally and lastly show the fruits—better results, if they can.

The True and the False.* By J. B. Hunt, M. D., Springfield, Ohio.

With the passing years we have been permitted to witness the rapid progress of our system of therapeutics, which is destined, we believe, to revolutionize the medical world, and bring into harmonious action, in accordance with a common law of cure, all the discordant elements thereof. In order that we, as a society, may share in the honors of this glorious achievement, it is necessary that we, as individual members, continue active and vigilant in the work we have undertaken.

This organization, in character and influence, is just what its individual members make it. It is like a reservoir, and we the channels through which flow its supply.

If we would have a reservoir of truth, we must see to it that the channels are pure, and that no error flows through them. What we need, as a society—aye, and it is the want of the profession at large—is more careful observation in things pertaining to our department of science.

The fictitious charms given to existence by the unguided imagination of mankind in a former day, have been dispelled

*Presidential Address, Homœopathic Medical Society of Ohio.

by the advancing steps of science. The illuminating rays of philosophical criticism are continually applied to all new ideas, and men are led, more and more, to view things as they are—to look at the world as it is.

We no longer find satisfaction in dogmas or creeds, which have been handed down to us from the past, but seek through avenues of thought, which are our own, to become acquainted with the absolute reality of things. We have reason to exercise very great and constant care in our observations, lest in the rebound from the illusions and errors of the past, we should rush to another extreme, and be enticed through plausible exaggeration into misconceptions and errors, no less absurd than the former.

We live in an age of unparalleled activity. Never in the history of our race has there been so much brain work as now. New theories are multiplied in great abundance. The thinking world is constantly active in trying to solve the problems of nature, and men run to and fro in search of new truths.

It is our misfortune that the thinkers do not always guide their thoughts in channels of truth, and as a consequence, theories are not always founded on fact. The tendency in these days is to indulge too much in mere speculation in scientific matters, to allow the unbridled imagination to roam through all the realm of nature, and then record as scientific, all its visionary conclusions.

There is a demand, not so much for new theories, as a careful sifting of those we have, a minute examination of the foundations upon which they rest. We may not think more, but should seek to be more discriminating and exact in our conclusions.

We are too prone to accept as truth, that which only bears a resemblance to truth. In science it will not always do to be governed by the law of similars. Error often presents itself in forms which appear similar to, or like truth, but the careful observer will closely scrutinize and detect the difference.

Very much is said in these days of science; and scientists—so-called—are very numerous, but how little, comparatively

of real science, and how few comparatively real, honest, careful investigators we have.

What is science? It is truth. The simple definition of the word is—I know—but how often it happens that instead of really knowing, we only think we know. Evidence of a certain kind, in regard to some event, is brought to our notice, and through a strange perversion of our senses, or some bias in our judgment, we accept it, and believe a lie, when a little careful investigation would have revealed to us the fact that what we took for evidence in the case, was no evidence at all.

Men have witnessed something in connection with the occurrence of certain events, and at once, without proper investigation, have decided that the something was the cause of the event, when in fact it had no more to do with it than the man pulling the bell rope, had with starting the engine. Especially has this been so in the department of medical science.

The imperfection of human knowledge, or a careless use of knowledge, is the cause of all our discordant theories and disagreement. Where knowledge is perfect, in regard to any matter, there is complete harmony. There will never be any dispute in regard to a simple mathematical problem. That two and two make four, is admitted by all who have mind enough to entertain such a proposition. In this our knowledge may be said to be perfect, and mathematics, by reason of this fact, is called "one of the exact sciences." This, it seems to me, is a distinction uncalled for, and untrue. All science is exact, and one department of it no more so than another. The want of exactness is in us, and is the result of our inability to understand it in all its fullness. Science is the golden chain which binds the universe together. Its shining links are interwoven through all forms of matter; it stretches through all space, and is the substance of all law. To understand the hidden mysteries of nature, we must unravel this chain. This is no easy task, and it is no wonder that men sometimes allow their imagination to supply the missing links of this wonderful chain.

It is said that the mode of man's reasoning is, from cause to effect. This may be true in some instances, but I think if we analyze carefully the process of thought in our investigations of nature, we shall find that this is the exception, and not the rule, man reasons from effect back to cause. In other words, that which constitutes the great distinguishing characteristic of man, is his innate desire to find out the cause of things. He intuitively recognizes a supreme first cause, and seeks through nature to find out nature's God. It was not reasoning from cause to effect that led the illustrious Galileo to his sublime conclusions.

The process of reasoning in the grand researches of Newton and Franklin was not in a line from cause to effect, but the opposite; and so we might say of all the great philosophers and scientists of the past or present time.

In the medical world this truth is most clearly illustrated by the founder of our system of therapeutics. He saw an effect, and immediately applied himself to ascertain its cause; and most grandly did he succeed. He found the cause, and with it a law, or principle of universal application, in the administration of drugs for the relief of the sick. In the domain of medicine we are much more liable to be led into error than in other departments of scientific research, from the fact that we find it impossible in many cases to apply the tests, which, under other circumstances, reduce to certainty every experiment.

When we administer remedies for the relief of the sick we remember that another force is working in the same direction, viz., the vital principle, or "*vis medicatrix natura*," and a cure is not always proof positive that the remedy we employed, acted as a cause in bringing about the result.

It is only by the most careful observation that we are enabled to arrive at clinical conclusions, that are really scientific. Ignorance and superstition, in the past have given their aid in the treatment of the sick, and the aid thus afforded, has, to all appearance, been largely successful. The afflicted have recovered under the most absurd and ridiculous treatment. Now while we admit the fact that patients have re-

covered under the manipulations of ignorance, the most degraded, or superstition the most unreasonable, or with no treatment whatever, we must remember that science brings to the aid of the skillful physician, that which enables him to increase largely the number of those who recover, to shorten the period of illness, to greatly relieve the sufferings of the afflicted, and prevent entirely, in many cases, the ravages of disease. In the treatment of disease we should learn to discriminate more carefully between the operation of nature's forces, and the operation of any remedial agent which may be used. It is the careless way of viewing events, that leads into so many useless practices. The little metallic charm of the charm doctor becomes an agent of wonderful power in the estimation of credulous and unthinking observers. A child falls in epileptic convulsion, a charm doctor is at hand and draws from her bosom the charm, places it over the child's heart, and in a few minutes, to the great joy of the stricken mother, the spasm subsides, and the child is well again. Now here was proof positive to the mind of that mother. She saw her child dying, as she supposed, saw the means for its restoration, and the result, surely, she must believe her own senses.

Now if I were to assert that a very large proportion of the practice of medicine is founded upon evidence no more reliable or scientific than this, it would be considered, no doubt, an extravagant assertion, and yet, I fear there would be too much truth in it.

A person is sick—something is done for him—he recovers and the credit of the cure is all given to the something done, and this forms a precedent for practice in the future. The charm cure above mentioned, would be successful, apparently, ninety-nine times in a hundred, and the folly of its use is only seen, when through some mishap it is not used, and the patient recovers just as well without it.

Time was when doctors and laymen firmly believed that a case of inflammatory fever could not be cured without a resort to venesection. That without the shedding of blood there was absolutely no remission of fever. But when the

good doctor, who lost his lancet, and found himself face to face with a violent case of pneumonia, concluded to run the risk of treating it without bleeding, the first step was taken in that reform which put an end to that barbarous practice.

Thus has passed away hundreds of measures once thought to be essential in the cure of the sick. You doubtless remember, when only a few years ago, the medical journals all over the land were filled with the praises of what was called the metallic cure, which consisted in the application of various kinds of metals, in the form of discs, to the forehead of the patient. Hundreds of sets of these discs were sold throughout this country, and were used by the most prominent medical men, with gratifying success in a large number of cases. The cures were genuine, and are undisputed, but Dr. Hammond, of New York, has recently made the discovery, by experiment, that the metal discs have nothing at all to do with it. The cure is from mental, and not metal impressions. The true physician, *i. e.*, the scientific physician will not be satisfied with merely doing something for the sick, because our fathers in medicine have done it, but will seek by all the means in his power, to know for himself, that what he does shall bear the relation of cause to effect in the desired result. He will ever strive to dig down through the rubbish and debris of preconceived error, guesses and superstition, to the solid rock bed of truth. In all the range of scientific effort, there is no subject fraught with so much interest to humanity as the science of medicine.

It stands pre-eminent above every other department of science, and embraces within its legitimate sphere, all that pertains to the health of man, in a physical, mental or moral aspect.

"It is not all of life to live." Neither is it all of medical science to contend against disease and death. It goes back to the very beginning—aye, back of the beginning—and seeks to start the embryo life free from hereditary disease of every kind. It has to do with the mother during gestation, recognizing the fact that her condition, physically, mentally and morally, has a decided influence over the future life and health of the child.

It includes within the range of its investigations the various substances used to nourish and sustain life, and how to prepare them. It embraces all sanitary science, the water we drink, the air we breathe, sewerage, etc.

It gives its aid in the discovery of prophylactics, and suggests to us the possibility of preventing entirely the spread of all forms of infectious and contagious diseases.

Into this vast field, my fellow laborers, we have entered. Let us so labor that we may add something to the grandeur and glory of our science, either by the discovery of some new truths, or the confirmation and establishment of those already known.

Obstetrical and Gynaecological.

Confinements. How to Avoid Danger Attending Thereon.
By G. W. Bowen, M. D., Fort Wayne, Ind.

When the loving and happy bride of a few days visits the office of her friendly doctor for something to remove a slight headache, or to aid the digestion of too much cake, and as he watches her as she dances gaily and joyously round, and in the exuberance of her spirits taps the toe of her little foot on the floor, as if to say "I am happy now," he would be unworthy of her confidence, and almost deserve to have Hobscuck's curse rest on him, should he mar or shadow the sunshine of happiness, by even a slight allusion to what *might* take place.

But let some three or four months elapse, and again she comes and seats herself quietly, heaving a sigh that almost

seems to say, "I wish I was dead," while a tear almost glimmers on her eye lids. We almost instinctively know her story. And when with trembling lips she tells of her missing her menstruation, how can we help modulating our voice and tendering her our sympathy, and break to her, (after a few inquiries), what we know to be too true, alas, that she has started on the road to maternity. She must be reconciled to her lot, and a pleasing appearance given her of an altogether apparently safe journey, which to her seems to be so sad. We promise to make it pass as pleasantly as possible, and remove all unpleasant symptoms which might arise on the way. Should she object and foolishly insist on the re-establishment of the suppressed function, we must patiently explain the danger that might arise, and reason her out of the absurdity. Should you have her confidence, and you will have, if you have treated her from childhood, it will be an easy matter to do, and then all goes well. Then instruction on the, (to her new), subject begins. She must be told how to give her system perfect health, and be the author of a healthy child, both in body and mind. As months wear on she is taught how to guard against any and all dangers, and urged, if possible, to do light housework, to avoid lifting, shun the sewing machine, and use discipline at the table, especially avoiding any excesses thereat. If she is highly cultivated, or even capable thereof, she can be instructed how to give her child more brain power, and give it an intellectual cast. All this requires patience, and the attributes of a gentleman in her medical director. As she nears the terminus of her journey, then more care must be exercised to guard against any accident that might befall the patient martyr, and prevent any mal-deposit or mal-nutrition of the product. *Arsenicum*, judiciously given, will preserve her child from the development of a scrofulous or cancerous tendency, being contributed to it, should it even lay latent in either side of the house or family. *Mercurius* will prevent it from taking from the father any old syphilitic taint, if it should be known that he has had an imprudent life in after years. *Calcareæ carb.* will always save it from any mal-deposit which would

result in some uncouth abnormality in the form of deformity, so easy to guard against. In the few last weeks prior to the expected trial, if the, (to be), mother is given an occasional dose of *Belladonna*, it will very materially aid to the establishment or equalization of the circulation of the blood, more especially in driving away any excess from the uterine region, and at the same time contribute much towards allaying any nervous excitement, and guarding against its subsequent development. *Belladonna* so given, will have the os-uteri in the most favorable condition for easy and prompt relaxation when the time arrives for the accomplishment of that work. One dose a day of *Nux vomica* for a few weeks prior to confinement, will not only regulate the digestion of food in the stomach, but also establish a healthy secretion and excretion from the mucous tract below. The *Nux vomica* will do much towards leaving the supporting muscles of the rectal and uterine region in a good condition for prompt and ready contractility after accouchement, thereby avoiding prolapsus at either place. One or two doses of *Arnica* given one or two days before *will* prevent too great a loss of blood, and especially post-partum hemorrhage. Whether it does it by a partial paralysis of the capillary system of the uterine walls, or by a reversal of the materno-fœtal circulation I know not, but do know that the protection is afforded. When the day of delivery arrives, almost everything depends on keeping the excess of blood below the waist, and in the parts involved in the process of parturition, and until nearly completed, and this can be easily obtained by keeping the room and the patient's feet warm, yet not too uncomfortably so. If the expectant mother fully appreciates the fact that you are almost as much interested in her success as she is herself, you will have an easy task, and she will comply with your slightest wish. On this one point, hangs your surety of unvarying success. The patient must fully comprehend that you will see her safe through, and have come there from no other motive. But of course a judicious selection of medicaments may be necessary. And first comes *Belladonna*, to aid the relaxation of those

constrictor muscles; next *Pulsatilla*, to give a normal presentation, and produce muscular contraction of the uterus. Occasionally other remedies may be needed, but the condition for their application must be markedly apparent then, and can not be noted here, but can be found in that little book filled with apples of gold, by Croserio.

One very important fact should be stated here, as it can not elsewhere be found, that no patient need have eclampsia if the foregoing course of treatment has been pursued; and it can be prevented in any patient, if at the proper moment she is given a sharp slap in the face, enough to make her ears ring. It will stop all tendency thereto at once, by changing the circulation of the blood, and arousing all the falling nervous energy. But of course it is a very unsafe remedy to be given promiscuously. The doctor must know the patient will take it, and that none of the friends will object, or the reactive influence might be detrimental to the administrator. Such treatment, however, comes under the head of psychological medicine, and yet the conditions are of the greatest import, and should be fully comprehended before procedure. I have administered this nerve tonic in the above form in near a dozen cases, with the happiest effect to the patient, and no after ill result to any. Of course, in due time an apology and explanation will be in order. But I always tell them before hand, or at the commencement, that for the time the patient must mind me, and implicitly, and I shall be allowed to make them mind as much as if they were my children, and thereby become master of the situation.

The pains can be induced and regulated by clitoral irritation many times advantageously. At the proper time, the neck of the womb must be thrown back over the child's head to save the strain on its longitudinal muscles.

Perineal rupture can always be avoided, by placing the hand so as to counteract the severe lateral strain on the muscles. Immediately after delivery if it has been difficult, and especially if instruments have been used, a few kind and encouraging words to the mother are of the utmost importance, to re-establish the nervous, and circulating action. Never leave

until the placenta has been removed, and the uterus has properly contracted, unless it is under protest, and absolutely necessary. After a few hours rest perspiration must be established, and to a limited extent kept up for three or four days, mainly by *Aconite*, and if so done, puerperal or metritic fever can not ensue. The loss or waste must be regulated mainly owing to the season; heaviest in hot weather. The repair for loss can be made the second week. Forbid at all seasons feathers, oil or rubber cloth under the patient, as they are extremely dangerous, and on no conditions allow the bowels to be moved, for from four to six days after delivery, (I always stipulate for that before), and if complied with, no prolapsus or mal-position of the womb will ever ensue. Forbid all food that will generate heat, make blood, or be difficult of digestion, for five or six days, and thereby avoid the danger of abscesses of the breast, and and an excess of nurse. *Bryonia* will generally control the mammary action, with the aid of cotton batting to increase perspiration at that place if needed.

Deficiency of nurse will almost invariably be remedied by a few doses of *Calcarea carb.* 6, but if that should fail, *Asa-fetida* 1, will develop an ample supply.

Thus have, and do, I simplify the treatment of confinements, and would say that in my attendance of several hundred cases, it worked not only to my satisfaction but to my patients, as no death has occurred in my care, and no deformity has been produced.

Management of Pregnant Women.

Under the above head Dr. Pullen, of St. Louis, recently discourses as follows:

"The rapid progress of civilization, as evidenced by the accumulation of wealth, the forcing system of education, and the tendency to equalize women's duties with those of men, have within the last quarter of a century markedly deteriorated the child-bearing capacities of large numbers of women. These facts are especially applicable to residents of crowded cities. While the standard of female beauty is increasing, and signal intellectual growth manifested in all departments of art and science, the remote dangers, as well as the immediate accidents of parturition, have increased as rapidly. The busy hours of training in public and private schools, the vitiated atmosphere breathed, the ill-utilized light for study, and the later cramming in normal and finishing institutions, urge our girls to a degree of emasculated Amazonian perfection, fitting them superbly to live in women's hotels in communities by themselves, but ruining them for wifely companionship and sturdy maternity. The pregnant woman who comes of a stock not infected with the almost irresistible behests of modern society, stands a much better chance to terminate her gestation in health than does her more wealthy but unfortunate sister of ultra refinement and excessive culture.

"The girl who marries at the nubile period, about twenty-two years of age, when ossification of the pelvis is fairly done, when the turbulence of puberty has subsided, when she has had time to rest her overtaxed educational training, as well as her strained society rounds, then will she approach the marriage couch with a better prospect of fruition, healthy to herself and offspring, than does she who marries earlier under the stress of fashion, amid the storm waves of exalted nerve tensions, pubertic irregularities, and ill-formulated morale.

"The pregnancy of late marriage is likewise to be apprehended, from the fact that the sudden developmental impetus of embryonic life may wear out a soil that was formerly capable to produce successfully, but which has been debilitated by repeated disappointments. The reproductive elements are present, but the elasticity and resiliency of youth, the regulating factors in all growths, are defective, and the newly stimulated energies of a life somewhat wasted are revived in a

physical organism unfitted to do battle. Physical causes are aroused, which, under other circumstances, would not be serious, in the changed status actually become pathological. How often do we not see the plump, rosy cheeked maiden of twenty shrivel into the parchment-skinned spinster of forty? The ovaries and uterus have properly done their respective duties, and an opportune impregnation prior to the age of thirty would have preserved this woman, if not rosy and plump, at least elastic and buoyant, and her maternity would be exempt from pelvic indolence, as indicated by the flattened chest, the wrinkled face, and the cultivation of some specific hobby. A woman married under these circumstances is like a transplanted tree: the fruition thereof is apt to be feeble, if not self-destructive.

“Nothing is more productive of physical exhaustion than the efforts to keep up the strain of the constant entertaining which many of our matrons undergo. Time and again, the ebb of depression (following faster and faster as the gestation progresses upon the flood of excitement) becomes manifest in the frequent demands for stimulation during waking hours, and a call for hypnotics when tired nature should be soothed by healthy and peaceful sleep.

“In the West or South I have never seen a case of rachitis or mollities ossium in the white woman born of American parentage, nor is the adult negress often affected. The sturdy pioneers who settled the valleys of the Mississippi and the Ohio, engrafted upon their offspring so much of vitality that even now their daughters' granddaughters are rarely subjected to these depressing influences of gestation witnessed in the crowded marts of accumulated wealth in the East.”

Miscellaneous.

Reminiscences from Practice. By Dr. Carl Koeck. Translated from Die Internationale Presse by A. McNeil, M. D., New Albany, Ind.

The communication of the following case should cause us to lay a well earned garland of laurels on the grave of our great master Hahnemann, the immortal discoverer of the law of the similars.

A childless married lady, forty years old, who formerly lived in Prague, but who recently has settled in Vienna, was during her former residence in Prague, subject to many nervous attacks, to which she had been subject for years, which I had treated successfully. During the period of several years which she had lived in Vienna, she had been attacked by several fits of sickness, which, particularly the nervous attacks, had frequently changed their seat. She also had inflammatory troubles which mostly attacked the sexual organs. By these she was placed frequently in an extremely suffering condition, even requiring her to keep her bed. At the same time there frequently appeared nervo-rheumatic affections of the extremities which could be ameliorated, but not entirely removed. She had been treated by a skillful homœopathic physician, Dr. Pokorny, very attentively, and to the complete satisfaction of the patient. All of these attacks had run a favorable course, and only now and then had given her admonitions of their existence. Suddenly appeared an entire change. The former always natural menstruation began to manifest a striking abnormality, for always after a brief pause of a few days, during which she had a more or less profuse leucorrhœa, of a transparent, albuminous character, the menses recurred sometimes with considerable hemorrhage, to which, as already mentioned, after several days continuance was followed by the whites. Her physician had already carefully examined her, and not-

withstanding the most careful investigation no organic change was discovered. He had not succeeded in obtaining for her the health she so much desired. As the patient was compelled by her offices to make a journey to Prague, she again placed herself under my treatment. What was communicated to me by the patient on my first visit excited in me a lively interest, particularly as the totality of the symptoms which she gave immediately reminded me of a remedy in whose effects I saw a true image of the morbid phenomena which I had discovered, and I therefore believed I had found the true remedy, and I was not deceived. There is no doubt that my reader has already discovered from what I have written, but more particularly out of what I will yet communicate, that which because of feminine modesty had been concealed from the former much younger physician, the name of the suitable remedy, and I will endeavor to give accurately the most essential and characteristic phenomena of the disease, and part of it give even verbatim. This lady whom I had not seen for five years I found but little changed in appearance. Her cheeks were pale as they had been formerly, her eyes surrounded by blue rings and she was somewhat emaciated. The most striking thing about her was the sudden changes to which her nerves were subject, which were clearly perceptible, not only in the sensory but in the motor nerves. There were occasionally hours and even days when without any apparent cause she manifested an uncommon irritability fretfulness and sometimes even excessive violence, and there were other hours and days when she had strength enough showing agility and ease of muscular movement that was remarkable. There were still other times when a higher grade of melancholy and lachrymosity united with entire indifference possessed her, at which times there was such muscular weakness that the patient must lie down or recline in an easy chair, and could be made to speak with difficulty, when she always expressed great anguish and fear of impending death. There were sometimes very cheerful days, when the patient was lively and happy, when the so often tormenting neuralgias were easily overcome. The extremely

irregular menses always returning after a few days, often with quite severe hemorrhage, and the leucorrhœa during the intervals. I have already mentioned, and it is only necessary to say, that coagulated lumps occurred with the flow, the passage of which was usually announced by abdominal pains and bearing down. Another thing which she confided to me with visible reluctance was the following. Accompanying a well marked aversion to sexual intercourse with her husband, she was many nights annoyed by extremely voluptuous dreams in which finally she was in a high degree of ecstasy, which only ended with the discharge of a profuse viscid fluid. The external examination of the abdomen, which was soft and doughy, revealed no abnormal condition of any of the organs. She would not submit to any internal examination, saying that she had already been closely examined by a specialist who had discovered nothing abnormal. Her appetite during her cheerful intervals was always excellent, however as soon as the melancholy or angry attacks appeared it was strikingly decreased. Her stools showed a striking irregularity, as they were often then but more frequently hard and difficult to discharge.

This image of the diseased state in its totality strikingly reminded me of the complex of the symptoms of the prescribed remedy, *Platina*, of which the fifteenth potency was used in moistening several powders of sugar of milk which were given to the patient with directions to take one every second day, and as improvement appeared the intervals to be lengthened to every third and finally to every fifth day. Two days after the first dose she reported in undoubtedly better condition. She was cheerful and happy, had a desire to promenade; and the abundant flow appeared to be strikingly decreased. During a period of six weeks with constantly increasing improvement, she took altogether eight powders of *Platina*, and the result was so remarkably favorable that with the exception of some remainders of the neuralgic pains, all the other morbid phenomena, the abnormal flow of blood, the leucorrhœa, the remarkable alternations of disposition, as well as the tormenting irritation of the sexual

sphere, had disappeared, and it was now hoped that the now begun daily cold rubbings and the necessary sea baths will accomplish the desired strengthening and invigorating of the nerves in order to avert a possible relapse.

Fingal.*

The giant Fingal has come out of his cave to make his daily repast on the tender bones of a young homœopathic novitiate. Well, I suppose it might as well be me as another. But I don't just see why I am a novitiate. If there is any one thing settled in my mind by personal acquaintance with the writings and practice of homœopaths, it is that no one of them believes what another believes. One party swears that there is no Homœopathy about anything less than the "cm." Another that there is nought but senile gangreneness above the "3x." Another that it is only found about the "30thc," and the single dose. Another party offers the "potentized" diseased tissue. The kid glover's swear *these* fellows are nasty wretches. Another party goes its last eye on "symptomatology," while another never takes its hands off the "pathological condition."

Here are enough parties, and I might still enumerate a few more subdivisions. These, as a whole, agree in but two things — damning allopathy, and christening the young fellows of other parties than theirs, "novitiates." Don't you see, Fingal, that the 3 x man if he be Chas. Hempel, even, is a novitiate in "Homœopathy" to my good friends Fincke and Swan? Now, by the barren basalt of thy cold cave, Fingal, I will build me a little party platform of my own, and every homœopath who does not see through my glasses shall be a

*Vide MEDICAL ADVANCE, page 347.

mere shadow of a "novitiate in true Homœopathy" till the end of time.

But in all good faith, I would discuss fairly, and dispassionately this question of the identity of diphtheria and scarlatina. And, right on the horizon of such fair discussion, my mayhap good Fingal, you need one of the qualities of the "enthusiast in medicine."

Sitting in the black depths of thy cavern, O Fingal, thy mental iris hath withdrawn so far that the bright light of day doth paralyze thy mind's retina. Else would'st thou see that the name of a disease is not the disease.

There is one work for a medical enthusiast to do. The domain of nosology must be invaded with fire and sword. Ha! can we not build some better structures than these, by the electric light of modern science? On my gallants! my enthusiasts! Down with the "smoke fever" and the "smoky fever," and the "redness," and the "spottedness," and the "skiminess," and the "flowiness!" Smite the "dog choak" and the "cock crow." Cheese the "I seize 'em," and the "I drew near 'em," and the "I waste away 'em," and the "I drop 'em." Down with the shams "one and all!"

Ah, if the laity knew that these were "typhus," "typhoid," "rubeola," "variola," "diphtheria," "cholera," "cynanche" and "croup," and "epilepsy," "erysipelas," "phthisic" and "gout," how would their reverence turn to contempt.

Fingal! my troglodyte! turn from the crunching of neophytic bones and join me in this invasion of the enemies' country. Let us slay these ill-shapen dragons that stand in the path of the neophyte, to frighten him out of the deep woods of pathology. Let us smite them hip and thigh, and confiscate their domain to the trim, fair children of modern science—the nosology born in lawful wedlock of physiology and morbid anatomy.

And if *Potassic chlorate* is able to make a mild scarlatina out of malignant diphtheria, has Homœopathy no part in it? Beshrew me, Fingal, but thou wouldst snap at this same drug as the similitum were it the "cm." instead of the poor mean crude crystals that be gifted with this angelic power.—H. W. T.

Yellow Fever Commission. Circular Letter.

DEAR MR. EDITOR:—We are informed that the President of the American Institute of Homœopathy has appointed a Commission of medical gentlemen, to visit the South, and “to investigate the results of Homœopathic treatment in the late epidemic of Yellow Fever, with a view of laying the report before Congress, and getting that body to publish the same, as a supplement to the report of the Yellow Fever Commission, now at work upon its causes and means of prevention.”

At the head of that Commission stands the name of W. H. Holcombe, M. D., of New Orleans. This gentleman is not unknown to the public, for he has years ago written out of his own experience, a very creditable work, on “Yellow Fever.” The other gentlemen, with the exception of Drs. Verdi and Dake, have not to our knowledge, had any personal experience with the disease. But there are enough names on the list, to give the commission a reasonable amount of weight with the public.

These gentlemen have issued a circular, copies of which have no doubt, been widely distributed, and they will be read with interest by the public. For my part, I have read it with feelings of astonishment. As the commission have not yet met in a body, it is more than likely some one member has taken the responsibility of issuing this, for I do not believe the commission as a whole, would consent to the publication of such a nonsensical fanfaronade. I beg to make a few quotations.

“The physicians of our school have done gloriously in the late epidemic, having, we firmly believe, reduced the mortality of yellow fever to less than one half of the acknowledged allopathic loss.” Now this is either counting chickens before they are hatched, or being hatched, it is a proposition to sit a while longer on an empty nest. Why investigate for results that are already in hand? Where is “the acknowledged allopathic loss?” It has escaped my notice. Perhaps their

yellow fever commission, like ours, have already declared results before investigating. I would like to see the declaration. Our physicians "have done gloriously." Isn't this just a little bombastic and premature? It sounds like a stunp speech or a martial proclamation. But here is more of the same highflying talk. "We have much to say about the treatment of yellow fever, which it behooves not only the medical profession, but the people of the United States to listen to and believe." I hope the United States will be duly attentive. I hope also, no one will attempt to hold his breath all the while the commission is on duty.

"Our reports are denied publications in the allopathic journals." That is too bad, but what has this commission to do with that fact? I thought they were going to report to Congress. "The great majority of the medical profession itself, is ignorant of the vast advances we have made in behalf of science, truth and humanity. We have endeavored often, and in vain, to awaken the conscience and enlighten the mind of the Old School on this subject." Well, now suppose you have, what has that to do with your investigating yellow fever? Is this an "experience meeting," that these gentlemen need to tell the United States what they have been doing so many years for the "Old School"? "We intend to gather our statistics in the most careful and scientific manner, and to lay them before Congress as matters of vital importance to the health, welfare and prosperity of the Nation." Who that had any faith in the commission, thought otherwise? It is superfluous and childish to make such a declaration. At this point, the circular gets down to business. It invites cooperation etc., etc., and at the end of the first item of instruction, it declares the commission propose to "challenge the scrutiny of the incredulous, and a comparison with the best allopathic results." There's a deal of genuine bravery in this, particularly as the said allopaths don't propose to report their results of treatment. This commission is a big thing no doubt; but it seems to have remarkably inflated ideas of its duties. Why doesn't it go modestly about its works, and let Allopathy alone? If the President of the American Institute

of Homœopathy, has authorized it to give the *coup de grace* to the Old School, I have failed to see it.

"We are not seeking to glorify Homœopathy or ourselves, but to discover the truth for the common benefit." I do not wonder at this disclaimer being inserted here. It will take all this and more to rid us of the suspicion, that glorification of some sort, has much to do with the labor these gentlemen have undertaken. When they loudly proclaim that "the physicians of our school have done *gloriously*," and want the attention of the United States to the proof, it is hard to believe that love of glory does not mightily move them to good works. But here is a statement that is somewhat of the nature of "a regular stunner." "If Homœopathy has made a better record than Allopathy, we want the profession and the world to know it. If the reverse is true, we wish to undeceive ourselves and turn allopaths."

It must have taken a man of extraordinary sense to write such a sentence as that.

Only think, what a responsibility rests in the hands of this commission! For over three quarters of a century we have been carefully building up the school of Homœopathy. "Facts on facts have been piled as Ossa on Pelion, and the law of *similia* a thousand times ten thousand proven to be true, and now comes this august body, empowered to see which school came out ahead in the yellow fever fight; and if Allopathy scores just one ahead—

"Nay, if the scales do turn but in the estimation of a hair," then is it all over with us as a school. Gentlemen the risk is too great. The bare possibility of our having all to turn allopaths on the strength of your report—O it's too much for human nature! Please don't. Gamblers are said to take great risks when they hold the winning cards, but who among them would risk all he is worth, on a single game and before the cards could have been dealt? No gentlemen, go, and God's blessing be with you, but don't carry "the glorious cause" in your pockets, lest they might be picked. Leave with us the sacred treasure, and whatever may be the character of your statistics as gathered in, they may help or hurt us, but bless you, they can't destroy

us, and as for our turning allopaths in any event, do you think we are dogs, that we should return to our vomit?—Yours, FINGAL HAPGOOD, M. D.

NOTE.—Our friend Hapgood is in error upon one point. Most of the gentlemen of the commission have had personal experience with yellow fever and are well qualified for the work.—[ED.]

How Can the Study of Materia Medica be made more Available?

Dunghlison defines materia medica as that branch of the science of medicine, which treats of the knowledge of medicines, their action on the human economy, and their mode of administration.

Although he might not be willing to admit that the Homœopathic giving of remedies was their administration, yet the point we wish to make now is not so much how to prescribe at the bedside, as it is to note down and arrange those symptoms produced on the healthy organism when proving the remedies that we may be able to apply our great law of cure "*similia similibus curantur.*"

That the noting down of all the symptoms and as they were developed by each of twenty provers, would give us a proving, we do not deny. That there should be a difference in each of them would not be strange; nay, that there would be opposite effects in different provers, we do not question for one moment, nor do we hold that their order of development should be uniform in each.

This very difference in effect is one of the things we are after, but it should be secondary to this; when and how and upon what organ or organs, are the effects most uniformly and clearly shown.

Those symptoms that were common to all, or three-fourths, or over one-half, would be the base on which to

rear the superstructure and of which these differences form such an important part.

Leading symptoms of the remedy might be common to the twenty provers and be our base; important symptoms would be common to nineteen and would be fitly placed above the others; while groups common to eighteen, seventeen, etc., would easily follow until the last shade of difference would be the one that crowns the top, and we should see that we had developed the effect of the medicine on each tissue, organ or organs and their function of the human system.

Such a monument would be one, of which the immortal Hahnemann might well be proud. Another important factor is whether the given symptoms were developed by the one hundred thousandth of Fincke, or the full dose as given in the Pharmacopia or Dispensatory.

If given in material or drug doses we develop drug symptoms and the organs effected.

We wish to know if these are drug effects, whether they follow primarily or secondarily; then under our law, when we have such a symptom in disease we can give just enough of the remedy, whether it be tincture or the one hundred thousandth as will assist nature in her effort to restore the equilibrium, which is health. The distinction between primary and secondary, which are both drug symptoms, if not of as much importance as to know drug symptoms from those obtained by high potencies.

If the similar symptom for which I am to prescribe, was the development of a high potency and I were to prescribe low, the result might be curable, and no doubt, often is, but first there would be a medicinal aggravation, which, if provings were given as they should be we, as homœopathic practitioners should avoid.

We ought to leave the glory of such a practice to the regulars for they have earned it, in answering the oft repeated question of the nurse after giving the medicine, "Doctor is'nt he worse?" "Yes, but I hope he will be better after the effect of the medicine passes off." Often a disappointed hope because nature is not strong enough to withstand the onset of disease and drugging too. So much for the provings.

Now having the symptoms developed by the provers, there may be different ways of making a materia medica.

If all the provers noted every symptom they experienced while proving a remedy, from the tincture upwards, and the printer would set them up one after the other in book form, and label it materia medica, it would be true, full, etc., but it would be very unserviceable in practice. Again, if these symptoms were arranged under the various organs and regions of the body effected, no symptom need be left out, it would be as full, true and vastly superior to the one just named. It would be an improvement and much like some we have.

Can it be made more available? I like the plan of Dr. Allen, very much in many respects. Beginning with the name, it gives the signification, common names and its preparations.

His sources and designation of symptoms embraces all I have asked, and I can not see how it can well be improved.

With but little more space, you can easily tell by whom the proving was made, and what preparation was used when the symptom sought was developed.

If in starring symptoms, clinically verified, the editor was seconded by a score or more of our ablest practitioners in various sections of the country, and small figures placed before the stars, indicating the number of them who had verified the symptom, it would be a great help to all, and especially to the new beginner.

Small figures in Allen's work, after the symptom, give the prover or provers, and it is curious to notice that but few have two who noted the same symptom.

Leading symptoms of any drug should be developed by a majority, or, at least, several of the provers.

If the prominent symptoms are to be different in each prover, then when we have a given symptom in disease, we are not sure in our prescription by similars, unless the patient has been the subject of a proving, for this new subject would develop different symptoms from all we have, and those we have would not be exact similars.

But our law is applied and does cure, therefore, we conclude that leading symptoms of many provers are the same, and much of the difference is only owing to their expressing the same thing in different language. Or, in other words, effects are the same but modes of expression are different.

The remedies are taken to see their different effects and not their different expressions of the same effect.

Some men are symptom hunters, and get to riding hobbies in that direction; it gives them glory, and is their life, and we must excuse them for making it so prominent.

What is wanted is knowledge that will be a guide to the profession in the choice of remedies to heal the maladies that flesh is heir to.

Let us not be understood as decrying the *materia medica*. We are only more anxious to make it more reliable, than to increase its size.

Such reliability we shall have when remedies are proved by several persons, and symptoms are developed which are common to the different provers, in the ratio we have mentioned.

If symptoms vary because of circumstances, let us have the circumstances, or the symptoms are of little use.

To sum up the suggestions we have made, our most available *materia medica* would be made up as follows:

The remedy, its signification and various common names, etc.

List of provers numbered, and the preparations used by each.

A general summary of the action of the remedy on the different provers, in the various organs and functions of the body, and in the order of their importance.

Then the order of Dr. Allen, with his system of notation, excepting that under each division he has made, those leading symptoms we have designated should be placed first.

Then following, under the same appropriate divisions, those shades of difference that are brought out by the different provers, omitting only those which express the same effect, but in different language.

I might possibly cut off some choice or pet symptoms of some one. Granted that I do, the gain in availability to the busy practitioner would be a thousand fold.

The how to study such a materia medica would be simple, natural and plain. The student should learn or familiarize all, except the later, quite large division in many cases. He should pass his examination on the remedy, its general effects on the system and the leading symptoms we have suggested.

The many shades of difference etc., are left for reference and study in specialties, and as time and demand may require.

In this way would the study of materia medica, now such a vexed question, be made more easy of access.

The availability would be increased, because the opposites following in our materia medica, and which our old school brethren use to flay us with, saying it either proves too much or nothing, would be removed or at least separated.

The confusion attending the use of opposite symptoms in almost the same sentence, is a great barrier in the way of learning the symptoms in the study of materia medica.

What we learn in the first sentence, or would learn if the opposite did not follow it, is knocked out of mind by the second, and when through reading he feels as though he had retained nothing, and what is worse, feels as if he was nowhere. The leading symptoms first and the others follow most naturally. If the student must learn these first, let authors separate them and place them before him.

What student, what young practitioner, what busy one can do this? Nay, the professor of materia medica must needs have the book before him, and with pencil in hand go through page after page, noting here and there a symptom that he may be able to bring something tangible as well as comprehensible, before his class.

I confess I am unable to give the how to study the present materia medica, and will leave it to older and wiser heads.

However crude and unsatisfactory these suggestions may be, if I shall succeed in bringing out such a discussion from

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this body of able practitioners, as shall make the materia medica more attractive and available to the student and practitioner of medicine, my object will have been more than gained.

NOTE.—This paper was presented to the "Joint Convention" in May last and the author is unknown to us.—[Ed.]

Quidmuok on the "Albany Resolutions." Letter No. 3.

DEAR MR. EDITOR:—My wife and child have gone to bed, and, in fact, I may say that Bungletown is mostly *decubitus dorsum*, while silence every where reigns, except when broken now and then, by a hooting owl, who sits aloft in some neighboring tree top in the edge of the woods. Now did you ever imagine, Mr. Editor, why owls should make such an unearthly noise at night? And why is it that, with such unvarying persistency, they keep on repeating the same thing? Over and over again, each time as though it was something both new and important, they reiterate their dismal, "to who?" "to who?" "to who?" Now everybody knows that this interrogatory has been answered more than ten thousand times. All the boys and girls in the country have shouted back their replies, giving sir owl both names and dates. Now would you believe it, here is one not forty rods from my door, still asking, "to who?" "to who?" "to who?" I have no idea that a full and complete answer to his interrogatory would satisfy him. I've half a notion, however, to go out and give him a piece of my mind, and, if possible, shame him into silence. Alas! I fear the condition of the bird is hopeless, and that his understanding is more limited than his language.

At this point I pick up a daily paper, which came, by mistake, to our post-office last week. The postmaster has lost his specks, and so he gave the paper to me. I have had

it three days, but being unaccustomed to such luxuries, I had forgotten all about it. Now I turn to it and find an article written from New York City, in which the writer gives the result of his interview with some distinguished medical authorities of that great city. They seem quite clearly to be of the allopathic school, and well posted as to medical matters throughout the country. The following will readily show itself:

“What is the condition of homœopathic medicine and practice in New York?”

“Well, at their convention in Albany last year the homœopathic doctors abandoned the principle of *similia similibus curantur*. Since that time there is a tendency to recognize them and go into consultation with them. I think in ten or fifteen years, if they persevere in well doing, the regular doctors will consult with them generally.”

“What sort of reputation does Hahneman hold in the regular practice?”

“A very great original thinker. He was a big man.”

I rushed to the side of my sleeping spouse, and wakening her I exclaimed, “What do you think of that? See! we are accused of having, at last, abandoned our law of cure.” “Well, why don’t you deny it?” she replied with a yawn. “So we have. We have denied it more than a thousand times. But it does no good.” Just then my little one awakened and asked, “Papa what is the owl saying?” “My dear, it is saying, ‘to who?’ ‘to who?’ ‘to who?’” “Well, can’t you answer it, and send it to bed?” “Hush,” I replied, “don’t you know owls never go to bed until daylight drives them to it?” “Well, now,” said my wife, “here’s a conundrum,” and then she yawned again and continued, “What is the difference between an owl and an allopath?” “I don’t see any,” I said. “Well, there is none in this respect, that they keep saying the same thing over and over, and never profit by the replies they receive.”

This point settled I fell to thinking what a wonderful thing that Albany convention must have been. Its power to give away the homœopathic profession, and its willingness

to stand pledged for the future good behaviour of that profession, borders on the marvelous. I can not feel too thankful for stumbling upon this daily paper. As it is I have wasted nearly a year, not having heard of this thing before. You see, Mr. Editor, I knew nothing of the action of the Albany convention, and so kept right on practicing according to the law of *similia similibus curantur*. And, unless some steps are taken to give the matter publicity, there will be remote places where homœopathic doctors, (I can not call them physicians any more), will, for months to come, continue their former mode of practice. Only think of it, after ten or fifteen years probation we will all be taken into the fold of Allopathy. And now we know that Hahnemann was a "big man." We have all along had a suspicion that he was an "original thinker." Now our suspicions are confirmed. And won't Hahnemann be happy though when he hears how his children have progressed? Once *similia* seemed a long way in advance. When Hahnemann held it aloft he led the world. Now he is dead and buried, and so is his favorite law of cure. Glorious old man! How like an Indian warrior he was laid to sleep, with his broken bow and slaughtered dog by his side! Would any vandal dare to desecrate that grave and rob it of it's brightest jewel? We have no more use of *similia* since the Albany convention. Hahnemann was a great and successful leader. We are glad that we followed him so long, but the time has come for us to turn away from his teachings—"to who? to who? to who?" called his owlish demonship, from a dead tree top not five rods away. It was a startling question. I could not answer it. To whom are we to go after leaving Hahnemann? I do not know. If the Albany convention did not inform us, I presume its next to kin, the New York society, can tell us. Meantime, Mr. Editor, will your readers wait until I can write and find out?—Yours, QUIDMUCK, Bungletown, Dec, 10, 1878.

Wabash Valley Homœopathic Medical Society.

CHARLESTON, ILL., Nov., 18, 1878.

The second semi-annual meeting of the Wabash Valley Homœopathic Medical Society, convened in Terre Haute, Ind., in the room of the Y. M. C. A., Nov. 1, 1878.

"The meeting was called to order by President Sarchet at ten a. m., and the minutes read by that genial gentleman scholar, Dr. Branstrup, of Vincennes, Ind, after which a short address was presented by the president.

Able and original papers were presented by Drs. Elder, Pollock, Waters, Branstrup, Moore, Higbee, Sarchet and others, and a case of empyemia thoracis presented by Dr. Spooner, of Arcola, in which there was a free discharge of pus, just below and upon the inner border of the scapula, and the heart pushed to the right of the median line of sternum. From the history of the case, Dr. Spooner is certainly doing a good job for the boy.

The papers elicited free and liberal discussions, and the society adjourned to meet in Charleston, Ill., in May next.

The Wabash Valley gives great promise of becoming a power, and wielding an influence in the cause of Homœopathy

In the evening a bus was ordered to take the members to the residence of Dr. Moore, where a most pleasant and agreeable evening was spent, not in discussing medicine and papers, but in digesting delicious turkey, oysters, chicken salad, fragrant coffee, rich cake and other delicacies too numerous to mention, but all good enough to be long remembered, if indeed ever forgotten.

This little party was made very much more agreeable by the presence of a number of ladies, among which were Dr. Moore's wife and daughter, Mrs. Scott, Mrs. Campbell, Mrs. Dr. Waters and the beautiful and accomplished blonde, Miss Chambers, with whom Von Branstrup and I had the extreme gratification of supping.

Dr. Obitz may cure five hundred cases of intermittent fever, but for Branstrup and myself, give us a side table along

with the beautiful blonde. But as everything must needs have an end, so with the banquet given the Wabash Valley, it came to an end, but will constitute an oasis long to be remembered in the lives of the participants. Thanks to the representatives of Homœopathy in Terre Haute, for generosity and kindness.—X.

We have printed the above to show the kind of a report we do not want. What there is in it of interest or profit we do not know. If our correspondent had paid less attention to matters of complexion, and the quality of oysters and coffee, and told us even one practical idea brought forward in the meeting, he would have laid us all under obligation. If our correspondent, and all others who propose to report proceedings of societies, will consult an editorial of ours on "Cider Mills," they will learn what it is we wish to lay before our readers. When we see whole pages of a journal taken up with the names of members of bureau, and like useless rubbish, we wonder if the profession is satisfied to have it so. Why don't they resent it and demand that every page and line shall be of value?



Consultation Case. Dysmenorrhœa. By Prof. Wm. Owens.

Mrs. J., aet. thirty-five, landlady, been married six years, enjoyed good health before marriage; fine physical appearance, fair complexion, "the picture of health;" has good appetite and is well nourished; would enjoy good health were it not for her "bete noir, uterine disease;" has no children; menstruation regular but abnormal; has dysmenorrhœa with thick, dark clots, sometimes a stringy or ropy discharge; during the period prohibited from changing clothes of the person or bed as will positively contract a severe cold; has latero-flexion of the womb on left side; suffers intensely with

nocturnal strangury; micturates on an average five times each night, the intermission gives perfect quiet and rest. Been on *Canth.* 2x three weeks but no relief. *Sulph.* 30x had its trial with some results. *Macrotine* 2x gives the best satisfaction of anything given yet.

Answer:—Membranous dysmenorrhœa of probably catarrhal or rheumatic origin. Prognosis as to a permanent cure unfavorable; as to life favorable; as to relief favorable, Treatment: Sitz baths, temperature ninety-six, eight to ten minutes, twice daily, last just before retiring at night. *Nux vom.* 30, every night for one month. Other drugs, *Bromine*, *Bryonia*, *Sanguinaria*, *Macrotine*, according to indications of pain, color and appearance of menstrual discharge or circumstances under which it occurs. If after three months not satisfactory relief, re-examine the case and will advise farther.

"Give Honor to Whom Honor is Due."

The above is a precept I have always been taught to observe, but, Mr. Editor, will you be kind enough to inform me if great men are allowed to do otherwise? Has a certain gentleman who signs himself "Ambrose S. Everett, A. M., M. D., Prof. of Anatomy in Homœopathic Medical College of Missouri, and Member of the Academy of Science," a lawful right to give us, as I claim he has, a rehash of a treatise on "Landmarks, Medical and Surgical, by Luther Holden, F. R. C. S.," under the head of "Medical and Surgical Surface Marks," as appears in the November number of the "*St. Louis Clinical Review*?" Moreover, the article is "to be continued"—notwithstanding any one who has a late edition of Gray's Anatomy, containing Holden's "Landmarks," can read the rest of it without waiting for the coming numbers of the *St. Louis Review*.—R. F. BUCHANAN, Sidney, O.

Drug Taking Mania.

Dr. Holmes has said that it would be well for the world if most medicines were thrown into the sea; that it might be bad for the fishes, but it would be better for mankind. For this unasked and impertinent suggestion he has received a good deal of orthodox censure, which I am here now to share with him, for I am of the same opinion as Dr. Holmes, and this opinion has long been a part of my Christian faith. That the major part of the world does not agree with us is plain. Indeed most people seem to think that the chief end of man is to take medicine. Babies take it in their mother's milk; children cry for it; men and women unceasingly ask for it and no one dies without it. Shrewd men have taken advantage of this instinct, and in most civilized nations it is to-day one of the chief articles of manufacture, and of commerce. It is one of those things which is never permitted to be out of sight—but is thrust upon you in the nursery, in the streets, upon the lamp posts and upon the curbstones, along the highways, from the rocks which border the rivers; the medicine chest follows you at sea, as if the sea itself, a vast gallipot of nauseants, were not enough. In this model city, a drug store sends its blue and green lights from every business corner not occupied as a liquor store, giving a ghastly and ominous complexion to the faces of all who pass or enter. Jeanie Deans, stopping at "the great city" of York, on her sad journey to London, to implore the clemency of Queen Caroline in behalf of her poor sister, wrote back to Butler, as the first token of comfort she had derived from her long foot-toil, "They hae mair medicines in this town of York than wad cure a' Scotland, and surely some of them wad be gude for your complaints." With what an increase of comfort and acceleration of hopes, had this great city been in her way, might she have looked upon the prodigious stores of medicines displayed from the shelves of its drug stores. Enough, one would say, to cure not only all Scotland, but all the world besides. One might naturally suppose that the

supply would at length exceed the demand; but it does not. Everywhere the people are stretching out their arms, and begging for medicine, blessing him who gives and cursing him who withholds. They believe in their simplicity, that if medicines do no good, they can at least do no harm. They imagine also, that there is a medicine which may be regarded as a specific for every human malady, and that these are known to science, and that therefore we have the means of curing all diseases; but the people imagine a vain thing. Whatever medicine is capable when properly administered, of doing good, the same medicine is equally capable, when improperly administered, of doing harm; and drugs often substitute a malady more serious than that which they were intended to cure. The Irishman said: his physician stuffed him so with medicine that he was sick a long time after he got well.—Dr. FRANK HAMILTON.

Correspondence.

WATERLOO, IOWA, Oct. 30, 1878.—DEAR MR. EDITOR:—The Cedar Valley Homœopathic Medical Society was in session in this city yesterday. There was a good attendance, including a number of physicians from neighboring towns.

In the evening Dr. E. A. Guilbert, of Dubuque, delivered a popular lecture before the association at the Presbyterian Church. The extreme darkness and dampness of the night prevented as full an attendance as would otherwise have greeted this eminent physician, but those that were present express themselves as amply repaid for any discomforts they may have suffered.

Dr. Guilbert chose as his subject "The New Dispensation in Medicine," referring, of course, to Homœopathy, and for one

hour he concentrated all his well known eloquence upon this theme—a subject on which he has devoted as much thought and labor, and for which he has made more sacrifices than any man in Iowa.

DETROIT, MICH. NOV. 1, 1878.—DEAR MR. EDITOR :—A special meeting of the Detroit Homœopathic Institute was held at the rooms of the Free Dispensary last evening to consider and act upon the report of a committee appointed at a previous meeting to inaugurate measures to establish an incorporated society.

This committee, through its chairman, Dr. J. G. Gilchrist, presented a constitution and by-laws for the proposed society. These were taken up, considered by sections and adopted.

The name of the association is the College of Physicians and Surgeons of Michigan. The object is the systematic study of medicine and all collateral sciences, the accumulation of a library for the use of its fellows, the establishment of pathological, histological, and scientific museum, the organization of a laboratory for the experimental study of chemistry, physiology, pathology and microscopy, and to advance the cause of scientific medicine in every way that may be feasible. Three classes of members are provided for—active members, consisting of physicians resident in Detroit, Wayne county, or contiguous thereto; corresponding members, who shall be residents in Michigan; honorary members, who shall be distinguished members of the profession. The dues are one dollar quarterly, exacted of active and corresponding members. Meetings are to be held weekly for the hearing of papers and the discussion of scientific questions. Library, museum and laboratory are provided for, with fees for their use, and provision for material for supplying them.

The constitution and by-laws having been adopted, the organization was perfected by the election of the following officers: President—J. G. Gilchrist; Vice President—T. F. Pomeroy; Recorder—R. C. Olin; Corresponding Secretary—D. J. McGuire; Treasurer—F. X. Spranger; Curator—Wm.

M. Bailey; Executive committee—J. D. Craig, F. Woodruff, J. D. Kergan.

On motion Dr. Gilchrist was appointed to give the first monthly lectures, Dr. McGuire the second and Dr. C. C. Miller the third. The lecturer for each month gives lectures on each Monday evening of the month.

The meetings will be held for the remainder of the year at the rooms of the Homœopathic Dispensary on Shelby street.

Dr. Gilchrist announced the subject of his lectures for November, and the college then adjourned for two weeks.

Contributions to the museum or library by all who take an interest in the advancement of medical science, may be sent to the corresponding secretary, D. J. McGuire.

Book Notices.

Materia Medica. By C. J. Hempel, M. D. New Edition.

It gives us sincere pleasure to announce that Dr. Hempel has in active preparation a new edition of his *Materia Medica*. It was an era in our literature when this work was given to the profession. It was truly a God-send to students and teachers. But since its first appearance we have progressed with wonderful speed. So much has been added to the department of *materia medica*, that a new edition of Dr. Hempel's work was loudly called for. In its peculiar method of teaching this subject it has no competitor, and with all the changes and improvements now being incorporated into it, it will not soon have a rival. The whole book is being, by competent hands, rewritten and brought up to date. The doctor's able assistant gives us encouraging words of the early appearance of the work.

Rest and Pain. By John Hilton, F. R. S., etc., etc. Wm. Wood & Co., New York.

We have here the first installment of the series of books promised us, (and noticed in last month), by the well known publishers, Wm. Wood & Co., of New York. Only think of it, as neat a volume as one could wish, closely printed, profusely illustrated, and containing two hundred and ninety-nine pages, for *one dollar*. The book is both interesting and valuable. There will be eleven more just like it, or equally as good. The entire set can be had for twelve dollars. This is cheapness with a vengeance. Send for a circular, or what is better, send on your subscription.

Gilchrist's Surgical Diseases.

The third edition of this work is now in press, and will soon be issued by Duncan Bros., Chicago.

It will not, like the first edition, consist of magazine articles, hastily written during the few moments that could be snatched from a large general practice, and re-arranged for publication; but has been carefully and completely re-written in full, none of the old text remaining.

The "destructive" surgery, from which our school in common with all others, has derived so much eclat by the brilliancy of its operations, is being—like the heroic treatment of Allopathy—relegated "to the things of the past," and rapidly superseded by the more efficacious "conservative" surgery of homœopathic therapeutics. Diseases which a few years ago were, by general consent, assigned to the knife, are now more successfully treated after Hahnemann's method. No surgeon in our ranks has contributed more to this most desirable result than the author, whose enlarged experience derived from the occupancy for three years of lecturer on surgical therapeutics in the University of Michigan, unquestionably places him without a superior in our school, and entitles him to speak with authority. It has been the writers privilege to have access to the MSS., and either of the chapters on "Tumors," and their homœopathic treatment, or the "Diseases of the Genito-Urinary Organs," and their homœopathic treatment, will be worth, to the busy practitioner, the entire cost of the work. In fact no homœopathic library will be complete without it, and no homœopathic physician can afford to forego the advantages to be derived from its perusal. The reputation of the publishers will ensure for it a good appearance, and I predict it will have a much larger sale than either of its predecessors.—H. C. ALLEN, M. D.

Hahnemannian Monthly.

This excellent journal recently, took us all by surprise, by going into a state of suspension. Now we are glad to know it is to be forthwith revived, and placed editorially in the hands of that accomplished gentleman and scholar, Dr. W. H. Winslow. This is good news indeed. We bespeak for the journal, and its able editor, long life, happiness and many subscribers.

The Cell Doctrine, Its History and Present State. For the use of Students in Medicine and Dentistry. Also a Copious Bibliography of the Subject. By James Tyson, M. D. Second Edition. Revised, Corrected and Enlarged. Illustrated. Lindsay & Blakiston, Philadelphia, Pa.

We have here a most valuable condensation of an extensive and important subject, into the short space of one hundred and fifty-two pages. We have seen nothing that so clearly, briefly and which also satisfactorily explains both the history and present standing of the cell doctrine. It is just the thing for the man or woman who wants to grasp the subject with little labor. And the extensive bibliography attached will enable the student to ascertain what an extended literature, he may refer to for further and more specific information. For sale by Alfred Warren.

Medical, Surgical and Hygienic Treatment of Diseases of Women. Especially those Causing Sterility, Disorders and Accidents of Pregnancy, and Painful and Difficult Labor. By Edwin M. Hale, M. D. Boericke & Tafel, New York, 1878.

The author of this book is no novice at book making. Upon the back of this, his latest production, we find "STERILITY, HALE." This is undoubtedly the chief subject discussed by the writer. But this is no new subject to him. For nearly twenty years he has from time to time given birth to pamphlets and books with the same topic and title. The persistency with which he sticks to this text is worthy of all admiration. But after all, this is a curious world. Mrs. Anna Besant writes on "The Law of Population," and insists that too many babies are born, and Dr. Hale follows, insisting that the great want of the age is more babies. The only reasonable explanation is perhaps this: Mrs. Besant is working in the interest of the poor, and Dr. Hale in the interest of the rich. Both may be in the right. Certainly the latter is, if his book will aid us to cure the ills of women; and in most

cases it is of little importance after that, whether they conceive or not. Dr. Hale's book is, in fact, a treatise on gynecology, and but for the author's penchant for "sterility," it would so have been named. But while we concede to the distinguished author great knowledge and skill in this department, we are sorry to see him playing with the edged tools of theology. On page one hundred and eighty-three we are considerably astonished at reading, "Many women who have applied to me for the cure of their sterility, have tearfully confessed that a miscarriage, caused by their own hands, during the first year of their married life, resulted in an entire inability to conceive. This results when no examination, which we are at present capable of making, discloses any morbid condition of the womb. In these cases it is no stretch of the imagination to believe that the sterile condition was a direct divine punishment for the enormity of the sin committed." If this is so, what must be the procreative condition of a physician who has also committed an abortion? Would a microscopical examination for spermatozoa, in a suspected case, be a sufficient proof of the guilt or innocence of such a party? Dr. Hale may be a good gynecologist, but as a theologian he is a failure. Of course this work of his on sterility will be in demand, for the author is always widely and eagerly read by the profession. It has many excellent points, and it has many objectional features. We have no space for details, and we commend the book to our readers, with the caution not to follow too implicitly Dr. Hale's direction as to mechanical treatment and local appliances.

Henry E. Lea, of Philadelphia, sends us the prospectus of seven new works soon to be published:

One. The National Dispensary, (Stille), one thousand, four hundred pages.

Two. Clinical Manual for the Study of Clinical Cases, (Finlayson), five hundred pages, eighty-five illustrations.

Three. Principles of Surgery, (Ashurst), one thousand pages, five hundred and fifty illustrations.

Four. Principles and Practice of Gynecology, (Emmet), eight hundred pages, illustrated.

Five. Practice of Surgery, (Bryant), one thousand pages, six hundred engravings.

Six. A System of Human Anatomy, (Allen), large handsome quarto volume.

Seven. Manual of Pathological Histology, (Cornil & Ravvier). Octavo vol. Six hundred pages, three hundred illustrations.

As soon as the works appear they will be noticed at length.

Editor's Table.

MARRIED.—M. H. Chamberlin, M. D., (one of the "Pulte Boys"), and Ella J. Clark, in Weatland, Iowa, October 24, 1878.

DR. C. D. TUFFORD has removed from London, Ont., to Champaign, Illinois.

DR. T. S. VERDI, of Washington, delivered a very successful course of popular lectures on Sanitary Science and Public Hygiene, before the Pulte Medical College a few weeks ago. At the close the doctor was made the recipient of several elegant presents from the class and faculty.

THE ORGANON.—Will our readers notice the new advertisement of this journal? We will forward all subscriptions for it sent through this office.

A SMALL involuntary discharge occurred in the pages of the Jan-uary Observer. "T. S. B." should wear a ring as a preventive.

"How LONG, O Lord! how long shall we be obliged to pay for these irrational effusions, upon the potency question, with which our journals are filled? Who of our editors will have the moral courage to sling every dashed copy upon the subject into the waste basket? And who of you editors will treat, with the same contempt, every article tinctured or diluted with personalities? (J)." We suspect our friend J. is thus deeply moved in this matter because in the potency question he sees nothing, and in the personality question he sees too much; and yet he recommends for them the same treatment. We submit that this is hardly homœopathic to do so.

LADY PHYSICIANS.—Ellen M. Kirk, M. D., has recently located at 271 West Seventh street. May Howells, M. D., has located at 411 West Eighth street. These ladies come highly recommended from New York, and we trust they will be made welcome as they deserve. Under the unsullied banner of *similia* they present their services to the public and we wish them the best of success.

CLEVELAND, Nov. 17, 1878.

DEAR MR. EDITOR:—The roofing of the new homœopathic hospital, on Huron street, is nearly finished, and the building will be enclosed in a few days. When finished, this will be one of the handsomest and most imposing buildings in the city. The site is especially fine. Standing as it does near the junction of Huron, Prospect and Erie,

three broad streets, it will present a commanding appearance. The work on the interior will be hurried forward as rapidly as possible and Cleveland can look forward to the possession of one of the finest hospitals in the country in a very short time.—D. H.

THE POPULAR SCIENCE MONTHLY for 1879, is to be enlarged, so as to include what has heretofore gone into the Supplement. This will make of the monthly the finest journal of its kind published in the world. It has given us pleasure at all times, to commend it to our readers. We believe it to be the best popular educator extant, and in its new and enlarged form, it will stand unrivaled. The price will, however, remain as heretofore, \$5.00. D. Appleton & Co., New York.

HOMŒOPATHIC YELLOW FEVER COMMISSION. By the courtesy of the commission we have been favored with daily papers from New Orleans, giving full accounts of the progress of their work. We have read them with increasing interest. We are prepared to say the commission is meeting with unexpected success. It has greatly widened the scope of its work, and has entered upon the questions of cause and prevention of the disease, as well as the results of its treatment. Mrs. Elizabeth Thompson, of New York, has generously provided for the expenses of the enterprise, and we believe it will be a great success. The final report will make a splendid volume, and one eagerly sought after. We will await its appearance with some impatience.

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

VOLUME VI. CINCINNATI, O., FEBRUARY, 1879. NUMBER 10.

All business communications, relating to the *MEDICAL ADVANCE*, should be addressed to DR. T. P. WILSON, 130 Broadway, Cincinnati, O. Terms, \$2.00 a year.

A TEST OF THE EFFICACY OF HIGH DILUTIONS.—Under this startling title we have a pamphlet from the pen of Dr. LEWIS SHERMAN, of Milwaukee. Its contents formed a paper read before the Milwaukee Academy of Medicine; and the suggestions it contained were considered by that society to be so important, that a committee was formed with power to carry out said suggestions. It is not our present purpose to review the entire pamphlet. The animus of it is what we are now interested in; and upon that we have something to say. The Doctor has evidently become convinced that "experience is fallacious." In medical practice, experience has led us into no end of absurdities. By this standard, (experience), we can easily prove anything to be true. The larger part of the pamphlet is devoted to the task of showing what poor, credulous creatures the members of the faculty have been in ages past; and, of course, it is equally clear, that they are not to-day free from "vain imaginations." And to rid them of, at least, one of these idle fancies, is the real object the writer has in presenting his paper. We quote from page 6: "There are men in the profession who claim that pathogenetic, as well as therapeutic effects, are produced by the thirtieth dilutions, and that provings made with these preparations, represent the disease producing properties of the drug *after which they are named.*" We have taken the liberty to italicise the most interesting portion of this sentence. The writer is a phar-

maceutist, and advertizes to sell these preparations, which, by custom, or courtesy, are allowed to have the title of drugs, *after which they are named*. Here is an assumption of illegitimacy worthy of notice. Proceedings in bastardy could hardly go further than that. And if this can be said of the thirtieths, what must be the standing of the two hundredths and one thousandths, to say nothing of higher preparations? We quote again:

In view of the *a priori* improbability of the truth of this claim, and of its importance, if true, I propose a scientific test of the pathogenetic and therapeutic action of the thirtieth Hahnemannian dilution. The object of this test, is to determine whether or not this preparation can produce any medicinal action on the human organism in health or disease.

Dr. SHERMAN then proposes to have prepared, ten vials of pellets, all alike, and numbered, and one of them only shall be moistened with a thirtieth dilution of *Aconite*. Which this one is, shall be unknown to the prover; but he shall select it if he can by trial tests. A hundred physicians shall enter upon the trial, and each be provided with ten vials.

If all, or nearly all, single out the *Aconite* pellets, the inference will be that the thirtieth dilution represents the medicinal properties of *Aconite*. If only about ten of the hundred succeed in the trial, the inference will be, that the thirtieth dilution of *Aconite* possesses no medicinal properties; for, according to the law of probabilities, about one in ten would guess right without making any trial. The experimenters must be physicians of acknowledged ability, who possess a good knowledge of the therapeutic indication of the remedies tried, and who profess faith in the efficacy of the thirtieth dilution.

This is the whole matter in a nut shell; and we feel confident there is something in it, or the Milwaukee Academy of Medicine would not have entered upon the scheme with such remarkable alacrity and unanimity. We confess to have felt no small degree of anxiety while reading this pamphlet, for, at the first blush, it seemed that here was an irresistible and fatal blow aimed at the cherished belief and practice of many practitioners of Homœopathy. With a large and growing class of persons, both professional and laymen, there is a seemingly ineradicable confidence entertained in highly attenuated medicines. It may be a foolish faith, but nevertheless it exists. Now to have all this overthrown, nay more, utterly destroyed, was a thing painful to contemplate. Compared with other beliefs and modes of practice in vogue among medical practitioners, the use of high dilutions would seem at the least to be harmless. The author does not tell us why he selected especially the thirtieth dilution for his great "scientific" test. We can easily imagine him, however, to be an enemy in disguise. He would strike Homœopathy midship, knowing full well that with our centre carried away, or fatally penetrated, the

balance would certainly sink and disappear. For it is well known that, commencing with the thirtieth, our school is divided into two classes which for therapeutic results, travel in directly opposite directions. One class goes higher, and the other lower, according as they desire results more or less active. The thirtieth, therefore, is the pivotal point around which our entire system of therapeutics revolves. Prove that there is after all nothing in the thirtieths, and you have proven *a fortiori* that there is nothing in Homeopathy. More than that, you have possibly proven that there is nothing in medical practice, but delusion. We are struck with the coolness with which Dr. SHERMAN speaks of the "*a priori* improbability" which lies against the alleged curative or pathogenetic virtues of the thirtieths. We have never seen or felt the force of such an improbability, except as it lies against medicines of all sorts and kinds. No drug has *a priori* any curative relation to disease. In this respect, the thirtieths have as good a standing in the court of reason as any other remedial agents. The doctor trips in his logic therefore, but he unconsciously uncovers his animus. He does not believe in the thirtieths, and he will soon convince those who do, that they are deceived. But our fears grow less, as we take in the situation more fully, and come to understand what estimate the author puts upon the results of his plan when fully worked out. Let us quote again :

"If all, or nearly all, single out the *Aconite* pellets, the *inference* will be that the thirtieth dilution represents the medical properties of *Aconite*. If only about ten of the hundred succeed in the trial, the *inference* will be that the thirtieth dilution of *Aconite* possesses no medicinal properties."

For the conclusion of a "scientific test" this is not remarkably strong. The Doctor will find his plan beset with many, almost insurmountable, difficulties. Under the most favorable auspices and exercising the best of intentions the parties to this trial will encounter obstacles, of which they seem at present, to dream but little. But suppose all these are overcome, (save the long time which must of necessity be employed), and the multitudinous tests are all entered up, and the decision finally rendered, which decision is by them considered conclusive—what then? What have we arrived at after so much labor? In the words of Dr. SHERMAN, we will by this means have reached "the *inference* that the thirtieth dilution" does, or does not, "possess medicinal properties." Well may we exclaim, "O impotent conclusion!" For a "scientific" conclusion, it seems almost imbecil. Science discovers, reveals, demonstrates, proves. Science commences with the "*inference*," and considers nothing done until it pushes forward to the possession of the fact. But the great SHERMAN plan, after all, determines nothing. It simply raises an inference. But it

is well known to the Milwaukee Academy of Medicine, that we are already in possession of such an inference. Affirmatively upon this question we stand ready to answer by a good deal more than a slender inference. Therefore, if we accept this plan, we have not only not gained anything, but in either event we have exchanged a certainty for a bare inference, A consciousness of the fact, that this absurdity would be easily seen, and the plan rejected, must have lead Dr. SHERMAN to add, "If those who advocate the use of these preparations, refuse to participate in the experiment, the profession will have reason to suspect that they are insincere." It is difficult to characterize such a statement as it deserves. Modesty, at least, is not its chief virtue. Dr. SHERMAN's pharmacy is well stocked with many sorts of drugs, and he has many preparations representing drugs "after which they are named." And they are by no means confined to the thirtieths. His brother pharmacutists of the allopathic and eclectic schools, in view of the "a priori improbability" of there being any curative or pathogenetic virtues in these preparations, propose to make a "scientific test" of them. To begin with, they will take his sixth dilutions; or they will take lower preparations of *Calcarea carb.* and *Carbo veg.*, and *Silicia*, and *Graphites*, and many others, and they shall all be subjected to rigid scrutiny, by being used "on the blind," cr, as the boys say, "unsight, unseen," in the way already indicated, and by that result Dr. SHERMAN shall keep open or forever shut up his place of business. We propose the sixth dilution of *Natrum muriaticum* and the third trituration of *Calcarea carb.* Will Dr. SHERMAN do it? If he refuses, then will "the profession have reason to suspect that [he is] insincere." Those who are familiar with the history of our homeopathic materia medica, need not be told how we came into possession of the drugs we employ, and of their various ways of preparation, and of their modes of use. We have in every instance the crude drug, and an almost infinite number of different attenuations of each. Our pharmacutists profess to keep all these preparations, or as many of them as may be in demand. Physicians buy and use such of them as they desire. The use of these preparations has grown out of a long experience; and they have no claim upon our attention or confidence, other than such as grows out of their provings, confirmed by clinical observation. We want no better, we can have no better proof of their reliability. And, considering what has already been accomplished by the thirtieth attenuation, and knowing that there is no exceptional relations existing between the thirtieth dilutions and medical science, we can look upon the plan proposed as not only uncalled for, but bordering on the ludicrous.

Theory and Practice.

Experiments in Animal Poisons. *Crotalus Horridus*, (Rattle Snake). By J. R. Haynes, M. D. Read before the Marion County Homœopathic Medical Society, Indianapolis, Ind., Dec. 11, 1878.

I commenced a series of experiments early last summer with the *crotalus horridus*, for the purpose of fully verifying the antidote, observing the effects of the poison upon different animals (or such as I could procure), and studying the habits and "modus operandi" or general habits of the *crotalus*.

I employed over two hundred animals such as rats, mice, frogs, pigeons, chickens, cats, rabbits and a great variety of birds of different kinds. I propose to give you the result of a few of my experiments, each one having been carefully noted at the time of being made.

Care was taken to carefully remove or clip the fangs of all large sized rats, for fear that they might put a sudden stop to the experiments; for if annoyed they become furious and at the first swoop would have destroyed their much dreaded and hated adversary by piercing his head with their fangs.

The chief actor in these experiments was fourteen years old, had eleven double rattles, was three and a half feet long; his skin beautifully mottled, of a dark brown and bright golden yellow, which was laid off in regular diamond checks. Its movements were extremely rapid and especially when striking at an enemy. The first experiment I shall describe was with a very large sized and powerful rat. The rat lived five hours after being bitten in the right flank. For the first thirty minutes he seemed to be very stupid, would curl up in a little ball, and if disturbed would immediately assume the same position. After that time he became furious, would jump at his antagonist and try to bite and claw the snake, so much so that I was fearful that he would kill him, so I re-

moved him from the cage and placed him by himself where I could carefully watch his movements. He would lie quiet for a few minutes and would then tear about his cage as if insane; would start or jump at the least noise; seemed to have severe paroxysms of pain, these paroxysms continued for about three hours, when he began to be paralyzed in the hind extremities, eyes staring, watery and very prominent, looked as if they would be forced out of his head; labored, deep and abdominal breathing; after a few minutes would cease to breath for near a minute, and then gasp for breath as if the lungs were paralyzed; in inhaling would not expand the chest perceptibly; if forced to move would drag his hind parts after him with the hind feet sticking out behind, could not move them. These symptoms continued to increase in severity until he died

Autopsy five hours after death: Both lungs engorged with dark fluid blood; the right upper and the left lower lobes of the lungs were the most engorged. The heart, aorta, liver, spleen and kidneys were also engorged with very dark fluid blood; gall bladder filled with bile; stomach and intestines filled with gas; bladder normal. Brain normal as far as could be detected with a one inch glass; empty of blood; balance of the circulatory system entirely empty. The wound was so small that it could not be found from the outside, but the inside for three-fourths of an inch surrounding the wound was filled with black, jelly-like blood. In no instance did the wound pass entirely through the skin, and looked as if made with the point of a number seven common sewing needle.

Most of the red corpuscles of the blood were changed in their shape and character, and the serum crystalized in a very peculiar form; the white corpuscles normal.

The next was a large and powerful rat. After his fangs were carefully removed, he was placed in the cage with his lordship, who viewed and warned his enemy for about one minute, when he bit him on the left side of the neck; the rat lived eleven minutes. In four and one-half minutes he began to be paralyzed in the hind extremities and to drag

his hind parts after him when attempting, or being made, to move, which passed forward. There was the spasmodic gasping for breath, with the abdominal breathing; with extreme sensitiveness to noise; staring, watery eyes, standing out very prominent; the sensitiveness continued until perfectly dead.

Autopsy: Both lungs completely collapsed and empty as if paralyzed; heart, aorta, liver, spleen, kidneys, hepatic artery and vein completely engorged with dark or blackish fluid blood; gall bladder full; stomach and intestines filled with gas, otherwise normal; brain normal so far as could be discovered with a one inch glass, entirely empty of blood. Autopsy made immediately after death.

The third was a large sized rat that lived eighteen minutes after being bitten on the right side just back of the right shoulder. He became paralyzed in the hind extremities in eight minutes. In ten minutes spasmodic breathing which soon became abdominal; eyes watery and ready to pop out of his head; extreme sensitiveness to sharp noise; all the symptoms increased in severity until he died.

Autopsy immediately after death: Lungs completely empty of both blood and air, perfectly collapsed; heart, liver spleen, kidneys, aorta, hepatic artery and vein engorged with dark, fluid blood; gall bladder full of bile; stomach and intestines filled with gas, otherwise normal; balance of circulatory system entirely empty of blood; brain normal so far as could be discovered with glass, but empty of blood. In this case there was alternate stupidity and restlessness, more so as the breathing became spasmodic; seemed to suffer great agony which would come in paroxysms. These symptoms were present in all of the animals. Those that were killed in a few minutes the lungs were collapsed and empty of air and blood; if they lived over five hours the lungs were engorged in every instance. The blood was not coagulated in any, though some were kept for two days, and had that same blackish appearance, gall bladder full, stomach and intestines filled with gas, otherwise normal, as far as could be discovered by the means at hand.

In no instance could the wound be found until after the removal of the skin, and not a particle of blood escaped from it that I could find, and in every case a black, jelly-like spot, about three-fourths of an inch in diameter would surround the inner surface of the wound, which in none of the quadrupeds completely penetrated the skin. I have preserved a large number of specimens of blood and other parts of many of the animals thus poisoned for future study, and have mounted a variety on slides, many of which I have given away, but have some hundred left.

Another series of experiments were made with a view of fully studying and verifying the antidote of the venom. It has been often asserted that the poison could be taken into the stomach with impunity, which I think is a mistake.

In making one of my experiments on a rat that died in eleven minutes, I had taken out the heart, liver, spleen and kidneys, and laid them in a pile on my dissecting board, turned round to get a bottle to put them in, when a favorite mouse colored maltese kitten about four months old, jumped up and grabbed the liver and one kidney and swallowed them before I could get to it. It soon began to show symptoms of poisoning. It curled upon its feet, would draw itself up into a ball and at times seemed to suffer great pain, and especially if made to move; after two hours would neither eat or drink anything. Breathed hard and laborious, but pulse normal, ninety-four. I put it in the stable at night expecting to find it dead the next morning. In the morning at seven o'clock, I found it in a heavy chill, shaking; took it in the house, wrapped it up, and put it under the kitchen stove, but it shook for two hours, which was followed by a violent fever, pulse two hundred and four; showed symptoms of severe portal congestion, which lasted for six hours; could not be made to stir, but would hump up in a heap; would neither eat or drink.

After the fever began to subside, heart would beat a few rapid beats, and then cease for nearly one minute, which kept up for about four hours, gradually diminishing, when it laid down and went to sleep. I wrapped him up and put him

in the stable at night, and the next morning at seven o'clock I found it in another severe shaking chill which lasted for two hours; did not put it near the fire; the chill was followed by a violent fever which lasted for six hours, with the same symptoms as the day before; after the fever, continued curled up and stupid, pulse intermitting, gasping for breath, with labored abdominal breathing; would start at any sudden noise like snapping of the fingers, but immediately relapse into the old stupor; eyes staring and watery. If made to move would drag his hind parts with hind feet sticking out behind; seemed to have no feeling in them, would not flinch by pinching them. All animals have died in a few minutes after the hind extremities have become paralyzed, with abdominal breathing. Not wishing to have him die, I prepared and gave him a hypodermic injection of five drops of the strong mother tincture of *Iodine*. He had not eaten or drank anything since eating the liver and kidney of the rat, which was fifty-two hours.

In about one hour he began to improve, and the next morning was nearly as well as ever, with a fair appetite. That was the only dose and all the medicine that was given, and he has been well ever since.

The second case was that of myself. While watching the actions of a large rat that had been bitten, and which died in ten minutes after, I picked up an old tin can that was in my way and threw it over into the alley, and in doing so I cut a place in the left middle finger near the end about one-half inch long, which bled quite freely. It had nearly stopped bleeding by the time the rat was dead. I immediately commenced to dissect the rat and to preserve such specimens as I wanted. In doing so my fingers were covered with the blood of the rat. Being very intent on the object in view, I did not once think of my cut finger, nor could I tell whether it was painful or not; this proceeding lasted about three-quarters of an hour; when through and attempt made to wash my hands, I was very speedily informed of what I had done. My finger was swollen to nearly twice its natural size, dark and mottled, very painful; the wrist, fore arm,

and arm swollen and painful; a dark red line running from the finger to the shoulder. The pain soon passed over to the right shoulder and up the neck to the head; then sharp pains which seemed to pierce the heart; pulse intermitting; the brain felt in a whirl, head felt large with a staggering motion upon attempting to walk. These symptoms continued to increase for two hours when the limbs would not obey the will without several efforts were made; oppressed breathing and a feeling as if I should soon completely lose control of myself, when after several efforts I prepared six drops of the strong mother tincture of *Iodine* in one-third of a glass of water, drank it all and laid down and in two hours was as well as ever with the exception of the sore from the cut on the finger, which gradually healed in about two days. The only effects felt from the *Iodine* was frequent and free micturition of a pale, watery color.

Case third was a large sized rat, which was muzzled and placed in the cage, and after being bitten on the left shoulder was removed. In six minutes showed strong symptoms of being paralyzed, and in eight minutes the spasmodic gasping for breath, when I gave an hypodermic injection of five drops of the strong, mother tincture of *Iodine* near the place of the wound. He began in a few minutes to recover and in two hours seemed as well as ever. I kept him for twenty-eight hours, when after cutting a notch in one ear so as to identify him again should we happen to meet, I gave him his liberty. We have not met yet.

Case fourth was a strong, healthy kitten, two months old, which was put into the cage with his royal highness, and after being bitten on the right side of the neck was removed and in thirty-eight minutes was so paralyzed that it would drag its hind parts if made to move; it would hump up in a heap if left to itself; seemed to have no sense of feeling in hind extremities, and in thirty-five minutes the spasmodic abdominal breathing, when I gave it, hypodermically, five drops of the mother tincture of *Iodine* as near the wound as I could guess. In two hours and a half it seemed as well and lively as ever.

There were numerous other experiments made, but the general tenor of all were very nearly alike. (The *Iodine* injections were mixed with three times their amount of water.) Shortly after my experiments were suddenly brought to a close by my very careless act of placing his snakeship in the hot sun and leaving it to its full rays without protection for five full hours, (an act I can not forgive myself for), in consequence of which he died.

Cure of Disease by Drugs. By S. R. Geiser, M. D. Read before the Cincinnati Homœopathic Medical Society.

Undoubtedly the aim and desire of every physician, of whatever school of medicine he may be, is to *cure* disease and alleviate human suffering. Each system of medicine claims superiority over all others and has modes of treatment peculiar to itself.

In viewing the different systems of medicine impartially, one of two things strikes the thinking mind very forcibly, viz: that diseases may be and are cured by all systems of medicine or nature does all the curing.

Not only do physicians of different systems disagree, but those of the same system differ widely in their views pertaining to the cure of disease by drugs. One physician has met with success with certain drugs that have utterly failed in the hands of another for diseases apparently similar.

Sir John Forbes is responsible for the following: "In a considerable proportion of diseases it would fare as well, or better, with patients, in the actual condition of the medical art, as more generally practiced, if all remedies, at least all active

remedies, especially drugs, were abandoned." "Things (in medicine) must mend or end."

Similar views have been frequently expressed by eminent physicians of this country.

Hahnemann, after practicing with such success and acceptance as to acquire the reputation, which Hufeland records of being "one of the most distinguished physicians in Germany," tells the profession in several essays on medical subjects, that he has become so deeply convinced of the uncertainty of medical practice, and of the positive injurious effects of many methods in general use among physicians at that time, that he really "doubts whether his patients would not, in many cases, have thriven as well, or better without his aid as with it."

The conviction of the uncertainty of medicine and the injury which it sometimes inflicts on patients are not peculiar to Hahnemann. Girtanuer and others before his day expressed the same views.

To a space of fifteen years, Hahnemann devoted to constant, exhausting labors of the nature of proving drugs and verifying his theory by actual experiment; during which time he proved on his own person more than sixty drugs, "for," said he, "when we have to do with an art whose end is the saving of life, any neglect to make ourselves masters if it becomes a crime."

The discovery of the law *similia* has and is still tending toward great reform in the practice of medicine. A great deal has been and will be accomplished by a proper application of that law; nevertheless we should not be over sanguine in our expectations, and not attribute all good results to the action of drugs solely.

It is our duty, as homœopathic physicians, to make ourselves thoroughly acquainted with the action of drugs according to our law and apply ourselves diligently for the purpose of ascertaining to what extent we may positively rely upon curing disease by drugs. We have men in the profession who believe that physicians who entertain any skepticism whatever, in the cure of disease by drugs, are not skilled in

their materia medica. Such men may have a thorough knowledge of the materia medica, but certainly not many patients to experiment upon, or they speak only of their good results and not of their failures. In looking over the medical literature of our day, we would be rather inclined to think that we had "specifics" and "cure alls" for almost every known disease. From all parts of the country come reports of marvelous cures by drugs for certain diseases, many, probably, more for the purpose of gaining notoriety than for confirming the efficacy of drugs to cure disease. That drugs properly selected according to the law *similia* tend to restore the morbid organism to a healthy condition is beyond a doubt; but to hastily attribute all our cures to the action of drugs that we may have administered, would be irrational; as we well know that some diseases are self-limiting and will disappear spontaneously; besides we employ at the same time hygienic and other accessory means which are as profitable and tend probably to the restoration to health as much as the drug we may be administering.

To an inquiry given by one of our medical journals concerning the best antidote of *Rhus* poisoning about twenty drugs were suggested by different physicians as positive antidotes to that drug, without special indication; certainly a number sufficiently large to confuse a novice.

Not every improvement or recovery following the administration of a drug can be considered a "cure," but very frequently nothing more than coincidence and often confidence and imagination. Not all cases that come before us through our medical journals as so called "cures" are really cures but many of them recoveries.

When we think for a moment how powerfully nature often struggles toward throwing off disease, this statement becomes obvious. I do not wish to convey the idea that I have no faith in the cure of disease by drugs, as the power of drugs to remove morbid action has often been clearly shown to me; neither are all our failures due to a want of power of drugs to cure disease, but often to an improper selection, and besides frequently many adjuvants are employed in conjunc-

tion with them of which we know nothing, which interfere very much with the action of drugs. It is simply the loose and superficial manner of attributing cures to the action of drugs against which I wish to enter protest. It often induces physicians, especially younger ones, to rely upon certain drugs for certain diseases without special indications, besides it adds nothing to positive knowledge of drug action. What can be done to enrich our knowledge as to the cure of disease by drugs, that we may positively know when and under what conditions the prescribed drug was of actual benefit to our patient?

First, and above all, a thorough knowledge of physiology and our materia medica will aid us very much in accomplishing this end.

Again, it is necessary to individualize very carefully, and if one drug fails, if circumstances will allow, no other should be prescribed until the period of action may have ceased, unless the disease for which we are prescribing is of such a nature that an immediate change is necessary. The prescribing of drugs is to a considerable extent experimental. If drugs are prescribed rapidly, in succession, in a bungling and careless manner, the improvement that may follow is not always due to the one last prescribed. Some drug previously given may have caused the change in the organism, but the improvement may not have made itself manifest until later; nevertheless cures are generally attributed to the drug last employed.

It is not at all desirable to abandon the use of hygienic and accessory means in conjunction with the use of drugs, but the good results following these agents used jointly should not be attributed to drugs alone. Again, it is necessary to know the entire history of diseases when left to themselves, uninfluenced by medical treatment.

By expectants we can learn the course of disease when left to nature.

Of the prevalence of critical days we have some knowledge, and that certain diseases recover only on certain days. By applying this to cases under treatment, will assist us some-

what in ascertaining what our drugs will do. Our whole aim in contributing and giving to the profession our experiments and clinical experience should be for the promotion of medical science. The following clinical cases I have good reasons to believe were relieved by drugs, I offer them, not claiming for them originality or something new but as an additional confirmation of the efficacy, of drugs to cure disease when properly selected.

CASE I. Mr. ———, aet. twenty-eight; has very violent neuralgic pain in the left inferior maxillary bone; character of pain intense boring, extending to the temple and ear, worse at night, and relieved by firm pressure. This patient has been suffering intensely for three days. Two doses of *Mezereum* 3, dilution, relieved entirely in less than two hours. No other remedy had been taken previous to this.

CASE II. Menorrhagia. Mrs. ———, aet. forty-nine, climacteric, has profuse menstruation, lasting three weeks, one period reaching nearly to the commencement of another; blood dark color, with clots; much pain on the top of head; patient looks anaemic; no appetite; vertigo and palpitation of the heart due to loss of blood. This woman has been suffering in this manner for one year, finally succumbed and was obliged to remain in bed. From her general appearance uterine polypus or cancer was suspected. *Ustilago* 3, trituration, was given, with immediate benefit. After taking this drug for three days, the flow became gradually less, and in a week she was up attending to general housework, free from pain and hemorrhage.

CASE III. Chronic Gastric Catarrh. Mrs. ———, aet. fifty; married; mother of five children; dark complexion, nervobillious temperament. Physically this patient presents a sallow, cachectic appearance; tongue as white as the flesh of fish. Has been suffering with the following symptoms, in a violent form for more than a year, and gradually growing worse. Excessive accumulation of flatus after eating food of any kind, with great pain and distress and inability to keep anything on the stomach. "The least morsel causes a sense of fullness up to the throat." Swelling and pain in pit

of stomach; constipation, action upon bowels once in four to five days; her condition was always aggravated in the afternoon and at night, when she would suffer so intensely that she said if she could not get relief she wanted to die. *Lycopod.*, *Ars.* and *Puls.* were thought of. *Lycopod.* had three characteristics which neither of the others had, viz: constipation, brick dust sediment in urine and the feeling as if she were full up to the throat. Prescribed *Lycopodium* 30, dilution, with immediate improvement. Gave no rules in regard to diet until I saw the effects of the medicine. In about two weeks could digest any kind of food.

CASE IV, Eczemapedum. Mrs. —, aet. forty-five, has had eczema of the feet for six months. Symptoms: feet very painful; dry squamous and fissured; at times slight moisture exudes, especially after scratching; violent itching, aggravated by scratching, and from the warmth of the bed, when she would almost go wild; amelioration by air and cold applications. *Alumina* 30 relieved at once.

Some Brain Lesions and Their Manifestations. By J. Martine Kershaw, M. D. A Paper Presented to the St. Louis Society of Homœopathic Physicians and Surgeons.

Gentlemen:—I shall not undertake in this paper to mention all the lesions of the brain, but call your attention to a few only, in which the symptoms commonly observed, point with a certain degree of accuracy to a particular part of the brain as the seat of disease. When a clot of blood or other matter is thrown off in some part of the arterial circulating apparatus, and, in the course of time, reaches the middle cerebral artery of the left side, and, passing outward, finds at

about midway between the origin and termination of the vessel—about the Island of Reil—that it can proceed no further, it stops, and produces shock and irritation at this point, which may result in paralysis of the opposite side of the body, and loss of speech—aphasia. Sometimes there is no hemiplegia. There may be amnesia aphasia, which consists in an inability to recollect language. The patient knows what he desires to say, but can not remember the words necessary to express himself. He may be able to say “boot” or “cat,” but the word is used indiscriminately, irrespective of what he desires to say. He may know that he does not mean “boot” or “cat,” but the word slips out at all times and with every effort at expressing himself.

There may be present the variety of disease known as ataxic aphasia. In this case the patient can not co-ordinate the lips and tongue properly, although he may know perfectly well what he desires to say. There may be the condition present known as agraphia. In this case the patient can not write. He may think quite well, but on sitting down to write, he finds he has forgotten all about the formation of letters. There are several combinations and subdivisions of aphasia, but I shall not stop to consider them here.

Corpus Striatum.—Pressure on this part is followed with great uniformity, by paralysis of the opposite side of the body, with facial paralysis on side of lesion. There is great loss of motor power, but not so much of sensibility. There is reason to believe that the involuntary muscular movements of chorea are due, in numerous instances, to irritation of the motor tracts of the corpus striatum, and that this irritation is the result of agglomerations of minute emboli, composed, principally of white corpuscles in the smaller vessels in the region of the brain just mentioned.

Thalamus Opticus.—Lesion of this part is followed by weakness of the body, (paresis), together with more or less diminished sensation of same side. The loss of motion is not so great as in lesion of the corpus striatum, nor is the facial paralysis so marked. Tonic and clonic spasms of the paralyzed muscles are common. The temperature is higher

and more permanent in lesions of this part, than when the disease affects the corpus striatum.

Lateral Ventricles.—A sudden hemorrhage into a lateral ventricle, with perhaps a rupture of the septum lucidum, produces marked convulsion, rapidly following and deep coma, general paralysis, dilated pupils; alternate tonic and clonic spasms of the other, and conjugated deviation of the eyes, pointing to the side of brain lesion. The occurrence of a severe convulsion in an already paralyzed individual, followed by great weakness and coma, is indicative of rupture into the ventricle, and is an especially grave symptom.

Crus Cerebri.—Paralysis of the opposite side of body, if lower part is affected, with loss of sensation also, if upper part be implicated. If there is palsy of the third nerve, there may be ptosis, or drooping of the eye lid of same side; divergent strabismus; protrusion of the eye ball, and dilated pupil of the side of lesion. Symptoms of this kind would point to lesion of lower and inner side of crus cerebri.

Pons Varolii.—Disease of one side will produce paralysis of opposite side; if both sides are affected, complete paralysis of both sides of body and deep coma. The comatose condition strongly resembles *Opium* poisoning. Disease of right side, (lower part), will paralyze face of right side, and body of left side. Lesion of upper part may involve fibres of the left facial, which cross over to the right side, and thus produce paralysis of the left side of the body. A lesion of the middle of the pons may involve the right facial nerve, and the decussating fibres of the left, thus producing paralysis of both sides of the face, and loss of motion on the left side of the body. The sensory fibres of the fifth nerve may be implicated, and then we shall have a paralysis of the right side of the face, together with loss of sensation on the same side. There is one particular symptom observed in cases of facial paralysis, due to peripheral irritation, which distinguishes this affection from paralysis of the portia dura, following a central lesion of this nerve. I refer to the condition of the eye-lid of the affected side in cases of peripheral irritation. When facial palsy is due to cold, rheumatism or

injury—peripheral irritation—the eye of the affected side remains wide open and staring, and this too, whether the patient is awake or asleep. If the disease is central, the eye can be closed.

With the paralysis of the portia dura there may be paralysis of the sixth nerve also, and, as a consequence, turning in of the eye ball of that side, (convergent strabismus). There may be facial paralysis and convergent strabismus of the side of pons diseased with no loss of sensation; the facial motor fibres of the fifth, and the sixth being involved, while sensation is lost on the opposite side. This can only be accounted for on the supposition that sensory fibres of the fifth, of the opposite side, cross over to the seat of the lesion. The pons is supposed to be the seat, to a degree, at least, of automatic movement. Apart from manifestations of diseases of the fifth, already mentioned, there may be hyperaesthesia of parts to which the sensory fibres are distributed; loss of taste on one side of tongue, from impairment of gustatory branch of the fifth; and paresis of temporal and masseter muscles, the motor fibres being affected. A sudden hemorrhage on the central parts of the pons will be followed by an apoplectic seizure; profound coma; greatly contracted pupils; general paralysis; difficulty of swallowing, and indistinct articulation. There is reason to believe that great emotional weakness, a tendency to laugh or cry without cause, is due to irritation of the pons.

Cerebellum.—Conjugate deviation of the eye—one eye turned upwards and outwards, and the other downwards and inwards—this indicates sudden lesion of the crus cerebelli. The eye turned upwards and outward, looks in a direction from the seat of lesion, while the other eye, turned downwards and inwards, is looking toward the seat of disease. Hemiplegia, with absence of facial and lingual palsy, would indicate disease of the cerebellum. Vomiting is more frequent when the cerebellum is affected, than when disease is in other parts. Lesion of lateral lobe may result in paralysis of same side of body as that of lesion. In cerebellar paralysis, the leg is usually more markedly paralyzed than

the arm. No difficulty of speech, movement of tongue, or swallowing, is ordinarily observed in affections of the cerebellum. Irritation of the middle lobe causes excitement of the sexual apparatus in both male and female, and in the male there may be seminal emissions. This applies to the middle lobe almost exclusively, this result not following disease of the lateral lobe. Atrophy of the sexual apparatus has been observed in some instances. The sight may be affected on account of the relations of this part to the superior cerebellar peduncles, and to the corpora quadrigemini. Tumors may lead to dropsy of the ventricles, and softening, by interfering with the return of the blood through the venae galenae to the straight sinus. Marked inco-ordination of movement follows as a result of lesion of the cerebellum. There is a species of vertigo, clearly due to cerebellar disease, in which the gait of the patient closely resembles that of an intoxicated individual. The walk is unsteady and uncertain, he staggers from side to side, and has, in fact, what is known as the titubating gait. He walks better in the dark than in the daylight. The walk of an ataxic patient is also staggering, and due to inco-ordination of the muscles of the lower extremities, (usually), but beside the inco-ordination, there is a loss of tactile sensibility of the feet, which adds greatly to the difficulty.

Disease of the Labyrinth or Central Auditory Apparatus.—There is a peculiar kind of vertigo which results from disease of the labyrinth, and is known as *Meniere's disease, labyrinthine vertigo, or auditory nerve vertigo. The dizziness comes on suddenly, is accompanied by nausea and buzzing of the ears, and there is a tendency to whirl about in a direction from the affected ear. Turning the patient around quickly toward the affected ear seems to lessen the duration of the attack.

Medulla Oblongata and upper part of Spinal Cord.—I wish to call attention to a disease which is due to difficulty

*I have just read an excellent article on this subject, from the pen of Dr. Dyce Brown. He cites a case which ultimately recovered under the use of *Salicylate of soda* 3x.

at the roots of the facial, spinal accessory, pneumogastric and hypoglossal nerves. I refer to the affection known as glosso-labio-laryngeal paralysis. The nerve cells at the origin of the deep fibres of the nerve just mentioned, atrophy and disappear, with the result of failure of nutrition and loss of motion in the muscles which they supply. The first difficulty noticed, is, as a rule, an inability to keep the lips approximated. Then follows difficulty of articulation, from immobility of the tongue and lips. A constant flow of saliva from the partly open mouth, both day and night, next becomes a troublesome difficulty. Dysphagia, or difficult swallowing, becomes marked as the disease progresses, together with more and more difficulty in moving the tongue. After a little while the larynx becomes affected, speech is lost, and, as the disease passes downward the muscles of respiration become involved. Widely separated lips, constant flowing of saliva, complete paralysis of the tongue, loss of speech, difficult respiration, and great prostration, are the characteristic symptoms of the complaint.

Tubercula Quadrigemina.—Disease of the anterior tubercles affect the sense of sight. Affections of the central fibres of one optic tract will effect the sight of the eye of the opposite side, and *vice versa*. Pressure at the central portion of the optic commissure will produce loss of sight in both eyes.

The sides of the Brain.—For some reason, lesions of the right hemisphere are more serious than lesions of the left hemisphere. This may not be altogether true, yet there are enough recorded cases of right and left sided lesions, to give a show of plausibility to the above statement. With perhaps some exceptions, failure of nutrition is greater in paralyzed muscles, when the right hemisphere is the seat of disease. Tonic convulsions are more frequent when the right hemisphere is the affected part. Conjugated deviation of the eyes more common when the right side of the brain is implicated. Hysterical paralysis is more frequently due to right-sided lesions, than from disease of the opposite side.

Acute Bed sore—Charcot mentions a bed sore of a particular kind, which is specially symptomatic of cerebral hemor-

rhage of a grave character. The sore makes its appearance within three or four days after the apoplectic attack, and is found on the paralyzed side, in the central portion of the gluteal region. It is not the result of pressure, nor of control of urine or fæces, as frequently patients have been placed on the non-paralyzed side, constant care taken to prevent contact of the excretions, and still the sore would appear. It is rare for a case of this kind to terminate favorably.

Cases Cured by Causticum. From *Der Allg. Hom. Zeitung*.
Translated by A. McNeil, M. D., New Albany, Ind.

CASE I.—M. had the itch in 1826, which was suppressed by ointments. He began to suffer from paralysis in 1830, which became complete by degrees so that he could only walk with great difficulty with a cane and with the body flexed to the right. After using mineral water for forty days, his fingers were so contracted that his hands were entirely closed, and therefore useless.

I took charge of him on the 23d of August, 1833. I found the following symptoms: He walked only with great difficulty on crutches; his body bent very much toward the right as if the hip was dislocated, so that the leg appeared shortened; on walking he dragged the foot which was turned outwards, the toes scraping the ground and resting on the inside of the foot, which thus formed an elliptical arch; vertigo and impaired vision; the hands had so little feeling in them that when he took anything in his hands they and the object fell without his feeling it; partial paralysis of the bladder and the bowels, so that he could only void stool and urine by great straining; he could not sit erect but must bend towards

the right; he suffered violent cramps in the right foot; face cadaverous, body externally emaciated. Gave *Causticum* 30, which I repeated on August 25th. September 1 considerably improved; hands more movable, can hold an object without trembling, his feeling is also better; can urinate voluntarily without straining; walks more actively; stool every twenty-four hours. Three doses of *Causticum* during the continued improvement. He can now walk four Italian miles. He can lift the paralyzed leg tolerably well. September 30, *Nux vom.* was given for dizziness. He has perfect feeling in the paralyzed leg, he can lift it and walks. Again gave him *Causticum* and he continued well.

CASE II.—A girl, aet. twelve years, has always been healthy and without any indications of scrofula, was attacked in February with scarlet fever; exposed herself on the ninth day to the open air, but desquamation proceeded slowly. Had another cold on the 5th of March, œdema was the result. Received *Sulph.* and *Ars.* without benefit. Increasing oppression on the chest, mucous rales, short cough. Physical examination shows hydrothorax. Gave *Senega* 12 in water with a strikingly favorable result. But on awakening on the 30th of March had paraplegia of the entire right side including the tongue; had not the slightest motion of the hand and foot, but had some feeling therein; could not put the tongue further out than the teeth; speech entirely lost; could swallow a little; could only understand a question after repeating several times; there did not appear to be any pain. Gave *Causticum* 12, in solution, a teaspoonful twice a day. On the following day there is again œdema of the paralyzed arm. On the 4th of April the mobility of the tongue is so much increased that she can protrude it and lisp a little, œdema disappeared, no other change. On account of the standstill I gave *Cuprum acet.* in massive doses, and afterward the 18th with only transitory benefit. Then again *Causticum* 30 and afterwards the 40th. At the end of August she was again in full possession of her memory, speech and mobility of her lower limb; the paralysis of the arm remained. *Rhus.*, *Dulcam.*, *Stannum*, *Sulph.* without benefit. It improved, how-

ever, so that only paralysis of the extensors of the fingers and lack of feeling in the hand remained.

Causticum is particularly indicated in paralysis with implication of the urinary organs, when the extremities tremble on walking and standing, but not when sitting.

CASE III.—An unmarried woman, aet. thirty-nine, very much emaciated, pale and sickly looking. Has complained for six years from the following: Anguish, depression of spirits, sleeplessness and nightmare every night; habitual headache on both sides, over the eyes and at the root of the nose, with heat and soreness of the scalp; black spots before the eyes; want of appetite, disgust for all food; pyrosis, cardialgia, sensitiveness in the pit of the stomach and stitches in the left hypochondrium; aggravation of all these complaints during the menses; stiffness of the arms at night, cold hands, cramps in the hands and feet. *Causticum* 6, one drop every day, cured in three weeks.

PROSTATITIS—M., aet. sixty-one, of good constitution and otherwise healthy, has suffered for several years from difficult urination, which has become worse gradually, but particularly for the last fourteen days, when he must retain his urine for several hours, urging day and night very frequent. On urinating it does not come immediately and only in small quantities, at times only in drops. As soon as the urine has passed the neck of the bladder, it passes without difficulty. His father and grandfather were afflicted the same way. Mild rheumatic pains and lumbago; on the front of the neck a wart-like eruption. *Capsicum* 12, *Bell.* 12, *Rhus.*, *Sulph.*, *Ammon. carb.* improved but little. *Causticum* 30th and 12th cured almost entirely in six weeks.

PHYTOLACCA.—Tongue rough, blistered, red at tip; great pain at the root on swallowing; throat sore, dry, dark red; tonsils slightly swollen; sensation of throat being full, hawking to clear posterior nares; shooting pains on swallowing, extending up the eustachian tubes to the ears; pressing pain in the right side of throat.

General Clinics.

CLINICAL NOTES BY H. C. ALLEN, M. D.—CASE I.—Mr. S., aet. thirty-three, a slate roofer by occupation, weight one hundred and eighty, florid complexion, strong and robust. Three years ago removed to Detroit from Worcester, Mass. Has had a dry, harsh, laryngeal cough nearly all the time since he came here, and has been treated by one of the closest prescribers and best homœopathic physicians in this city or state. After carefully writing out his symptoms and giving him a thorough examination, I frankly told him, "If Dr. — has not been able to relieve you, I doubt if I can." His reply was, "Dr. — never wrote down my symptoms, I want you to try."

Recorded Symptoms: Dry cough, constant irritation in larynx inducing short, harsh, hacking cough; roughness in the throat in the evening; oppression of the chest and short breathing on going up a ladder; cough worse in morning while dressing and before breakfast so that he sometimes had some difficulty in finishing it; no cough at any other meal; cough aggravated in open air and when walking fast.

From the aggravation of motion I gave him—under mental protest, as he was going out of the city for a week, and I had not time to look it up—*Bry. 200*, a powder night and morning. No better; it was not the remedy. *Senega 1*, dilution, six pellets three times a day, to be taken only once a day if better, has completely relieved him.

Among the many imperishable directions left us by the Master as a guide in applying the law of similia, there is none more useful, more necessary or more generally ignored than the one to record the patient's symptoms before we prescribe. If we did this in difficult chronic cases, alternation, mixtures and mongrelisms would give place to the single remedy, and the brilliant cases of the earlier disciples, such cures as Guernsey, Lippe, Hering and others make to-day. We

would then know what did it, and our clinical experience and knowledge of *materia medica* would increase with each day's practice, so that in a short time we would prescribe with an ease and an accuracy we can never acquire by alternation. The beauties of Hahnemann's law and Hahnemann's method will then dawn on us as never before, and it never will until we follow his directions. As routinists we may do a large business and reap a monetary reward, but it will always be an unsatisfactory and semi-allopathic practice. As homœopathsists we can follow Hahnemann's method, do a larger business, reap a greater monetary reward and do it much easier, because scientifically. This question is paramount to potency high or low. I speak from experience; I have been there. It takes a little more time at first, but will abundantly reward the necessary care and study.

CASE II.—Mrs. J., a lady aet. about thirty-seven, dark complexion and of fine physique, took a severe cold while attending the musical festival in Cincinnati in May last, which induced a most violent and persistent cough both day and night. The cough was worse at night and so violently aggravated on assuming the recumbent position, that she had to sit upright for many nights in succession to obtain even partial relief. It was dry, spasmodic and with little if any expectoration. She was treated by Dr. Bradford until able to travel, and her own physician at home until August 2d, when I was consulted. The cough was still violent, worse morning and evening, with very little if any expectoration. The stethoscope revealed no rale, and resonance on percussion was normal. Exposing the chest for stethoscopic examination produced a violent paroxysm of cough, and although the weather was excessively hot and other ladies vigorously plying the fan, she had on a thick dress and wore a shawl. She was compelled to wear so much clothing to prevent cough, that she suffered continually from the heat. The least exposure of any part of the body brought a paroxysm at once; so much so that she dreaded to dress or undress. This was the "key note" to the remedy. "Paroxysm of cough as soon as only the slightest portion of the body

becomes cold;" "can not bear to be uncovered; coughs when any part of the body is uncovered;" "must be covered up to the face." *Hepar sulph.* 200, ten powders, one every morning, to be discontinued on improvement, (she took all of them), effected prompt and complete relief.

CASE III.—A gentleman residing in Indiana, a banker by occupation, and a bitter opponent of Homœopathy, said he would believe if it could cure him. An enthusiastic and intelligent layman promised him a cure and gave me his symptoms. In walking or riding in a carriage could not turn his head to the left without producing vertigo so that he would fall if he did not lay hold of something. Could turn it in every other direction with impunity. In other respects health was perfect. This had troubled him for years and was increasing in severity; Allopathy treated it in vain.

Colocynth has vertigo on suddenly turning the head; it seems as if he would fall; vertigo when walking rapidly and *Colocynth* has a special affinity for the left side of the head. He was sent a drachm vial of *Col.* 200, which promptly relieved him. What was the pathology? and how would a knowledge of it have aided the cure?

CASE IV.—Mr. C., a gentleman aet. forty, had been afflicted for a number of years with acne rosacea, which despite allopathic treatment and topical applications continued to increase in extent and severity at each exacerbation. It was particularly annoying in his case, as he was a class leader in Methodist church, strictly temperate in eating and drinking, and a most exemplary man in all the relations of life. This was most emphatically denied by the appearance of the eruption, which resembled in almost every particular the "grog blossoms" of the inebriate. Had he not been like Caesar's wife the consequences might have been serious. *Ars.*, *Sulph.*, *Ant. crud.*, *Carbo v.* and *Carbo an.* and a number of remedies apparently indicated were given without effect, when *Ledum* 3, a dose night and morning, relieved him in short time. The cure was permanent.

CASE I.—INTERMITTENT—*Arsenic a.*—D. W., a middle aged, married man, felt well till twelve o'clock, then head

ache and pain in lower part of back; chill at one-thirty p.m. beginning in hands and arms and becoming general with general shivering; coldness and sensation of coldness; then heat in half an hour, followed in half an hour by sweat with thirst and feeling of weakness; had sore lips lately. *Ars. 9c*, Fincke. No return of chill, followed by long lasting improvement in health.

CASE II.—*Ars. a.*—I. T., an elderly gentleman. Aching and feeling bad all over especially in back; bitter taste in mouth about nine a.m.; moderate, still dull pain in forehead before chill, which began in hands between nine and ten a.m.; slight shivering, mostly in shoulders; thirst, and sweat on hands and face with chill; fever soon follows, mostly in head, face, hand and back, less in feet, with thirst and perspiration; headache from first but sweat diminished with heat; no appetite for dinner, but is thirsty since heat; pulse ninety after heat is gone; tongue feels sore. *Ars. a. 9c.*, Fincke. No return of chill.

CASE III.—*Nat. mur.*—Nov. 9, K. S. B., a young lady, aet. sixteen, had third chill to-day, little after four p.m.; before chill pain in forehead, then arms began to ache and feel cold, then got cold all over; no shivering; with chill, thirst and pain in small of back; with heat, nausea and pain from hips to ankles; pain in head and thirst increased; sweat mostly on shoulders and hands with thirst; head better, legs ached more; now feels dull in evening with sweat on palms of hands and fingers. *Nat. mur. 9c*, Fincke, in water, once in two hours, beginning on the 10th. Nov. 12, no return of chill, and it has not returned since.

CASE IV.—Mrs. T. Pain before rising in forehead, shooting to occiput; cracking in head and ears at ten to eleven a.m., when headache disappears; worse from coughing; thirst, aching of bones and coldness before shivering; chill at ten a.m., first in hands then feet, then general, with thirst; shivering begins in stomach and then goes through to back; heat most in stomach and bowels, with thirst; cheeks hot and red; sweat only on face and forehead, with thirst; quotidian; had the ague in North Carolina some years ago, took *Quinine*;

for three weeks has had cough, frequent, hard, hollow and hacking, worse in forenoon and early part of night, on lying down and after eating, when it ends in vomiting without nausea; cough proceeds from irritation in upper part of chest, with sense of dragging soreness in chest; dull, aching pain in upper chest after coughing; expectoration sweetish, yellowish and thick; worse in the morning and on going to bed; throat dry; has missed menses twice, with backache at time of period; tongue yellowish-brown; cramps in stomach since she has had chills; lemon yellow discharge from nose. I received this account from the lady at my first visit in the morning, after having sent her a powder of *Ipecac 9c* the evening before by her husband, who came to me for some medicine for her and could only vaguely describe her case. The day after taking *Ipecac* the chill was limited to feet, but followed with fever and headache. Then gave *Ars. a. 9c.*, two powders, one night and morning. Next day no more chill nor fever; headache gone; vomiting entirely ceased; cough remains as hard as ever. *Sulph. 9c.* night and morning. Cough much better, still hacking and frequent. *Sulph. 9c* night and morning for two or three days and the cough was gone. There remained a pain in lower part of back for which a few powders of *Rhus tox.* were given with full relief. Cessation of menses was due to pregnancy.—EDWARD RUSHMORE, M. D.

Miscellaneous.

Hahnemann.

There exists a vague idea in the more intelligent part of the medical world, that Hahnemann was a great man, intellectually and scientifically. Even the allopathic portion of

the profession is entertaining a suspicion that Samuel Hahnemann has been too long under-rated. But, as yet, the men of that school know little or nothing about the man, except from hearsay. There is some shadow of excuse for this, for the writings of Hahnemann are almost wholly unknown to them. Neither their text books nor their journals contain anything but flippant and derogatory allusions to the great founder of Homœopathy. But we have reason to believe that comparatively few of the professed followers of Hahnemann are familiar with his works. The reason of this we will not now attempt to state. But we propose, under the heading of this article, to give to the readers of the *ADVANCE*, through successive numbers, choice selections from his writings, and we have the utmost confidence that this department will prove to be the most interesting and valuable part of the journal. We commence our series with

On the Power of Small Doses of Medicine in General, and of *Belladonna* in Particular.* By Dr. Samuel Hahnemann.

You ask me urgently, what effect can 1-100,000th part of a grain of *Belladonna* have? The word can is repugnant to me, and apt to lead to misconceptions. Our compendiums have already decided what medicines and certain doses of them can do, and have told us exactly what we are to use; they have determined these matters so decidedly that we might consider them to be symbolic books, if medical dogmas were to be believed as articles of faith. But, thank God, they are not yet; it is well known that our *materia medica* owe their origin to anything but pure experience, that they are often the inanities of our great-grandfathers, uninquiringly repeated by their great-grandsons. Let us not, then, interrogate the compendiums, let us ask nature; what effect has 1-100,000th of a grain of *Belladonna*? But even in this shape the question is too wide, and it can only

*From Hufeland's Journal. Vol. vi. Pt. 2. 1801.

become more definite and answerable by stating the *ubi, quomodo, quando, quibus auxiliis*.

A very hard dry pill of extract of *Belladonna* produces in a robust, perfectly healthy countryman or laborer usually no effect. But from this it by no means follows that a grain of this extract would be a proper, or too weak a dose for this or a similar stout man if he was ill, or if the grain were given in solution,—certainly not! On this point let the pseudo-empiricism of the compendiums hold its tongue; let us hear what experience says. The most healthy robust thresher will be affected with the most violent and dangerous symptoms from one grain of extract of *Belladonna*, if this grain be dissolved thoroughly in much (e. g. two pounds of) water by rubbing, the mixture, (a little *Alcohol* being added, for all vegetable solutions are rapidly decomposed*), made very intimate by shaking the fluid in a bottle for five minutes, and if he be made to take it by spoonfuls within six or eight hours. These two pounds will contain about ten thousand drops. Now if one of these drops be mixed with other two thousand drops, (six oz.,) of water, (mixed with a little *Alcohol*), by being vigorously shaken, one tea-spoonful, (about twenty drops), of this mixture given every two hours, will produce not much less violent symptoms in a strong man, if he is ill. Such a dose contains about the millionth part of a grain. A few tea-spoonsful of this mixture, will, I assert, bring him to the brink of the grave, if he was previously regularly ill, and if his disease was of such a description as *Belladonna* is suitable for.

*Plain water even is liable to constant fermentation, especially when vegetable substances are mingled with it, and these lose their medicinal power in a few hours. Without the addition of a little spirit we can not preserve them half a day in their integrity. Exposed vegetable juices go on to fermentation a minute after their exposure. We might drink a large quantity of hemlock juice without injury if it has stood for twenty-four hours in a moderate temperature; it then is changed into a kind of vinegar. To some vegetable juices I have had to add one-third, to others as much as equal parts of spirits of wine, in order to prevent their fermentation.

the profession is entertaining a suspicion that Samuel Hahnemann has been too long under-rated. But, as yet, the men that school know little or nothing about the man, except from hearsay. There is some shadow of excuse for this the writings of Hahnemann are almost wholly unknown to them. Neither their text books nor their journals contain anything but flippant and derogatory allusions to the founder of Homœopathy. But we have reason to think that comparatively few of the professed followers of Hahnemann are familiar with his works. The reason will not now attempt to state. But we propose, in the heading of this article, to give to the readers of the journal through successive numbers, choice selections of his writings, and we have the utmost confidence that the partment will prove to be the most interesting part of the journal. We commence our series with

On the Power of Small Doses of Medicine in the Treatment of Belladonna in Particular.* By Dr. Samuel Hahnemann.

You ask me urgently, what effect can a grain of *Belladonna* have? The word is apt to lead to misconceptions. I have already decided what medicines they can do, and have told us exactly they have determined these matters so that they might consider them to be symbolic medicines were to be believed as articles of God, they are not yet; it is well known that they owe their origin to anything medicinal, and that they are often the inutilities of medicine, uninquiringly repeated by their practitioners. If you do not, then, interrogate the compound, what effect has 1-100,000th of a grain of *Belladonna* even in this shape the question is answered.

*From Hufeland's Journal. Vol. vi.

The hard grain-pill finds few points of contact in the healthy body, it slides almost completely undissolved over the surface of the intestinal canal invested with a layer of mucus, until it, (in this manner itself covered with mucus), completely buried in excrement, is speedily expelled in the natural manner.

Very different is it with a solution, and particularly with a thorough solution. Let this be as weak as it may, in its passage through the stomach it comes in contact with many more points of the living fibre, and as the medicine does not act atomically but only dynamically, it excites much more severe symptoms than the compact pill, containing a million times more medicine, (that rests inactive), is capable of doing.

But how is it, I am asked, that excepting yourself no other physician has ever observed that remarkable action from *Belladonna*, (and other medicines), in so small a dose? The answer is not difficult. In the first place, because many may only have experimented with watery solutions, whose medicinal power, as above stated, is gone in a few hours, destroyed by the internal fermentation of the water; secondly, because many physicians, ignorant of the purely dynamical action of medicines, are prevented from instituting any experiments of this nature by their invincible prejudiced incredulity; thirdly, because no physician deigns to observe and to study the positive and absolute effects of medicines, most of them being content to learn by rote the traditions in the works on materia medica, in other words, the general often imaginary, use of the medicines—"Belladonna is of use (and is of no use), in hydrophobia"—"is of use, (and is of no use), in cancer of the face," etc. "We don't need to know any thing more." What organs it deranges functionally, what it modifies in other ways, what nerves it principally benumbs or excites, what alterations it effects in the circulation and digestive operations, how it effects the mind, how the disposition, what influence it exerts over some secretions, what modification the muscular fibre receives from it, how long its action lasts, and by what means it is rendered powerless; all this the ordinary physician wishes not to know,

and therefore—he does not know it. Such being his ignorance, he often regards the peculiar effects of small doses of *Belladonna* as natural morbid changes, and thus he will never know what small doses, not to speak of the very smallest doses, of *Belladonna* do, since he does know what effects *Belladonna* produces, nor does he desire to know them.

To the ordinary practitioner it is incredible that a given person, when sick, needs only to take a millionth part of the same drug that he swallowed when well without it having any particular effect, in order to be violently acted on; and yet this is undeniably the case. It is a fact, that in disease the preservative power, together with all the subordinate, nameless forces, (some of them almost resemble the instinct of animals), is much more excitable than in health, when the reason and the power of the animal machine being in their complete integrity stand in no need of such anxious guardians. How well the patient distinguishes betwixt drinks that will do him good, and such as would be prejudicial to him! An individual affected with an acute fever, smells from afar the approach of an animal soup, to which his now wakeful, still unknown life preserving faculty evinces the greatest repugnance, He would vomit violently were we to bring it too near him.

If lemon-juice is good for him—see! at the very mention of it, his countenance expresses pleasure and desire, and yet when he was well how indifferent were they both to him.

In a word, all the powers, whose very names we are ignorant of, which have reference to the preservation of life and the avoidance of destruction, are infinitely more excited in disease. What an enormous quantity of freshly made soup it would take to excite a healthy stomach to violent vomiting! But look, the patient ill of an acute fever does not require a drop for the purpose; the mere smell of it, perhaps the millionth part of a drop, coming in contact with the mucous membrane of the nose, suffices to produce this result.

Will medical men ever learn, how small, how infinitely small, the doses of medicines may be in order to effect the

system powerfully when it is in a morbid state? Yes, they affect it powerfully when they are chosen improperly; new violent symptoms are added, and it is usual to say, (whether correctly or not, this is not the place to decide), the disease has undergone an aggravation. They affect it equally powerfully when they are suitably selected; the most serious disease often yields in a few hours. The nearer the disease approaches the acute character, the smaller are the doses of medicines, (I mean of the best selected one), it requires in order to disappear. Chronic diseases also combined with debility and general derangement of the health, do not require larger ones. It is only in cases where along with a local affection, the general health seems to be good that we must proceed from the at first small doses to larger ones, to the very largest however in those cases where the medicine only can act in a palliative manner.

Those who are satisfied with these general hints, will believe me when I assert, that I have removed various paralytic affections by employing for some weeks a quantity of diluted solution of *Belladonna*, where for the whole treatment not quite a hundred-thousandth part of a grain of the extract of *Belladonna* was required, and that I have cured some periodical nervous diseases, tendency to boils, etc., by not quite a millionth of a grain, for the whole treatment.

If the appropriate medicine in solution is efficacious in such a small dose, as it assuredly is—how highly important on the other hand is it, that in the event of the remedy being improperly selected, such a small dose can seldom excite such serious symptoms, (ordinarily termed aggravations of the disease), as that they shall not soon disappear spontaneously, or be readily removed by some trifling antidote.

A Review. The United States Homœopathic Pharmacopœia.
Chicago: Duncan Bros., publishers. 1878.

The most noticeable feature of the title page of this book is, that it presents the strange anomaly of a scientific work without an author.

The preface announces the manual has been prepared to supply the "pressing need" of a distinctively "American Homœopathic Pharmacopœia." The publishers "regret to notice a few errors and omissions, but in the main believe this book will be found reliable and to contain valuable information not found in any other work." These errors and omissions might have been corrected and supplied in a little addendum and pasted into the book, but the "pressing need" would not admit of the trifling delay.

The publishers found it "necessary to suppose that the practitioner had at least an elementary knowledge of chemistry and botany; the various mineral and vegetable products being described minutely enough for one thus informed."

As illustrations of the kind and amount of information given in this work in regard to the identification of the plants and minerals used in the preparation of homœopathic medicines, we quote the following:

"*Cerus bonplandi*. A species of *grandiflorus*." Whatever information this may convey to the mind of one "thus informed," it conveys none whatever to the practical botanist. The writer might just as well have said, a species of *canadensis*.

"*Chamomilla*. About two feet high; has a branching stem and bears a profusion of flowers composed of white petals and a yellow disc." This lets in English chamomilla, mayweed, ox eye daisy, and hundreds of other plants which would not take the place of the chamomilla from which our provings were made.

"*Clematis*. A climbing perennial, three or four feet high, bearing white, sweet scented flowers."

"*Equisetum hyemale*. A cryptogamous plant, found in great abundance in the northern states of this country, where it is seen in wet, shady grounds and along the course of small streams."

"*Iris versicolor*. The root is horizontal, fibrous and fleshy; the leaves are sword shaped and sheathed at the base. The flowers are blue or purple and vary in number from two to six."

"*Melilotus officinalis*. Bears some resemblance to the Tonka bean."

"Tonka bean. Afforded by a lofty tree, native of Cayenne and South America, having hard white bark and a white wood. The bean is from an inch to an inch and a half long, and less than half an inch thick, flattened, having a dark brown, wrinkled, brittle skin, and an oily, light brown kernel of strong aromatic odor."

The above are fair samples of the means given for identifying plants. No allusion is made to the natural orders of botanists, or to stamens and pistils, the essential floral organs and only rarely is an attempt made to give the form and other characteristics of the leaves.

Chemicals, such as *Creosote*, *Hydrocyanic acid*, etc., which are made only in large manufactories fitted up with special apparatus, are described at some length. In the case of preparations made in the pharmacies, and especially those peculiar to the homœopathic pharmacy, the descriptions are very meagre and in the main imperfect.

Iodide of Arsenic, under the absurd Latin misnomer, "*Arsenicum iodidum*," is directed to be prepared by melting together *Iodine* and *Arsenious acid*. (It can not be done this way.) No proportions are given. The ingredients from which it is prepared are *Iodine* and *Metallic arsenic*, in the proportion of 127 to 25.

The preparation of *Causticum Hahnemanni* is thus described: Boil potash solution with quick heat in untinned iron or silver vessel until the fluid is viscid or syrupy, and cools solid on a glass rod, or until boiling ceases and potash melts. It is called "*Kali acris sine*," potash without acid, a name obso-

lete now. Form of preparation: Solution of pure caustic *Potassa* in five parts of dilute *Alcohol*, dilutions in *Alcohol* or water."

The *Causticum* of Hahnemann and of the homœopathic pharmacies is not prepared in this manner. It was not called "*Kali acris sine*." "*Kali acris sine*" does not mean "*Potash* without acid." The formula would produce the *Causticum commune acerrimum* of old writers, but does not produce the *Causticum* with which our provings were made.

Hahnemann's directions for preparing *Causticum* were as follows: Take a piece of recently burnt lime, weighing about two pounds, immerse it for a minute in a vessel full of distilled water, and then lay it in a dry cup, where it soon resolves into a powder, giving out much heat and a peculiar odor called the vapor of lime. Of this fine powder take two ounces and place it in a warm mortar, and add to it a solution of two ounces of *Bi-sulphate of potash* in two ounces of boiling hot water. The *Bi-sulphate of potash* should have been previously fused by a high heat, cooled and pulverized. Stir the *Lime* and the *Potash* into a thick paste and introduce it into an alembic. Seal the receiver to the alembic and dip it in water to half its height. Distil over the liquid by a charcoal fire which is gradually brought nearer and nearer, until the mass in the alembic is perfectly dry. The liquid in the receiver, measuring about an ounce and a half, is as clear as water and contains the *Causticum* in a concentrated form. It has an astringent taste, and produces a burning sensation on the back part of the tongue and in the throat. It freezes like water at a very low temperature; it promotes the putrefaction of animal substances placed in it; it gives no traces of *Sulphuric acid* with the salts of *Baryta*, nor of *Lime* with the *Oxalate of ammonia*.

Equal parts of this preparation and pure *Alcohol* constitute the tincture of *Causticum* of the homœopathic pharmacies.

Hahnemann's *Tincturi acris sine kali* was prepared in a different manner, but was supposed to represent the causticity of *Potash* without its substance. While the preparation above described, represented the causticity of *Lime* without its substance.

Hahnemann's soluble *Mercury* is said by "the publishers" of the U. S. Hom. Pharmacopœia to be a "velvety black powder prepared without the tedious operations of an early day." Hahnemann's formula gives a blackish gray powder of different chemical composition from the velvety black powder of the improved(?) formula.

For the preparations of the vegetable tinctures the rules are lax in the extreme. The following extract is from the introduction: "Where two parts of *Alcohol* to one of plant is directed, the pharmacist should see that sufficient menstruum is added to replace that which is lost by evaporation or retained by absorption, to obtain the two parts of tincture by maceration. The direction is necessary from the fact that the 'fresh plant,' in case of foreign growth, does not mean the 'green plant,' and hence too much menstruum would be absorbed in the process."

The proposition to replace by *Alcohol* and water the portion of tincture which is retained in the tissue of the plant, so that two parts of tincture may "be obtained" after maceration," brands the writer as one totally ignorant of the first principles of pharmacy. Some portion of the tincture is always left in the tissues of the plant after maceration, hence the addition of *Alcohol* and water will always reduce the strength of the tincture below the intended strength. The quantity of tincture left in the plant depends upon the mechanical texture of the dregs and amount of pressure applied, hence, the strength of the tinctures will be uncertain in all cases depending to a great extent upon the ignorance and stupidity of the manufacturer.

The looseness which prevails throughout the work in regard to the use of dried plant where only fresh, green plants should be used is utterly at variance with the principles of homœopathic pharmacy.

Hahnemann's formula for the preparation of tinctures of *Thuja*, and all of the class to which it belongs, ("Class II"), namely, such as are not juicy enough to prepare in the manner directed for *Belladonna* and other very juicy plants, is thus travestied by the writer of the U. S. Hom. Pharmacopœia:

"Tincture dark green color, made by expressing the juice, then adding two-thirds of its weight of *Alcohol*. Also by macerating in five parts of *Alcohol* two weeks; filter." The original is as follows: Bruise the green leaves into a fine mass; then mix this with two thirds its weight of *Alcohol* and express the juice."

Wedgewood mortars and pestles are recommended for triturations instead of porcelain. This is an unwarranted corruption of homœopathic pharmacy. Any one who will take the trouble to rub a wedgewood mortar with its pestle briskly for three minutes may convince himself of this.

The nomenclature is simply execrable. No less than fifty of the names of medicines in the main headings are incorrectly written. The following are examples of the Latin: "Calcareo hypophosphita" for *Calcareo hypophosphorosa*; "Camphora monobromica" for *Camphora bromata*; "Mercurius bromidum" for *Mercurius bromatus*; "Squillae maritima" for *Scilla maritima*.

The book contains useful information in regard to drugs, taken from the United States Dispensatory of Wood and Bach, the British Homœopathic Pharmacopœia and other excellent works of the kind, but its reliability as a work of reference would have been greater if the quotations had been more full and exact.—P.

Dentistry and Medicine. By C. Stoddard Smith, in Missouri Dental Journal.

The common, in fact almost universal and generally accepted idea is, that dentistry is a specialty of medicine. That such is the case has been assumed by colleges, which embody this idea in their announcements and curriculums; by societies

which so state in their constitutions; and by writers, journalists, and practitioners generally.

In this paper we shall take issue with this view of the matter and shall present such reasons as occur to us in support of the proposition that dentistry is not, or at least ought not to be, a specialty of medicine.

If dentistry was a specialty of medicine, it would follow that the medical text books and curriculums should embrace a more or less complete exposition of dental science; that a medically-educated man would by virtue of his medical education and knowledge, be at least measurably fitted to practical dentistry. Are these propositions true? Is either of them true? Let us see.

First, do the medical text books contain, and do the medical professors teach, anything which by any means could be considered an approach to correct dental teachings? It is notorious that they do not, as could be abundantly shown by extracts from standard medical works, which want of space will not permit us to make.

Incomplete, as applied to these teachings is not the word; inaccurate is better, but does not express the fact; ridiculous nonsense is nearer to it in many cases. These books show that the writers, eminent men in their profession, had not the slightest idea of the true cause of dental troubles, or their appropriate remedies. This is not to be wondered at. It is but a short time since they were, on strictly medical subjects, floundering in the depths of ignorance; treating diseases as "humors," blistering, purging and dosing in a wholly empirical manner; and—more's the pity—they have not wholly gotten over it yet. But this does not indicate that they are competent to teach dentists what they need to know in order to practice dentistry successfully? Do the teachings or the books in any degree fit the student for such a practice?

Then, Second. Is a medically-educated man able, by virtue of his medical education, to practice dentistry properly? A moment's reflection will, I think, convince a thoughtful and observant mind that such is not the case. Every one of you know it is not. You know, and I know, that if the preser-

vation of our own teeth, or those of our families, depended upon the treatment they could receive, not from the young medical graduates merely, with the odor of the hospital and dissecting room still clinging to him, but from the educated and talented physician or surgeon of large experience and great success, posted in all the literature of the profession, eminent in diagnosis; we should stand but an exceedingly slim chance of retaining any of them longer than Dame Nature and the destructive influences of the mouth would allow them to remain. Imagine yourself for a moment, with a carious cavity in close proximity to the pulp, and dependent for treatment upon the village doctor, or even on the most skillful medicus you can call to mind. Do you think you would sit calmly and allow him to scrape and punch that tooth because he was a fine anatomist, or because he had eminent skill in the treatment of typhoid or scarlet fever? In all candor, would you not rather trust the village jeweler, (supposing him to be an intelligent man), to whom in a half-hour's talk and demonstration you could explain the location of the pulp, and the operation necessary? We had almost said would you not rather trust the village blacksmith, or the machinist from the shop? For our own part, we would not only sooner trust the jeweler, but if we wanted to make a successful and skillful dentist, we would select the intelligent jeweler, or even machinist, in preference to the doctor, and there would be reason in the choice. The training in the one case would have been in the line of the daily requirements of the dentist, in the other it would have been in quite another direction. Medical education, be it ever so thorough, does not in any degree qualify, it does not even prepare its possessor for dental practice; at least not nearly as much so as does the work of the jeweler, or mathematical instrument maker, who are accustomed to handling delicate instruments and to making fine adjustments. Even as regards the comparatively simple and measurably surgical operation of extracting teeth, do you know any, or at least many general practitioners who perform it with any degree of skill? Do you not have any number of broken teeth coming from

them as an evidence of their bungling, when they attempt to perform what ordinarily is but a simple operation of what is claimed to be only a "specialty of medicine?" If we are to judge what they know of their profession by what they know or what they can do in what is claimed a specialty of that profession, they are but a sorry set of men to be intrusted with the life and health of their fellow creatures. I have a better opinion of them than that. I believe their knowledge and ability on this subject, is not an index of their skill and success in their own department. They do know medicine, but they don't know dentistry; and the best of them know they do not. The more intelligent and enlightened they become as regards dentistry, the less they want to meddle with it or its operations, unless indeed they become dentists.

So much for the skill; now for the knowledge. I need but to refer to the oft-told tales of doctors who treat alveolar abscess for months supposing it to be erysipelas, who treat neuralgia as a constitutional disease, because the "teeth are all sound," or have fine "solid" fillings in them; who do not know that a wisdom tooth may cause almost any trouble about the face; of the surgeons who gravely pronounce an old root covered with salivary calculus, to be an "osteosarcoma;" of the almost universal practice of the M. D.'s who prescribe acid medicaments in blissful ignorance or willful disregard of their effect upon the dental structures; of the doctor who assures the parent that the six year molar is a milk tooth, and should be extracted. Every one of us has seen more or less of this sort of thing; every one of us know that these accounts are usually accompanied by the statement that the thing was "done by one of our best physicians." These things show, not only that medical men, as such, have no skill in dentistry, but that they are willfully deficient in knowledge as well; in fact, they are but little above the intelligent non-professional in either respect.

And further, do medical men necessarily or even usually make the most successful or skillful dentists? We will not say what has been said, that M. D. stands for miserable dentist, but we will say that in our opinion, as a rule the M. D. members of the profession are not at least any better 117

the rest; and we do not believe they will average in ability as well as an equal number of equally intelligent non-medical men. Call to mind those of your acquaintance and see how they stand. Go abroad and see how the long, scholastic and medical European training makes fine operators, or rather see how it does not do it.

The main reason, as we understand it, for claiming that dentistry is a specialty of medicine, is that the teeth are a part of the human frame; that they and the adjacent parts are subject to disease; and that he who treats those diseases properly must understand the human frame, and the treatment of disease; ergo he is a physician. Indeed it has been broadly stated that if we are not medical specialists we are a set of carpenters. But let us see if this statement is really true—if this conclusion necessarily follows. Granted that the teeth are a part of the human organism and subject to disease, which none will deny. Granted that a knowledge of anatomy, of physiology, of therapeutics, is necessary to the proper treatment of dental lesions. Does it follow because the medical man must also study these—because both he and the dentist are obliged to get a part of their preliminary information from the same text books—because certain knowledge underlies both professions, that the one is a branch or specialty of the other? All knowledge is founded upon certain substructures which are common to all branches alike. What sort of an argument would it be to say that architecture was a branch or specialty of astronomy, because both the architect and the astronomer must understand mathematics, and must occasionally use the rule of three in working out their problems; because both make drawings upon paper to record the work of their brains? Shall we say that pharmacy is a specialty of medicine because both require a knowledge of drugs and chemicals? Shall we say that the maker of artificial legs is a medical specialist, because he would need to understand the anatomy of the leg in order to construct his substitute, and because he has to deal with living tissue when applying it? The temple of science is not a collection of columns, each standing upon its own pedestal, and each crowned with its appropriate bust or

sculpture. It is rather a magnificent edifice, whose foundation stones are planted upon the solid rock of truth, and are interlaced and interlocked; its lower stories are all communicating, and all subservient to the uses of the upper parts, from which rise the several spires, cupolas, turrets, minarets and towers devoted to the various branches of science and art, differing, it may be, in architecture, in height, in magnificence, but all alike parts of one harmonious and imposing whole.

CAUSTICUM.—Desponding, peevish; dryness, burning in the eye; falling of upper eye lid; difficulty of moving the jaw; frequent and involuntary micturition; dryness of larynx with hoarseness, soreness of trachea; stiffness and pain in the neck and knee joint; weakness and trembling of limbs; great weariness, sleepless and restless at night.

A STRIKING CHARACTERISTIC of modern scientific thought is the estimate it puts upon occult forces. The ancient man saw the lightning's flash and heard with terror the thunder, but the modern man detects and measures the invisible currents that flow along molecular forms and that change the polarity of atoms. Nothing is too small to be considered.

Book Notices.

Diseases of Infants and Children, With Their Homœopathic Treat'ment,
Vol. I. Edited by T. C. Duncan, M. D. Assisted by Several
Physicians and Surgeons. Duncan Brothers, Publishers.

We have received this work in installments of three parts, which completes the first volume. In view of the fact that our homœo-

pathic literature has never been supplied with a work of this sort, it is of especial interest that we are here presented with as full and complete a treatise on diseases of children as it is possible to produce. We have looked over these clean and well filled pages in vain for a flaw, to hang our critic cap upon. The author has done exceedingly well, and deserves the hearty and substantial aid of the profession. We understand the second volume is well under way and will soon appear. We hope it will not appear in sections. Give us the volume entire, Bro. Duncan, and then we will know where to find it. By the way, can't your binder put on some substantial covers? It will pay, for all the doctors will buy it, and they want their books as good on the outside as in the inside. Give us a "plump" cover, and without signs of "marasmus." Verb. sat.

RECEIVED.

A Therapeutical Inquiry into Rational Medicine. By S. W. Wetmore, M. D., Buffalo, 1878.

Smithsonian Report, 1877.

The United States Pharmacopœia. First Edition. Duncan Bros., Chicago.

The Year's Progress. Address Delivered Before the American Institute of Homœopathy. By the President, J. C. Burgher, M. D., Pittsburgh, Pa.

Prognosis in Insanity. By Sheldon H. Talcott, M. D., Middleton, N. Y.

Essentials of Chemistry. By R. A. Witthans, A. M., M. D. Wm. Wood & Co., New York.

Localization of Diseases of the Brain. By J. M. Chareot. Wm. Wood & Co., New York.

Bright's Disease of the Kidney. By J. M. Chareot. Wm. Wood & Co., New York.

Manual of Physical Diagnosis. By Francis Delafield, M. D., and Chas. F. Stillman, M. D. Wm. Wood & Co., New York.

Registration of Acute Prevailing Diseases. By H. M. Paine, M. D., Albany, N. Y.

Lindsay & Blakiston, of Philadelphia, have issued a classified list of new publications on medicine and surgery. To be had on application to the publishers. Don't fail to look the list over before purchasing.

T. B. Peterson & Bros., of Philadelphia, publish a splendid story called "A Woman's Mistake," by Madame Angele Dussard. It is one of the best of their fine series of fifty cent novels.

Editor's Table.

WE HAVE the pleasure of acknowledging the receipt by the hand of Dr. J. A. Campbell, of St. Louis, of a beautiful cameo likeness of Hahnemann. It is the gift of Mad. Boeninghausen Hahnemann to whom we beg to return heartfelt thanks.

NEW YORK, Dec. 10. Dr. Wilson: You were chairman of the committee of the American Institute of Homœopathy, that recommended the paying of one thousand dollars, salary to Dr. McClatchey, the Secretary. This gentleman has now received in all two thousand dollars, but what he has done to earn that amount it is impossible to find out. No information of any kind can be obtained from him. He does not answer letters sent him on matters of business pertaining to the Institute, nor does he give any public reason why the transactions of the present year or the Centennial Convention are so shamefully delayed. My recollection is you made at the time you reported, as above stated, certain very important pledges in behalf of the secretary. Now then the question is, are you or is the secretary to be held responsible for the mismanagement of the business of the Institute?—W.

Answer.—We plead guilty to all that is charged against us in the above. We are of the opinion that Dr. McClatchey is also guilty as specified. It remains for the Institute to take such action in the matter as will best protect its interest.

DEC. 27, 1878. Publisher of "CINCINNATI MEDICAL ADVANCE."—Dear Sir:—Will you furnish to our society regularly, one copy of the "CINCINNATI MEDICAL ADVANCE," gratis? Other journals are agreeing to do so. You will help the cause by so doing. We desire to make a complete showing of homœopathic periodical literature. Yours respectfully, —, M. D., Sec. of — Co. Hom. Med. Soc.

Dear Dr:—Will you please ask each member of your society to subscribe for the MEDICAL ADVANCE. Other physicians are generally doing so. You will help the cause by so doing. And say to them if they don't subscribe there will soon be a poor showing of homœopathic periodical literature. Yours respectfully, Publishers MEDICAL ADVANCE.

THE Alumni Association of Pulte Medical College, will hold its next anniversary on the evening of February 25th. Prof. C. E. Walton will deliver the annual address.

THE *Homœopathic News*, (St. Louis), with C. H. Goodman, M. D., as its editor, is out in "regular style." It will now take its place among our monthlies and be made welcome as it deserves.

WILLIAM WOOD & Co. publish a list of announcements for 1879, comprising many new medical books, some of which are already at hand, and the balance will appear during the year. There are among them some new works, and some new editions of standard works.

MARRIED.—DR. F. O. CLEMMER, of Kenton, O., and Miss Katie N. O'Neal. December 30, 1878. Thus, one by one, the (Pulte) roses fall.

THE Transactions of the American Homœopathic Ophthalmological and Otological Society, forming the first volume of this new and promising association, are now ready for delivery. We hope the profession generally will take pleasure giving support and encouragement to this enterprise. Send fifty cents to Dr. F. Park Lewis, of Buffalo, or to any of the medical journals, and you will receive a copy.

THE annual meeting of the Homœopathic Medical Society of the State of New York will be held in Albany, February 11th and 12th, 1879.—ALFRED K. HILLS, M. D., R. S.

DR. R. O. CHAMBERS, of Bentonville, Ark., reports an interesting case of a tumor in the occipital region of a child, which was opened by the parents with a pin, and the child bled to death before surgical help could be obtained.

THE SCIENTIFIC AMERICAN sends us some beautiful specimens of *Uranine*, a recently discovered aniline coloring substance remarkable for its fluorescence. A single grain will give color to five hundred gallons of water. Subscribers to the Scientific American receive the *Uranine* free of charge.

PULTE MEDICAL COLLEGE Commencement exercises for 1879 will be held on the evening of February 26th. We hope to see the faces of our friends on that occasion. There will be a "good time" as usual.

SURGICAL OPERATION.—Drs. C. and F. D. Ormes, of Jamestown, N. Y., recently removed with success an osteo-cystic tumor of the ovary and fallopian tube of a female patient. We are not yet apprised of the final result, but the operation was one worthy of our veteran friend Dr. Cornelius Ormes.

ONCE MORE we beg to give notice that Allen's *Materia Medica* second-hand, is wanted at this office.

HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.—The next annual meeting will be held in Cleveland, May 13th and 14th. We expect a full turnout of the members and friends, and interesting reports from all the committees.—H. M. LOGEE, Sec'y, Oxford, O.

VALEDICTORIAN—Dr. Geo. E. Blackburn has been chosen as Valedictorian for the class of Pulte Medical College at their commencement, February 26.

DR. E. B. GRAHAM from Albany to Cheyenne, Wy.

MARRIED.—R. W. Covert, M. D., and Miss Lillie Sessions, November 20, 1878. Thus another "Pulte Boy" claims and receives our congratulations. Many happy sessions.

PROF. C. H. VILAS, of Chicago, has recently given the results of his observations in Europe, in a public lecture, which is highly spoken of by the papers of that city.

HAVING had occasion to prescribe many times the meat essences prepared by the London Manufacturing Company, of this city, I take pleasure in certifying to their great value as nutritive agents, and in recommending them to the medical profession and the public.—Henry D. Paine, M. D., 26 West 30th St., New York.

PARTNER AND SUCCESSOR WANTED.—An old established physician with a lucrative practice, in a city of sixteen thousand inhabitants, wishes to associate with him in the practice of medicine, a young and energetic homœopathic physician, with a view of having him become a successor in business. He must be a graduate, of good address, and good habits. Address, "Medicus," Care of **MEDICAL ADVANCE**, Cincinnati, Ohio.

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

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CREMATION.—“When I die I want my body burned.—*Prof. S. D. Gross, M. D.*” Which leads us to observe that he must be a wise man who knows what he will want when he is dead. Had Dr. Gross said, “I want my body burned when I die,” he would have been nearer the truth. And yet this is not half so strange as it seems, for the Doctor has been burning to death all his life, and, in any event, whether he wishes it or not, he will certainly be burned—we mean his body, of course—when he is dead. As for the matter of cremation it is only a somewhat increased activity of a natural and universal process, by which all human bodies are reduced to ashes. But it will be remembered that a few years ago Dr. Gross lifted up his powerful voice and shocked the nation, while he cried for the restoration of the bloody reign of the lancet.

O, dread Revenge, whose more than mortal ire,
Bids him who would have blood, to call for fire!

A BURIED HATCHET.—Dr. H. N. GUERNSEY is reported as saying, at the late meeting of the New York Homœopathic Medical Society, ‘As to potency, high and low, the hatchet between Pennsylvania and New York is buried forever.’ It strikes us that if this were actually true, the jurisdiction of the states in question does not reach much beyond their respective limits. Dr. GUERNSEY may possibly promise

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for himself, and make his promise good, but what will he do with the rest of us, whose blood is boiling hot on this question? Dr. G. has done as much or more aggressive work as a high dilutionist than any other one man. It is just possible that if he changes his tactics, many others may follow his example, and for a time we may enjoy a rest on the long and bitter controversy which has afflicted us. What a God-send such a time of peace would be to our suffering profession. Meantime, as we look at it, no one could be debarred from using any preparation or attenuation he might choose. The test would then lie in the result and not in the means used. There would be harmony in place of angry contention, provided each man was left free to make his own choice of agents. We earnestly commend the thought to our readers with a slender hope, that the suggestion may have a good effect in lessening the strife, which has so long marred our history as a medical school.

Theory and Practice.

A Contribution to the Pathology of Syphilis. By H. W. Taylor, M. D., Crawfordsville, Ind.

I am not aware that any writer on syphilis entertains, or at least, promulgates an opinion at variance with the general one as to the origin of those pains which constitute the most prominent, formidable and unbearable feature of the secondary period. Hammond says that some of the so-called neuralgia must be specimens of purely muscular pain—the myalgia of man. Aside from this statement, it is the prevailing written opinion, that the so-called “bone pains” of this disease are attributable to progressing disease of the periosteum, eventuating in necrosis. Hammond himself attributes the cephalalgia of syphilis to beginning disease of the dura mater.

Until six months ago I had not doubted the perfect accuracy of the etiology of this terrible phenomenon, which, more than all else, makes syphilis the dreaded among diseases. A peculiar case that came under my care in June, of this year, changed completely my views upon the subject; and certainly presents strong evidence, pointing to a totally different explanation.

Mrs. S. L.—, aet thirty-six, has had a genuine cystitis seventeen years, during all of which time she has obtained no relief from the constant annoyance and distress occasioned by the disease. Is compelled to pass the urine at least twice or three times every hour of the twenty four. Frequently large quantities of blood pass with the urine. This comes from the bladder, I am sure, as very gentle exploration with a silver catheter produced great pain at the fundus of the bladder, and was followed by an ounce of blood. Remedies merely stopped the blood without helping the irritability. I was consulted chiefly on account of most excruciating pains, that ran from the groin to the left labium. This pain had been prominent about six years, and caused the most intense suffering. Was usually much worse at night, and frequently prevented sleep entirely for many nights in succession. On examination I found the superficial lymphatics of both inguinæ swollen and indurated. My experience has taught me that this is an invariable “sign” of syphilis. And on close inquiry I was enabled to make out a complete history of syphilis, which was evidently acquired from the husband, who died with symptoms of meningitis four years ago, having had syphilis about two years before.

The patient referred the great pain to a small tumor just within the ostium vagnæ, and demanded its excision. On examination I found the gland of Bartoline greatly enlarged and “indurated”—seemingly as hard and firm as marble. Making an incision I endeavored to extract the gland, but was compelled to desist, by the fainting of the patient, and the consequent alarm of the attendants. However I took care to cut through the surface of the gland, with the view that suppuration might remove the tumor. Next day on

examining, I found that the wound was healing rapidly, and that the gland had shrunken to one-tenth of its former dimensions. Along with this shrinkage the pain had disappeared entirely. Was not this pain due to complete distension of the fibrous envelope of the gland, as ovarialgia is produced by stretching of the capsule of the ovary? And are not all the pains of syphilis produced by this same distension of the capsules of the lymphatic glands of the body? With the view of solving this problem I performed the following experiments:

On the same patient I extracted a gland of the superficial chain of inguinal lymphatics. It presented to the feel all the characteristics of induration, being hard and unyielding. Sharp pains had been referred to that locality. The gland was smooth, round and hard. On incising it, blood flowed with serous fluid, and the capsule shriveled, showing instant diminution in size of gland. On Mrs. E. D., suffering with terrible pain, referred to one spot on the tibia. Found a round, hard, swollen lump, apparently on the bone; cut down to it and laid open a much enlarged lymphatic gland; pain ceased immediately, and has not returned in that locality.

These experiments are not sufficient to strike the reader. Nor do I expect with these few examples to change the settled views of old syphilographers. Nevertheless, they are completely convincing to me. And, as opportunity offers, I shall prosecute this research further. And here let me give it as my opinion that the power of *Iodine* over the pains, and other phenomena of syphilis, is solely due to its action in controlling engorgements of the lymphatic glands of the whole body. The capsules of the numberless lymphatics are fibrous; and in this same fibrous structure *Iodine* does its prettiest work.

And may not this view of the pathology and therapeutics of the pains of syphilis, lead to a more perfect knowledge of all the processes of this most inveterate disease? The anæmia and leucocythæmia of syphilis are due to impaired blood making power. How? The engorgement of the intestinal lymphatics, and the mesenteric glands must greatly interfere

with the absorption of chyle, and especially with the delicate oil globules and their mechanical capsule of albumen.

For is not Virchow manifestly illogical in putting the lymphatics as the manufactories of the blood corpuscles? Is not the new born corpuscle—the leucocyte, really not born at all? Really not the result of a vital process; but purely of a mechanical process? Is not the leucocyte of the blood current, the aforetime albumen coated oil globule of the receptaculum chyli, of the mesenterics, of the intestinal villi, of the fluid contents of the duodenum?

And if this be true, should not *Iodine* take its proper place at the very onset of the syphilitic fever, and keep that place first, last and always? In my hands this has worked splendidly in the one case in which I have tried it. I shall try it gain.

This also explains those sharp stinging chest pains, with which people suffer who are having so-called “tubercles” forming in the lungs. Those pains are never prominent after suppuration begins. Why? Because the over distended fibrous capsule of the lymphatics of the lungs, are perforated by destructive suppuration, and are then no longer distended or distensible.



Thermometrical Observations in Acute Mania. By S. R. Beckwith, M. D., Cincinnati, Ohio.

In a large proportion of diseases the temperature of the body varies to an extent, which, if carefully observed by the physician, will materially assist him in his diagnosis and prognosis. Thermometrical observations become more useful as the temperature of each disease is learned, as every ailment has a temperature of its own. If the thermometer

should rise to 103° in scarlet fever, it would indicate an unfavorable result. While in other fevers of children, as gastritis or pneumonitis, it rises to that degree in the early stage, before dangerous symptoms usually occur. Again the increase of temperature in the evening, with near a normal temperature in the morning, is observed in diphtheria, scarlatina and some other diseases. Yet in typhoid fever the temperature varies but little during day and night, the increase of temperature in evening over that of morning is rarely more than one degree. In syphilis fever rises to 103° or 104° in the evening, and often falls to 99° in the morning. In puerperal fever, accompanied with violence, loss of sleep and appetite, continuous talking, the temperature often reaches 107° , and before death, from maniacal exhaustion, it has been known to reach 110° . The thermometer is valuable to aid the physician, just in proportion as he becomes acquainted with the peculiarities of each individual disease. The same can be said of any evidence from which we form a medical opinion. If the diagnostician has no knowledge of the difference in color, shape and dryness of the tongue in different disease, it would be of no use for him to look at it, except to learn that it does not look like a healthy tongue, and he could only conclude that the party was not well. The observer of bodily temperature finds that if the thermometer rises above $99\frac{1}{2}^{\circ}$, or falls below 97° , it indicates the presence of disease, and he is led to make a careful examination of the patient, and if other symptoms of disease are wanting, from which he can form a correct opinion, he is cautious in his diagnosis. The thermometer recognizes a disturbance of the organism before it can be detected by our senses. Here observations of the temperature are of great value. A continuous rise of temperature in fevers indicates a constant progress of the disease. If a high temperature is maintained, with little alteration, it is evidence that there is no abatement in the inflammation. A sudden and great rise of temperature in a fever that has existed for some time, clearly points to danger. An instance of this kind occurred in my practice a short time ago, where a patient in the third week of typhoid fever,

whose symptoms were in no way alarming, with a temperature for several days of 104° . It was a case that appeared as if it would recover. I had daily given an encouraging prognosis. At my last visit the husband met me at the door with a cheerful face, stating his wife was better. The nurses assured me that she had slept more than usual during the night, had eaten a better breakfast, and my examination led me to think that her prospects of recovery were at no time brighter than then. To my surprise, the temperature was 107° , and on this evidence gave an unfavorable prognosis, which unfortunately proved to be correct within twelve hours.

Thermometrical changes in almost every physical disease are accompanied with well known pathological symptoms, by which we can form a correct idea of the disease.

But in mental disease it is very different; here the pulse is little or no guide. A voracious appetite, or utter refusal to take food, may be but the effect of some insane impulse.

The dry, red and cracked tongue, caused by loud talking or noisy gibbering.

The apparent strength which appears in excess of that in health, is but the result of some fear or fancy, and when these are gone the sufferer is helpless.

The loss of sleep, the cries of anguish, the excruciating pain, are but expressions of a perverted reason, and often imperfect evidence of the real disease. In acute mania the physician finds no well marked symptoms to aid him in his opinion. The crazy man's pulse, secretions, excretions and respiration differs as widely from those of a sick sane person, as does lunacy from sanity.

In physical disease we can, from the indications, form an opinion of its duration, severity and termination. In mania the only answer we have for the anxious questioner is, wait for time to determine results.

When Prof. Ludlam, of Chicago, read his valuable paper, "On the Use of the Thermometer," to the members of the American Institute, and recited the changes of temperature in a case of puerperal fever, I was at once impressed with

The following report of a single case gives a more clear idea of the change of temperature, than can be given in any other way.

The patient, a young man, showed symptoms of acute mania on the 7th of September, 1878.

He remained quiet in his room, at times rational, until the evening of the 9th inst., when he became extremely violent, requiring two attendants to keep him from escaping. His temperature had risen during the day two degrees. From that time until the 28th inst. his symptoms varied with the change of his temperature.

The evenings that the thermometer was the highest he was confined during the night in a crib, but when it did not exceed $100\frac{1}{2}^{\circ}$ no restraint was necessary.

At the 28th inst. he continuously improved, with little variation in temperature or symptoms, until the last of October, when he was discharged cured.

The temperature and pulse were taken by an experienced nurse, and is accurate. It will be observed that the pulse is no indication of his condition, and in mental disease it is, at best, but a poor guide.

CHELIDONIUM.—Great and dry heat, especially in the face; rigors, particularly toward evening; moderate thirst; nose, throat and tongue dry; violent pain in forehead above the eyes; vertigo; lachrymation; photophobia; drawing in the nape and occiput; violent pain in the back; shaking dry cough; tightness of the chest and short breath; stitches in the left side; eructation, pains in all the limbs, with a bruised sensation; great languor and faintness; loss of appetite; nausea; nightly delirium with amelioration in the morning; much anxiety and restlessness until midnight.

General Clinics.

CLINICAL CASES BY GEO. B. CORNELL, M. D.—CASE I.
—FROST BITE.—*Ars. alb.* 30.—Charles S., aet. thirty, consulted me January 25, 1875, giving the following history: Seventeen years previous he had frozen his right instep, which was followed by inflammation and suppuration; continuing troublesome until the approach of spring, when the part healed; followed by desquamation of the cuticle. In the early part of the next winter, the instep re-opened, and continued again in an inflammatory condition, till the introduction of the milder weather of approaching summer, when it again healed. The symptoms from which the patient suffered during the continuance of cold weather were as follows: When lying down the pains were aggravated, ameliorated by the application of warmth; pains worse at night, increased by the slightest movement, with stinging pains and burning in the instep, accompanied with swelling, redness and stitching sensations, with inflammation and suppuration; the inflammation of a livid hue, with itching and beating in the part affected. Thus had the condition of the foot fluctuated for seventeen years previous to the application of Homœopathy. Doctors of all schools, excepting those of the Hahnemannian, had been consulted; external applications had been made “ad infinitum;” expensive shoes, lined with the finest furs, had been worn, both as a means for preventing the return of his old enemy, and also to drive him out when he had returned, but all to no purpose; a winter’s quarters he was compelled to give to the most unwelcome of guests. The last attempt was now to be made to rid himself of old Jack Frost. If successful, a promise to sound the praises loud and long for the conqueror. If a failure, despair. January 25, 1875, I prescribed *Ars. alb.* 30th dilution, one globule, number fifty, every two hours; the part to be purified of its filthy salve; covering the lesion with a linen

fabric, thinly spread with simple cerate, for protection's sake. January 31, I found the condition of the foot fifty per cent. improved; supplied the same remedy, attenuation and dose as before. February 7. I found the patient nearly well; the flesh had healed; the inflammation almost entirely reduced, with but little tenderness; the old cuticle exfoliating rapidly; repeated the same remedy, at intervals of three hours. The following day the patient left town on a tour of three weeks. On his return I received his grateful thanks, a liberal cheque, and the promised encomiums for our school, and amazed at the wonderful magic effects of the "sugar pills" upon Jack Frost. The prescribed remedy was the only medicine taken during the treatment. His fur lined shoes are now thrown to the moths, and his cane stands useless in the rack. Four years have since passed, and each "New Year's Day" since, he has formally paid his compliments to me, as a celebration of the school of medicine, which permanently accomplished for him what all other treatments had failed to perform.

CASE II.—BRUISE.—*Arnica* 30.—George C., aet. twenty-seven, complexion fair, hair light, eyes blue. February 20, 1874, consulted me for an internal bruise of the heel of the left foot, received in consequence of collision against a tree, while coasting. The pain was severe at the time of the accident, the patient finding himself unable to walk. No injury to the surface was visible. One week was spent in the external application treatment, but no amelioration from suffering could be gained. I prescribed one pellet, number fifty, of *Arnica* 30 hourly. Immediately after commencing treatment the patient experienced rapid relief from pain and tenderness, and in less than forty-eight hours no sensitiveness could be felt in the part, which so recently was so painful.

CASE III.—GASTRITIS.—*Ars.* 30.—Albert D., aet. three months; complexion dark. I was called March 17, 1872, and found the patient vomiting, purging, with great emaciation and prostration; the tongue indicated inflammation of the stomach. The brief history of the case was as follows: Since birth the child had suffered from weakness of the organs of digestion. The condition gradually became worse

under the "regular" treatment, until neither mother's milk, nor remedies could be retained, and the helpless physician despaired of the child; but stemming a strong tide of cold water, in the way of old school opposition, and want of faith in the new school, I started on to row my canoe as best I could, for now was the moment to achieve a triumph for Hahnemann, especially as the fond father of this first born son was an Englishman, as well as a prominent editor of one of the dailies of the community. I prescribed *Ars. 30* dilution, one teaspoonful, of a water mixture, every hour. The following day I found improvement, which was incredible to the large circle of relatives and friends, who were unwilling to believe their own eyesight. Daily calls were made to the twenty-second, with continual gains, all the nutrition having been retained for several days; and the diarrhœal passages having been reduced to a normal number and consistency, while an increase in flesh was perceptible. The boy is now hale and hardy, having had the pleasure of living to welcome three other brothers and sisters, neither of whom, as yet, have ever taken a dose of allopathic medicine.

CASE IV.—TRI-FACIAL NEURALGIA.—*Ars. 30*.—Albert McG., aet. twenty-two, complexion dark, consulted me April 24, 1878, for neuralgia of the fifth nerve. Had suffered for several years, with intervals of a few weeks, the attack lasting from one to seven days. I gave him number ten globules, six in number, of *Ars. 30*. In less than an hour the pain ceased, and has not since returned. Nine months have passed.

CASE V.—HYSTERIC CONVULSIONS.—*Ignatia 30*.—Miss Mary S., aet. twenty-five, complexion dark. To this lady I was called at midnight, July 5, 1876. On entering the parlor found her lying on the floor, where four attendants were in the act of holding her, to prevent the infliction of personal injury to herself. The sudden approach of the attack, and the frequency of the paroxysms, had prevented her removal to her sleeping apartment. I was also informed that twelve convulsions had followed in quick succession, for the preceding three hours, consciousness not having returned between

the spasms. Between the clenched teeth I forced a dose of a water mixture of *Ignatia* 30, when relaxation immediately followed, and a moment later, a request to be permitted to rise from the floor, and soon after was assisted to her own room. But a few more doses of the remedy were subsequently administered, the patient sleeping the greater part of the night, having no recurrence of the convulsions.

PROSOPALGIA FRONTALES. By W. Heyerberger, M. D. Translated from Herschel's Clinick by A. McNeil, M. D., New Albany, Ind.—Anna Buden, about fifty years old, a day laborer's widow, a little above medium height, rigid muscles as usual in the hard working classes, hair black, complexion dark brown, eyes brown, sunken. She says that after taking cold she was attacked by a violent, tearing, lightning-like pain in the right eye brow and extended to the point of the nose and into the orbit so that it felt as if the eye ball would be pressed out, then over the right side of the forehead and radiating over the vertex to the occiput. The paroxysms appeared irregularly, sometimes at night, sometimes during the day, and left a feeling of numbness in the affected parts, and it also appears that her ability to see at a distance was very much impaired. These pains which often occur several times a day, so that she can not continue her work, and is unable to earn her living. While in this condition she was advised by Dr. T. and her relatives, as she was destitute, to ask for admission into the hospital of the Elizabeth nuns, in Prague, and she came to me for a certificate to carry this into effect. My offer to treat her gratuitously was refused, not impolitely but decidedly, as she said she was without assistance from her friends. She was accepted by the sisters and treated for six weeks without any improvement of her sufferings. The increased number of typhoid patients at the hospital caused her transferal to the General Imperial Hospital where she remained two or three weeks. After a consultation she was informed that she would have to return to her home as the country air was better for her disease than that of the city. After her return she went

about a long time ashamed to ask me for that aid which she had formerly rejected, but as the attacks increased in violence she was compelled to consult me. Her face was pale, the affected parts were not reddened, although somewhat warmer than normal, but no other alteration was perceptible. The symptoms I have described were unfortunately all present, but the pains while in Prague owing to better nursing, were milder. She was now as bad as ever, in a damp, cold room, and with bad food. Yet Homœopathy may help under such unfavorable circumstances. I discovered that *Argentum nitricum* corresponded to the entire case, even unto the color of her face, so I gave her *Argen. nit.* 4, four drops in twelve powders, to be taken night and morning. After they were used, there was no trace remaining of the pain. After two months a slight relapse occurred, and she returned full of fear. A repetition of *Argen. nit.* was sufficient to complete the cure. Years have passed since that time and she labors as formerly, but has not had any return of the disease to complain of.

Miscellaneous.

Nailed to the Counter.

A lie well stuck to is as good as the truth for some people and for some ends. But a counterfeit coin nailed to the counter is not a good circulating medium. All truth is said to be relative, and what a thing seems to be depends upon the constitutional makeup or present bodily condition of the individual. Every community has its croakers; one or more

old men or women continually prophesying rain or frost or flood. Hypochondriasis is a disease that affects church, state and professions as well as persons. But hypochondriacs have no legal authority for lying or misrepresenting the plain truth in order to keep down their own spirits and the spirit of the community. There are men professedly in the homœopathic ranks who are possessed of the devil—not the regular thing exactly, but a sort of half brother to his satanic majesty called the “blue devil.” A man is to be pitied who is under the dominion of this demoniacal spirit. He can’t help groaning and crying and filling the air with his lamentations. But he can be prevented uttering his jeremiads in the medical journals if there is any discretion left in the cranium of the editors. But if, as happens in the case before us, both the croaker and the editor sing the same dismal song, there is no help for a suffering profession that must take its monthly installment of wormwood and gall.

Among homœopathic hypochondriacs, Drs. E. M. Hale and H. M. Paine stand pre-eminent. Neither of them in their role of croakers has a remarkable amount of influence in the homœopathic school. They have neither of them yet succeeded in convincing a homœopath that Homœopathy was a failure, or was likely ever to be. What they have seen fit to say concerning the downfall of Homœopathy is of little consequence save as it affects by misleading those who know little of the true status of Homœopathy. Dr. Wyld, of London, first entered the list last year and made himself famous, quite unexpectedly, no doubt, by offering, in behalf of Homœopathy, to capitulate. Perhaps he is satisfied with the result. He was spurned from the door before which he stood begging for entrance. He was soundly cuffed by the better men of his own school, and if shame did not vie with glory in giving renown, Wyld would long ago have been forgotten. He will stand as the Benedict Arnold of Homœopathy.

Dr. E. M. Hale, of Chicago, then entered on this list for the championship of croakers. He has written two articles on “The Critical Period of Homœopathy,” and through lack of editorial management these articles have crept into two re-

spectable homœopathic journals. These articles have been answered and a quietus put upon them and their author. Dr. Hale's reputation was neither so great nor so secure that he could afford to damage it in such a thankless cause as that of proving himself a fraud in trying to maintain a school that by his own showing was virtually dead or fast dying.

Dr. H. M. Paine, of Albany, professedly a homœopath, though scorning the name as too exclusive for "a physician," appears in a late number of the *Homœopathic Times*, and with all due solemnity pronounces a funeral oration over the supposed corpse of Homœopathy. The appearance of such an article in a journal calling itself homœopathic would greatly have surprised us if we had not read the accompanying editorial. All we could say was, "Birds of a feather flock together," and it was emphatically "a feather." Only one between them and that they had plucked from the broad wing of Homœopathy, and were now seeking to stick it on the somewhat nude corpus of the old school.

Dr. Paine's article is a God-send to the enemies of Homœopathy the world over. It is now being extensively quoted by allopathic writers and teachers. If he should live a hundred years he can not repair the injury he has done the homœopathic cause. But let it be understood that the force of the blow does not reside in Dr. Paine. It is in the apparent truthfulness of his statements, and the unmistakable endorsement given them by the journal in which they appeared, and more than that, in the use made of them by our enemies, that they have any force at all. Dr. Paine has not for years been recognized as a representative homœopath. His utterances are just what might be expected from a man sore in the head and sick in the heart. We have not undertaken to answer his statements; because they of themselves are of the slightest consequence, but with the hope that this denial, both general and special, may be recognized as the sentiments of all true lovers of and believers in Homœopathy.

First, then, we give a general and emphatic denial to the position assumed by Dr. Paine, that Homœopathy has lost, or is, losing ground. That in numbers and influence it has

gained steadily year by year since it was first introduced into America by Dr. Gramm is capable of abundant proof.

We now proceed to examine in detail the points brought forward by Dr. Paine to bolster up his absurd assumptions. In order to prove that there is being accomplished "the destruction of the homœopathic school as a separate and influential body of men," he assumes that there is a great falling off in the accessions to our ranks. He says of graduates in Homœopathy, "there were, the present year, only three hundred and nineteen, a number so small as to be scarcely sufficient to fill the places of those made vacant by death and other causes." This is absurd on its face. Dr. Paine knows no more than we do what the number of yearly vacancies in our ranks may be. It is very convenient for his argument to assume that they are equal to, or more than three hundred and nineteen. But does he prove it? He knows that he can not even if he should try, Our acquaintance with Homœopathy and homœopathic practitioners throughout the United States is much larger than Dr. Paine's, and our experience is that the actual amount of falling off from all causes is very small, and the graduates from homœopathic colleges a good deal more than compensates for that loss. But he goes on to say that once our ranks were largely supplied with converts of old school practitioners, and that "twenty or fifteen years ago desertions were so numerous as to impair the strength of allopathic legal organizations, and in some localities seriously threatened their existence." As the statement of a general fact this assertion is more absurd than the first one. It is neither reasonable nor true. Dr. Paine may have seen or heard of something approaching this at some one, possibly more, points, but they were wholly exceptional and peculiar. He says, "At the present day the exodus has nearly ceased." The contrary is the real truth. There are more men going out of allopathic colleges to-day to practice openly as homœopaths than ever before. Dr. Paine is not well informed. Once if an allopath came over to the homœopathic side it made a great stir and was much talked of. Now very little is said of such an event. We and the public have become

used to it. Somewhat further on the Doctor continues, "it is plainly evident that the homœopathic school, as regards the number of its avowed representatives, has attained its majority and has begun to decline both in this country and in England."

This is a very extraordinary statement for Dr. Paine to make, and it will seem all the more so when we come to look into the character of his evidence in proof. Now regarding England he quotes from the Homœopathic Review, (London), and the British Journal of Homœopathy, in which journals certain writers claim that in England "the number of those who are ready to assert their confidence in Homœopathy may not have increased of late years, it may possibly have diminished, *but that of those who have a confidence in Homœopathy which they lack the courage to assert, has increased to an extent we have no means of calculating.*" Well what is there damaging about that statement. It is not known if the numbers of avowed homœopaths has increased or decreased. But it is asserted that the number of those actually practicing Homœopathy "has increased to an extent we have no means of calculating." The fact is English laws affecting medical men are very peculiar. They are always and foremost in favor of Allopathy. Many men practicing Homœopathy there register as physicians simply because it is to their personal advantage to do so. But the organization made up of outspoken homœopaths was never so strong in England as it is to-day. There are three able journals in that school, and there has been quite recently established a hospital and a School of Homœopathy in London. More might be said, but let this suffice for England.

As for America the idea that Homœopathy is losing ground any where or any how, is a baseless fancy, born in the brains of Hale, Paine & Co. What is Dr. Paine's proof? Certain statements which he makes about the directories of Dr. Hoyne and Dr. Bruce, wherein it appears that Illinois has more than doubled its population, and the number of homœopathic physicians in the state "*has scarcely increased, PERHAPS actually diminished.*" Well, that must be a nice

directory that would put a "perhaps" on to such a statement as that. Now Dr. Paine either does not know, or he conceals this important fact that the new board of health of Illinois last year drove out of that state several hundred practitioners of all schools. If Homœopathy lost so did the other schools. But it was no loss. It was and will continue to be a great gain. He says Dr. Bruce "furnishes the names of nine hundred and fifty homœopathic physicians residing in the state of New York. Making allowances for numerous inaccuracies *it is probable* the actual is not far from eight hundred, a *very moderate increase*, if any, *perhaps* an actual decrease during the past decade, while during the ten years ending July, 1875, the population of the state increased twenty-three per cent." We have taken the liberty to italicize certain points. The reader will observe the ease with which Dr. Paine knocks off one hundred and fifty names. He goes on to say that in fifteen of the Northern and Eastern counties of the state of New York the increase of population has been sixteen per cent., and the number of homœopathic physicians residing in that state has not proportionally increased, probably has not increased at all.

And all this without any proof, except a doubt followed by a probability against Homœopathy. Out on such special pleading as that. If Dr. Paine was hired to traduce Homœopathy he could not do it more heartily or wickedly. He says Hoyne and Bruce find only five thousand homœopathic physicians in the United States to-day, and that "this is no larger than the estimated number of homœopathic physicians twelve or fifteen years ago." Well, that might hurt the estimate but it don't injure the fact that we have five thousand physicians of our school in this country. Before we had directories the estimate put our numbers at eight thousand, and as high as ten thousand. Now, as we have really only five thousand, what a fearful retrograde Homœopathy has suffered! We quote again:

"After a careful examination of the most recent sources of information, we are forced to the conclusion that there is in all probability a gradual decrease in the number of homœo-

pathic practitioners, and, if not an actual decrease, that the ratio of increase is far below that of the population of the country."

Dr. Paine as an investigator of "sources of information" is not reliable. His fancy or prejudice leads him to a distortion and perversion of the plainest facts. A man with a mind so biased as his, makes a poor committee of one to report so grave a question as the present status and future outcome of Homœopathy. All that he says in his article of the change that has taken, and is still taking place, in the feeling and attitude of the old school toward Homœopathy, we may admit, though the statement is much overdrawn. It only shows what progress we have made. It is just what we have sought to obtain, and now, forsooth, success must be our ruin! Once we were despised everywhere. We have conquered the respect of the world, and we are justly proud of the victory. Now, according to Paine, the old school stands ready to receive us with open arms. All the better for Allopathy; wherein it should injure us is not conceivable.

If "the homœopathic school, as a separate and influential body of men, has no need of further existence," then it follows that homœopathic societies, homœopathic journals and homœopathic colleges should also cease to exist. And this is just what these fatuous minded individuals have in view. Now, "reliable sources of information," show that these societies, journals and colleges were never in so flourishing a condition as they are to-day. What but an insane mind would suggest a halt in our march of progress!

Assuming his views to be correct and that they would be accepted by the profession, Dr. Paine goes on to suggest what should be done in the future. First, the doors of our associations should be open to all comers. A belief in the law of cure should not be made a test of membership. On the ground that we abandoned our law of *Similia* we would stand approved in the eyes of the allopathic school. Next he would have us discard the so-called transcendentalism of Hahnemann; the "theoretical errors of the minimum dose and dynamization of medicinal and non-medicinal substances,"

In short, if we will only throw away our belief in and practice of all that is distinctly homœopathic—what then? Homœopathy would indeed be dead, but, individually, we would all be right, and with the best of the old school could we exclaim, "How we apples swim!"

In order now to show that Dr. Paine does not carry with him the judgment of men thoroughly informed upon this subject, we herewith give a few extracts from a mass of letters received by us pertaining to this question.

P. G. Valentine, A. M. M. D., Prof. Theory and Practice Hom. Med, College of Missouri, writes:

Dr. Paine is an agitator and not a successful truth seeker. The fact is homœopathic physicians are on the increase decidedly. We have nearly doubled in number in Missouri the past two or three years.

E. M. Kellogg, M. D., President Homœopathic Mutual Life Insurance Company, New York, writes:

I have seen Paine's article to which your postal refers, and it is self-evident that the "wish is father to the thought," and that by showing the decadence of our school, he thinks he can the more easily accomplish his pet purpose of catching us into the arms of the "regulars," who would absorb us with great gusto.

We have here on our medical lists, which are by far the most complete and reliable in the country, the names of five thousand, eight hundred homœopathic practitioners; and this, after a careful elimination of all the defunct, and by actual count.

Dr. Paine makes no allowances for the guess work of previous years, when by a natural desire to magnify ourselves, we estimated our strength at five thousand, which was doubtless largely in excess of the truth. And when he reckons the accessions to our ranks by the number of graduates of homœopathic colleges, he omits the numerous students whom many of our practitioners send, for various reasons, to study and graduate at allopathic colleges. From my own observations I judge that the number of these latter, can justly be reckoned as equal to our homœopathic graduates.

T. S. Hoync, M. D., Prof. Materia Medica, Hahnemann Medical College, Chicago, says:

I would state that the number of homœopathic physicians in the United States is increasing steadily. The report that Dr. Paine quotes from was in reference to the State of Illinois alone. Here the

number is slowly increasing, but not at all in proportion to the population; in that respect only are we losing ground. In the South there is no perceptible increase; in the West and North-west the system grows very rapidly, in the East very slight increase. The more intelligent the community the faster the system spreads. In cities containing homœopathic colleges it grows faster than in cities which have no college, probably owing to the free dispensaries connected with them.

I. T. Talbot, M. D., Prof. of Surgery, Boston University School of Medicine, writes:

The absurdity of the statement, whether by friend or foe, that Homœopathy is on the decline in this country must be apparent to every one who knows anything of facts. Why within the last ten years the membership of the American Institute has more than doubled; the number of physicians avowedly homœopathic has largely increased, and in some places, New England for example, it has nearly doubled. The number of students in our colleges have trebled, while the number of colleges has greatly increased. The same may be said of our pharmacies, our journals and our new publications. That any one knowing these facts, should talk in this way would indicate fitness for Middletown. Not only are these statements of increase of numbers true, but much stronger ones may be made. Compare the transactions of the Institute in 1866 with those of last year—the first a scrimpy pamphlet, whose matter consisted of the "Reports" of a few institutions, and the annual address; the latter, a portly volume of nearly eight hundred pages and filled with valuable matter. Then as regards numbers. Ten years ago there were hundreds, I may safely say thousands, of ignorant persons, to say the least professionally ignorant, ministers with and without parishes, lawyers without clients, pedagogues, who made but a short step from the school room to the doctor's office, nurses, who had picked up a little useful knowledge in the sick room—these, all armed with "box and book," called themselves "homœopathic physicians." How many of those have retired and given place to well educated physicians? Then our colleges, what a grand advance they have made in their curricula and requirements! To-day the students are often much better educated than the professors of former times. That the past decade has given more solid and permanent advances to Homœopathy than ever before, I believe to be true, and so deeply are its principles intervening and displacing the notions of its present bitter opponents, that in another decade there will be thousands of these who will say, Oh, I have believed in and practiced Homœopathy more than twenty years. No we need have no fear of failure.

We only need with truth on our side to "march with vigor on," and our principles will in time be universally adopted.

H. C. Allen, M. D., formerly General Agent of the Homœopathic Mutual Life Insurance Company, says:

You ask me—as I have a somewhat extensive personal acquaintance with the homœopathic profession in the United States—if I consider the remarkable statement of Dr. H. M. Paine, in October number of "Homœopathic Times," correct. I answer emphatically, no! The premises upon which Dr. Paine bases his conclusions are not reliable.

Fifteen or twenty years ago we had no directories, and generally "lumped" our practitioners. The consequence was—like census taking of some cities—it fell short when actual count was made. Our figures then were "estimates" not based upon actual facts. When the "Atlantic Mutual" was organized, with Dr. Paine as "medical director," he was as anxious to over-estimate as he now is to under-estimate our numerical strength.

In June last the "Critical Period" was launched upon the profession from Chicago, but it proved a "boomerang" to its author, upon whom its force recoiled with crushing effect. And now "Critical Period" number two, is evidently endeavoring to create dissension in homœopathic ranks, and, at the same time, throw a sop to Allopathy, by praising their "liberalism;" by which he no doubt refers to Dr. Van Aerman and other "liberal" allopaths during the war, and to the American Medical Association at its late session at Buffalo, in reference to the teachers and students of Michigan University, etc.

Dr. Paine says "The converts from Allopathy to Homœopathy, who are willing openly to admit their belief in Homœopathy, may be numbered by tens, while formerly there were hundreds." And this he attributes to the "liberal" (?) policy, (above mentioned), adopted by the allopaths towards their own members." And so Dr. Paine, not to be outdone in liberality to his fellow members, introduces resolutions prohibiting reports of clinical cases treated by high dilutions from being printed in the transactions of New York State Society.

The liberal allopath does not believe in drop doses of the tinct. or even the first, second or third dilution. Dr. Paine does not believe in potentized drugs in the treatment of disease; ergo they must not be used by those who have tried them and found them to exceed their expectations. This would indicate, (if it indicates anything but a *cacæthes scribendi*), that the author of "Critical Period No. 2," is imbued with allopathic liberality, and the height of his ambition appears to be to receive a nod of recognition from the allopathic

doctors. It might be urged in extenuation of the allopaths to whom Dr. Paine refers as practising Homœopathy in disguise, that they are unable to detect the difference between Dr. Paine's Homœopathy and their present system, so far as the use of drugs and their administration is concerned.

Frederick Foster Quin, M. D.

Frederick Foster Quin was born in the year 1799, and pursued his medical education at the University of Edinburgh, where in 1820, he took his degree of M. D., on the same day as did Dr. Chapman, who died some ten years ago. He was by this time well known to the leaders of London political and social life, and marked out as a man who promised to take a prominent position in his profession, hence, as soon as he had graduated, he was chosen by Lord Liverpool to occupy the distinguished Government position of physician to the exiled Emperor Napoleon at St. Helena. But on the eve of starting from this country, the news of the Emperor's death arrived, and he was at once chosen by the Duchess of Devonshire to travel with her as her physician in Italy, and saw much scientific and literary society. Dr. Quin, whose knowledge of continental languages was perfect, had great opportunities for seeing and enjoying the intercourse of the most cultivated, as well as the most distinguished. His wonderful gifts of conversation and wit soon made themselves apparent to all with whom he came in contact, and Lady Acton told the story of how in Naples at this time the young men used to exclaim, "Dieu, qu'il est amusant ce petit Quin." He remained with the Duchess of Devonshire till her death in 1824, when he was appointed physician to Prince Leopold of Saxe-Coburg, afterwards King of the Belgians, by whom he was regarded, not simply as a physician

but as a friend. So high was the Prince's opinion, not merely of Dr. Quin's professional skill, but of his judgment and tact, that Baron Stockmar stated, that had Prince Leopold accepted the throne of Greece, it was his intention to appoint Dr. Quin his Minister at the Court of St. James. No better proof could be given of the social position Dr. Quin was fitted to occupy, and of his discretion judgment and political capacity, than the expression of such an intention. While attendant on Prince Leopold, his attention was drawn to Homœopathy by the illness of one of the household. The case had been given up by himself and other physicians, when, to the surprise of all, the patient recovered under the treatment of a homœopathic practitioner. This made such an impression on Dr. Quin, that he resolved to look into and fully study this new and much-abused system of therapeutics. If it requires a considerable amount of moral courage at the present day to investigate this subject openly and thoroughly, much more did it do so at this time.

When in London with the Prince, shortly after the occurrence of this incident, Dr. Quin mentioned the subject of Homœopathy to Dr. Johnson, who was at that time editor of the *Medico-Chirurgical Review*. Dr. Johnson urged him to continue his enquiries into the new doctrine, and requested him to write an article upon it for his *Review*. Dr. Quin did continue his enquiries, but when he returned to England with the Prince in 1827, convinced that Homœopathy was true, and when he was treating patients in London homœopathically. Dr. Johnson's request for an article was not renewed! It was in the year 1827 that Dr. Quin first practised Homœopathy in England. He did so, however, only when his appointment to Prince Leopold involved his living in London, viz., during what is commonly called "the season." Determined, however, to give his undivided attention to the study of the new system, he resigned his position as physician to the Prince, and spent the greater portion of two years in studying Homœopathy under the tutorship of Hahnemann, and with that enthusiasm, which was another trait of his character, when once thoroughly convinced of the

truth of the new system, he became a devoted and admiring follower of the great reformer in medicine. In 1831 the epidemic of cholera was raging in Moravia, whither Quin went to put into practice his new faith, and did so with signal success. He was attacked himself by the disease, and this with the hard work he had gone through, so affected his health, that he returned to this country in 1832, and now devoted himself to the practice of Homœopathy, as the first and only representative of it in England. The open adoption of Homœopathy, and public advocacy of its treatment by Quin at this early period, when the system was violently abused, and the grossest ignorance of its merits prevailed, when he had no one in the profession in this country to back him up, and when in so doing, he threw away, one might say, the magnificent prospects of advancement to the top of his profession, which lay before him, show in the strongest light that force of character, that honesty, that truthfulness, that energy, that fearlessness in the cause of truth, which characterized Quin throughout his life, and which, as much as his genialty, won for him the position he ever after occupied. There can be no doubt, that had it not been for his open confession of Homœopathy, with his position, his wide aristocratic connections, his cultivated manners, and social gifts, he would in a short time have found himself the leading man in the medical profession, and occupying those posts of honor to fill which is the ambition of all young physicians. But all this weighed lightly in the balance, when truth and honesty were in the opposite scale.

Well it was for Homœopathy that it had such an one to be its sponsor. Had a man of no note or position adopted it, it would have won its way by degrees, and slowly perhaps. But with Quin to introduce it to England, it got a firm hold of the highest grades of society first of all, and then permeated downwards to the middle classes. Quin's character and prospects were sufficient to dispel from the mind of every one who knew him the idea that he adopted Homœopathy from any other motive than that which was inspired by a conviction of its truth. From the first he resolved to

maintain the highest professional tone towards his opponents, and glad as they would have been to have picked any hole, however small, in his conduct, not one fault was ever found with him even by those who were most bitter against him, while by many, whose good opinion was best worth having, he was regarded with sincere respect, and even friendship.

He was on terms of intimate friendship with such men as Mr. Liston, Sir W. Fergusson, and Sir Charles Lococke, up till the time of their death. An amusing story is told of the latter. Meeting Quin one day in the street, "I have been treating a patient of yours," said Sir Charles. "Indeed?" replied Quin. "Yes, and cured him on your own method, too." "Indeed," rejoined Quin, quite interested, "what medicine did you give?" "Nothing," was Sir Charles' chuckling reply. "Well, it is curious," adds Quin, "that I have been treating a patient of yours too, and I used your method." "Well," said Sir Charles, "and what was the result?" "Dead," answered Quin, in glee at having given his friend as good as he had got.

Men of lesser mind, on the other hand, treated Quin very differently. A story, too good not to be related, as it is fact, was told by himself of his relations with Dr. Paris, then and for many years afterwards President of the Royal College of Physicians. Quin was going to be put up for the Athenæum Club, when Paris, one day at the club, in the presence of some of Quin's personal friends, used very strong and insulting language in reference to him, threatening to bring all his medical friends up to blackball him. On being at once called upon to apologise, he repeated his words, and refused. In those days, duelling was of common occurrence. Next day, Lord C——, a personal friend of Quin's, called on Dr. Paris, who instead of finding a patient, was shown in writing the words which he had used the previous day. Lord C—— requested Paris to apologise, and on his refusing to do so, he was quietly asked to name a friend. This Dr. Paris found himself obliged to do. His friend, after an interview, insisted on Dr. Paris withdrawing all his previous words, and made him apologise.

Dr. Quin's first residence in London was at 15, King Street, St. James', from whence he removed to Stratford Place, and thence to Arlington Street. In 1837, he conceived the idea of forming the British Homœopathic Society, but it was not till 1844 that all the laws and other arrangements were completed. In that year, on Hahnemann's birthday, three other homœopaths, Mr. Cameron, Dr. Partridge, and Dr. Mayne, met at Dr. Quin's house in Arlington Street (since used as the Turf Club), and founded the British Homœopathic Society; Dr. Quin being, of course, the president. During the first few years of its existence, the Society met at Quin's house, every year adding to its numbers, till the London Homœopathic Hospital was founded, after which the Society met, and still meets, within the walls of the hospital. The office of president, though filled up annually, was held by Dr. Quin till his death, notwithstanding that for years, owing to failing health, he has been unable to be present. Those who were members while Dr. Quin attended regularly at the Society's meetings, speak in glowing terms of the capabilities he constantly displayed for the presidential office, of his powers of summing up argument, of his tact and acuteness, in seeing the weak points in any speech, and of the gentle, and even flattering terms in which he used to encourage the utterances of the younger members.

His next pet project was the formation of a hospital. A large association of laymen, numbering thirteen hundred, some of them of the highest rank, was formed, for the purpose of spreading the doctrines of Homœopathy, and enlisting the interest of the public. The efforts of this association, with Dr. Quin as the soul and life of it, resulted, in 1850, in the foundation of the London Homœopathic Hospital. Dr. Quin himself collected an enormous sum of money from his influential friends for its endowment, and from his having initiated the idea of a hospital, and having done so much to carry out his project, he must always be regarded as its founder. It was first situated in Golden Square, but during the cholera epidemic, was converted into a cholera hospital, and it was there

that those remarkable results were obtained, which although refused publication in the Blue Book on the subject, with the statistics of other hospitals, were afterwards, at the instance of Parliament, incorporated in a separate Blue Book. The results of Dr. Macloughlin's inspection of the hospital at this time, led him to state in writing that, were he himself attacked with cholera, he would be treated homœopathically.

We have as yet said nothing of Dr. Quin's private practice. From the first it was most extensive, while his patients were almost exclusively drawn from the very highest class of society. From Arlington Street he moved to Mount Street, where his health began to fail, and compelled him to retire to a considerable extent; so that from the time he left Mount Street he never laid himself out for practice, albeit he continued up till quite lately to see those patients who would consult no one but himself, seeing such an one so lately as a few days before his last illness. On leaving Mount Street, Lord Granville, who entertained the warmest friendship and admiration for Dr. Quin, invited him to live at his lordship's house in Bruton Street; after residing there a short time, and during a very severe illness, he removed to Belgrave Mansions; here he remained till his lease expired. While looking for other quarters, the Duke of Edinburgh, then abroad, wrote to him, begging him to occupy apartments at Clarence House. The Duke of Southerland made a similar offer of Stafford House for his use; he accepted the gracious offer of the Duke of Edinburgh, and resided at Clarence House till the Duke and Duchess returned to town, when, although pressed to remain, he took a suite of rooms in Queen Anne's Mansions, where he died at the advanced age of seventy-nine. During his long career of practice, Dr. Quin was not merely the fashionable physician. His perfect manners, his thorough knowledge of wit and humour, made him the pet of society, and no dinner party, from that of the Prince of Wales downwards, was considered complete without the presence of Dr. Quin. But those who only saw him in the midst of rollicking fun, jokes and laughter, knew but one side of his character. He was not merely an outsider, who was

invited out for the sake of his wit and conversation, but having mingled from his youth on the most intimate terms in the social circles of the highest in the land, he became their personal friend, was looked up to and referred to for his advice on the most delicate matters, and his opinion was always trusted for tact, sagacity and truthfulness. Of those who formed the society in which he lived, he was the familiar, the confidential friend, which he never could have been, had not the serious side of his character come as prominently to those who knew him, as did its lighter traits. In all his sallies of wit he was never known to say anything of, or to any one, which bore a sting, neither did his intimacy with the highest personages in the country, as in the case of men of smaller minds, ever lead him to give up his professional and other friends. He was always as ready to dine with an old friend as with royalty, and his ear was ever open to any requests for advice or help in difficulty; from what quarter soever it might come.

Ever since an operation which he had undergone while at Lord Granvill's house, he had been subject to severe attacks of asthma, which so affected his health as to reduce a frame at first plump, or even, we believe, burly, to one of great emaciation. He was as well as usual, and able to dine out on the 12th and 14th of November, but on the 15th he was attacked by severe bronchitis. His friend of long standing, Mr. Cameron, who had daily visited him for months before, called in Dr. Hamilton in consultation. They agreed in thinking that the end was at last approaching; he became delirious, and finally insensible on the 24th, when he breathed his last. It may be mentioned that the Prince of Wales visited him during his illness, and after his death, sent the following telegram to Mr. Cameron: "The Princess and myself are deeply grieved and distressed to hear that our kind friend has passed away. Many friends will mourn his loss, and he can not have left a single enemy." Such a tribute of esteem speaks volumes for the character of Dr. Quin, and we believe we are right in stating that his loss as a friend is grieved over by many of the highest in society, as well as by numerous friends in less exalted spheres of life.

Dr. Quin, in the midst of his many engagements, was not idle on furthering the cause of Homœopathy, by literary work as well as in other ways. In 1834 he edited the *Homœopathic Pharmacopœia*; later on he edited Hahnemann's *Fragmenta de Viribus*, published a treatise in French, on cholera, and in 1836, he, with the assistance of Dr. Hamilton, translated the whole of the *Materia Medica Pura*. This translation was printed, but, strange to say, never published. We understand that of the five hundred copies thrown off, only one remains extant, and is in Dr. Quin's own library. The premises of the printer were destroyed by fire, and it is believed that the rest of the copies were burnt.

An accomplished physician, a brilliant wit, a genial and never failing friend, one whose society has been sought after, whose friendship has been prized by the most distinguished of men and women during half a century of years, has passed away in Dr. Quin. But while the memory of him will be long retained by a large number of personal friends, the history of Homœopathy with which, in this country at any rate, his name is so intimately associated, the hospital which during life he so earnestly succored, and which by his will he has so munificently endowed, and the society of which he was the founder, in its earliest years its assiduous director, and ever its honored president, will prove to him a monument far more enduring.—*Homœopathic Review*.

Lilienthal's Therapeutics.

EDITOR MEDICAL ADVANCE:—I have a small bone to pick with you. Your unqualified praise of Lilienthal's Therapeutics I beg to protest against. Just see how ridiculous this is "*Picric acid*. Paralysis from softening of the cord."

Said I, "How can you tell if it is softening of the cord?" Said he, "By the symptoms." "Then why did you not give the symptoms." "But," said he, "Hughes found the cord softened in a dog preserved by *Picric acid*." I said, "Well then put in a foot note saying, 'post mortem after poisoning by this drug showed so and so.'" "*Oxalic acid*. Sclerosis of the posterior column." Many a tyro will wonder how a knowledge of this condition can be reached, except by guess work. L. is at work on a second edition, and, if my advice is worth anything, he will not only show the post mortem discoveries, but those symptoms that indicate a particular lesion, so that one can make a diagnosis and yet keep the pathological changes subservient to the pathology. I also object to the introduction of Hale's remedies, unsupported by provings or clinical experience, for it is known that Hale's remedies, or their supposed pathogenesis, have their origin in the eclectic authorities, which he quotes, and in his own brain teeming with theories and guess work.—S. New York, January 20, 1879.

Comparative Mortality.

By comparison of the respective mortality under specified treatments, consistent with established laws of cure, the relative value of the different modes of medical practice, may be settled.

Following Hahnemann's teachings and trying to develop the applications of the homœopathic law of cure, I take the liberty to lay before my professional brethren a copy of the official report to the board of health in 1878.

The last death reported in 1877 was on the 5th of June, a case of consumption.

In 1878 our report and return of death in the city of Philadelphia, shows,

March 18. A man eighty-four years old, of cancer of the tongue.

March 31. A colored woman eighty years old, of cancer of the breast.

August 11. A man seventy-one years old, of tubercles of the lungs, (consumption).

October 2. A woman seventy-four years old, of cancer of the stomach.

December 9. A woman sixty-six years old, of paralysis.

I am instigated to make this report by an editorial published in the January number of the *ADVANCE*. The medical practitioners in this city are obliged, under our State and Municipal Laws, which are strictly enforced, to report every case of death. The report shows that under the strict homœopathic treatment not a single case of the many acute diseases, which were treated during that year, terminated fatally. Among these acute diseases we had a large number of cases of typhus and typhoid fever, scarlet fever, summer complaint of children, pneumonia, diphtheria, erysipelas, etc.

Can these statements from private practice, as to mortality, be relied on? So asks the editor. The statements can be relied on when made from the obligatory and strictly enforced reports to the board of health. It would be a good refutation of the claims set up by members of the profession, that the law of the similars and Hahnemann's method, (by us followed), and that the exclusive use of the high potencies, (by us used), are not all sufficient, and that a more scientific, (as they call it), practice with more liberal allowances for freedom of medical opinion and action, as well as the application of supplementary and auxiliary principles, if some of them would publish their records of mortality, they might show us the superiority of their "better way." AD. LIPPE.

Philadelphia, Feb. 1, 1879.

Mar-3

Abuse of Instruments in Gynæcology. By J. Martine Kershaw, M. D., St. Louis. Missouri School of Midwifery.

I propose to consider "The Abuse of Instruments in the Treatment of Diseases of Women." I have chosen this subject because, as practitioners of this special branch of medicine, I think it well that your attention be called to a matter of such serious import to you and to your patients. In the last few years wonderful strides have been made in the development of gynæcological medicine and surgery. Many ingenious and excellent instruments have been invented and various palliative measures discovered. The gentle sex have much to be thankful for in consequence of these inventions and discoveries; for there are few of the hitherto incurable diseases of females that can not be greatly relieved, if not entirely cured, by the use of these agents. Yet, with the discovery of these has come the evil of resorting to instruments and explorations in every case of female difficulty. So common has this become that every woman must ordinarily make up her mind to submit to a manual examination on calling a physician in a case of disease peculiar to her sex. There can not be a particle of doubt that in many instances these are absolutely necessary, there can not be a doubt, either, that in many instances they are quite as unnecessary. Diseases of the lungs, heart and other organs are treated according to the symptoms presenting and by external physical examination, and many of them are cured. Now there can be no manner of doubt that physicians would dive into the innermost cavities of these latter organs if they could by any means find a way to get at them. Luckily for the organs, they fail to manage this, and perhaps it is just as well for the sick people that it is so. I am well satisfied that a diagnosis can be arrived at by simple questioning in very many cases of female weakness. I am well satisfied, too, that—especially in the early stages—many of these can be cured, and without the use of instruments. Is it not better, too, in cases presenting no very serious symptoms, to first

give medicine a fair trial? I tell you, ladies and gentlemen, there can not be a shadow of doubt with regard to this matter. First, bring to bear your physiology, your hygienic measures; rest and medicines; then, if these fail, resort to instruments and operations. There are medicines that act especially on the female organs, and just as certainly as do others on the heart, lungs and brain, and they will do the work just as well if properly selected and applied. The physiology and hygienic measures I have just mentioned, but the great need of women suffering with disease peculiar to their sex is rest. In a public lecture such as this, I can not tell you all I mean by rest; suffice it to say that I mean rest in its broadest sense. Now, although rest is better for women than all the instruments and all the medicines together, yet it is that of which they avail themselves the least. It does not take a woman long to find out that a healthy husband is not especially fond of a sick wife; and so, when seriously ill, many women pretend to be well. A smile often hides the tortures of back ache—a cruel ache which never leaves sleeping or waking.

The back aches on, and the woman works on, because it does not pay to be sick; because kindness and attention attend the well woman, while coldness and reproach are apt to be the lot of the one unfortunate enough to be sick. Because it does not pay to be sick, or appears to be so, is one reason why so many instruments have been invented, and a strong reason why women submit to examinations, operations and the use of instruments, so that if not well, they can appear to be so by keeping on their feet. Another thing is quite certain, too: When a woman begins the use of instruments in certain affections, she is seldom ever able to do without them again. Physicians are greatly to blame for this state of things; for many of them are only too ready to relieve or palliate disease by the use of instruments and by operations, rather than attempt a cure by other means. Many of these, however, use instruments under protest, their patients either being unwilling or unable to rest—generally the former. Now let me say just here, that rest is the great need of wo-

man in many of her diseases. It is better than all the instruments and proceedings ever invented, and pretty certain, too, if properly and conscientiously taken, to bring about gratifying results. I have said considerable against the use of instruments in female difficulties. I do not mean to say that they are not useful at times; for you will not unfrequently find them absolutely necessary; but I assure you there are a multitude of suffering women in whose cases instruments should never have been used—women who suffer more now than when they began treatment.

Instruments should never be used, nor examinations made, unless it is a matter of grave importance. No one has the right,—to my mind—to cause the submission of a woman to an examination unnecessarily. And when the subject is a young girl, it becomes a stupendous wrong, unless all other measures have failed to bring relief. It may be said that no one can say that an examination is unnecessary until such examination reveals the nature of the disease. I am aware that this is more or less true; but there is a safe side to be on in this matter, and that is, to refrain from such a proceeding until other means have been fairly tried, and the gravity of the symptoms make it a necessity. As just remarked, it is wrong to any woman to be made to suffer shame and mortification unless the serious nature of the disease demands it, and unless, too, there is a reasonable hope of bettering her condition by the means resorted to. I do not draw on my imagination in speaking of this matter. The severest physical pain is simply nothing compared to the cruel mental agony that some women experience while undergoing operations.

There are women all over our land who suffer constantly, yet silently, because they prefer to bear the present physical pain rather than the mental torture sure to follow an exposure of their condition. Do not for a moment understand me as deprecating the use of instruments and general surgical measures in the treatment of diseases of women, but I do mean that they should be employed in those cases only where they are absolutely demanded by the nature of the

case. In a multitude of instances where instruments and explorations have no place whatever, the disease should be treated just like other diseases.

To recapitulate: Instruments have their place—use them properly and in their place. Examinations are necessary at times—make them, but only at such times. Numbers of suffering women could regain their health without surgical interference by means of sound physiology, careful hygienic measures, straight common sense, medicines properly applied, an attentive, thoughtful husband, and strict obedience on the part of the afflicted woman.



Correspondence from Bois Brule, Mo., Jan. 29th, 1879.

DEAR ADVANCE:—You remember—or, more likely, you don't remember, that I promised you a letter from this *terra incognita* of the Mississippi Valley in which I stay. Forgotten all about me, doubtless. Well, I have long known the penalty of being an ugly woman. And, whether you can believe it or not, I have almost come to acquiesce in the justness of that penalty.

One little bit of comfort I must take to heart. Women who have brains are not pretty, as a rule. I don't set up the corollary of this proposition mind you, that all ugly women are "brainy." But did you—candidly now—did you ever hear of two ugly women quarrelling over the choice of two dressing rooms exactly alike, as did two beautiful *prædonnae* in Chicago last week?

But if I have laid down the rule of unvarying ugliness for brainy women, I am not prepared to do the same thing for the sterner sex. On the contrary, the Put-in Bay Meeting of last June almost convinced me that the characteristic

symptom of intellectual masculinity is beauty. The brain men are really the handsome men. Not that the ugly fellows were absolutely devoid of grey matter, but it isn't their characteristic, don't you see?

It was my first trip to the national gathering of homœopathic doctors, and everything had the glitter and dazzle of novelty to me. Many times in these gloomy winter days of Bois Brules, there rises spontaneously before me the bright and everchanging picture of my journey. The broad, green prairies of Illinois, checkered with the paler green of young corn, the weird, strange groves of tamerac, and the low pine crowned hills of Michigan; the broad blue river of Detroit, with its quaint, clean light-houses painted snow white and the lanterns painted dull red; the fleets of dark coal-schooners gliding silent and somber through the clear water, in my poetic fancy needing only the black flag at the mast head to make them veritable and terrible pirate squadrons homeward bound, and laden with the spoils of a successful cruise. Then the broad, blue lake, spotted with tufts of green islets, and reaching out and up against the eastern horizon, away into measureless space of blending azure of water and sky.

What wonder that I sigh deep down in my heart of discontent, when I turn from this fairy picture of brilliant lights and soft suggestive shadows, to the dull, gray-brown of the dense, naked forest of Bois Brule. You will smile when I tell you that I feel here in these tall, lone woods, a distressing impediment to breathing whenever I look up at the narrow, pale blue or gray ribbon of winter sky that lies stretched along the top of the high, straight, black walls of giant trees that stand immovable, relentless, as fate on either side of the lonely roads I travel. I feel that I am cramped and borne down and oppressed by the superincumbent awfulness of thy great, dark shadow, O, Bois Brule! Day by day I plot and plan deft measures of future escape from thy frowning walls of circumvallation. Day by day do my plots fail and my plans miscarry, till of late there come creeping upon me the vague terrors of deepening conviction that for me there is no

escape. That the gray-brown shadow of this voiceless wood lying dark and silent across my life will fall at some day—how near or far I may not know—as silently, as relentlessly across my grave.

Now dare to whisper “hysterics,” gentle reader, and—well, hysterics has been the pathological reproach and therapeutic shame of my sex time out of mind. A man may get bluer than condensed indigo, and straightway there are discovered indubitable evidence of tissue changes and destructive cell-transformations that more than account for his loud complainings. But only let a woman whine, just a little, and she has got nothing but a self-imposed “hysterics” beyond a doubt.

But what I started to write about was the American Institute of Homœopathy, and how its angularities impinged upon the cerebral receptivity of a backwoods woman of Missouri.

Do you know that I “saved up” out of my scanty earnings to attend this association with the definite, selfish object of learning something? Fact, I assure you. Served me right, perhaps, for deliberately conspiring to get something for nothing, and the ride thrown in. But wasn’t I dissatisfied? I don’t remember anything like that dissatisfaction since it rained so hard and persistently all day of the first May pic nic I ever “dressed up” for.

I laugh yet to think how timidly I walked into the lecture room of the Put-in Bay house. How I held my breath to catch every word that was being said. How eagerly I scanned the faces and took mental measures of the heads before and around me.

“Ah,” I said to myself, “the French Academy of Sciences has been the goal of my dreams. And now, here I stand in the awful presence of its American prototype. Sit still, me heart, sit still.”

A nice looking gentleman was reading something relating to *materia medica*. I listened attentively and grew into the conviction that I had heard or read something very like it before. But being only a humble denizen of Bois Brule, (the

natives, oblivious of the tautology, call it "Bob Ruly's Woods,") I did not fully trust myself to decide upon the line of demarcation between the original thought and the rehash.

Just when the reader had gotten fairly into his subject, the handsome president, who had been toying nervously with his mallet for some minutes, suddenly brandished this weapon and brought it down upon his desk with a crash that startled me. It startled the reader too, and with some confusion he hastily folded his manuscript and slunk away to his seat. He looked crestfallen, and I felt disappointed that a mere matter of a few moments should be allowed to deprive us of the original research and philosophical deductions which must have been developed in the latter half of the paper.

Further along in the session that inevitable mallet came down while a young eye doctor was elaborating a subject peculiar to his specialty. He was a very young man, I think, and from some one of the lake villages. He rebelled against the gavel and begged a minute's time in which to state an important point. Time was granted and he went on to say that Drs. Liebold and Angell, two noted specialists of the "East," had pronounced the case utterly hopeless. The patient had the good fortune to stumble upon this phenomenal young surgeon, and lo! the prediction of the two wise men of the East came to naught, and the patient was healed. This young man will be older by the next meeting. He would have been much older immediately could he have seen the broad grins that illumined the countenances of the experienced gentlemen who occupied the rostrum in his rear.

I did not fail to note that the discussions turned upon some old and well known points—points worn clean off, in fact. Potency, and dose, and repetition, and alternation, and single remedy, and dynamization, were handled and mouthed in about the style that they are wont to be at county and state conventions, medical.

"This is the free for all fight," I thought, "and when each man shall have had his tilt with his opposite, we shall get down to business in earnest."

But we never did get down to business. Fragments of numerous papers were read on numerous subjects. Numerous speeches were made, good, bad and indifferent, as to manner and matter. The papers all had the basic lesion of reading, much like familiar text books newly conned, save one lone paper that had a genuine vertebral column of originality in its longitudinal axis. It was read by a young gentleman from Chicago, and was not preceded by the usual flourish of trumpets. Which proves that a good thing may come even out of Chicago. The writer referred the morbid condition known as "Addison's Disease," to the hydra-headed tubercular process as its immediate cause. The same thought had flashed along my auditory nerve, some months before, while repeatedly holding my ear hard against the interscapular region of a boy far toward the closing scene of a marked case of "bronze skin." I did not write up the thought. And to this young medical teacher from Chicago is justly due the credit for a discovery in pathology.

Dynamization received two smart blows, simultaneously from the East and West. It reminded me of the rude game I used to see little school boys play, called, "knock out all between us." Two knockers would flank a boy, or bevy of boys, and proceed vigorously to knock them out. C. Wesselhoeft, of Boston, hit from East with his little microscope. He had seen particles of *Carbo veg.* no smaller in the third than in the first trituration. The succeeding progressive subdivision of drug particles by the successive triturations was a myth. *Carbo veg.* could be trituated "finer" in a glass mortar, with a glass rod, without the intervention of the secondary *Sach. lac.* Not only this, my countrymen, but in the case of *Aurum met.*, *Cupr. met.* and *Plumb. met.*, the originally small particles of metal became actually larger, through a welding together of those particles of metal "in the process of trituration."

Thus rudely batted from Boston, Dynamization was short stopped by Sherman, of Milwaukee, with the statement, based on experiment, that two of these metals were no longer what they feigned to be, after a short period of repose

even in well stopped bottles. They become oxides. He also confirmed the Bostonian's diagnosis of the dynamization and progressive subdivision theory. Infinite divisibility of matter was thus shown to be a delusion and a snare, and had no voice for its defense.

Seeing it thus lone and forsaken, my womanly instinct prompted me to break one lance for the lost cause.

I mildly suggested that it was only reasonable to presume, from the known hardness and raggedness of the small blocks of triturated *Sach. lac.*, and the equally known softness of these metals, that infinitesimally small particles of those metals would be rubbed into the interstices and depressions upon the surfaces of each and every block of the said *Sach. lac.*, with which a particle of metal came in forcible contact. Emanating from an ugly woman, this argument was relegated to the waste basket, as a piece of perversity to be ignored. I shall get me some microscopes and look for myself. Mind if I don't.

R. Ludlam, M. D., the Apollo Belvedere of the Institute, had some maps, illustrating some of the eccentricities of the clinical thermometer. The explanation included a brief summary of the practical uses of the thermometer. Ludlam could have done much better for the society by a lecture upon practical ovariectomy; in which branch of surgery he has done some creditable work. An uncouth hoosier made Reuben to feel the rod by remarking that even down in Posey county, Ind., the doctors had been familiar with the clinical thermometer these ten years past.

Am I mistaken as to the object of this yearly assemblage? Do many go for "fun;" and some for self glorification; and nobody for real work? In native intellect, commanding presence and mental acquirements, this assembly will compare favorably with any similar body in the world—perhaps. I know, from closely conned pen pictures, that even the noted Academy of Science of *la belle* Paris, would be at disadvantage in a fair comparison of material. What then makes the great difference—the incomparable difference of results? Answer me, O, Bois Brule, from the whispering

depths of thy thousand chorded glottis! Is it not the spirit, the essence of this great continent, that makes the male aboriginal, joy only in the fierce, wild excitement of the chase and combat, while he despises the laborious, plodding routine of work? Doth not this same spirit paralyze the *mortores animorum* of his pale browed supplanters? Doth the red woman of the prairies teach her daily lesson of patient toil in vain? Shall not the woman-doctor of the future, become the practical scientist of American medicine; the persistent delver for the hidden ores of all medical wisdom?—
DR. ABAGALE C. GREEN.

Book Notices.

A Manual of Therapeutics According to the Method of Hahnemann. By Richard Hughes, L. R. C. P., Edin. London, Seath & Ross.

The distinguished author has honored us with a copy of the new edition of his work, and we find, upon looking it over carefully, that it is greatly improved. It is gracefully dedicated to his American colleagues, the cause of which is clearly traceable to the results of his visit to this country in 1876. It was our pleasure to see the author at that time, and to find him a man yet in the prime of life, and susceptible, as his work clearly proves, of modifying his views by the acceptance of new facts and improved theories. That his visit to our Centennial, and his consequent intercourse with the leading men of the homeopathic school of this country, enlarged his views upon some important points is plainly to be seen. But we have looked over the book with some surprise. Why should a man of ability like Dr. Hughes write so elementary a work on medical practice? Is it a real advancement in our literature to have the book added to one's library? A renowned mathematician who would

condescend to write an arithmetic for young children, or a celebrated lexicographer or philologist who would spend his talents in making something akin to Webster's spelling book, would not materially enhance his fame. Dr. Hughes' work is nothing if not elementary and fragmentary. Our theory and practice is our materia medica applied. But judging of the materia medica by what one might learn of it in this book, it would seem to be a very vague sort of thing out of which to get precise practical results. We might easily take issue on many points presented by the Doctor, but what concerns us now is not so much what is in the book, but rather what is not in it, and what might have been in it, to the exclusion of a deal of stuff of doubtful value. Dr. Hughes is an author on materia medica, and one of the teachers of it in the London School of Homœopathy, but it does not appear to us that he really understands the homœopathic materia medica. Perhaps we might better say of him, that he is a diligent student of "surface indications." His grasp of most remedies is objective. The finer and more subtle subjective elements belonging to our drugs he generally ignores, or else he is not aware of them. The author will doubtless smile at this estimate of him and his productions, but let us assure him that while we think none the worse of him and his book, we would be glad to think much better than at present we can. Boericke & Tafel, agents. Price \$5.00.

The Temperaments, or, The Varieties of Physical Constitution in Man, considered in their Relations to Mental Character and the Practical Affairs of Life, etc. By D. H. Jacques, M. D., with an Introduction by H. S. Drayton, A. M., Editor of the *Phrenological Journal*. 12mo, 350 pages, 150 Illustrations, extra cloth. Price \$1.50. New York: S. R. Wells & Co., Publishers, 737 Broadway.

A work treating of a subject that should be of universal interest, as it is of very great importance. The temperaments are defined according to both the ancient and the modern theories and classifications. The pathological views of the old medical schools are fully described, as well as those of the more recent anatomical and physiological systems. The writer discusses all the temperamental modifications and combinations usually met with, showing the configuration which is associated with the different types. The relations of temperament to occupation, marriage, education, training of children, choice of occupation, health and disease, are entered into. An important and valuable feature is that of the practical hygienic rules for correcting the unhealthful predispositions of certain temperamental

conditions; and not the least interesting part of the book is that which is devoted to the temperaments as they appear in races and nations, and is illustrated with many portraits. Then there are studies in temperament, and a chapter on the temperaments in the lower animal, showing the effect of domestication and other conditions.

The work appears to be very complete, and is the only work on its particular subject now published. For sale by Robert Clarke & Co.

Lectures on Materia Medica. Vols. 1 and 2. By Carroll Dunham, M. D.
For Sale at the Pharmacies.

We have now added to our literature three most valuable books from the pen of this gifted author. The first volume, *Homœopathy the Science of Therapeutics*, issued last year, has already taken its place among the most important of our text books. The two handsome volumes just now laid upon our table are each the peer of its predecessor. But while they are works that will ever be sought after by the earnest students of Homœopathy, they will always rank much higher than mere text books. Not for many generations will medical science outgrow what they contain. They are brim full of philosophy and fact, which must have endurance by virtue of the unassailable truth they contain. Volume I is adorned with a most perfect likeness of Dr. Dunham, upon which stranger and friend will gaze with pleasure. To one skilled in the science of physiognomy there will be seen the unmistakable impress of the great soul that looked so long and steadfastly out of its fair window. And to those who knew the original there will come a fresh meaning to the saying, "He being dead yet speaketh." But our readers will be chiefly concerned with the contents of these books. They are even better than their embellishments. They are chiefly such lectures on *materia medica* as Dr. Dunham alone knew how to write. They are preceded quite naturally by introductory lectures, which he was accustomed to deliver to his classes on general therapeutics, on rules which should guide us in studying drugs, and on the therapeutic law. At the close of Volume II we have several miscellaneous papers of great interest, but the most important fact of all is that we have here over fifty of our leading remedies presented in a method which belonged peculiarly to the author, as one of the most successful teachers our school has yet produced. Dr. Dunham never intentionally wrote a book. He had always too much else to do. Book making—if he ever designed it—he left for after life. Alas, that after life in this world never came! But thanks to loving and competent hands, the treasures of his life's work are now being gathered up and given to us in

such form that they can not fail be a wide and lasting blessing to mankind. Blessed will be the library they adorn, and wise the man or woman into whose mind their light shall shine.

Hoynes' Clinical Therapeutics. Vol. II. Part VI. Chicago, 1879.

The previous five parts have been gathered into a handsome volume. When we have this volume completed we will have a couple of books worth a foremost place in any physician's library. They are just lacking enough in system to make them popular with the busy practitioner. True, one will not always find what he wants here, but he will more often find what he needs, and may be not looking for.

Notes on the Treatment of Skin Diseases. By Rob't Leveing, M. D. Wm. Wood & Co., New York.

This little work is of very considerable use to the practitioner, save only in the matter for which it was especially written—the *treatment* of skin diseases. The author feebly protest against Hebra's statement, that "no other assistance is required than a knowledge of the objective symptoms, which are visible on the surface, in each particular case. We do not attach any value whatever to either the history, or to the subjective phenomena in investigating a cutaneous affection." Hebra is well known, and very high authority in a school that boasts of pathology as a specialty. To this absurd and monstrously false teaching Dr. Leveing offers a solitary exception, namely, scabies. Now then as the treatment offered in this work is, almost without exception, unscientific, and the pathology worthy only of the dark ages, we find it hard work to extract sweetness of any sort from it. But as the objective phenomena of the various forms of skin diseases are well described, and the classification excellent, we think it likely information of some sort may be obtained from it. It is small and convenient. Price one dollar. Rob't. Clarke & Co., Cincinnati.

A Tabular Hand Book of Auscultation and Percussion, By Herbert C. Clapp, A. M., M. D., of the Boston University School of Medicine. Houghton, Osgood & Co., Boston, 1879.

If we must have new books upon old subjects, it is some satisfaction to find that they are good ones. In physical diagnosis there is little to

be said that has not been said many times. But Dr. Clapp has done a real service to the profession in tabulating all that pertains to this department, so that, with the utmost care possible, one can ascertain what is desirable to know, and for the use of students nothing could be neater than this. We commend the book most cheerfully. Price \$1.50.

Diseases of the Bladder and Urethra in Women. By Alexander J. C. Skene, M. D. Wm. Wood & Co.

This work covers a new and most important field in medicine, and the author has done the profession good service in elaborating and defining the diseases belonging to this department. The work is well illustrated, so as to make both the anatomy and the pathological condition plain to the simplest mind. It would seem quite indispensable to those of the profession who make a specialty of gynecology. And what strikes us upon perusing this book is, that so many conditions, due to the bladder and urethra might easily be, and doubtless have been, mistaken for uterine troubles. One of the best evidences we have of medical progress, may be seen in this increasing ability to differentiate between various diseases of the pelvic viscera. For sale by Rob't Clarke & Co. Price \$3.00.

JAMES' CLINICAL BLANKS. An admirable arrangement, always ready for the busiest practitioners, on which to note their cases, symptoms and treatment. For sale by Boericke & Tafel.

Editor's Table.

NEW YORK, January 20, 1879. The position of resident physician to the Hahnemann Hospital, in New York City, is now vacant. A competitive examination will be held early in March next. The doctor to have his board, lodging and washing. Applicants may address John W. Thompson, M. D., secretary medical board, 36 East 30th st., New York.

DR. Z. B. NICHOLS, of Faribault, Minn., called on us recently, and reports having made an extensive and pleasant trip through western

cities. The doctor has been surgeon for sixteen years to Minnesota Institute for the Deaf and Dumb and the Blind, and without the loss of a single patient. The directors are all patrons of Homœopathy, and know what those under their care require. We applaud their wisdom and Dr. Nichols' success.

WHOA EMMA! Our good friend, P., of St. Louis, writes that he "wants to stop the ADVANCE." Well we are really sorry that any of our friends can not have what they want. But we assure the doctor that the present momentum of the ADVANCE precludes the idea of its being stopped by any body. If he thinks he can do it, let him come here and try. But let him remember that for this state of affairs he is himself responsible, for he has been for a long time a prompt paying subscriber. For this we are sorry to lose him from our list, but we would as quick think of checking the rotation of the earth, as to prevent the onward movement of the MEDICAL ADVANCE in the path of progress.

NEW YORK Ophthalmic Hospital report for the month ending January 31, 1879: Number of prescriptions, three thousand, four hundred and fifty; number of new patients, four hundred and forty-three; number of patients resident in the hospital, forty-five; average daily attendance, one hundred and thirty-three; largest daily attendance, two hundred and six.—J. H. BUFFUM, M. D., Resident Surgeon.

MILWAUKEE, January 20, 1879. The remedies mentioned in Dr. Sherman's paper, A Test of the Efficacy of High Dilution, prepared in the presence of the members of the Milwaukee Academy of Medicine, on January 7 and 9, 1879, are now ready for distribution. The free list referred in the last paragraph of the report of the committee, includes only believers in the efficacy of the thirtieth potency to produce pathogenetic effects in the healthy; others will be expected to remit, in advance, the sum of thirty cents to defray expenses.—A. SCHLOEMILCH, M. D.

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

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All communications for publication should be addressed to DR. T. P. WILSON, editor, 130 Broadway. All subscriptions and business communications should be addressed to MEDICAL ADVANCE CO., 80 W. 9th St., Cincinnati, O. Subscription \$2.00 per year.

SURGEON GENERAL WOODWORTH is dead. He is reported to have died of pneumonia, but it was Homœopathy that killed him. He was the moving spirit of the old school yellow fever commission, and had a boundless ambition to become the great mogul of the new board of health when Congress should appoint such a body. But yellow fever was his hobby. On that he evidently expected to ride into power and to achieve fame. This allopathic commission gathered up a vast mass of statistics, and WOODWORTH had laid it proudly at the feet of the great legislative body of the country. But, alas, the gourd of JONAH again withered in a day. The sun of Homœopathy shined upon that report in the shape of a document presented to congress from the hands of a homœopathic commission, and poor WOODWORTH, overwhelmed with despair, had to die. Had he been generous toward his rivals he might, perhaps, have been alive this day. A boy's definition of salt, as being that which makes potatoes taste so badly when there's none of it on them, applies, in some sense, to Homœopathy, for sometimes it is the death of those who fail to take it. Dr. WOODWORTH is a striking example of this fact.

WE ARE ALL FOOLS but me. What a pity, since wisdom is so cheap and easy to be obtained. These high dilution fellows have made asses of themselves on all possible occasions. The low dilution fellows

have done even worse. They have made of themselves donkies. Those who have defended HAHNEMANN, and those who have attacked him, are alike idiots. And it's the same with the law of *Similia*. Some are against it, and some are for it, but both parties are wrong, and greatly to be pitied. As for Homœopathy, the folly of standing up for it is only equaled by the folly of being down on it. When will men learn to be wise? The foolishness of having an opinion about anything, is apparent on the face of it. But if you will have an opinion adopt mine. If you would know what my opinion is listen. You are all right and you are all wrong. Could anything be more impartial? This fully satisfies your mind as well as the mind of your enemies. All parties are pleased and no bones broken. Now then, kind reader, if there be not many men in the profession who say this, there are not a few of them who think it. It is a kind of patronizing philosophy that works on the good Lord, good Devil plan, and there is a deal of it in the medical profession. But with all its pretensions to high mindedness and generosity, it is despicable in the eyes of every man who has conscientiousness in his mental make up. A man without convictions is a man without intellectual ideas.

A NEW ELEMENT OF MEDICAL PROGRESS,—A few evenings since, while sitting in the office of one of our distinguished physicians, a telephone signal suddenly startled us. The Doctor picked up a seeming toy that lay near his hand, and placing it alternately to his ear and mouth, carried on a spirited conversation with one of his patients. "What is the distance Doctor?" we asked. "Eight miles," he replied. And he further informed us that he now was connected with the central office—the Telephone Exchange—and through that with a large number of families, both in the city and in the distant suburbs. This gave him, as one can readily see, instant communication with those patients night and day, for like the gates of gospel grace, the exchange is always open. "Why," said the Doctor, "you will hardly believe it, but the other evening, being myself unwell and unable to go out, I prescribed for eight patients by telephone—the families in question having medicine, had only to give me the symptoms, and I directed the remedies to be used." Another important advantage is this, that while out upon his round of visits, in various parts of the city, he has but to call at certain houses and communicate instantly with his assistant in his office, and learn as to calls and other wants that may be there. And by this method he is often saved hours of hard driving. Few things are more provoking to a physician than to be obliged to traverse his steps and go back a mile or two over the road he has just passed. We may reckon upon the telephone as a most important and substantial addition to medical

practice in cities. A physician thus connected with his principal families, will find his business greatly increased, and the labor of it correspondingly decreased. Who will dare to say the world does not move and that medical *art* is not progressing? That which a few years ago could not have found a place in the imagination of the wildest dreamer is to-day a practical reality. Now if instead of taking poisonous drugs in large and often fatal quantities, all the Doctors would give the smaller and more efficient doses, and if instead of following a senseless and blind empiricism, they would follow the divine law of cure enunciated by SAMUEL HAHNEMANN, then the intelligence and wisdom of the physician would be seen keeping pace with the improvement of his instruments, and medical science would hold a proper relation to medical art.

POSTSCRIPT.—A large number of the leading physicians of Cincinnati are now connected with the exchange, and, therefore, in immediate communication with each others' offices. *Vive la fraternité.*

The Test of the Thirtieth Dilution. Reply to Editorial Criticism in February, 1879, number of the *ADVANCE*.

MR. EDITOR:—Permit me a few words in reply to your remarks on the test of the thirtieth dilutions, the Milwaukee Academy of Medicine and myself.

In the first place you object to the "animus" of the physicians who propose the test. [We referred to Dr. Sherman's animus, not theirs.—ED.] With the keen eye of suspicion you see an intended blow at Homœopathy. We can assure you upon our sacred honor that we do not intend to strike a blow at Homœopathy. We, ourselves, believe in and practice according to the law of similars. Further, we are not inimical to the high dilutions. Of the physicians who propose this test, some are believers in the efficacy of the high dilutions and some are not; but all desire to know the truth. This is our "animus."

You find fault with the clause italicized in the following quotation. "There are men in the profession who claim that pathogenetic, as well as therapeutic effects, are produced by the thirtieth dilutions, and that provings made with these preparations represent the disease-producing properties of the drugs *after which they are named.*"

It seems superfluous to explain that, if I had used the words "which they contain," there would have been a begging of a part of the question at issue, namely: whether there is or is not in the thirtieth dilution, any of the material substance of original drug. On the one hand, the best physicists of the day hold that matter is not divisible to the extent required to make the thirtieth dilution contain a molecule to the drop; on the other hand a small, but select, minority of the healers of the day hold that the thirtieth dilution does contain a portion of the substance of the drug in every drop and fraction of a drop. In deference to the opinion of this minority, the proposed test is made.

You ask if I will take part in an experiment whose object shall be to test the pathogenetic and curative powers of the sixth and third Hahnemannian dilutions, with the understanding that if they are proven to have no pathogenetic or curative powers, I shall forever "shut up my place of business." You propose the sixth dilution of *Natrum muriaticum* and the third trituration of *Calcarea carbonica*. You seem to be laboring under the mistaken impression that the conscientious pharmacist is bound to warrant the curative powers of every preparation he sells to the medical profession. This would be just as absurd as to ask a druggist to warrant every physician's prescription he compounds to cure the patient for whom it was prescribed. In our view, it is the duty of the pharmacist to prepare strictly according to the rules of his art, all the simples and compounds which physicians may require at his hands. In the nature of the case the physician is responsible for the appropriateness of the prescription, and the pharmacist for the correctness and accuracy of its preparation.

Dismissing this most irrelevant of subjects, let us suppose that you had asked the question, which a reasonable high-potency man might be expected to ask, namely, will I take part in an experiment, similar to the one the Milwaukee Academy of Medicine has proposed, whose object shall be to test the pathogenetic and therapeutic powers of the remedies I use in the treatment of the sick? The answer is, most assuredly I will. If I am using inert or inefficient remedies I can not find it out too soon. This, I believe, would be the answer of every honest and honorable physician in the world.

You object to the phrase, "*a priori* improbability," as used in the quotation above copied, on the ground that there is no *a priori* probability of the curative powers of any drug in any dose. You trip in your logic and unconsciously uncover your "animus." The improbability referred to, applies primarily to the disease-producing powers of the thirtieth dilutions, which powers are doubted by all thinking men who have not made trial of them, and by some who have made trial of them. The majority of men of my acquaintance who believe in the curative powers of the high dilution, disbelieve in, or doubt, their pathogenetic power. This *a priori* improbability is founded on the well known principle that other things being equal, the disease-producing effects of a poisonous drug are in direct proportion to the mass of that drug taken into the system. This principle is exemplified in the common observation that a grain of *Morphine* has a greater soporific effect than half a grain. The fact that one hundred grains of the first decimal trituration of *Mercury* will produce more poisonous effects than ten grains of the crude metal, does not argue against this principle, for it is equally true that twenty grains of this same trituration will produce more poisonous effects than ten grains; and it is not true that ten grains of the second decimal trituration will produce as much disturbance of health as ten grains of the first, and it is not true that ten grains of the third will produce as much disturbance as ten grains of the second. These facts are known and acknowledged by all medical men, and they certainly bear on the probability of there being any disease-

producing power in the high dilutions. Again, the improbability on physical grounds of there being any material substance of the drug in these dilutions, makes it improbable that they are capable of curing disease. Again, the fact that the human body is constantly subjected to the action of poisons more massive than these, without perceptible effect, and that in some, if not in all, cases the very same substance which is administered for specific effects is inhaled in the breath, and ingested with every morsel of food and draft of air, is more massive than those given in the thirtieth dilution, bears on the improbability in question. This improbability is openly or impliedly admitted by the writers who argue in favor of the efficacy of the dilutions. In regard to the *a priori* probability of any drug curing a disease there may be doubt, but it is reasonable to infer that there is less probability of a cure being effected by a drug, if the drug is not administered, than if it is administered to the patient.

In all this let it be understood that nothing further has been claimed against the high dilutions, than this "improbability." As to the actual fact in regard to the efficiency or inefficiency of these preparations, the question is still open. This question the Milwaukee Academy of Medicine hopes to settle by pure experiment.

The facts on which believers in the efficacy of these dilutions rely, are taken from these results of observations or impure experiments, and do not therefore afford satisfactory proof to minds trained to the investigation of natural science. To the untrained mind of an ignorant swain, every recovery after drugging is a cure. The quality of the literature which constitutes the most attractive feature of our medical journals indicates that the average doctor has not yet arrived to such a state of intelligence that we can trust him to distinguish between a recovery and a cure, when he makes the prescription. The prejudice, the superstition, the love of gain, the hope of glory and a score of other conspiring or conflicting influences combine to bias the honest judgment of the intelligent physician whose patient has recovered under his care. In the experiment we propose no influence of this sort can

affect the result. Therefore, if the intelligent believer in high potencies can select the medicated pellets in this test, he may give to the world the evidence of pure experiment, the strongest known in natural science—that there is power in his “potencies.” If he is afraid to try he will say, “Oh pshaw, the efficacy of these potencies has been proven a thousand times; I have no time for superfluous work; away with your test; you are not a true homœopath.”

In regard to the proper use of the word inference, I quote from Webster, 1877. “That which is inferred; a truth or proposition drawn from another which if admitted or supposed to be true; a conclusion.” Webster quotes from *Taylor’s Element of Thought*, “An inference is a proposition which is perceived to be true, because of its connection with some known fact.” When something is affirmed to be true, it is called a proposition; after it has been found to be true by several reasons or arguments it is called a conclusion.”

In this experiment, as in all inductive philosophy, we deal with facts and inferences; in pure mathematics and deductive philosophy, we should deal with propositions and conclusions. In what condition of mental befogment you may have been when you penned the following lines, I dare not venture to guess: “Science discovers, reveals, demonstrates, proves. Science commences with the ‘inference’ and considers nothing done until it pushes forward to the possession of the fact.”—LEWIS SHERMAN, Milwaukee, Wis.

OUR ANSWER.—Dr. Sherman has not strengthened his abortive plan by his elaborate answer to our criticism. It will be seen at a glance that he is unfortunately laboring under an intellectual confusion. He thinks himself a friend and follower of Homœopathy. So might Voltaire have claimed to be a friend of Christianity. The Doctor is unconscious of his own inconsistencies—is probably incapable of seeing them and we must be content to leave it so. He attempts to restate his position and with child-like simplicity, he raises entirely new issues. His original plan was to prove or disprove the efficacy of the thirtieth, as to their pathogenetic

and curative powers. Now he speaks of the "question at issue" as being this, "whether there is or is not in the thirtieth dilution any of the material substance of the original drug." The Doctor will excuse us for saying that in reading over again with care his pamphlet, we find no such issue as this even remotely hinted at. He says distinctly on page six, "the object of this test is to determine whether or not this preparation (the thirtieth) can produce any medicinal action on the human organism in health or disease." Evidently the Doctor does not know what he does want, and in a trial by law such a discrepancy would throw his case at once out of court. But if this is to be taken as an amended petition we would be glad to know it. Until he is able to state his case clearly, it would be folly in us to attempt to aid or oppose him. But Dr. Sherman must have a queer idea of science if he seriously supposes that his giving such medical preparations would amount to a chemical demonstration of the presence or absence of the drug substance. The thing is utterly absurd. It is infinitely worse than his first plan. His intelligent indorsers in the Milwaukee Academy of Medicine might not be willing to change so readily the ground of their endorsement. A man who writes his name across the back of a note or check, would not enjoy having the face of it altered at the will of the principal.

As a question in physics or chemistry, it may be worth our while to know if there can be any ascertainable amount of drug substance in the thirtieth dilution. As a question in therapeutics it has no force whatever. We say this deliberately and understandingly. You can not settle such an issue so as to affect in the least the medicinal action of this preparation. We take up the thirtieth dilution of a drug and propose to employ it in the treatment of disease. The only question that can be raised is this: *Is the drug force there?* But this question was satisfactorily settled long before Dr. Sherman was born. The issue is a dead one and no amount of pretended love for truth will warrant the effort Dr. Sherman is putting forth to resurrect it.

The doctor evades the issue we forced upon him to prove his third dilutions according to his plan or failing in it, to shut up his shop. He dare not, therefore, he will not do it, for his occupation would soon be gone.

As to the matter of *a priori* improbability Dr. Sherman again shifts his ground. His circular plainly states the question as applied to both "the therapeutic and pathogenetic action of the thirtieth Hahnemannian dilution." Now he meekly pleads that "the improbability referred to applies principally to the disease producing power of the thirtieth dilutions." If the doctor will rewrite his circular we can, perhaps, come to an understanding of his views.

Oliver Wendel Holmes and Sir Jas. Y. Simpson, and all their satellites, have anticipated Dr. Sherman in his arguments against attenuated doses, and if he were a careful student of homœopathic literature, he would long ago have found his answer to his objections. Simply he does not himself believe in them, and vainly fancies that he can destroy the belief others have in them.

The Doctor asserts that "the facts on which believers in the efficacy of these dilutions rely, are taken from observation or impure experiment and do not, therefore, afford satisfactory proof," etc. He then compliments "the average doctor" by declaring that he, the average doctor, "has not yet arrived to such a state of intelligence that we can trust him to distinguish between a recovery and a cure when *he* makes the prescription." Yet he proposes to go over the ground again and to rely upon the same parties, (or will they be above "the average doctor?") making the same observation. Here's a dilemma worth looking at. The Doctor is "hoist by his own petard." The old rule applies, "False in one, false in all." This question of being cured or getting well has no special relations to the thirtieth. His tinctures and crude powders are open to the same query.

Dr. Sherman kindly reads us a lecture on definitions, as though we had blundered in our criticism of his use of the word "inference." "Taylor's Element of Thought" is a good thing, at least so much of it as the Doctor found in Webster's

Unabridged, and from which he made a partial quotation to suit his views. This same Taylor says that "a conclusion is stronger than an inference." He says, moreover, that "in a chain of reasoning we have many inferences *which lead to the* ultimate conclusion." The Doctor himself quotes that an inference or proposition "*after* it has been found to be true by several reasons or arguments it is called a conclusion." We are much obliged to the Doctor for his quotation, for it proves all we have heretofore asserted. He proposes a grand "test," he employs a hundred men and women, they labor a whole year, and in the end reach a mere "inference." For heaven's sake, if we must have a new test let it be one that will enable us to reach a *conclusion*.

It would be an idle task to follow Dr. Sherman's answer in detail. We desire, however, to have it understood that we have no objection to a proving or reproving of any or all the dilutions. We make no protest against the proper testing for pathogenetic powers of the thirtieths. For this purpose the Sherman plan can hold no comparison to the well known methods that have been in vogue with provers since Hahnemann's time. As a rule, provers have never known what they were taking, and the administration of *Placebos* is nothing new.

The application of this test in the way proposed to the cure of the sick is quite another thing. The morality of testing drugs on patients by groping among ten bottles where nine are known to be blank is not questionable. It is plainly and unquestionably bad. Suppose one of these Sherman provers called to child stricken with fever and *Aconite* is the remedy indicated. It may be, and often is a matter of life and death that the right remedy be selected and promptly administered. The doctor understands what is needed and he has the means of relief in his possession. On this account he is sent for and the case confided to his care. An anxious mother is looking on while the doctor draws forth ten vials. "Madame your child is very sick. *Aconite* may save it suffering and perhaps death." "Then doctor you will give it *Aconite*, will you not." "Well, madame, the fact is, I belong to the Sherman

Provers' Association. One of these vials contains *Aconite*; which is the one I do not know. I am going to find out by experimenting on your child." It will not strain the reader's imagination to reach the conclusion of this colloquy.

Such trifling with the important responsibilities connected with the sick by any physician, would cause the entire loss of his practice. Let it be known that a large number of homœopathic physicians in this country are engaged in this plan, and it would create a wide and fatal distrust toward all who practiced the homœopathic system. If the provers could be publicly known, they would have no patronage. For who would place in their hands the interests of one sick, knowing to what chances those interests would be subject.

It has ever been the glory of Homœopathy, that its practitioners did not experiment upon the sick. We have thrown this charge thousands of times in the face of Allopathy. Must we now become a second Hazael who said, Is thy servant a dog that he should do this thing? and then commit the wrong we have so long and loudly condemned? Dr. Sherman may be at heart a friend of the cause he professes to follow, but Homœopathy may well pray to be defended from such friendship. His plan may be instigated by a sincere love for truth, but it is a scheme which, if carried out, would bring dishonor upon our school. The man or woman who follows it in daily practice must violate the plainest principles of virtue. They must break the most sacred pledge of their profession, and put in peril the lives of those committed to their care. If these considerations do not deter the attempted execution of this mad-cap scheme, we hope the consequences may be made to rest where they belong.

Theory and Practice.

The Relations of Pathology and Therapeutics.* By T. F. Pomeroy, A. M., M. D.

As physiology is the science of the healthy living organism, so is pathology the science of the diseased living organism. And, as the study of physiological science can only be prosecuted through the normal functions of the living organism, so must the study of pathological science be prosecuted through the abnormal functions of the living organism. The greater the amount of knowledge possessed of the phenomena of normal functional action, the more profound is the knowledge of physiological science. So also the more accurate and comprehensive the knowledge of abnormal functional action, the more complete is that of pathological science. These propositions need no demonstration, they are self-evident. It is significantly apparent that in the study, both of physiological science and of pathological science, our observations are strictly confined to living organisms, as neither physiological nor pathological conditions can relate to dead ones, but exhibit the phenomena of life only, through which, if at all, we must acquaint ourselves with these respective sciences.

Disease, no more than perfect health, is an entity, but a condition of life; it has been truly called "morbid physiology." Its study may be prosecuted only through its phenomena, and these are both objective and subjective. So much for pathology in its general aspect, and in the abstract. Whatever is true of it in the general must also be true of it in the particular.

Individual pathological states then must be regarded, and a knowledge of them acquired only through the objective and subjective phenomena that they present for our observation; there is no other possible way of investigating func-

*Read before the College of Physicians and Surgeons of Michigan, February 24, 1879.

tional life, whether normal or abnormal, than through those phenomena that belong to a living organism.

We may indeed study the ultimate results of morbid functional action from the changes and the destruction that has been produced, as we may, after death, study the mechanism through which normal functional action is had. This is the study of anatomy, while the other is that of pathological anatomy, both respectively aid substantially, in our study both of physiology and of pathology.

When we come to the study of the relations of therapeutics to pathological conditions, which indeed is the end, and the objective point of our studies of both physiology and pathology, as also of all other branches of medical science, we, as homœopaths, enter upon a widely different field of observation and research from that of any and all other schools of medicine, as also we have means and methods of prosecuting these researches that are not open to them. Indeed we have discovered what, antecedent to the enunciation of the homœopathic law of cure, was hidden from the entire profession—a science of therapeutics. While they are still able to treat disease only empirically, we are competent to treat it scientifically, and in harmony with, and in obedience to, natural laws.

This results from our ability to observe and to study pathological phenomena from a wholly different point of view than has ever, systematically, characterized their efforts in that direction, the phenomena resulting from induced, or, so to speak, artificial disease, through the pathogenetic action of drugs and other agents; thus are induced phenomena that may be truly termed “morbid physiology,” and that in a sense not as pertinently applicable to ordinary or spontaneous disease.

These induced phenomena constitute our full knowledge of the capabilities of the *materia medica* of nature for the disturbance of physiological functions, and thus is supplied the long wanting link to make of medicine a true science, and of therapeutics a proximately exact one.

While all other schools of medicine are able to treat disease only through the means of a hypothetical deduction, termed

its diagnosis, which may or may not be correct, and from wholly empirical observations of drug action, we are able to treat it through an absolute verification of the corresponding phenomena of spontaneous, and of procured disease, tracing these phenomena in both instances to the seat of their ultimate action, to the very source of that action, the cell wall itself. This is true pathological science, a perfect knowledge of which is impossible but through the relations that the *materia medica* of nature sustains to physiological conditions, resulting in their disturbance in ways and in directions that are precisely similar to those of ordinary or spontaneous disease.

If pathological science means anything different from this, it means something that falls vastly short of its capabilities, something incomplete and wholly unsatisfactory to the scientific mind. If it is to be restricted in its relations to therapeutics to a bare nosological recognition as the sole basis for therapeutic treatment, then indeed has the pathogenetic action of the *materia medica* of nature been studied and observed in vain, and we, as homœopaths, find ourselves just where Allopathy and Eclecticism left us, and, like themselves we are left to the comparatively barren and unscientific methods and resources of a nosological classification, and to the uncertainties of a largely hypothetical diagnosis.

Such an unmistakable perversion of opportunities will not be the lot of any but of those who prefer ignorance to knowledge, and darkness to light; nor, shall we ever be forced to accept a mere nosological name as one only means of acquiring therapeutic success and skill, but at our own option.

When it so happens that the pathogenetic, or the toxicological effects of drugs on the vital organism cease to be catholic or universal; when it transpires that these effects are produced and manifested purely in conformity with the requirements of nosological science, and only to the production of specific diseases, or of definite pathological states that can be accurately and unfailingly diagnosed, then, and not until then, may we dream of specific medication, or of a purely pathological therapeutics.

Concerning the Test of the Efficacy of the Thirtieths.

143 WEST FORT ST., Detroit, Feb. 13, 1879.

ALBERT SCHLOEMILCH, M. D., Secretary Milwaukee Academy of Medicine.

DEAR DOCTOR:—I received your letter and the tract entitled "A Test of the Efficacy of the High Dilution," forwarded by the "Milwaukee Academy of Medicine," with the report of the committee. The real animus of this entire procedure is exhibited in Dr. Sherman's accompanying paper which by adoption has become that of your Academy, and which animus is concentrated in the last paragraph quoted from that remarkable paper, which is as follows, viz: "If the result [of your proposed test] should be to prove that the thirtieth dilution has no such power as it is claimed to have, then the medical profession has a right to demand that the symptoms supposed to have been produced by the thirtieth and higher dilutions be expunged from the materia medica, and that the advocates of the potentization theory should henceforth cease to prate their cures in medical journals and before medical societies which are avowedly devoted to science." So also all the way through your letter, and tract is this animus apparent in its almost, if not wholly, offensive tone. I shall not attempt a refutation of your one sided argument, if argument it be, because it refutes itself. You say, "the majority of scientific men in and out of the medical profession do not believe that these preparations (the thirtieth dilutions) have any curative power." I say, that the majority of the medical profession, and of scientific men, do not believe in the law of similars, that it is a law of cure at all, or, as you do, I suppose, "a general guide" even; thus your argument is one of the boomerang style that recoils with crushing force upon yourselves. Neither would these men, any more than yourselves, be any better convinced than now, after such a test as you have inaugurated, and gravely attempt to impose upon us. I doubt not that "the majority of scientific men," are abundantly able to satisfy themselves, as to all scientific matters, this one included, without such disinterested and impartial

aid as you propose. The advocates of the thirtieth dilution, and upward, surely do not need any such enlightenment as your "test" could furnish; their experience in their successful use is far superior both in results as also in an honesty of purpose to arrive at the real truth. Nor, is it material to them whether Dr. Sherman (or your Academy) endorses their convictions and the results of their experience or not. Their value is no more dependent on your sanction and approval, than is yours (?) and my belief in the homœopathic law of cure dependent on allopathic and eclectic approbation and endorsement.

The believers in "the thirtieth and higher dilutions" do not need the very feeble rays of light that illuminate the pathway of "the majority of" "the medical profession" in their investigations and experiments in therapeutic science; much less those that such a test as you propose to them would supply. We can not turn aside from our ordinary course to aid in opening the eyes of those who evidently do not desire to see, nor for the use of such a test as is manifestly fore-shadowed in your letter and the accompanying paper, a test that is conceived in opposition, and begotten of prejudice and intolerance.

You ask in your letter, "Will you not, therefore, accept this opportunity to justify your practice and benefit humanity by proving the potential efficacy of the thirtieth dilutions?" I answer, No, sir, I will not. Let those who doubt the efficacy of these dilutions do their own proving, if they are not already satisfied with the results of nearly sixty years of verification of their efficacy. With hundreds, yea thousands, of those who are living witnesses of their efficacy, and with scores of those who are numbered with our honored dead, I do not need at this late day to be convinced "of the truth or falsity of the theory of 'potentization.'"

The advocates of "the potential efficacy of the thirtieth dilutions" can not be caught in any such trap as is thus spread for their feet, nor can they be beguiled or misled by any such an artful dodge as is proposed through the instrumentality of the "Milwaukee Academy of Medicine."—T. F. POMEROY, M. D.

Extract from the Transactions of the Homœopathic Society of the Rhine and Westphalia. Translated by A. McNeil, M. D., New Albany, Ind.

Dr. Hendricks, Sr., spoke about ozæna, an ulcerous process in the nose, with greenish-yellow discharge mixed with blood. *Aurum* has been much recommended, but is useless unless the nasal bones are affected.

He cured a gentleman who had been treated allopathically a long time. The nasal bones were swollen, the root of the nose was sunken, the discharge was not profuse but was so offensive, that as the patient came into the ante-room, in a few minutes all the people ran out. Possibly syphilis was at the bottom of it. The inunction method and *Sarsaparilla* had been employed in vain. He was cured in three days with *Aurum met. 4*, three times a day.

Tumor ovarii. Dr. Hendricks was called to see a woman given up by the physicians. She was sixty years old and was resigned to her fate.

The abdomen was greatly distended and painful to touch; in the right side of the hypogastrium there was a smooth, painful swelling, the size of a baby's head, which was only slightly movable. The patient was sleepless, had lost all appetite, and felt that she was in a desperate condition. The Doctor diagnosed it as an ovarian tumor, but of what variety he could not tell. She received *Apis 2*, three times a day. In four weeks there was no trace of the swelling. The pains were gone and the general condition is perfectly normal.

Polypus of the vocal cords. An old lady whose husband was in the army, lost her formerly clear voice. She had been treated a long time by homœopaths and allopaths, but in vain. She had also gone through the hands of the specialists. They had discovered polypus of the vocal cords and had proposed an operation to her, as it was life or death. The Doctor suspecting syphilis, felt moved to give *Thuja 30*, in solution, four times daily. After three doses the voice was clear and the polypus gone.

Apr. 2

Dr. Heyne remarked, concerning the ovarian tumor, that he used *Apis* 10 with good results. In ovaritis acuta puerperalis and paralysis of the vocal cords (after typhoid) he had cured with *Causticum*. Dr. Kayser had cured it when resulting from croup. He also reported two cases of nasal polypi.

Case I. A woman sixty-four years old had a mucous polypus of the nose. It had been removed several times by torsion, the last time three months ago, then it grew large. The Doctor gave *Calcarea carb.* 12th, trituration, and after a month the sixtieth, after which improvement began. In the third month *Cal. carb.* 30, globules, with continued decrease of the swelling.

Case II. An old man, recommended by the first patient. Also a mucous polypus of the nose. *Cal. carb.* also did considerable. The Doctor gave the fifth and afterwards the thirtieth. When this dilution ceased to act he went back to the fifth from which the improvement again made progress, and afterwards with the third potency.

Dr. Neber had, at the beginning of the year, cured a young woman, otherwise perfectly healthy and in good circumstances, of a purulent scald head with *Staph. 1x*, three drops three times a day. The eruption was on the back of the head, and had continued fourteen days; it had a sour, stinking smell and served as the breeding place of innumerable lice, none of which formerly existed. In fourteen days from the use of the *Staph.* the scalp was dry, the stink considerably better and the lice disappeared. The itching which had prevented sleep ceased at the same time. No external treatment had been used except the comb, which hitherto could not be used.

Obstetrical and Gynaecological.

Causes of Tedious Labors. By M. M. Eaton, M. D., Cincinnati, O.

By request I offer through the pages of the *ADVANCE* a few facts which experience has suggested to me on the above subject. Having had no case of labor occupy my time for twenty-four hours for the past fifteen years (with one exception) it is naturally asked, why this is so, and when I state that the average time occupied with such cases has not been over four hours during these years, and enjoying a good amount of business in this line, as most of your readers know, I have myself thought it strange why I was favored with short labors while so many physicians seem to be troubled with long ones. I will endeavor to explain why this is so, as far as I am able to learn. I presume that many other physicians have had as favorable experience as myself; but as many seem to have a different experience I would gladly offer if possible, some hints that may enable them to get through more rapidly in future, and also save much suffering to those in labor as well as being, I believe, safer to both mother and child.

First, many labors are tedious because of their being premature. I am often called to visit the pregnant women some weeks previous to the completion of full term and find her having quite hard and regular pains. If I allowed the labor to go on in such a case it would be protracted, as the length of the neck is at these periods considerable and great time is consumed in its dilatation. When called to any case, either true or simulating labor, I make a vaginal examination before offering any suggestions as to the treatment of the case.

If I find any neck to the uterus I at once arrest the pains and go home. This can usually be done with *Secale* 6, two or three doses. If it does not arrest the pains in a half hour

I give one-eighth gr. *Morphia* and repeat in a half hour if necessary. Usually I hear no more of the case till completion of gestation. Sometimes am recalled in from six to ten hours finding pains have returned and that the complete relaxation of the system the *Morphia* has given enables me to get a rapid delivery. I sometimes when engaged to attend a confinement give the 6x of *Secale* and direct that it be taken if pains should come on before full term. By so doing I am saved being called and the patient is enabled to arrest the pains before they have continued so long as to produce a partial separation of the placenta and consequently hasten delivery before time.

Now as to rapid delivery at full term. The physician who visits a case of labor makes vaginal examination carelessly, directs that the patient walk about the room all she chooses (especially in cool weather) and goes to bed; will doubtless have many cases of protracted labor.

I do not consider that a physician is discharging his duty to his lying-in patient who simply goes and sleeps in her house and finally after the child is born through the long suffering of mother and child (for I think the child suffers in tedious labors) he condescends to cut the cord, wait a few hours for the delivery of the placenta, takes a few meals with the family, pockets his fee and goes home.

Pardon me if I have too clearly mentioned the course some physicians, who have many cases of tedious labor, are in the habit of following. Such a course seems to me heartless and unkind.

Our patient has a right to our best attention and skill if we have no sympathy, and methinks a little show of sympathy, as manifested by doing all we can for her comfort and speedy delivery is not amiss. First, then, let us ascertain that the bowels and bladder have been recently freely evacuated.—let us note the dilatation of the os and the dilatibility of the vagina; should the latter be contracted and dry let us at once apply some *Sweet oil* or *Lard* and if it does not speedily relax apply some dilute *Bell. ointment*. This should be carefully wiped away and *Olive oil* substituted previous to delivery

When the waters have prematurely evacuated, two fingers in the os for a half hour will greatly facilitate dilatation; if pains are good with rigid os I would give *Chloroform* to nearly complete anæsthesia for five or ten minutes, then discontinue its use for a while giving it again during the two or three last pains, while the head presses strongly on the perineum.

When os is dilated and pains weak, give *Secale* in warm water every twenty minutes till they are established or at least three doses given; if not successful then give *China*; to arrest irregular pains I give *Puls. 3x*.

Regulate the position of the patient so as to favor the entrance of the head into the pelvis, after the head has entered the superior strait; I prefer the semi-recumbent position with thighs flexed on abdomen, an assistant supporting one knee while I support the other and attend to the progress of the labor an assistant on either side near foot of bed holding patient's hands during the pain that the patient may better use her voluntary muscles to aid expulsion. Should expulsion be delayed after I have a full dilatation of os and dilatable condition of vagina I use forceps and deliver at once. Having never injured a woman or a child with the forceps I feel very free to use them without asking consultation or giving an anæsthetic or waiting till either child or mother are almost dead. Should I discover on first examination or subsequently that I have a case requiring turning, of course I try to preserve the bag of waters intact till the os is dilated and turn and deliver. In some cases of inefficient pains, with an os one-third or one-half dilated, I would break the membrane and by allowing the waters to drain off, cause more efficient pains, in that the body and limbs of the child irritate the uterine surface and cause stronger contractions. This should not be done however, unless we are sure we have a vertex presentation.

By attention to all this, we will have little time for slumber, if we also properly support the perineum which must never be neglected.

A word as to the placenta. I never wait longer than to notice one or two after pains before proceeding to deliver it.

If pains do not come on I use gentle friction over the abdomen with hand previously dipped in cold water.

This is all I have to say on protracted labor, but in this connection I may say that I would always make vaginal examination to ascertain that we have no inversion of uterus, and externally to see that the organ was firmly contracted, then apply gently but firmly the abdominal bandage, remove all soiled clothes, apply extra cover on patient, examine child to see if it was perfect, see that the cord was properly dressed, before starting for home for the sleep that I had failed to get while with my patient. This plan has only taken the average time at first mentioned.

The exceptional case I mentioned was quite unnecessary, but I waited many hours by request of patient till her brother (a physician) came, before using forceps which I had fifteen hours before declared necessary. The brother agreed with me and also that the child was dead, which I found to be correct on its delivery with forceps. I believe it might have been saved by earlier delivery. I wait no more for brothers.

Case of Obstetrics. Short Cords—Instrumental Delivery—
Viburnum for False Pains and After Pains. By E. M.
Hale, M. D.

A few weeks before her expected confinement, Mrs. D—, applied to me for relief of distressing false pains, which she described as spasmodic, tearing and crampy, affecting the lower abdomen and thighs. *Viburnum opulus* was prescribed in ten drop doses of the mother tincture, every four hours. After a few days these pains disappeared, and the medicine was suspended. In a week the pains again recurred, and were dissipated by the same remedy. Fearing their re-

turn she continued the medicine up to the day of her confinement. This woman was the mother of five children. All her labors had been long, severe and painful. This time the first true pains commenced at ten a. m., and were from first comparatively painless—different from any she had before experienced. By twelve m., they became so frequent and expulsive that I was summoned. I found the os fully dilated, the head resting on the perineum, and the labor rapidly progressing. She remarked that she had never experienced so little real suffering in any of her previous labors. But just as the vertex was rising from under the pubes, the progress of the head was arrested, and for nearly an hour made no progress. Not thinking it best to allow her to remain longer in that condition I applied my short pocket forceps and delivered the head. Considerable traction was required, and I found also that it required unusual traction to deliver the body. The cause of this arrest and difficulty of delivery was found to be a short cord—from the umbilicus of the child to its insertion in the placenta it measured only six inches. (Cazeaux is the only obstetric writer who gives a complete account of this abnormality.) The placenta came away readily, and there was only a normal amount of blood lost. She had suffered so severely after all her confinements with violent and long lasting after pains, that she implored me to give her something to relieve them. *Viburnum* was ordered—five drops every hour—and to her astonishment and mine, she did not have a single after pain. The womb remained firmly contracted and no clots were expelled.

I deem this case worthy of record because of the three interesting points, namely, the arrest of labor from the short cord, the power of *Viburnum* in relieving false pains, and of its incontestible power of preventing painful labor and severe after pains. This therapeutic use and value of *Viburnum* I have verified in many cases, and have come to look upon it as one of our most valuable remedies in obstetric practice.

General Clinics.

CLINICS.—By May Howells, M. D., Cincinnati.—CASE I.—Dyspepsia, etc. *Asafœdita*.—April 6th, Mrs. E. W., aet. thirty-seven, American, complains of almost constant passage of flatus upwards, without relief; spasm of glottis, and sensation of a bone lying crosswise in the throat; gone feeling in the epigastrium at eleven a. m.; loss of sensation in hands; both hands and feet very cold; a continued dread of death; will not go upon the streets alone; is often filled with the desire to the something dreadful; even thinks of murdering her children. Has no family troubles, and is not obliged to work very hard. Has good food, but always feels worse after eating. Is nursing a baby of ten months, and is in the habit of drinking eight to ten cups of tea, daily. I limited the amount of tea to three cups each day; ordered light lunch between meals, and selected *Asafœdita* 200th, as my drug.

A few doses of *Asa.* in alternation with *Sac lac*, each week was continued for a period of two months, with excellent results; all noted symptoms disappearing except the continual dread of death. This was removed later by a few doses of *Aconite* 200th. At end of three months, patient was discharged cured.

CASE II.—Menorrhagia. *Calcarea carb.* 30.—Mrs. C., aet. thirty-six, German, applied for treatment May 4th. Had been suffering for six years, from profuse, and long lasting menstruation; menses continuing two weeks, with an interval of but two weeks, and during this interval profuse albuminous leucorrhœa. Patient very anaemic; great heaviness of the legs, and vertigo on going up stairs; eyes very weak, can do no work by gaslight; in day time reads number five type with difficulty. Prescribed *Calcarea carb.* 30th twice per day, for two weeks. Menses appeared on May 15th but lasted only four days. Continued use of *Cal. carb.* and *Sac lac* on alternate weeks. Menses returned at the end of three weeks lasting three days.

July 6th.—The menses returned at the end of twenty-eight days, and normal in quantity; the leucorrhœa diminished but complains of violent pains through abdomen and a sudden gush of “muddy water” soon after cessation of each menstrual period. This symptom entirely removed by two doses of *Nitric acid*, taken immediately upon cessation of menses.

Reported Aug. 1st.—Menses perfectly normal; leucorrhœa rapidly decreasing; is able to read the newspaper with perfect ease and feels stronger than she has before, for years.

CASE III.—Prolapsus Uteri. *Lilium* 30.—April 6th, 1878. Mrs. W., aet. thirty-four, American. Patient complains of a funnel-shaped pressure, beginning in thorax and converging upon the uterus; sick headaches recurring every few days, with much aggravation at menstrual period; blur before the eyes. Examination shows prolapsus of second degree, with general laxity of the ligaments. Prescribed *Lilium* 30th.

April 15th.—Reports some improvement. Continued *Lilium*.

May 10th.—Headaches gone, also disappearance of painful pressure. Examination shows uterus in normal position.

Miscellaneous.

Hahnemann.

We present this month the first part of Hahnemann's celebrated essay on Venereal. We hope it will engage the attention of those who, though professedly homœopaths find no better way of treating these diseases than by the most approved allopathic methods.

On the Venereal Disease and Its Ordinary Improper Treatment.

As long as the defects of the constitutions of countries put difficulties in the way of matrimony, as long as celibacy shall be considered fashionable and marriage as a political yoke, in place of being regarded as the most honorable connection of the two sexes for their mutual moral and physical perfection, but especially for the development of the really human and of the divine and immortal in them; as long as the notable difference of both sexes shall be viewed merely as an object of sensuality, and nothing more dignified is seen in a union with the opposite sex than a mere animal copulation, and not a mutual communication and fusion of the excellencies of both to constitute a more noble whole, so long will the all-powerful and sexual passion thus unnaturally separated from moral duty seek its gratification in the arms of common prostitution, and as a necessary consequence not fail to contract the destructive lues, and so long is the extinction of such a communicable virus not to be thought of.

It is the duty of the physician to cure patients ill of this disease who trust themselves to his care, as the object of medicine (like that of legislation) is not so much the prevention of the evils incident to humanity as the correction of those which exist. Medicine should therefore prove itself to be really the helpful art it professes to be in this disgraceful and destructive malady, if it would act up to its pretensions. Its services should be rendered with all the more facility and certainty in this case, as the venereal disease is one of those happy few that remain always the same with respect both to their origin and nature (and consequently can not be mistaken at its commencement), and the specific remedy for which (*Mercury*) was discovered by a lucky hit in domestic practice shortly after the invasion of the disease, now three hundred and twenty-three years ago. We might therefore have expected that physicians would at all events in this disease have acted judiciously, and in this long period of time have learned the way to cure this disease radically, easily and per-

manently, although their treatment of all other diseases might have remained, as indeed it has, mere subjective and objective delusion; which might to a certain extent be excused, since almost all other diseases differ so widely from each other and among themselves, and the appropriate remedy for each several case remained an eternal problem until Homœopathy solved it.

But no! physicians have mistaken even this so easily cognizable venereal disease, and a fallacious and pernicious treatment of it is the consequence of this mistake. Up to this hour almost all the physicians of the habitable globe, in Pekin as in Paris and Philadelphia, in London as in Vienna, in Petersburg as in Berlin, have bungled the venereal disease from its commencement, and *have regarded the local removal of the chancre as the main point of the treatment of syphilis, and the simultaneous employment of Mercury as a mere accessory*; and it is publicly taught that if the chancre have existed but for a few days, its mere local destruction is all the treatment required.* And yet there can be nothing more inappropriate, nothing more pernicious than this procedure.

I shall in the first place show its inappropriateness. The analogy with other miasmatic exanthematous diseases would lead us to infer that the venereal disease arises only by infection by means of corporeal contact. Now all infectious diseases have this character in common, that on the part of the body where the virus was first applied, at first no alteration is perceptible, although the inoculation may have taken place. If we scrape off the epidermis on a child's arm till we come

*The boldest propounders of this erroneous doctrine were Girtanner and A. F. Hecker. The former says (*Treatise on the venereal disease*, Göttingen, 1803, p. 215). "Recent chancres must be only locally cured, burnt or driven off. The poison must be destroyed at the commencement on its seat, for then it has not yet had time to be absorbed" (?)—and Hecker roundly asserts (*On the venereal disease*, 2d edition p. 67), "In the chancre the poison lies as it were out of the system," "therefore it yields (p. 180) to a mere external treatment (by desiccative and corrosive remedies) *without any ill effects*" (?), and if it date from not more than twelve days (p. 182), it must "only be treated with external, local means." Almost all other authors incline to the same opinion, though they do not express themselves so distinctly—Hunter, Bell, Schwediaur, etc.

to the sensitive cutis vera, and rub thereon either the matter of small-pox or the lymph of cow-pox, for the first five days there will be no change at all perceptible on this spot; it is only after the fourth day in the case of cow-pox inoculation, and much later in that of small-pox inoculation, that a change begins to appear on the inoculated spot, and it is only on the seventh day that the perfect cow-pox vesicle is formed on this spot, amid febrile symptoms, and the small-pox pustule on the twelfth or fourteenth day. *Neither of them appears before the internal infection and development of this disease is completed in the system.* So it is with the measles and other acute exanthematous diseases: *namely, the part whereon the infecting virus was first brought does not produce the eruption peculiar to each disease, before the whole organism has undergone a change and is completely infected.* And on the other hand, *the perfect production of the specific eruption is an infallible proof of the completed internal infection and development of the miasmatic disease in every case.* The cow-pox prevails throughout the body as soon as the cow-pox vesicle is produced in its perfect form with its red, hard areola, at the part where it was first introduced, and so it is with other inoculable diseases. But from the moment when the miasm has taken, and the whole living organism has become aware of (has perceived) the presence of its action, the poison is no longer local at the point of inoculation; a complete infection would still occur, even though the seat of inoculation should be cut out. At the very moment when the inoculation has taken, the first general attack on the system has occurred, and the full development of the disease is in all probability not to be avoided by the destruction of the inoculated part.

In the case of the bite of the mad dog, where the system was predisposed to be affected by the miasm,* we possess

*For in many of those bitten by the rabid dog the poison does not infect; of twenty persons bitten, usually from eighteen to nineteen escape without injury, even though they do not use any antidote whatever. Hence the undeserved recommendation of so many pretended preventive remedies; they may all easily protect, if the poison has not taken in those bitten, as is often the case.

undeniable observations to show that even cutting out* and removing the bitten part does not afford any protection from the occurrence of hydrophobia.

Small-pox would still be developed, even though at the moment the inoculation was effected the inoculated part were cut out.

So far is the miasm from remaining local when once it has been inoculated in the body. When that has taken place, the complete infection of the whole system and the gradual development of the miasmatic disease in the interior can not be prevented by any local treatment.

But the disease can only be considered as completely developed in the whole organism when the perfect pock has appeared on the seat of inoculation.

Thus the miasmatic exanthematous diseases indicate their completion in the interior by the occurrence of one or more shut boils of smaller or greater size.

Thus the pustula maligna appears on the part that has been touched (some four days previously) by the blood of a cow which has died of malignant anthrax, and in like manner the cow-pock or small-pock appears generally and primarily on the part inoculated or its vicinity, and the same is the case with the itch of wool manufacturers.

The last named disease belongs to the chronic exanthematous diseases (like the venereal disease), and in its nature also produces the itch vesicles, at first in the neighborhood of the part that was originally touched by the itch virus, *e. g.*, between the fingers and on the wrist, if the hands (palms) were first infected. As soon as the itch vesicles have made their appearance this is a sign that the internal itch disease is already fully developed. For at first there is actually no morbid change observable on the infected part, no itching, no itch vesicles. Usually from nine to twelve or fourteen days after

* A girl of eight years old, in Scotland, was bit by a mad dog on the 21st of March 1792; a surgeon immediately cut the piece clean out (kept it suppurating and gave *Mercury* till slight salivation was produced), and notwithstanding, hydrophobia broke out, and death followed the fortieth day after the bite.—*The New London Medical Journal*, Vol. ii.

the application of the itch virus there occurs, along with a slight fever, which is not noticed by many persons, the eruption of the first itch vesicle—nature requires this time, in order to complete the full infection, that is to say, the development of the itch disease in the interior throughout the organism. The itch vesicles that now appear are hence no mere local malady, but a proof of the completion of the internal disease. The itch miasm, as soon as it has contaminated the hand, remains no longer local the instant it has caused inoculation, but proceeds to alter the interior of the organism and to develop itself into this peculiar disease until the entire infection is accomplished, and then only (after several days) does the eruption produced by the internal malady appear on the skin, and that at first in the vicinity of the original point of infection. These itch vesicles are an abnormal organ produced by the inner organism upon the skin, designed by nature to be the external substitute of the internal disease, to take the latter upon itself, to absorb it as it were, and so to keep it subdued, slumbering and latent. That this is the case is evident from this, that so long as the vesicles remain on the skin and continue to itch and discharge, the internal disease can not make its appearance, and from this also, that whenever it is partially destroyed on the skin, without any previous cure being effected of the internal itch disease (especially if it be of somewhat long standing and have attained to any extent) by means of the internal employment of its specific remedy, *Sulphur*, this internal disease then bursts forth rapidly, often in a frightful manner, in the form of phthisis, asthma, insanity, dropsy, apoplexy, amaurosis, paralysis, and it not unfrequently occasions sudden death.

A very similar process is observed in the case of the venereal disease. On the spot where the venereal virus was first rubbed in (*e. g.* during an impure coitus), for the first days, in like manner, nothing morbid is observable. The virus has indeed first come in contact with the living fibres at that part, but at the moment that the inoculation has taken place, that is, when the living body has felt (perceived) the presence and action of the poison, that same moment it is no lon-

ger only local, it is already the property of the whole organism. From that instant the specific (venereal) alteration in the interior advances onwards until the venereal disease has completely developed itself in the interior, and it is only then, that nature, oppressed by the internal malady, produces the abnormal organ, the chancre, which it has formed for the purpose of keeping in subjection the internal disease, in the neighborhood of the part primarily infected.* In the neighborhood, I say, for it does not always arise on the seat of the primary application of the virus, it sometimes appears on the scrotum, etc., sometimes, though more rarely, only in the groin, in the form of inguinal bubo, which is also a kind of chancre.

In order to subdue and form a substitute for the internal venereal constitutional disease, nature produces the chancre; for as I have seen, chancres remaining untouched for as long as two or three years (certainly enlarging gradually in that time), do not permit the more general venereal disease to break out. As long as the chancre remains uninterfered with, no venereal affection, no symptoms of syphilis are to be met with on any other part of body.

It is very probable that the infection during impure coitus takes place in the first seconds, and then no washing or cleansing of the genitals is of any avail, nature from that time proceeds uninterruptedly in her course, altering the whole internal organism in the manner peculiar to this disease. But from the moment of the primary local infection, nature requires in our days, several, usually seven, ten or fourteen days, not unfrequently three weeks, there are even some instances of its requiring five, six, seven or eight weeks before it has completed the development of the venereal malady in the interior, and it is only then, as a sign of the completed internal general venereal disease, that the chancre appears on the skin, and this chancre, the evidence of the now internal affection, is designed by nature to assume, as it were, the palliative office of substitution, relieving and keeping in subjection the latter.

* At first as a vesicle, which increases in a few hours and grows into an ulcer with a hard base.

News From the Colleges.

BOSTON UNIVERSITY SCHOOL OF MEDICINE held its Commencement, March 5, in Tremont Temple. The platform was gorgeously decorated with flowers. Dean Talbot made an interesting address. He reported the school prosperous and progressing. Miss Clara Elizabeth Aldrich then made a fine salutatory address, after which President Warren graduated the following: Clara Elizabeth Aldrich, South Framingham; Francis Lester Babcock, East Dedham; Judson Lee Beck, Boston; Ada Bingham, Monroe, Wis.; James Edward Blaisdell, Chelsea; Edward Alison Butler, Haverhill; Adaline Barnard Church, Winchester; Laura Worthington Copp, Chelsea; Jane Kendrick Culver, Boston; Maria Louisa Cummings, Boston; Edward Harvey Ellis, Rockville; Clement Howard Hallowell, Bangor, Me.; Webster Oliver Hardy, Nelson, N. H.; Francis Wayland Hartwell, New Marlboro; Henry Jefferson Hascall, West Medford; Manuel Scott Holmes, West Waterville, Me.; Freeland David Leslie, East Boston; Anna Mary Marshall, Philadelphia, Pa.; Nelson Cobleigh Parker, Newtonville; Luman Boyden Parkhurst, Hopkinton; John Howard Payne, Bath, Me.; George Emery Percy, Bath, Me.; Robert Ernest Pierce, Melrose; Charles Sumner Pratt, Shrewsbury; Frank Chase Richardson, Boston; Oscar Waldo Roberts, St. Albans, Vt.; Charles Rufus Rogers, East Wareham; Clara Hannah Rogers, Fort Atkinson, Ia.; Orren Burnham Sanders, Boston; Charles Samuel Sargent, Boston; Herbert Elwyn Small, Boston; Edmund Bernard Square, Boston; John Preston Sutherland, Boston; Carrie Helen West, Winchester; Sarah Elizabeth Wilder, Andover. Each student as his name was called ascended the platform and received the diploma and a boquet. The lady graduates were well nigh crushed beneath the floral gifts of their friends. The class valedictory was then given by Dr. John P. Sutherland and the faculty valedictory by Prof. Mary J. Safford Blake. It is needless to say that music lent its witching charms to the to the happy and ever memorable hours.

THE HOMŒOPATHIC MEDICAL DEPARTMENT OF THE UNIVERSITY OF IOWA, held its closing exercises Thursday, February 27. The class numbered thirty-two, with three graduates, as follows: Sheldon F. Davis, Iowa; R. C. Newell, Illinois; Jas. H. Thompson, Iowa. The valedictory on the part of the class was delivered by R. C. Newell. Prof. A. C. Cowperthwaite, delivered the annual address, subject, "The Doctrines of Hahnemann," spending most of the time elucidating three cardinal features of Homœopathy, viz: Drug proving, the single remedy and potentization. In the evening the students were tendered a banquet by the faculty, which proved a most enjoyable occasion.

HAHNEMANN MEDICAL COLLEGE OF CHICAGO held its annual Commencement Thursday evening, February 27, 1879, in Hershey Music Hall. Dean Ludlam made the annual college report; President Small delivered the diplomas, with an appropriate address. Prof. Hoyne delivered the faculty valedictory, and Dr. Geo. L. Bailey gave the valedictory for the class. All this was interspersed with much music and rejoicing.

HOMŒOPATHIC COLLEGE OF MISSOURI held its annual Commencement in the College Hall, Thursday, February 27. Dr. Lawrence E. Whitney spoke the valedictory for the class. Prof. I. D. Fonlon presented a number of prizes to the students. President Spaulding conferred the degrees, and Prof. Kershaw delivered a valedictory in behalf of the faculty. Waltzes, Serenades, Polkas and Marches were richly scattered through the proceedings. At the last they had "Suppe" which was something to eat, or something to hear, according as they meant the word should be spelled—with or without a final r. Our devil says it was meant for "Soup." That would be thin for St. Louis. Later.—We learn that the alumni of the college adjourned to "Windsor Flats" and had a re-union marked by many "Sharps."

PULTE MEDICAL COLLEGE held its annual Commencement in College Hall, Wednesday evening, February 26.

After prayer by Rev. A. N. Gilbert, Dean Hartshorn reported on the condition of the college. He said it was financially and intellectually sound to the core. Rev. W. H. Felix then gave a public address which was very interesting and spirited. Hon. Job E. Stevenson then delivered the trustee's prize for highest attainment in scholarship to Dr. C. H. Gilbert. The Honorable gentleman then made a few remarks which evidently had some points to them. Prof. Wm. Owens then, in behalf of the faculty, presented the following prizes: To Dr. F. E. Downey, first clinical prize, twenty-five dollars; to Dr. Chas. Hoyt, second clinical prize fifteen dollars; to Dr. J. E. Studebaker, third clinical prize, ten dollars. These were given in books and instruments selected by the recipients. The diplomas of the Hahnemann and Philadelphia societies were presented by their respective Presidents, Profs. Buck and Wilson. Dr. G. E. Blackburn then delivered a fine valedictory in behalf of the class, after which President Bell conferred the degree of M. D. upon the following graduates: Chapman Ayer, Ohio; Geo. W. Bernard, Ohio; G. E. Blackburn, Ark.; J. F. Beckner, Ind.; Levi Burris, Ind.; E. F. Chase, Mich.; J. M. Crawford, Ohio; R. D. Connell, Ohio; F. J. Dickey, Ill.; F. E. Downey, Ill.; W. C. Emrey, Ohio; J. C. Flynn, Ohio; E. L. Fristoe, Ohio; C. H. Gilbert, Ohio; O. A. Hubbs, Ohio; J. R. Huss, Ohio; W. M. Haffner, Ohio; Chas. Hoyt, Ohio; S. H. Jackson, Mass.; P. H. Lindley, Mich.; C. M. Lukens, Ohio; Elmer E. Loy, A. M., Ohio; Geo. A. Ross, Ohio; A. G. Smith, Ind.; J. T. Strode, Ohio; J. E. Studebaker, Ohio; A. C. Smith, Iowa; A. S. Shorb, Cal.; Eben Thompson, Mass.; L. M. Whistler, Md.; W. P. Williamson, Ohio; A. C. Williamson, Ohio.

The faculty, students and their friends then adjourned to the Gibson House, where they disposed of a sumptuous banquet in a lively manner. The following toasts and responses fill up the balance of the happy hours, and all went home well pleased.

TOASTS.

1. *Hahnemann.* A man renowned in philosophy and versed in science, and, more than that, a wise physician, and by none excelled as a humanitarian. Drank in silence.

2. *Similia Similibus Curantur*. It always was true, it still is true and ever will be true. Response by Dr. Silas Cook, of Indiana.

3. *Our Graduates*, "and their sisters, and their cousins, and their aunts." Response by Dr. E. E. Loy.

4. *Our Under Graduates* and their sweethearts. Merely a matter of time, you know. Response by Dr. Overman.

5. *Pulte Medical College*. A gallant bark that upon a tempestuous sea still floats and floats. Response by Prof. D. W. Hartshorn.

6. *The Paris of America*. She is the pride of the state, and the state is the jewel of the union. Response by Hon. Job E. Stevenson.

8. *Law, Medicine and Theology*. A noble trinity of means, with a holy unity of ends. Response by Rev. C. W. Wendte.

9. *Our National Board of Health*. It will be a healthy board only when it has a homœopathic element infused into it. Response by Prof. J. D. Buck.

10. *The Press*. It never goes back on us. Never? Well, hardly ever.

11. The Ladies, God bless them. Their æsthetic natures incline them to appreciate an æsthetic medical practice. Response by Dr. Claud A. Quirell.

Life is Magnetism.

I noticed in the *MEDICAL ADVANCE* for January, 1879, page four hundred and thirty-two, an article "Fatal Errors," by Dr. Ad. Lippe, of Philadelphia, and I desire to answer a single question raised by that distinguished writer. He asks, "Has the advancement of science explained what life is? Is not this very corner stone on which our immortal Master

built his never to be destroyed physiological arguments just as true; just as solid as when he uttered these sentences? Can any advancement of and in science solve the question? Can that which is never to be comprehended by mortals be explained by mortals?" For the benefit of Homœopathy and science in general, I undertake to answer these questions so far as my own experience has proved them. We are already on the road to discover these secrets, and must succeed unless we are interrupted by ignorance and bigotry. Twenty years ago in controversy with an eminent allopathic physician I said, so long as the physician does not understand how the organs of life are made or controlled, so long will he walk in darkness. Chemistry is built on hollow ground and will break down in time. Its principles are based on affinity, which is nothing but magnetism. The universe is built by magnetism, no matter whether it is visible or invisible. By long continued acting the different materials, which chemistry calls elements, were created. Magnetism is an element which consists of two powers, positive and negative; both are attractive and repulsive. That the magnet is composed of two forces is well known, but that one pole can create the two powers is not explained yet. For example, if with a horse-shoe magnet we charge one end of the rod, the other end of the rod will be the opposite pole. To my mind this is life without sense. Chemistry regards electricity as a separate element, but electricity is created by magnetism, and according to the strength (quantum) of magnetic power, by contact of both poles, is the electricity strong or weak. I am not a regular student in philosophy; I received my knowledge in experimenting in my own way, and I wish to show your readers where they can go to find an explanation of life. Mr. Norman Lockyer's recent experiments may help us in solving this question.—E. Z—R.

NOTE—E. Z—r is a German of long experience in practical science. His ideas may not be as clear as he thinks they are, but they will hold their own with Dr. Martin Dechere's article in the last North American Journal of Homœopathy. S. L. must not think all the wise men are in the East.

Dr. Lilienthal's Answer.

EDITOR ADVANCE:—Dr. S. objects to the use of pathological names in my last attempt to give to my professional brethren, and especially my younger colleagues, a book containing hints to the selection of the similia, and I plead guilty to the charge, and also to the wrong opinion I entertained that physicians used a collective name which in one word gives a collection of symptoms. Thus I used *Picric acid* as a remedy for paralysis of the cord. I hope that everybody is well acquainted with the pathological state of this disease and knows that the palsy is a secondary process, following diverse forces of myelitis. As I give only hints I could not go back and give all the symptoms of myelitis, especially as they can be found under myelitis, nor can we expect that a prover will carry on his provings to such a degree that paralysis and death results, hence the necessity to rely on experiments with animals in order to find out the state which caused paralysis. That *Picric acid* gives us symptoms enough leading to myelitis, just look in Allen's Cyclopædia, art. *Picric acid*, symptom 289—298, in fact nearly all the symptoms from neck to generalitür, everywhere heaviness and weakness, weariness and exhaustion, proving to him who reads between the leaves that the secredatic process is doing the mischeivous work.

The same holds good with *Oxalic acid*, which does not produce softening, but a sclerosis, and thus secondarily a destruction of the nerve fibers. Every tyro knows nowadays what locomotor ataxy is, and by looking over the symptoms of *Oxalic acid* he can easily find out that it covers well the second stage of the disease, and may be, therefore, indicated by this correspondence.

Thanking Dr. S. for the kindness to have shown publicly the errors in these "Homœopathic Therapeutics," I remain, fraternally yours, S. LILIENTHAL, New York, March 15, 1879.

AT A MEETING of the Northern Michigan Homœopathic Association, held at Piersee, Mich., Dec. 4, 1878, the following was unanimously adopted, with instructions to the secretary to forward copies to the medical journals of our school:

Resolved, That, in the opinion of this society, the interests of the profession in this state, are best served by a full and hearty support of the homœopathic college at Ann Arbor; and that any attempt to establish a homœopathic college at Grand Rapids, or any other point in this state, would be injurious to the common cause, and tend to lower our school in the estimation of the public, and of the profession generally.—
Dr. JAMES TOTTEN, Secretary.

Book Notices.

The Homœopathic Therapeutics of Uterine and Vaginal Discharges. By W. Eggert, M. D. Boericke & Tafel, New York.

We have here a handsome volume of five hundred and forty-three pages, devoted to one of the most important and practical departments of medicine. Unfortunately the title is a first class blunder. And this is a curious fact, when we consider the well known scientific attainments of the author, and the equally well known business judgment of the publishers. When dentistry becomes toothache, and consumption is reduced to coughing, then, and not till then, will gynecology be synonymous with leucorrhœa. But pray why "uterine and vaginal discharges?" A uterine discharge, if it amounts to a symptom, becomes eventually vaginal. And the author does not give us the slightest clue to a differentiation between the two kinds of discharge. Why, then, maintain a distinction in the title which is wholly ignored in the work? One's first impression regarding the

book is that the symptoms of leucorrhœa would hold a foremost consideration. Alas, there are but twenty-four pages upon that subject hidden away under the practically obsolete title, "*Fluor Albus*." Our more recent graduates in medicine will be puzzled at the meaning of a term they, perhaps, never heard used by their teachers. But it appears our author comprehends normal, as well as abnormal, discharges for he treats of Menstruation, as well as Menorrhagia and Menorrhœa. More than that, he treats of Amenorrhœa, by which we understand, a condition without any discharge. Considerably less than half of the book is devoted to discharges. The larger part is taken up by what the author terms General Concomitants. Here we find a chapter which might do for a monograph on Insanity. following this, an excellent arrangement for Headaches, and then we have a chapter on Eyes, that looks like a slip out of Berridge's repertory. After this we are treated to an arrangement of Ear symptoms, some of which are good, and one of which is inexpressibly funny. "Pain-drawing—in the *meatus auditorius internus*." *Cyclamen* is the remedy, and if one doesn't give it until the symptom comes on, it will be many *cycles* of *amens* before the *Cyclamen* bottle will be opened. In short, under General Concomitants, we have all parts of the body treated down to the ends of the toes. And this leads us back to our first assertion, that the title of the book is a misnomer, of the first magnitude. It is an arrangement almost encyclopedic in character, of the homœopathic materia medica, built around the female sexual organs, and the discharges therefrom being a matter of minor consideration. The value of the book is unquestionable. For a homœopathic gynæcologist it is indispensable, and with all its shortcomings we commend it as unrivaled by any work on the subject extant. Buy it, study it, and follow it.

Handbook of the Practice of Medicine, By M. Charteris, M. D. Philadelphia, Lindsay & Blakiston.

This is a very compact and neatly illustrated work on old school practice. Those in search of ready information in this department can find nothing better suited to their use. There are, no doubt, many who can not afford to invest in the ponderous cyclopædias, but who can, for a very small amount, purchase such a book as this, and still be happy. The treatment is thoroughly orthodox with a strong leaning toward the heroic plans of that school. Diphtheria has four pages, and one remedy confidently recommended. Croup and Hooping Cough have each three pages, and short shifts for treatment. And so of all the rest, but there is no paltering about the therapeutics.

It is a word and a blow, and we judge some of the blows are hard enough, but since they are all *secundum artem* there is no ground of complaint. The work is well written and neatly printed. Robert Clarke & Co.

A Manual of Physical Diagnosis. By Francis Delafield, M. D., and Chas. F. Stillman, M. D. Wm. Wood & Co., New York.

The best thing we can say of this work is, that in our present winter's course of lectures we have found it a most valuable aid. The dissected map it contains is worth the price of the book, and to both teacher and student it offers what can not be found elsewhere. Price \$4.00. Robert Clarke & Co.

Transactions of the Homœopathic Medical Society of New York, 1878.
Vol. XIV.

This is a fine volume of four hundred and seventy pages, lacking nothing in point of attractiveness and value. The articles presented embrace almost every variety of medical subjects, and are, without exception, thoroughly readable and instructive. Copies of this volume may, no doubt, be had for a moderate price by application to the treasurer, Dr. E. S. Coburn, Troy, N. Y.

Editor's Table.

OUR NEXT NUMBER will be dated JULY and will appear early in June. We hope our friends will not be made anxious as to our safety by this delay. Hereafter the ADVANCE will have two volumes a year, commencing, respectively, in January and July. Price one dollar a volume, or two dollars a year. Now is your time to subscribe for the MEDICAL ADVANCE, a journal acknowledged by all to be *the leading homœopathic monthly of the world.*

ADVERTISING has its disadvantages as well as its benefits. "Medicus," whose card appeared in our February number, writes that he is overwhelmed with applicants. He says he can not answer them. He also says he thinks the *ADVANCE* must have a large circulation. But he adds rather significantly, "there must be a good many young men in want of better situations." Moral: Advertise in the *ADVANCE*.

"The Medical Counsellor." This brings to us a new homœopathic journal. Our good brother Sam, of New York, kindly wrote us, not long since, the obituaries of two journals of our school and mourned over them as only a sincere friend could mourn. Now will he cry, *Le roi est mort! Vive la roi!* The Counsellor hails from Chicago, and steps into the empty western shoes of the Homœopath. Dr. Mills is the editor, and the firm of W. A. Chatterton & Co. are publishers, and both these parties do their work well. The initial number is an excellent one, and besides it has the true homœopathic ring in it. It is sound to the core, and will do good work for our cause. It will help us to stem the tide of eclecticism, which is sweeping with paralyzing and deadly effect through our ranks. Room for the Counsellor say we.

THE THIRD ANNUAL meeting of the Wabash Valley Homœopathic Medical Society, convenes in Charleston, Ill., May 6th, one day in advance of the Western Academy, St. Louis. So arranged that physicians going to St. Louis, by starting a day in advance, may stop and encourage us, by taking a part in the convention. Please inform me by postal if you can be present, so I can provide a home for you. An interesting public lecture in the evening, by Prof. T. P. Wilson, forms a part of the programme.—G. B. SARCHET, President.

THE MICHIGAN Homœopathic State Medical Society meets in the city of Detroit, May 20 and 21. A large number of papers are promised, and an interesting session is expected.—R. B. HOUSE, Secretary.

DR. T. F. POMEROY, of Detroit, was recently elected President of the College of Physicians and Surgeons, and is reported to have delivered a fine inaugural address, which will soon be published in the transactions of that society.

DIED.—DR. JAS. T. ALLEY, of St. Paul, Minn., September 17, 1878. News of his death has just reached us, and we hasten to express our surprise and sorrow at this event. One of our best men has thus fallen at his post, and his memory will be long and tenderly cherished by all who knew him.

NEWS FROM PULTE BOYS.—Dr. Chas. Hoyt enters into partnership with his brother, Dr. Wm. Hoyt, at Hillsboro, Ohio.

Dr. C. Q. Nelson locates in Leesburg, O.

Dr. G. E. Blackburn settles in Shreeveport, La.

Dr. Wm. Owens, Jr., has been elected Demonstrator of Anatomy, in the P. C. Quite right, say his many friends.

Dr. R. D. Connell removes to Columbus, O.

Dr. D. Clapper removed to Hagerstown, Ind.

Dr. R. W. Connell will retain his brother's practice at Richwood, O.

Dr. Jno. T. Strode has formed a partnership with Dr. Wm. H. McGranaghan, of Maysville, Ky.

Dr. Eben Thompson has removed to Newtonville, Mass.

Dr. C. N. SHELLENBERGER, one of the "Pulte boys," is attending physician at the dispensary of the New York Homœopathic College, office 223 East 31st street.

Dr. S. WORCESTER has removed to Salem, Mass.

Dr. D. G. MCGUIRE's report on, The Abuse of Atropa in Ophthalmoscopy, which he read at the Put-in-Bay meeting was unfortunately lost, and, therefore, not included in the Ophthalmological and Otological report. This fact should have been mentioned in the report, but was overlooked.

THE Indiana Institute of Homœopathy meets in Indianapolis, April 30th and May 1st. The Inter-Collegiate Conference of Homœopathic Colleges meets at the same place April 30th. The respective secretaries, Drs. Runnels and Vilas, solicit a general attendance of the profession.

OHIO HOMŒOPATHIC MEDICAL SOCIETY. Cleveland, May 13th and 14th. Don't forget it. We expect a big time always at Cleveland.

DIED.—Dr. D. R. Luyties, of St. Louis, January 10, æt. fifty-two. Dr. L. was the founder of the first homœopathic pharmacy in St. Louis, and for many years was professor of diseases of children. The Doctor took high rank in his profession.

"ONLY AN EMIGRANT," a gem of a song, by Charles Baker, and published by F. W. Helmick & Co., Cin.

MRS. J. A. D. ADAMS, M. D., has removed to Cottonwood Hot Springs, Mahonville, Colorado. Having purchased the Springs, which are far famed for their medicinal virtues. She will give special attention to patients afflicted with chronic diseases. We commend her enterprise to the profession.

PROF. A. S. EVERETT, M. D., of St. Louis, who was charged by one of our correspondents with plagiarizing from Dr. Holden, rises in the St. Louis Clinical Review to explain. The Prof. is entitled to a demurer, and those interested better get the journal in question and read what he says. Let us have peace.

THE ST. LOUIS CHILDREN'S HOSPITAL is an enterprise of importance and promise. The lady managers who have it in hand need help,

they deserve it, and will no doubt secure it. Dr. C. H. Goodman can tell you all about it.

THE present number closes the sixth volume of the *ADVANCE*. We have just cause for self-congratulation, at the success that thus far has attended our work. From its first appearance to the present moment our journal has steadily grown in strength and influence. For the many kind and approving words received from our friends we beg to return our warmest thanks. Next to a remittance stands in value a word of encouragement. The Editor is personally indebted also to a large number of able contributors, who have generously supplied him with manuscripts. Without their support the *ADVANCE* could not have been sustained. And upon them depends our future success.

YELLOW FEVER COMMISSION—AMENDE HONORABLE.—Editor *MEDICAL ADVANCE*:—I have the honor to receive through you a report of the Homœopathic Yellow Fever Commission from the hand of the president of the body, together with a request from that gentleman that I "make the amende honorable for my unjustifiable attack in the *ADVANCE*." I therefore hasten to do so with all my heart. The gentlemen in question, especially the president, have done remarkably well. In fact, the work is something to be proud of. They have laid the homœopathic profession, and I may say the world, under lasting obligation. But, Mr. Editor, this is the first time I ever saw so much valuable result follow so much bluster. It can be accounted for only on the supposition that one part of the Commission did the blowing and the other part did the work. The latter we commend, while of the former we have not changed our opinion.—Yours, FINGAL HAPGOOD, M. D.

THE bureau of *Materia Medica*, Pharmacy and Proving of the American Institute of Homœopathy, through its chairman, Dr. J. P. Dake, reports the following subjects for papers and discussions at the next meeting:

Drug Attenuation in Homœopathic Therapeutics and the following subdivision of the same:

1. History of drug attenuation in homœopathic practice, up to the death of Hahnemann; with a statement of its objects and methods.
2. History of drug attenuation in homœopathic practice, since the time of Hahnemann; with a statement of its objects and methods, with especial reference to variations from those approved by Hahnemann.
3. The means employed in drug attenuation—what they should be and the dangers of impurity.

4. The limits of drug attenuation; or proofs of drug presence in attenuations above the third decimal—from the stand point of the scientist.

5. The limits of drug attenuation; or proofs of the presence of medicinal power in attenuations above the sixth decimal—from the stand point of the therapist.

Items of information, bearing upon any part of the subject selected by the bureau, sent by members of the profession will be thankfully received and properly considered.

WESTERN ACADEMY OF HOMEOPATHY meets in St. Louis jointly with the Missouri Homœopathic Institute, May 7, 8 and 9th. It will be the biggest thing of the kind ever seen West of the Mississippi River. Private advices awaken most pleasing anticipations.

A LADY PHYSICIAN wishing to learn of a good location for practice, can obtain such information by addressing Dr. O. D. CHILDS, Akron, O.

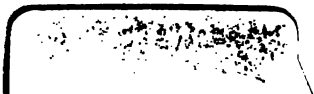
HAHNEMANN MEDICAL ASSOCIATION of Iowa, meets at Cedar Rapids, Iowa, May 14th and 15th. Visitors will be welcomed and accommodated. E. A. GUILBERT, Sec'y., Dubuque, Iowa.

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