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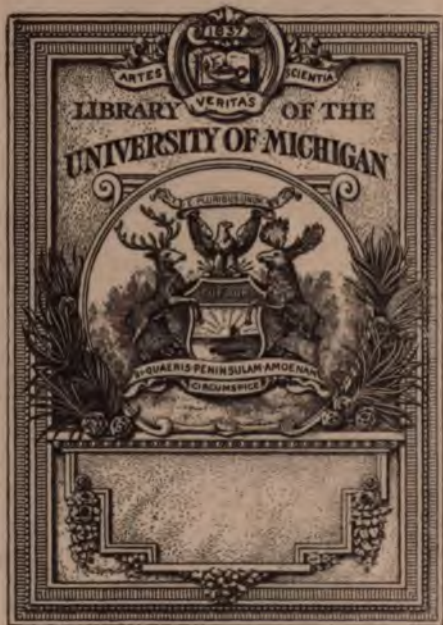
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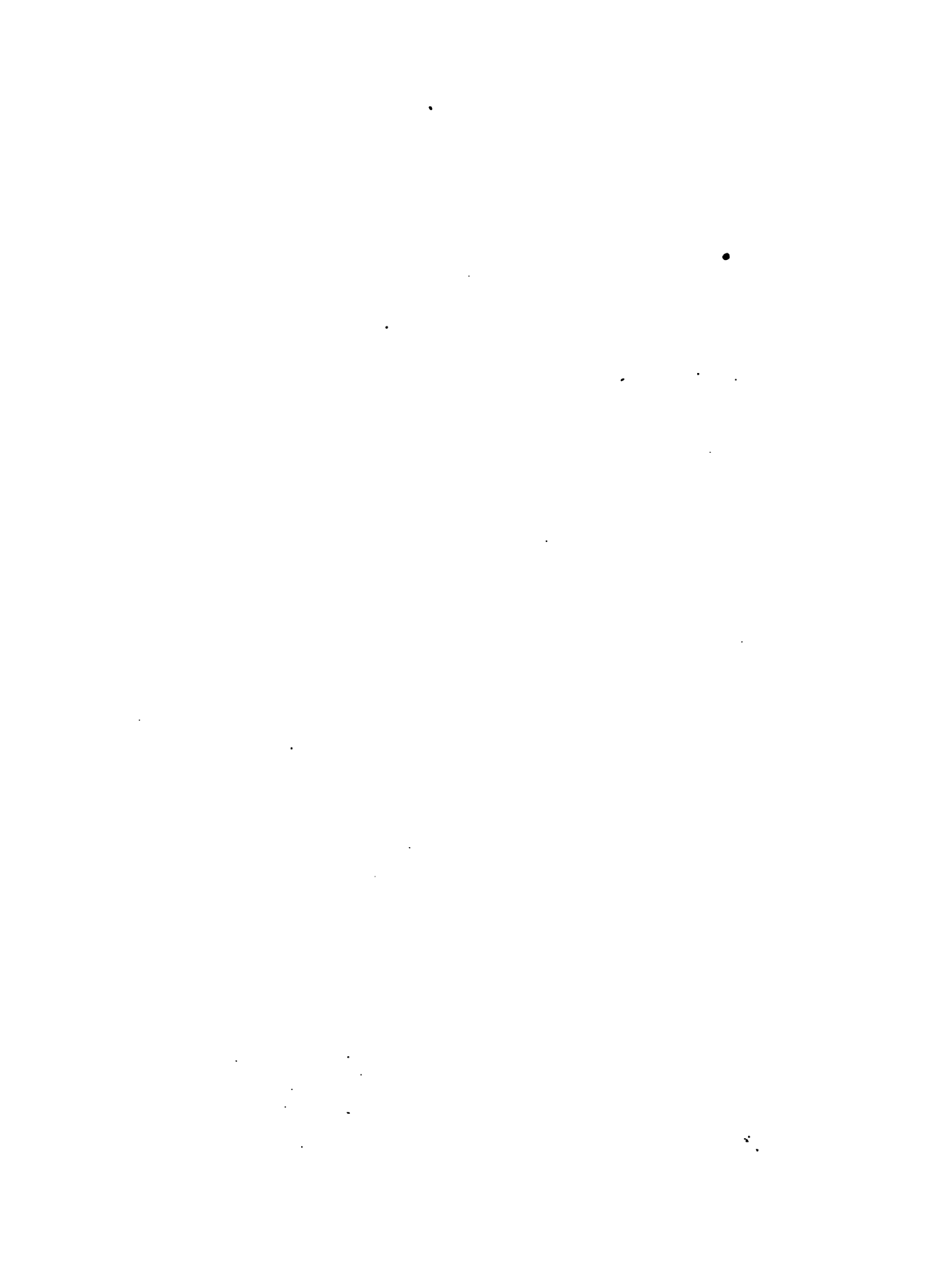
VOLUMES XI--XII.

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**INFINITESIMALS.**—Part I.—Medicine as a science rests securely upon the manifold phenomena of nature. Whatever one may think of a doctor, though he may hold the doctor to be a painful social necessity or an unavoidable blot in good society, he can not gainsay the truths of anatomy, or physiology, or pathology. Medicine as an art rests upon experience. It was a discovery that revealed to the world that disease was amenable to treatment. Whether true or false, it is an accepted axiom that drugs have a curative action. That question, at least, is not now open for discussion. But its acceptance and practical application involved many subsidiary and important questions. One of these we propose to briefly discuss. The materia medica is a department of knowledge relating to certain substances which are stated to have curative effects upon states of the human body recognized as disease. These substances are somewhat more or less than one thousand in number. It is not material here to enquire how these substances, to the exclusion of millions of other substances, have been officinally selected. It is the province of materia medica to investigate the nature of these substances. This includes their physical qualities, their chemical structure and their action upon the living organism. Upon this latter point hinges the import of our present inquiry. And this is the rock, though by no means a hidden one, upon which the various medical schools have, shall we say hopelessly, split? Rather let us hope that time and fair discussion, and crucial experiment will take this stumbling block out of our way. We all agree that many substances forming an important part of our materia medica, when taken



into the human body in quantity, produce more or less disastrous effects. We say of them, they act toxicologically. To say nothing of the dangers attending the production of such toxicological action, it is generally conceded that no good can come to the sick from any such action. The modern physician will not poison his patient in attempting to cure him. It is then a matter of supreme importance when administering toxic agents what quantity shall be employed. Here we have the germ of a special department in medical art. I mean posology. We want only the curative effects of drugs. Now then, granted, that drugs do cure and should be given. In what quantity should drugs be administered in order to produce the desired effect? This is the problem which we all meet, in the practice of medicine. After two thousand years of discussion and experiment the great body of the medical profession has no settled opinion or practice upon this point. But, shall we say this mooted question can not be settled? Must we ever go round and round in the beaten track of the past, and each day place our patients as fresh victims in the crucible of experiment? Certain it is, speaking for all schools, we are giving far less medicine than our fathers gave. Can any man deny that using the same drugs for substantially the same diseases we have greatly reduced the doses of former times? But does any one claim that we have in any case found the fixed quantity? We come now upon another question: How far may drugs be divided before each separate division shall cease to act curatively upon disease? No one has succeeded in answering this question; and this leads us to a second query: How far is it possible to carry the division of a drug? This is the question we propose to specially consider. This is not, however, a medical question. It is one pertaining to the department of physics. The general divisibility of all matter is a well known and indisputable fact. Investigations into this subject have been in modern times greatly stimulated and much advance of knowledge obtained. But, we can not say if each particular substance in nature has a law of divisibility peculiarly its own, or whether all substances are alike divisible. Many medical substances, particularly the metals, have been subjected of late to important study in this direction, in the homœopathic school. One of the anomalies of human nature has been painfully exemplified in that the many important facts thus recently elicited from the labors of homœopathic investigators have been studiously ignored by many physicists. These gentlemen, in their recognition of scientific truths, are chiefly governed by certain earmarks. The ultimate structure of matter is not known to the wisest scientist. Substances in the mass are known to us because our senses can readily apprehend their qualities. Extension, weight, color and other characteristics, both peculiar and common, are distinguishing marks that enable us to differentiate one body from another. Let me here remark *en passant* that there seems to be no relation between these qualities and the effects of the substances on living

animal tissue. Not even the doctrine of "signature" gives any clue to what a substance will do when introduced into the human body. Returning again to the question of divisibility, we find ourselves assisted in the study, by certain theoretical aids. Below the mass we assume the molecule, and below the molecule we assume the atom. According to this theory, all matter is ultimately atomic, and all recognizable substances are ultimately molecular. Now, theoretically all substances are divisible until we reach the molecule of which it is formed. If we carry the division farther, we in effect destroy the substance, and cause it to become atomic, in which condition all matter is theoretically alike. From much that we have heard upon this particular point it would seem to say nothing of the atom, that the molecule of any substance was practically an absurdity. I mean by this that we can not in practice directly deal with the molecule, but must be limited to the use of substances in mass. It is well known to you that within the last few years molecular physics has greatly changed, and in fact, revolutionized the whole subject. And great as has been the advance of this department, we have by no means reached "the bed rock." In all ages the philosophies of the universe have divided all conceivable existences into two classes: material and spiritual. These have usually been considered as discreet conditions, much like LAZARUS in ABRAHAM'S bosom on the one hand, and DIVES in hell upon the other, separated by an impassable gulf. For many ages a bitter warfare has been carried on between the opposing partisans of spiritualism\* and materialism. • Medicine has had its full share of this conflict. Demoniical pathology and theurgical therapeutics have passed through many dark and bloody days of contest. It is not strange that both materialism and spiritualism have suffered abuses. That man, rudely informed, should insist upon tangible evidences, is quite natural. Seeing with him is believing, notwithstanding his senses are constantly misleading him. It did not require much observation on the part of the early investigators to show them that the universe could not be deeply penetrated by the unaided senses. The arcana of nature are manifestly hidden hopelessly from the seeing of the eye and the hearing of the ear, unless these senses are artificially aided in their work. The condition of the sciences at the time when there were few or no such aids can easily be understood. The field of actual knowledge was very much limited. Still men talked as dogmatically in those days as they do now. The pseudo-scientist is nothing if not dogmatic. He is always well furnished with ultimates. His own low meridian measures all latitudes and longitudes. Turning again to the question of our unaided senses we find that matter eludes them on the one hand, by its vastness, that is by its infiniteness, and on the other, by its minuteness, that is by its infinitesimalness, if we may use the word. We

\*It will readily be seen that by spiritualism I do not mean the religious party of the present day.

are at present concerned with investigations in the latter direction. We are dealing with things infinitesimal. And here we are struck with a curious fact. The term infinitesimal has become a term of reproach among us. It would be hard to find the cause of this in the definition given to the word by our lexicographers. Infinitesimal, says Webster, is "less than any assignable quantity." So it appears that infinitesimal is *something*, though it can not be weighed, or measured, or designated by any definite standard. But, it will be seen at a glance that by a simple improvement of the standards of measurement we are enabled to carry the boundary line of the infinitesimal much farther away from us. The invention of the microscope and the spectroscope, the perfecting of chemical tests and the development of electric science, have each redeemed vast territories from the region of the infinitesimal and placed them permanently within the domain of the tangible. Our dogmatic predecessors would have stoutly denied the possibility of much that is as familiar in our time as are the every day uses of the microscope.

SPEAKING of allopathic courtesies, we clip the following from one of our exchanges:

The Mt. Clemens doctor who refused to help bear a dead physician of that place to the grave because a homœopathist had hold of one of the coffin handles, is reported to have stated that his "action was taken advisedly, and under like circumstances would be repeated, and he is sustained therein by eminent physicians in Detroit with whom he has consulted.

Bad as this may seem to be, it is not so bad as some cases that have come under our own observation. We have known hundreds of allopathic doctors; it is rare to find any of them courteous toward anyone outside of their own pale. That it inheres in the system is evident, for we have seen many young men, after a week's study in an allopathic doctor's office, refuse to recognize an intimate acquaintance who happened to be a homœopath. "Its against the code, you know."

IN conclusion, I will only say that, in view of the results reached in these experiments and those of some earlier experimenters which have been referred to, the confident references to *Carbonic oxide* as a source of danger to health in rooms heated by hot air furnaces and cast-iron stoves, which we so frequently hear, certainly should be modified to accord with what is actually known. The hypothesis is perhaps justifiable that *Carbonic oxide* is present in such rooms, but not that it is present in quantities as great as .04 per cent., and it remains to be shown whether such minute quantities of the gas, if present, can act injuriously on the health to those who breathe it.—*Prof. Remsen.*

## Gynecology.

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**Uterine Displacements.** B. F. Lukens, M. D., Troy, O. Read before the Ohio State Homœopathic Society.

*Mr. President, Ladies and Gentlemen:* I have selected for my subject uterine displacements, and its concomitants in so far as it relates to the cases under consideration.

In entering upon this subject, I am well aware that gynæcologists have investigated every nook and corner of therapeutics and of the mechanical art for the best means of preventing and of controlling this, the most frequent of all the ills which women are subjected to.

It embraces a wide field, and its importance is unsurpassed in its connection with the marital relation. Many of the crosses of the household, the severing of the tie of affection has had its origin in the diseased condition of the sexual organs of the wife. The calumnies heaped upon her by an unmerciful husband have been deemed inevitable. But thanks be to the Good Giver of all, there is a new light dawning, and her destiny shall be changed. The rays of the sunlight of progress have already penetrated hundreds of households, as reflected from the pens of such men as Ludlam, Hale and Eaton.

Many and varied are the malpositions of the uterus, and their causes are peculiarly as numerous. A detailed account of these deformities are well set forth in works upon this subject.

From a careful research of the authorities, the developments made by the old school have been mainly from a mechanical stand point. Every device which the mechanical art can produce has been made available by them as a means of cure. A law of therapeutics has not dawned upon their vision, and the only true principle in nature for the thorough cure of these, as well as all other diseases, is to them as the darkness of the midnight.

Upon the other hand, the homœopathic fraternity have developed the efficacy of drugs in giving prompt relief, and of producing thorough and radical cures. The tendency, however, of the homœopathic teaching in the past has been mainly to rely upon the therapeutic action of medicine as a means of curing all and every variety of these troubles, discarding supporters, regarding them as implements of torture.

We can not discard entirely every plan which has been a success. Honor to ourselves, duty and justice to our patients, demand that we should not discard any means of successful treatment, but we should carefully observe the proper applications.

Individualization with the gynæcologist is as essential as with the surgeon, and the proper means is not always mechanical alone nor is it medicine alone. Mechanical appliances are often a means of relief, giving opportunity for nature to react, and is also a great auxiliary to the action of medicine. To rely entirely upon the action of medicine in many cases, we would fail in our efforts to cure.

It is not unusual in this class of abnormalities for the pathogeny, or the disease producing cause to exist prior to the birth of the patient.\* Women born of parents who have had phthisis or scrofulosis are in some instances lacking in the development of some parts or organs, while other parts or organs are largely or abnormally developed. Sometimes girls of scrofulous constitutions will develop mammary glands as large at seven or eight years of age as girls of healthy constitutions will at twice that age. We also find that their sexual organs develop in the same ratio. Scrofulous girls often menstruate at seven or eight years of age, while the average healthy girl in this climate menstruates at from fourteen to sixteen.

The abnormal development of the uterus or a lack of healthy tissue are some of the constitutional causes for displacements, especially after they have commenced bearing children. Another cause for weakening the tissues and ligaments which support the uterus is the bearing of children too frequently. To treat these cases successfully we must rely mainly upon the efficacy of medicine.

Women of strong fibrous tissue who suffer from uterine deviations, as we observe so frequently in sewing girls, and from accidents or other causes may be cured by the use of supporters alone. An illustration of this last class of causes will be found in case first.

Mrs. P. commenced menstruating at twelve years of age; very soon thereafter she had attacks of pains in the bowels when at stool; there was tenesmus and bearing down at every effort. These attacks did not come on at the menstrual period only, but at other times as well. She had been an inveterate rope jumper, and there is not a doubt but that this suffering was from a displacement of the uterus, caused by jumping the rope. Her suffering did not cease until some time after marriage, which took place fourteen years after she first menstruated. Two years after marriage she became pregnant. She suffered during the whole term of gestation from morning sickness. The labor was very severe, perforating the perineum. The perforation was not stitched up for four years after the labor, being left to suffer during this time from partial procidentia.

After the parts had adhered she continued to have prolapsus. The principal symptom was a sensation as if the uterus would come to the world. She was compelled to lay down most of the time for ten years. This was the history of the case up to the time I first saw her professionally. As she was anxious to make a visit, to remain for a short time, I put on her Shannon's self-adjusting supporter. This fit her so comfortably that her joy was beyond expression. She is now able to perform all ordinary domestic duties, run up and down stairs without the least annoyance or trouble. She has been so well that she declines to take any medicine; she continues to wear the supporter occasionally, and is living in anticipation of a thorough and radical cure soon. This patient has strong, healthy tissue and is of a nervous, bilious temperament, is without hereditary taint; she is free from worry or domestic care, has no children to look after, and all the necessary comforts of life are at her command. This patient will recover without the aid of medicine.

Case No. II is almost the reverse of this one, in her constitutional make up, as well as her surroundings. Mrs. S., aet. thirty-three years, sanguine, nervous temperament, with sanguine greatly predominating. Commenced to menstruate at the age of fourteen years. She enjoyed good health and was regular in her periods until she was seventeen, when she received an injury. While living in Indianapolis, walking along the sidewalk, a runaway team knocked her down, the wheels striking her in the side, causing a contusion of the spine, as the physician stated. She suffered from a great bearing down in the bowels, with bloating and great tenderness. In two weeks after the injury was her regular time to menstruate, but it did not put in an appearance; but in the second month the menses were brought about by taking teas. She suffered from painful menstruation for a number of years after. She married at the age of nineteen years; was an invalid, confined to her bed and room for ten years. The sexual act was very painful, could scarcely endure the approaches of her husband. She did not suffer any pain in the uterine region, excepting at the menstrual period. Her suffering was in the left side of the eleventh and twelfth dorsal vertebræ. The treatment had been mainly for the spinal injury; no uterine trouble was suspected; she had borne no children and no means of prevention had been used, having been married eight years. This is the history of her case, as related to me when I was first called to see her.

Dysmenorrhœa and barrenness were important symptoms, and led me to suspect uterine trouble of some character, a digital examination soon detected a retroversion of the uterus with slight adhesion, a firm pressure against the posterior fundus disengaged the adhesion and the uterus readily assumed the normal position. Some inflammation followed; she was kept in a recumbent position until the inflammation subsided. I gave her *Calendula* locally and internal. After she began going about, the uterus assumed the prolapsed position. I put on her McIntosh's supporter, continued *Calendula* internally. She could not endure the support any length of time on account of the extreme nervous sensation

which it produced. The dysmenorrhœa subsided at the end of the second month. She became pregnant and had no further use for supporters or medicine during the period of gestation; she gave birth to a fine, healthy boy, and during the nursing stage enjoyed excellent health. Fifteen months after her boy was born she gave birth to a daughter. Since that date, which is two years and four months, she has suffered from prolapsus. The usual remedies only giving temporary relief. The care of her children and other domestic duties are too relaxing to the uterine ligaments to admit of a cure; always being worried and tired to death, as she expresses it. She can not wear any kind of a supporter without producing extreme nervousness on account of the sensitiveness of the vagina. The sexual act with her is rarely ever complete. A change of circumstances by getting away from her cares and domestic duties is an essential adjuvant to her recovery.

The difference between this case and the first is, the first case is vigorous, full of reactive power, and is free from mental or physical exhaustion; while the second case has soft, relaxed tissues, weak in reactive power, and has more worry of both body and mind than her constitution is able to endure.

Case No. III.—Mrs. G., aet. forty-two years; nervous temperament predominating; commenced menstruating at the age of fifteen. When she was ten years old she would take an occasional ride upon the bare back of a horse in a pasture lot, and while the horse would be going at a rapid rate, she would jump to the ground and light upon her feet. This sport she took great delight in. At one time, after jumping off, she felt a stinging in the feet. Soon after she was taken with violent pains under the shoulder blades, fever set in, and was very sick for a week. After she recovered the pain returned again under the shoulder blades, and lasted for five years, when the menses came on and the pains disappeared. She was irregular in her menses for six years, coming on from two to six weeks. For a time, the first two days the flow was normal in color, but became light toward the close.



Every return of the monthlies the color became lighter; finally the color disappeared, and a watery leucorrhœal discharge, and at times a granulated and pus-like discharge, supervened.

She married when she was nineteen years old; two years after gave birth to a daughter, the only child she ever had. During gestation she was very feeble; confinement was natural. Eleven days after confinement she walked up stairs. This brought on a return of the pain under the shoulder blades; also pains along the spinal column, the lower part of the bowels, and hips. When her babe was nine months old she again menstruated, the characteristics being about the same as previous to pregnancy; normal in color at first, changing to leucorrhœa, and finally a granulated and curdled consistency.

These characteristics lasted for eighteen years, growing more debilitated every year. The last four years she was confined to her bed, not being able to stand upon her feet for a moment. Her appetite was good, considering her condition; bowels constipated. I put on her Shannon's uterine supporter for prolapsus; gave *Nux vom.* internally; the same day she stood upon her feet. She gradually increased from day to day; until she is now able to attend to her domestic duties and enjoys a fair degree of health. Her menses have become regular and normal in the quality of the flow.

It has been a little over two years since I began treatment. I have used various remedies, as the case indicated; have continued the use of the supporter whenever there was any displacement, always removing the supporter at night.

Case No. IV.—A maiden lady, aet. fifty-seven. Scrofulous constitution; suffered from diarrhœa, since her earliest recollection, until she was fifty years old. At the age of thirty, from a severe attack of the diarrhœa, she contracted proclivitas, which difficulty she has to the present time. Seven years ago I cured her of the diarrhœa. Soon after she was taken with a bilious fever, which left her with hemiplegia of the left side. She suffers from violent attacks of palpitation of the heart. She has extreme coldness of the

left chest, shoulder, and arm, requiring heavy comforts in the hottest weather to keep these parts warm; while the left foot is so hot she can not endure covering upon it even in the coldest weather. She occasionally wears Shannon's self-adjusting supporter. The remedies which serve her the best are *Arsenicum*, *Calarea carb.* and *Conium maculatum*.

It will be observed that the primary causes for the displacements in the three first cases were from injury, each case developing a different pathological condition. In the last case the primary cause was a scrofulous constitution.

The symptomatic indications for remedies which resulted favorably in these cases had a direct pathological bearing

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**Battey's Operation.** By S. S. Lungren, M. D., Toledo,  
Read before the Ohio State Homœopathic Society.

Perhaps there is no operation performed in gynæcological surgery which has caused so much comment, so much difference in opinion among medical men, as the one under consideration. It may be regarded as truly an American contribution to the surgery of woman's diseases. Originated by Dr. Robert Battey, of Rome, Georgia, who designated it "normal ovariectomy," and who had the courage or boldness alone to perform and advocate what may be regarded as an operation of great danger to the patient, and one to be questioned whether the results are sufficiently advantageous to incur the risk attending all operative procedures upon the pelvic organs. In this period so-called of advancement of gynæcological surgery, it is well for us to pause ere we proceed to place a woman in the dangerous condition in which she will be placed by the removal of her ovaries, and one of possibly as much importance, namely, that of depriving her of all power of procreation, and see whether the end will justify

the means employed. Some of us can well remember—others have read—of new, and for the time being believed to be great improvements in the treatment of the diseases of women, enunciated by the leading authorities and men in the profession within the last thirty years, many of which, after having been tried for varying periods, have been abandoned as worse than useless. Professional men, in their desire to alleviate human suffering, adopt more readily, I believe as a rule, the opinions of some recognized leader, without giving as much thought to the why and wherefore of that opinion as they would on some other subjects. Instance the teachings of Sims and others, that in cases of flexions of the uterus, attended with painful menstruation as the supposed result, division of the cervix was, under the leadership of that great mind, almost universally adopted; now the operation is confined to a limited class of cases, and the rule is rather to sew up all lacerations of the uterus than to make new ones.

The originator of this, named by Sims "Battey's operation," like the founder of other surgical methods, seems to have had many opportunities in a small town for its performance and the exercise of his skill—as many as twelve times from 1872 to 1879, with the result of ten recoveries and two deaths. The general result in one hundred and thirty operations, tabulated by Dr. M. D. Mann, of Hartford, Conn., was, in one hundred and eight operations by the abdominal incision, twenty-two deaths, and in twenty-two operations by the vaginal incision, four deaths—a mortality great enough to cause us to pause, and inquire whether the operation is surely of benefit and for what class of cases? The disorders for which the operation has been most frequently resorted to and which have been made worse by monthly determinations of blood to the uterus, are dysmenorrhœa, menorrhagia, ovarian neuralgia, inflammation and prolapse of the ovaries, hysteria, insanity, and epilepsy, with an ovarian aura, and more especially uterine fibroid tumors, attended with exhausting hemorrhages.

The result in hysteria, insanity and epilepsy has not been encouraging; while in dysmenorrhœa, menorrhagia, ovarian

tenderness with prolapse, and the evils attending menstruation in the presence of a fibroid, success has been obtained in a large proportion of the cases which have recovered from the operation; and especially has this been shown in cases where women were perishing from the constant suffering and exhaustion of the last named disease. That there are cases demanding some procedure for their relief has become patent to everyone here. The exact method of affording that relief is not so easy to determine. Whether by medical treatment alone the pain and distress of each menstrual period can be relieved and the patient entirely cured, if answered in the affirmative leaves nothing to be desired, provided it is a fact, or whether the medical, combined with local treatment, is required, or, failing in this, we try to remove the cause by removal of the ovaries, as may be indicated. That menstruation does not always cease with their removal, is manifested in numerous instances (twice in my own operations) of a flow identical with the menstrual subsequently. That the operation is not always attended with relief is a matter of record; that the danger is great to the patient, and, lastly, it deprives a woman of the opportunity to become a mother. (Sexual feeling is not lost, contrary to the general opinion.)

These considerations should weigh well with the operator before proceeding with this last surgical resort. Let him use all the indicated remedies; support the ovaries if they are prolapsed and not too tender, which is often the case; try the local effect of hot water douches; place the patient in as good dietetic, hygienic and physical condition as possible, and the result will be often an amelioration of her state, if not a radical cure. Now, what shall we do with her case, if, after all we have done, she still remains unrelieved? When she looks forward to each recurring menstrual period in mental agony, and fear of that physical agony she has learned by past experience she will again endure, shall we say there is nothing more to be done; you must bear your agony as best you may? Or, as a last resort, an unwilling admission that you can do nothing more, do as has been done before, and as is taught in a recent work on diseases of women, encourage the unfor-

tunate patient to become a slave to *Opium* in some of its forms? But, after a longer or shorter period, even *Opium* fails; and the patient, enfeebled in body and mind, still craves relief, comes to you again and again, often after years of suffering, under many and varied forms of treatment, until you feel that you will avail yourself of any procedure that you can justify in your conscience for her benefit.

Such a case as I have just described came to me last summer from a neighboring city. She is a widow, aet. 33; married at 18; first child born when she was 20, became pregnant within a year after; miscarried at three months; again pregnant soon after; miscarried again at six months; confined in bed for four months after, and then left a widow, with nothing but her own hands to support her. Her symptoms, when I saw her, were intense pain in the head all the time, so great as to deprive her of her senses, during the menstrual periods, which recurred at irregular intervals, two, three, rarely four, weeks. Her sight failed her; memory was defective, and she was unable longer to earn her living, as a dressmaker. In the intervals, and during menstruation, she had a constant, dragging pain in the back and limbs, great pain through the hips and over the abdomen; that she dreaded the return of menstruation with a fear that death itself bears no comparison. Upon examination I found the ovaries very tender upon pressure, the right one feeling as large as a small orange; was prolapsed into the cul de sac of Douglas. The remedies I thought indicated were tried; but as the patient had become habituated to the use, or abuse, of *Morphine*, they had apparently little effect. Some relief was obtained for a period from the use of hot water injections in the vagina and a Hurd pessary. The ovary was so tender, however, that the support had to be, after a time, removed.

The patient, who had been under the treatment of several physicians before I saw her, despairing of any relief except by an operation, earnestly begged me to perform it, declaring that she would sooner die than suffer so cruelly as she had done. I reluctantly consented. The operation was performed September 15, 1880, at the Protestant Hospital in

this city, Drs. Goodwin, Barber, and Parker assisting. The patient being placed under *Chloroform* and on the side, the uterus was drawn down with Byrnes' double tenaculum, a fold of the vagina, posterior to the uterine neck, was caught up with a tenaculum and snipped through with a pair of scissors; the peritoneum, being felt with the finger, was divided; and the ovary felt through the opening being the right and enlarged one, was punctured and then drawn through the vaginal opening and tied with strong, silk ligatures. The left ovary was then hooked down, and the enlarged and inflamed fallopian tube separated from it, the base tied, the ligatures cut short, and returned, with the stumps, within the abdominal cavity. She made a rapid recovery, being up and around her room in ten days; has been able to attend to her business, and is now well, and has written me a letter within the last few weeks, conveying her grateful acknowledgements for her restoration to health and usefulness.

A minute portion of the right ovary was unavoidably allowed to remain attached to the stump—so minute as scarcely to be noticed; yet that has sufficed to keep up menstruation until the present time, without pain or inconvenience.

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## Ophthalmology and Otology.

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**Lachrymal Stricture.** By Allen H. Vance, A. B., M. D.,  
Springfield. Read before the Ohio State Homœo-  
pathic Society.

A very common trouble, and one every physician is liable to be called upon to treat, is *stillicidium lachrymarum*, epiphora, or watery eye. In such a case the tears are seen to

collect upon the edge of the lower lid, and finally to run down slowly upon the cheek. One of the most frequent causes of this trouble is a stricture at some point in the lachrymal passage. The overcoming of such a stricture by the use of probes is the subject of this paper.

Bowman's silver-wire probes are those most commonly used. They are arranged in numbers, from one to eight, ranging from one twenty-fifth to one-sixteenth of an inch in diameter, and of the same thickness throughout their length. There are other probes similar to these, but bulbous at the end, and again others that increase in size rapidly from the point. They may be made of ivory or whalebone, or of lamina. These latter are very serviceable, inasmuch as, after being placed in position, they swell, and so increase the caliber of the constricted passage. But I have found none so serviceable as Bowman's probes. Even when it seems advisable to use a style, nothing is so good as something corresponding, in size and shape, to the Bowman probe.

The probing is usually done through one of the canaliculi, which has been previously dilated and slit up. The punctum lachrymalis is surrounded by muscular fibers, which do not yield easily to the probe, so that considerable force is necessary to enter it with any but the finest probes. The dilatation may be accomplished by inserting a probe tapering gradually to a point, or a succession of probes, increasing gradually in size. The probe should be held perpendicular to the edge of the eyelid, and pressed firmly into the punctum, until it has entered about one-sixteenth of an inch, and then turned in the direction of the canaliculus, and pressed forward until the punctum is dilated sufficiently. If it should be found that the punctum was entirely closed, an incision may be made perpendicular to the direction of the canaliculus, until the canaliculus has been cut across and a point thus formed from which to enter it; or a fine probe may be passed around from the other punctum, through the canaliculi, so as to determine the exact location of the punctum you desire to operate upon.

For slitting the canaliculus after the punctum has been dilated, I have found the probe-pointed Weber knife the most convenient instrument. The knife is inserted into the canaliculus until the point is nearly to the ligamentum mediale; then the handle is carried away from the lid, the edge being held in such a position that the slit thus made will be along the inner lip of the edge of the lid. In lieu of a Weber knife a pair of slender probe pointed scissors, or a grooved director and a slender cataract knife may be used. It will be found necessary to open the slit once a day, at least for a few days, to prevent its healing over, especially when it has been the seat of a stricture.

The lower canaliculus is the one through which I have always operated, as it seemed the more convenient one, though some prefer the upper, as being more nearly in a direct line with the general course of the sack and duct, which renders the tension at the inner angle less when the probe is in position, which tension, where continued probing is necessary, readily causes cicatricial closure of the inner end of the canaliculus, and, too, it is more important to preserve the permeability of the lower canaliculus, as it carries off the larger portion of the tears.

Having prepared the canaliculus, take a probe, curve it slightly, and drawing the lower lid downward and outward, and directing the patient to look upward, pass the probe gently along the canaliculus, until it is felt to be against the lachrymal bone; then raise the probe into a nearly perpendicular position, having its convexity turned backward and inward. By gentle downward pressure, taking care to keep the point of the probe against the anterior wall of the sack and duct, pass the probe into the nose, and down to the roof of the mouth.

In passing the probe through the upper canaliculus, it is to be passed along the median wall down into the sack. During the passage of the probe through the canaliculus, or the attempt to turn it into the perpendicular position, any tension of the lid is proof that it has caught in the canaliculus and has not entered the sack.



After the probe has been once introduced into the sack it should lie against the eyebrow, about one-fourth of an inch to the median side of the supra orbital notch, and should retain this position of itself.

Strictures may be found at any point along the course of the lachrymal passage, but are most frequently found at the point where the canaliculi enter the sack, and where the sack is narrowed into the duct. They result most frequently from some inflammatory process, usually of a catarrhal nature, though they may arise from injuries along the course of the passage.

When there is considerable inflammation we may find great difficulty in entering the sack, in which case it is much better to wait a few days, and treat the inflammation before proceeding with the probing; otherwise the inflammation would only be increased.

In overcoming strictures, wherever located, it is usually better to begin with a small probe, say Bowman's No. 1, and proceed gradually to the larger sizes, in this way avoiding the wounding of the mucus membrane, and the formation subsequently of a cicatrix. Too much force should never be applied when using small probes, for fear of piercing the mucus membrane, and thus forming a false passage. Gentle, steady pressure, I find, succeeds the best, sometimes giving a motion of rotation to the probe.

Cul de sacs sometimes exist, in which the point of the probe may become engaged, so that when the probe ceases to advance it should be slightly withdrawn and again advanced, in hopes of thus finding the proper channel.

You may not be able to pass the probe completely the first day, but this should not discourage you; you must try again. A perfectly occluded passage is rarely found. Patience, perseverance and coolness must be your constant companions.

The probes must be accommodated to the direction of the passage. This may be straight, or nearly so, or it may be made up of the most unaccountable curves. The usual direction will be downward, outward, and a little forward. A

very slight change in the shape of your probe may make all the difference between success and failure.

After the stricture has once been passed, the probing should be repeated every day for a time, and larger probes gradually used, until a No. 4 Bowman probe can be passed without giving much pain. A larger than this should rarely be used, as the inner end of the canaliculus, and the duct are normally no larger. The probe should be allowed to remain in place for a longer and longer time, as it is found to give no inconvenience, until it can be retained for a half hour or so.

When the patient resides at some distance from the operator, and can not be seen for several days at a time, after a few days' probing a style may be worn for a day or two and then removed by the patient. The style should be of the same size and shape as the probe used, but a hook should be bent in its upper extremity so as to catch over the edge of the eyelid, and prevent its passage into the nose. The soreness produced at the inner angle by wearing the style will gradually grow less, until it can be worn for several days without inconvenience.

When a lachrymal tract has been opened by probing, and the stricture thought to be overcome and allowed to go without attention for some time, it will be found often that the opening at the inner angle will close. Therefore it is advisable to see your patient once a week, and repeat the probing for some time. Should such a misfortune happen, however, the cicatricial closure must be overcome by using a fine probe and boring through it, and then dilate it as before.

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**THE COCOANUT AS A TÆNICIDE.**—Dr. Martiale, chief of the health department in Senegal, reports nine cases of tapeworm successfully treated with cocoanut. This treatment appears to be quite popular with the Caribes, the patient being required to slowly consume the meat of one whole nut, following it up, three hours later, with a large dose (forty-five grams) of *Castor oil*. The worm will be expelled in about five or six hours.

**Phlyctenular Keratitis.** By W. A. Phillips, M. D., Cleveland, O. Read before the Ohio State Homœopathic Society.

Phlyctenular keratitis is a circumscribed inflammation of the cornea characterized, pathologically, by the formation of a vesicle which ultimately bursts and thus becomes converted into an ulcer. The inflammatory point first produces a slight elevation of the corneal epithelium, a serous fluid is secreted which is discharged by the rupture of the epithelial covering, and thus the ciliary nerve twig, along which the diseased action is propagated, is exposed to the air and other irritating influences, and hence follows a characteristic symptom, namely, great intolerance of light, (photophobia). Another sign, aside from the vesicle itself, that is of valuable diagnostic importance, is the bundle of bloodvessels which have their apex at the seat of the ulcer and extend backward, at the same time spreading out somewhat, into the conjunctiva. The vesicle generally forms near the margin of the cornea, and after its conversion into an ulcer travels toward the center of the cornea, followed by the fascicle of bloodvessels. This arrangement of the bloodvessels differs from the vascular condition observed in the thickened epithelial coat produced by granular lids, and known as pannus, in that the vessels in the latter case are seen to be raised above the normal situation of the natural epithelium, and are spread out over a considerable surface. They are to be seen as differing, also, from diffuse keratitis in that the latter disease is accompanied by a distribution of bloodvessels over the greater part or even the whole of the cornea, and are seen to be deeper seated. If the case is early brought to the notice of the physician, the appearance presented by the vesicle or ulcer and the bloodvessels, together with the generally intense photophobia, profuse lachrymation, puffiness of the lids, an apparently severe coryza, pain and restlessness at night, will be quite sufficient to enable him readily to make a correct diagnosis. It is, however, important to bear in mind that the

patient thus affected is almost invariably of a scrofulous habit; in view of which fact the disease was formerly known as scrofulous ophthalmia.

Fortunately, most cases are not so serious in their termination as the symptoms would seem to indicate. The fact that children, to whom the disease is mostly confined, will, when attacked, suffer so much from the effects of light that they will bury their faces in a pillow, both day and night, in order to exclude every ray, is often very alarming to parents; and unless the real condition be ascertained by a critical examination of the cornea, the family physician may also reasonably exercise enough concern to very promptly and carefully perform his duty. As a rule the destruction of tissue does not extend beyond the epithelial layer, and notwithstanding an opacity, commonly results in consequence of the deposit of new material during the healing process, still the opacity will gradually disappear. It is in cases of this character that many a practitioner has wrought many a cure with an incomprehensible attenuation, and published his success through the medium of our journals. The assumption is, that if any given remedy will remove an opacity of the cornea in any particular case, it will also remove a like opacity in any other similar case; and on this basis the argument proceeds. Whereas, the real fact is, as already stated, that opacities which do not extend deeper than the thickness of the epithelial coat, will disappear unaided by remedies; while opacities resulting from destruction of the epithelium, Bowman's membrane and more or less of the proper substance of the cornea, will consist principally of scar tissue, and will be permanent in spite of remedies of any attenuation. Hence, it is well to observe faithfully whether an opacity is superficial or deep, and whether it consists of an infiltration into the meshes of the cornea or is a deposit of cicatricial matter. A scar is often surrounded by a more or less dense exudation, not easily distinguished from the scar itself, and the ultimate absorption of this, together with the contraction of the scar tissue will give the opacity the appearance of yielding to treatment more or less completely when a cure complete as

could occur was sure to result without treatment. In short, a scar in the cornea is as permanent as a scar in the skin. But opaque infiltrations which become partially organized even, may be, in some cases at least, more quickly absorbed by the application of local agents, while the efficacy of internal remedies is not so clearly defined, though we can not doubt that their influence is of some importance. In fine, opacities of the cornea may be regarded as a significant example of how easily one may mistake the supposed efficacy of a remedy by not being thoroughly conversant with the exact pathological condition of the part treated.

But while the majority of cases are not likely to leave any permanently bad effects, a certain proportion of the cases will require the most skilled management to prevent permanent impairment of sight. A phlycten, or vesicle, may occur directly over the pupil, or travel there from the margin of the cornea, and extend so deeply as to leave a dense, irreparable opacity, or it may even extend to perforation of the cornea, and thus endanger the eye in consequence of a deep scar, obliteration of the pupil, and staphyloma. Several phlyctenulæ sometimes form near together, coalesce and finally result in a broad, deep ulcer, attended by the dangers already enumerated.

In the treatment, the general condition of the patient is especially to be taken into account. The disease is emphatically a local expression of a constitutional dyscrasia and accordingly demands a rigid adherence to the most approved hygienic rules. Perfect cleanliness is to be observed. Salt water baths with friction are to be more or less frequently applied, according to the season of the year and the age and strength of the patient. Fresh air, and a nourishing diet must be insisted upon. Food, however, containing starch or sugar should, for the most part, be avoided. Regularity as regards the time of meals should also be enjoined; for the digestive function is imperfectly performed in this class of patients, and the assimilative power correspondingly at fault.

The special indications for the use of the internal remedies applicable in these cases are to be sought in the general con-

dition and constitutional symptoms quite as much as in any peculiarities attending the group of eye symptoms common to all cases.

*Sulphur* is the leading remedy, covering more general and incidental symptoms than any other one medicine, and in all cases of marked dyscrasia is the first one to demand a trial. It is considered unnecessary to recount to you the indications which point unmistakably to this remedy.

*Arsenicum* is the next in value, especially in cachectic, badly nourished subjects, and particularly if the vesicles are followed by marked ulceration. Excoriation of the lids and nostrils is a prominent indication for its use.

*Graphites* is unsurpassed in cases where the herpetic eruption extends over the face, and about the ears. The skin is fissured, bleeds easily, and the eruption exudes an acrid or even a muco-purulent discharge.

*Rhus tox.* is a very serviceable remedy when the general health of the patient is apparently good, and there are no definite symptoms other than those directly affecting the eye. The photophobia is severe, the lachrymation very profuse, the lids puffy and spasmodically closed. A fine, bright red eruption but distinctly pustular, is often present on the lids and cheek.

*Pulsatilla* is valuable when there is a muco-purulent discharge from the eyes, agglutinating the lids at night or after sleeping. Gastric disturbances still further indicate this remedy.

*Mercurius* in one form or another has been very extensively used in this variety of keratitis, and in many cases it is undoubtedly of marked benefit; but I am satisfied that its efficacy in this disease has been greatly overestimated.

*Tartar emetic*, *Euphrasia*, *Sepia* and *Calcarea carb.* are sometimes strongly indicated by symptoms peculiar to those remedies, and should not be forgotten in the treatment of obstinate cases.

Local measures will rarely be called for except when the trouble has resulted in pronounced ulceration of the cornea. In that event the compress bandage, *Atropine* and *Chlorine*

water may be demanded. In a word, phlyctenular keratitis is a local expression of a constitutional dyscrasia.

The dangers of severe or badly managed cases are astigmatism, permanent opacities of the cornea impairing the sight, or perforation of the cornea, resulting in obliteration of the pupil or staphyloma, destroying the sight.

The treatment is mainly constitutional, hygienic and medicinal. Local measures are only applicable in very obstinate cases, or when marked ulceration occurs.

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## General Clinics.

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A BLUNDER, AND WHAT CAME OF IT.—A little more than twelve years ago, Mrs. C., from Oberlin, Ohio, came for treatment of complete procidentia. In making the examination I removed a supporter which had been worn twelve years. When trying to stand, a position which had not been attempted in all these years without the instrument, she fainted. I laid her flat upon her back, restored her to consciousness, and placed a sponge to hold the uterus temporarily in place. That night I was taken violently ill, and did not, for ten days, think of the patient. At this time my assistant informed me that a gentleman had called several times to have me visit his wife, and refused to have anyone else. He said he must see me, and if I was still unable to go to his house, would like to ask some questions. When he was admitted to my room I recognized the gentleman who came to take his wife home after the fainting. I remembered the whole affair. He told me that three days after his wife was to see me, she began to have a terribly offensive discharge. It

grew worse, until now it was tinged with blood, and she was obliged to keep her bed. I disobeyed the commands of my entire household in persisting to be dressed and to visit my patient. When I removed the sponge the blood flowed freely, and the mucous membrane was swollen and inflamed. I elevated the hips, used injections per vagina of a decoction of *Hydrastis*, and in ten more days had the satisfaction of finding the vagina elongated, and contracted sufficiently to hold the uterus in place with no support but itself. I enjoined great care for three months. I have not seen the patient for years until recently, and find a complete cure resulted. The vaginal walls had contracted, and no prolapsus had occurred in all these years.

I have cured two cases of procedentia by making folds (kilt pleating I call it) in the vagina, and denuding the mucous membrane under the fold, and packing the vagina with cotton until it healed.—Mrs. E. G. Cook, M. D.

**SYPHILINUM.**—A. H., a boy aet. fifteen, has had, for several years, offensive, thick, yellow-green nasal catarrh. In sleep dry scabs form in both nostrils. These symptoms followed the application of salve to sore eyes. After scarlatina, two years ago, his otorrhœa was treated with soap injections; now a small, acrid, watery discharge occasionally from the ears. Both eyelids are glued by mucus in the morning. Conjunctivæ injected; photophobia, and he constantly wears a shade.

November 7th, 1878. *Grophites dm.*, dry, February 13th, *Puls. cm.*, four doses, in water. May 26th and June 11th. *Sulph. dm.*, dry. June 19th, *Puls. cm.*, four doses, in water. September 4th, *Kali sulph. cm.*, twelve doses, in water. October 14th, seemed no better; *Syph. dm.*, dry.

The membranes of nose and eyes rapidly became healthy. Syphilis was denied by the parents.

The results following the treatment of this case are especially satisfactory to the patient and his relatives, yet are but humble when compared with the remarkable powers displayed by *Syphilinum* in such cases as *e. g.*, Organon I.,



63-71, 358-362. Owing to the unfortunate frequency of syphilitic origin or complication in all disease, *Syphilinum* ought to be welcomed as an indispensable remedy, only to be given potentized.

Dr. J. G. Gilchrist's nearly useless soliloquy on "So called Nosodes"\* has no bearing upon their employment as changed by attenuation in Homœopathy; Dr. Gilchrist's imaginary provers and patients' "swallow material" disease-products; hence, his isopathics have no bearing upon the use of properly prepared nosodes. It would be quite as appropriate to write five pages of blood and thunder describing the horrors of an arsenical poisoning as thus to attack *Syphilinum*, whose repeated use, potentized, has never caused the conditions described. When we read the Doctor's graphically drawn picture of a syphilitic poisoning, let us remember that these are the very sufferings which *Syphilinum* can remove.

GONORRHEAL RHEUMATISM—MEDORRHINUM.—May 26, 1877, C. E. N., æt. twenty-three, has had gonorrhœa ten months. During eight months the discharge was mostly suppressed while using drugs and injections. For two months past the flow persists, whether with or without the above treatment, watery, transparent, acrid, abundant, staining the linen, with painful urination. Since the third month of infection he has had heavy, drawing, wandering pains in right nape, right hip, and left leg; worst in damp weather. Patient has phymosis; stutters habitually. *Medorr. cm*, three doses, in water.

The discharge had entirely ceased the third day, and did not return. The next day after taking *Medorrhinum*, he felt uncommonly lame and stiff; then the pains disappeared, until June 6th.

June 6th, the pain reappearing, *Medorr. dm*, dry, was given, followed by a similar aggravation; also, for the first time, a soft, insensitive swelling around the left knee-joint, which remained about a week.

November 28, 1879, no return of trouble.

\*MEDICAL ADVANCE, May, 1880.

CATARRHS — GLANDERINUM, ULCERINUM, KALI SULPHURICUM.—*Glanderinum* has helped obstinate cases, where, among other remedies, *Kali sulph.* has failed, whether parotid or other glandular swellings were or were not present. Often serviceable when the nasal discharge is thin, acrid and blood mixed.

*Ulcerinum* seems of present service (now twelve months) in a case unyielding hitherto under several years of homœopathic treatment. The odor was intolerable, the flow creamy, blood streaked; scabs and plugs form; small ulcers in mouth and fauces. A portion of the patient's breakfast was invariably vomited (until lately), following hawking and gagging.

*Kali sulph.* (see Schuessler.) Of numerous cases relieved by *Kali sulph.*, five had large plugs, oftenest found after sleep, in the morning. The nasal discharge was variously constituted, stringy, tenacious, thick, and offensive.

*Glanderinum* and *Ulcerinum* were given in *cm*, potentization; *Kali sulph.* 12, *cm* and *dm*.

To dismiss nosode provings and cures with the slur "isopathy," is very easy, because ignorance is easy. Ignorance ignores well attested facts. It is a fact well attested that nosodes, potentized (doubtless thus becoming changed, and not isopathic agents), have been abundantly serviceable in the treatment of disease.

Of the nosodes above noted only *Psorinum* and *Syphilinum* have been proven in minutæ. These can be studied in a given case, with full power to demand a picture of disease corresponding to the remedy.

The other nosodes give their own key-notes. *Medorrhinum* has as much to show as a gonorrhœa can usually show in its early stages. *Glanderinum* has a copious literature, needing arrangement from Berridge's notes, lately published. *Catarrhal vesical* and *Ulcerinum* promise interesting provings.

The writer reports the above results simply because they took place, and warns every "careful prescriber" (it is won-

derful how "careful" the routine *Bryonians*, *Podophyllians*, etc., grow when they encounter a fact) not to give a nosode as long as one peg labeled with any other remedial name remains whereon to hang a better indicated prescription.

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## Miscellaneous.

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**Septicæmic Puerperal Fever.** By J. C. Sanders, M. D., Cleveland, O. Read before the Ohio State Homœopathic Society.

The term puerperal fever is eminently generic, and has come to be applied to nearly all forms of acute maladies affecting the lying-in state: milk fever, phlegmasia dolens, eclampsia and mania are generally excepted. The different forms of fever thus and popularly designated puerperal, may be grouped under the following orders:

First.—Non-zymotic. Second.—Zymotic. Third.—Septicæmic.

First.—The non-zymotic may be divided into classes, as follows:

First.—Metritic puerperal fever. Second.—Peritonitic puerperal fever. Third.—Phlebitic puerperal fever. Fourth.—Enteric puerperal fever.

These all are symptomatic fevers, dependent on local phlegmasias as their causative and essential condition, and are designated according to the different structures which are primarily and chiefly implicated. Neither one of these, however, scarcely ever runs its course without kindling to a greater or less extent one or another of the remaining group

into activity. The enteric is more disposed to run its course uncomplicated than either of the others.

The formation of emboli, their diffusion and lodgement, and lighting therefrom other and secondary irritations and inflammations can not be regarded as other than contingent complications, and as in no way constituting or imparting a distinctive type to the malady. The same may be said of the pyæmic complications that wait on the progression of either one of the aforesaid classes of puerperal fever. The occurrence of pyæmia, in any such case, is contingent; it may or may not occur, and whenever occurring, modifies in no way the order or type of the fever.

It would be interesting to trace out the varied and impressive phenomena and their progression and results, of these two forms of complications, one or the other of which, often masked or unsuspected, leads its victim on to extraordinary protraction or severity of malady, and even to a fatal issue. But this is not the object of this brief paper, though an ample and worthy subject of discussion.

Second.—Zymotic puerperal fever.—That there is such a thing as zymotic puerperal fever is as unquestionable as that there is such a thing as zymotic fever outside of the puerperal condition. It is as unquestionable as the existence of erysipelas, or scarlatina, or diphtheria, and is dependent on a specific cause. It may occur sporadically or epidemically, and is eminently contagious with this distinguishing feature, that the specific virus is infectious only to the parturient and lying-in. The parturient and lying in are the exclusive subjects of the contagion.

Third.—Septicæmic puerperal fever.—The object of this brief paper is to invite attention to this last order. It is a lying in malady, often masked and confounded with other maladies, remarkable in its phenomena and prone to swiftness and fatality in its issues.

The remarkable and distinctive phenomena may be grouped as follows: first, negative; second, positive.

First.—The negative are (*a*) no fixed and uniform relationship to the character of the labor as regards severity or dura-

tion, or to any uniformly recognized morbid condition of the gestation; (*b*) painlessness of the attack and absence of pain and of any special localized tenderness in the progression of the malady, except as an apparent complication; (*c*) apathy, listlessness and unconcern.

Second.—The positive are (*a*) the early and sudden attack and almost universally with the occurrence of a chill and rapid development of the malady, which marches so rapidly on as to reach the acme of its destructive might by the expiration of sixty to seventy-two hours. If the patient survives this cycle, she may attain the seventh or fourteenth, or twenty-eighth or thirty-fifth day, or even a later date, before either convalescence is attained or the case reaches a fatal issue; (*b*) pulse becomes quickly rapid, small and feeble, the frequency running to 120, 140, and even to 160, in case of fatal result, until its beat becomes imperceptible; (*c*) temperature rising correspondingly rapidly and reaching 104, 105, even 106 degrees, until the crisis is attained, when either there will be a sudden fall incident to the giving out of the calorific power, or gradually shading down with alternate rise and fall evening and morning, as the case goes on, closely simulating a continued typhoid fever; (*d*) the surface temperature markedly and uniformly hot for twenty-four to thirty-six hours, then becomes unequal, the hands and feet get cold; (*e*) the skin is dry, while hot for the most part, but becomes wet and clammy when cool or cold; (*f*) the color of the skin is striking, putting on swiftly a peculiarly dark, ashen color; (*g*) the stomach is irritable, with nausea, retching and hiccough, the ejecta consisting of what may have just been swallowed, water or food, mixed with a deep or dark, brownish or greenish bile. Sometimes the retching is absent or is dry, but there may be eructations instead of the same brownish, greenish fluid; (*h*) the lochia is sometimes suppressed or is grumous and tainted, and sometimes unaffected; (*i*) the breasts are flaccid and without secretion; (*j*) the abdomen is neither tympanitic nor collapsed; (*k*) the movements are not especially affected, the urine, however, is totally suppressed or passed unconsciously, or simply re

turned; (*l*) hyppocratic countenance; (*m*) decubitis on the back, with limbs extended and spread wide apart, and arms lying flaccid by the side, and every voluntary muscle apparently stricken with exhaustion, and the general aspect one of profound and hopeless collapse. Death rapidly supervenes, and after death, speedy dissolution ensues, despite the best embalming art.

Pathology.—The essential nature of so striking a history as just given, which is an accurate similitum of cases possible to the lying in state, is a most interesting problem. Certain it is that this type or order of fever is nothing new; it can be traced out in the descriptions of nearly all the old, as well as of the new, writers. This is one of the fevers over which different observers have crossed lances in learned and sharp controversy in attempts to settle the vexed problems of its essential nature; one of the great problems is whether it is inflammatory or not; and the other is whether it is infectious or not, and still another is whether it is auto-generic or hetero-generic, or both.

After a careful observation and consideration of all the facts as they have presented themselves to me, my convictions are clear as to the following points:

First—It is, primarily, non-inflammatory. Second—It is, primarily, toxic in its character. Third—It depends on some disintegrated animal material, which, entering the blood mass, renders it toxic, and incapable of maintaining its proper functions without great and imperiling disturbances, and even absolute arrest of all functional possibility. The blood mass seems to become so changed and devitalized as to be incapable of the maintenance of life, or, though life be not immediately overwhelmed and quenched, as to be incapable of sustaining the varied vital functions without belaboring one organ or another, and lighting within it, sooner or later, the fires of local inflammation. Fourth.—It may be auto generic or hetreo-generic in its origin.

Auto-generic, the poison may originate from a diseased embryo or fœtus in the progression of the gestative state, or be generated subsequent to delivery anywhere on the utero-

vaginal tract, at the placental site, upon the cervical wall, the vaginal sheath, and even the vulvular surfaces—at any point on these surfaces where a blood-clot, or shred of membrane, or fragments of decidua may disintegrate and undergo the molecular change of decay. In case any such point should present a broken, and, therefore, absorbent surface, we have the conditions possible to such infection. The placental site is a broad expanse of absorbent surface, and the whole uterine and vaginal and vulvular tract is subject to abrasion, to a greater or less extent, in every labor—even the most natural.

Hetero-generic, the poison may be generated upon the diseased surfaces and tissues of other persons living, or even the cadaver, and be communicated to the parturient woman by the hand of accoucheur or midwife in the manipulations and examinations of obstetric art. I believe the majority of cases of septicæmia are hetero-generic in origin, and their almost exclusive channel of infection is by hand or instrument in the ministry of obstetric art.

Diagnosis.—There is scarcely anything in this whole subject more interesting and difficult than the diagnosis of this particular malady. It is not to be confounded with either of the non-zymotic divisions of puerperal fever, nor with the possible complications dependent on the formation of emboli, or on possible pyæmic conditions. I will try to indicate some of its distinctive features, though these have been outlined in the general description already given.

In septicæmic puerperal fever, (*a*) we have rarely but one chill, and this by no means in any other way characteristic. In pyæmic conditions the chill repeats, sometimes regularly and sometimes irregularly; (*b*) the suddenness and unexpectedness of the attack; (*c*) generally follows closely the completion of the labor process, anticipating the possible formation of pus auto-generically, anticipating and interrupting the milk secretion; (*d*) absence of all local tenderness, pain or distress, surely until after the fever has become fully inaugurated, and prove then in the graver and immediately fatal cases; (*e*) in the graver and fatal cases the crisis of fatality is sooner reached; (*f*) a peculiarly dazed, stunned and apa-

thetic mental state, whereas delirium is rather the characteristic of the mental aberration in pyæmic conditions.

In rare cases there is, or seems to be, a combination of the two infections. In such, the cases will inaugurate as septicæmic, and in course of their progression pyæmia will evidently ensue, or supervene and impart its own marked characteristics to the morbid histories and results.

Prognosis.—This is always grave, though some cases seem to encounter a vital resistance or capability of elimination, which promptly dissipates the poison or enables the victim to bear up under its fury, and to come out at last to convalescence and safety.

Treatment.—This is (*a*) prophylactic, and (*b*) immediate. (1) The prophylactic is (*a*) regimenal, and (*b*) therapeutic.

(*a*) Regimenal.—This involves many things—the utmost cleanliness of person on the part of the gestative woman, and especially of the vulvo-vaginal tract, particularly as she nears and reaches her labor; and on the part of the accoucheur great care of the soft parts all during labor. Especial emphasis should be given to this care in the conduct of the third-stage, scrupulous, and I would say religious caution should be exercised, that the membranes are safely and surely removed. On his part, moreover, an absolute cleanliness of hands and person, and of instruments, in case instruments are rendered necessary. In case he or she has recently had to do with post-mortem examinations or dissections, dressing of wounds or sores, or with the secretions of any of the exanthematous or infectious diseases, he or she should rather decline the accouchment attendance or most scrupulously purify him or herself by the most thorough ablutions. And for this purpose no antiseptic, or disinfectant so called, holds rank with *Bromine*. It is incomparably the best. Its annihilation of the offensiveness and uncleanness of decomposed animal matter is absolute. The hands and instruments in such cases should not only be freely washed with soap in the ordinary way, but be as thoroughly sprayed with as pungent a solution of *Bromine* as the skin of the hand or the polish of the instrument will bear. Neglect of this caution in the instances assumed is not only reprehensible, but downright criminality.



Another religious duty is to caution, and to enforce the caution, that the vulvular orifice shall, subsequent to labor, be kept free from all obstructions by cloths, or portions of the bedding, or blood clotting about the ostium.

Another suggestion is important, in case the labor has submitted the soft parts to severe pressure or tension, even though the labor has been brief; but especially if the pressure and tension have been protracted or intense, the entire cervico-vaginal and vulvular tract should be thoroughly washed with *Arnica* water, hot as the parts will bear, immediately subsequent to the close of labor.

A general regimen as to food and drink and exercise should be made prominent all through the gestative state, not only as a guard against this, but other forms of distress and danger.

(b) The province of medicine as a prophylactic in this malady lies rather in the correction of the varied and many simply called functional distresses to which gestation is subject, the better and more surely to keep in healthful activity, especially the eliminating functions of the skin, bowels, and kidneys.

(2) Treatment immediate. This is also (a) regimenal, and (b) therapeutic.

(a) Regimenal.—Apply dry heat to the chilling parts if the attacking chill is local, as it sometimes is; but if general and not transient, a hot pack, wringing a blanket out of hot water, as hot as may be handled, and immediately enwrap the patient in it, and if need be renew it and persist in it until every trace of chill has passed away. Little sips of hot water, as hot as the patient can swallow, and also persistently repeated till reaction is fully and surely established. Both these greatly favor the eliminating functions of the skin and kidneys. The utmost quiet of room and attendance, and a secured and uniform temperature if the weather be other than summer, like of 70 degrees Fahr. After full reaction and the temperature ranges high, the hot pack may be repeated in twelve or twenty-four hours.

Now water, cold even to ice, in little bits, may be given and will prove grateful, but only as the stomach may bear.

Food should be chosen to counteract the toxic effects of the poison, the best of which is pure milk. If this proves objectionable, then animal broths, the best of which is beef, long cooked, in small quantities and at short intervals. Unceasing vigilance, night and day, never losing or missing a proper surveillance over the conditions of the bladder, bowels, and observing the utmost cleanliness as to all the secretions. The child is not to be applied to the breast till the storm of peril has passed.

(b) Therapeutics.—Alas! in the bolder and graver cases of this malady human resources prove hopeless of saving power. We find ourselves confronted with a destroyer which is ruthless and merciless toward its victim, mocks all human ministry to save, and overwhelms by the fury and might of assault. This confession does not foreswear our faith, however, that we may save in some cases, nor should discourage us to do our utmost, though compelled often to bow our heads and acknowledge disaster and defeat. The remedies which furnish us our resources are chiefly as follows?

*Baptisia.* Face dark red, with a besotten look; head feels as if scattered; soreness of the flesh; fetid breath; dry, brown tongue, especially in center; vomiting.

*Gelsem.* Heat of face and chilliness; great fulness of head; head feels too big; tongue yellowish and white or thick brown; thirstlessness; prostration of the entire muscular center.

*Arsenicum.* Face pale and hippocratic; tongue dry and brown and cracked; great thirst, desiring but little, and often; constant licking of the lips, which seem dry and cracked.

*Carbo veg.* Face pale and hippocratic; eyes sunken and lusterless; tongue dry and tremulous; great prostration; wants more air; extremities cold and covered with cold perspiration.

*Lachesis.* Sunken countenance; dropping of lower jaw; dry, red or black tongue, particularly the anterior half, and trembling; eructations; vomiting,

*Rhus tox.* Prostration and apathy; face red and swollen, with livid arches around the eyes; lips dry and brownish; tongue dry red, or red at lip, and triangular shaped, great restlessness.

*Muriatic acid.* Great prostration; inability to protrude tongue, which is very dry; dropping of lower jaw; involuntary urination and stool.

*Veratrum alb.* Great prostration; cold sweating, especially on forehead; bluish or livid face; vomiting; pointed nose; trembling hands, and coldness of all the extremities.

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**Clinical Medicine.** By J. B. Owens, M. D. Read before the Ohio State Homœopathic Society.

December 18, 1880, was called to see Mr. H., aet. seventy-two, in great haste. The messenger said he was very bad, and might not live until I could get there. It was a cold, December night, snowing and sleeting. I found him sitting by the stove, and all the doors and windows open. His eyes were white, glassy, and staring; breathing quick and hurried; pulse small, feeble, and irregular, with a profuse cold sweat all over him, and rolling in great drops off his forehead and down over his face; his stomach hard, full, and very much distended; constant nausea and sickness of the stomach, and could not vomit. His wife said he had eaten heartily of buckwheat cakes for supper, with other victuals. Digestion was suspended as a result.

What, now, was to be done? flashed through my mind. The man must have speedy relief or he will die. No stomach-pump with me and two miles to my office to get one, with no time to lose. The man would no doubt die before I could get back, even if I had thought it best to go after it;

but in much less time than I write this I decided that his life must hang upon the similimum and truly characteristic remedy the symptoms named above, viz: must have the doors and windows open to get his breath; profuse cold sweat all over and standing in large drops on his head and face; engorged stomach, with sickness and nausea; white and glassy eyes; labored and hurried respiration, are all characteristic of *Pulsatilla*. I called for a glass, with a little water in it, and put into it a few pills of *Pulsatilla*, 6m potency, and gave him one teaspoonful; staid and watched him.

In four minutes he began to breathe easier, and the cold sweat was checked. In eight minutes the cold sweat had all passed off. In ten minutes his sweat was warm; pulse more regular; breathing more natural, and not so hurried and labored. He could answer questions in a whisper. In fifteen minutes he began to belch flatus from the stomach; breathing easier; pulse softer and more regular; eyes more natural; good, gentle, warm perspiration; stomach softer and more natural. In twenty minutes the above symptoms increased, and he was raising large quantities and long peals of flatus, and complained of sickness of the stomach. I gave him a vessel and told him to heave in it. He did heave; for with but one slight effort he threw up a large quantity of undigested buckwheat cakes (or batter) meat, and other articles he had taken for his supper about four hours before, after which he laid down, and the doors and windows were closed. I gave him one more dose of *Pulsatilla* and went home. Next day he was up, attending to his business as usual.

Mr. A. H. D., aet. eighty-three, for over a year has been raising large quantities of a thick, light-colored, tenacious mucus, nauseating and sickening. They said he would raise from one to two quarts in twenty-four hours; in the habit of taking nostrums of all kinds; bowels very much constipated, for which he had been using cathartics. The following symptoms characterized my remedy: A discharge of yellowish pus from the left eye, and said his eyelids stuck together in the morning after sleeping; a discharge of hot water from

the eyes; burning in the hands and feet. May 3, 1881, commenced treatment. Gave him one dose of *Sulph.* 10m potency. May 4th, rested better; did not raise so much; had four operations from the bowels, principally of mucus; gave *Placebo*. May 5th, dryness of the mouth and throat; tenderness of the stomach; raised but little; one discharge from the bowels; appeared same as before; gave *Carbo*; dose, morning and evening, May 6th, above symptoms all relieved; said he felt quite relieved, except a fulness of the head; had been sitting up; gave *Placebo*. May 7th, had been out riding; appetite returned; bowels had not moved; slept well, and raised but little mucus; eyes glued together when waking; gave one dose of *Sulph.*, 10m. May 9th, reported comfortable, and I stopped medicine.

July 10, 1880, was called to see Miss H., aet. twenty-six; found her suffering with extreme pain in the bowels. She described it a sharp, cutting and grinding pain, and made her sick all over. It being the time for her menses, they had just come on, but very slightly. She told me that she had suffered in that way at every period for the last six years, and generally had to stay in bed from one to two days, and then was very weak for several days afterward. The cutting, grinding pain, producing sickness and nausea at the beginning of or during menstruation, is characteristic of *Gels*. I prepared some *Gels*. in water and gave her one teaspoonful, with instructions to repeat in one hour if not better. In one hour she was better, but took a second dose notwithstanding. In three hours I called and found her quite relieved and comfortable. At the next period she had no trouble, but at the second period she felt that the same would have to be repeated. I gave her one dose of *Gels.*, 1m potency, which gave prompt relief, and all went on well. She has never had a return of her trouble since.

**MORPHINE vs. NUX.**—Rev. S. D. C., a short, thick and heavy-set minister, subject to, as he said, of terrible attacks of neuralgia of the stomach, and had never found anything that would relieve him except *Morphine*. On several occasions his friends thought he would die from it before relief could

be obtained. On April 10th last he was suddenly seized with one of these attacks. Having no *Morphine* at home he hastily started to the drug store to get some, and by the time he got to my office he was exhausted and could go no further. He came in, holding his hand on his stomach, in the greatest agony, and begged me to give him some *Morphine*. I told him I had none, but would give him something else. I gave him one dose of *Nux vom.*—a few pills in his hand—50m potency. In about three minutes he reported himself easier, and in five minutes he said it was all gone. He remained about half an hour; said he was entirely relieved, and has not had a return since.

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**"Medical Plots Against Citizens."** By J. G. Gilchrist, M. D.,  
Detroit, Michigan.

In the May number of the *MEDICAL ADVANCE* (p 288) occurs an article under the above caption, extracted from an "alleged" medical periodical. The production is so utterly atrocious, slanderous, and libellous, carrying on its face the potent ear-marks of charlatanism, that it might well be supposed to emanate from some such medical firm as "Drs. K. & K.," or Schenck & Co.; and it is with a feeling akin to indignation that we see it reprinted, as though a valuable contribution to medical science, in a journal of the standing of the *ADVANCE*. Can it be possible that the *ADVANCE* indorses the sentiments there expressed? If not, why do the editors suffer it to appear, without comment, and tacitly make its teaching their own?

Let me reproduce one or two sentences, and ask my readers to study them well. It may be that the atrocity, falsehood, and vile slander concealed in them, was not apparent at first reading. But, first, What is this Medical Tribune?

Who edits it, and where is it published? It must be some such periodical as the Herald of Health, so profusely scattered through this city, and similar publications elsewhere.

This precious document says: "Professor Reamy" (who is he? let us ask, en passant), "of Cincinnati, has disclosed the other reason" why the profession desire medical legislation. "*Criminal abortion constitutes the cream of their business.*" I have italicized this outrageous and wilful slander, the sentence alone, without any other portion of the article, at once stamping the writer as either a champion liar or a champion ass. "The men who procure this legislation," proceeds our Ananias, "are doing it largely for the purpose of being enabled to gain a livelihood by this massacre of the innocents." Now, I ask all honest men, which excludes our nameless writer, is this true? Do we not know that it is a pure and malignant tissue of falsehood? Do we not all know that medical legislation is always opposed by just the class this creature represents as desiring it?

In another place this scholar says, quoting from a "judicial" decision: "As to his business or calling, he may do that which best suits his interests or his tastes." Even if his "interests or his tastes" are burglarious, homicidal, or polygamous? Have we no right to protect the lives of the people from the murderer, the thief, and the minor criminal? Have we no right to restrict the use of deadly poisons to those who are found qualified of the trust, and yet a perfect right to protect the public from an ignorant engineer or a color-blind pilot? Some callings, in their very nature, are dangerous to public life and morals, and the law can certainly take cognizance of the fact. Who is to judge of the qualifications of the aspirant to medical honors? Not the laity, nor yet the colleges. While we have colleges which will graduate a man who believes a "lizard" can live and thrive in a human stomach for fifteen months; who will gravely propose to make an abdominal section to capture the varmint, and exhibit it for money in a public hall; when dissuaded from this will propose to inject *Corosive sublimate* into it, to kill it (man or "lizard"); and when kind nature

interposes to save the sufferer from his "medical adviser," is astonished, at the autopsy, to find no lizard, but a stricture of the duodenum. When a medical college puts such a man in the world with its stamp on him, deliver us from the "colleges" as a dispensing power.

Yet this man is "successful;" his patrons speak enthusiastically of his skill, and would wax very wroth if the law stepped in between him and his victims. Why, my dear sir, you quote yourself, from the Constitution of the United States, that "all citizens shall be secure in their persons," and yet ask us, in the same breath, to tamely permit you and those you foster to assail them, without restraint, with weapons more potent than those of the soldier. In some countries, of an older civilization than that of New Jersey, they would not only "imprison" your friends for practicing on the sick, but would prosecute them for manslaughter if their unfortunate patient should die.

But enough of this. The writer of the article referred to can not be a gentleman or a man of honor; otherwise he could never charge a respectable body who may differ from him therapeutically, though God knows what "school" our scribbler allies himself with—with making a trade of murder. I must say that shameful as it is to print such an article in any journal, even in the bastard thing it is extracted from, it is scarcely more shameful to reproduce it in a journal of the standing of the *ADVANCE*, without one word of dissent, as if its atrocious and villainous slander received the indorsement of its editors.

**EDITORIAL NOTE.**—If the above article induces the reader to reread what was printed in the May number, it will serve a most excellent purpose. Whoever wrote the article has a clear perception of things as they are. It was because of its truthfulness that we copied it into our pages. It is just such an article as Dr. Gilchrist would write if his indignation was aroused. There may be some exaggeration of statement in a few instances, but it stands as a whole with our hearty indorsement, for we not only believe, but we know it to be true. The God-and-morality pretenses of the allopaths never yet deceived us, and never will. We don't believe in trade-unions. Legal enactments and official positions are all that has saved the allopathic school from dying long ago. They can not have any more pap with our consent.



**Spontaneous Fracture of Femur.** By H. C. Allen, M. D., Ann Arbor, Michigan.

February 9, 1880, was called in consultation by W. H. Stover, M. D., of Tiffin, Ohio, to see Mr. L., aet. forty-eight, a well-formed man, of dark complexion, black hair and eyes, apparently, until recently, well nourished, and by occupation a traveling superintendent of an express company. His father died at seventy-three; mother at seventy four, and in good health; no scrofulous taint so far as I could learn, but had syphilis fifteen years before.

October 15, 1879, he detected a small, painless, somewhat enlarged lymphatic gland, in right lateral cervical region, of the size of a chestnut, which soon increased in dimensions (without pain) until now it is four inches in its vertical and five inches in its horizontal circumference.

This was followed in November by a string of four or five similar tumors as large as walnuts, in right inguinal region, and one of same size on the inside of right thigh, midway between Poupart's ligament and the internal condyle of femur. January 1, 1880, had an attack of what was called muscular or sciatic rheumatism of left leg and thigh, which for a few days was very severe. January 5, was called to Chicago on business, but suffered so much pain in left thigh and leg that he was unable to attend to business and returned January 10th. The pains in muscles of thighs, first right, then left, then both at same time were excruciating, until January 27, when he came into the hands of Dr. Stover, and were modified to a limited extent only, by *Colocynth*, *Meze-reum*, *Aurum met.* The character of pains had hitherto been neuralgic and referred to the soft tissues; they now became more deep seated and circumscribed, apparently in the bone.

January 31. While lying on the sofa trying to sleep, being much exhausted with the pain and sleepless night, heard a sharp snap, the pain suddenly ceased, and he had a refreshing sleep, but found on waking that his right femur was fractured at the junction of upper and middle third. The

fracture was adjusted by Dr. Stover by placing the leg in a fracture box, extension being kept up by weights. Up to this time pulse ranged from 96 to 110; temperature 101, for several days, and only slightly above normal for some weeks. "The tumor on the right thigh increased in size and assumed a darker color, and a new one appeared at right sterno-clavicular articulation, but there was indication of union of the fractured femur." "His friends kept him in a constant worry, telling him that homœopathic treatment was not what he needed, that such treatment would never help him, and although he told them plainly he had no confidence in the other kind, under the circumstances I concluded to let some one else try, and made my last visit March 2. He was under allopathic treatment, fed on *Extract of malt*, etc., grew rapidly worse and died shortly afterward.

At the post mortem "we found all the tumors of the same general character, hard on section and of a mottled appearance. On laying open the thigh, we found a similar tumor at the seat of fracture; and as far as the bone extended through the tumor it was denuded of its periosteum, considerably absorbed and perfectly black, the fracture occurring directly in the center of the tumor."

The specimens both of bone and of tumor, were carefully examined at the physiological laboratory, and through the kindness of Dr. Stowell I submit his report:

DR. ALLEN.—The specimen you sent to this laboratory to be examined (from your case of "spontaneous fracture") prove to consist largely of embryonic connective tissue cells, of the large and small, round cells found so generally in the sarcomata. From this microscopical examination I diagnose the growth and the trouble at the bone as of a sarcomatous nature.

Yours, CHAS. H. STOWELL.

ANN ARBOR, Mich., May 14, 1880.

All the conditions of the carcinomatous cell are to be found in the sarcomata, minus the irregularity.

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AN effective, elastic and adhesive plaster is formed by applying a mixture of one pound of lead plaster, and six drams of rosin to the surface of India rubber. This allows free mobility of the muscles and prevents irritation from external sources.

**Intermittent Fever.** By W. C. Leech, M. D., Marion, O.

Intermittent fever, ague, bilious chills, liver chills, etc., etc. This, to the practicing physician, homœopathic, is an important subject. Heretofore a stumbling block, and well it should be, for I claim that the principle on which we, as homœopaths, made our prescriptions, was a false one. We are in the old school rut. The principle is an absurd one, to give a remedy between the paroxysms only, and let the poor patient suffer during the chill and fever. Having had thirty-seven years experience in treating intermittent fever in all its forms, allopathic, allo-homœopathic, and lately, for four years, what I claim homœopathic idea. Give the remedy, well selected, once in two or three hours during the intermission, and once in from twenty to thirty minutes during the paroxysms. In following this plan, selecting the remedy carefully, I have not had a case pass out of my hands, or to have over three chills after the first dose.

Seventy-two hour chills I have never failed in a single case with *Sabadilla* 30. Forty-eight hour, *Quin.* 1; *China* 1; *Cedron* 1; *Ipecac* 1; *Nux vom.* 3, and *Canchalagua* 3, etc. Chills once in twenty-four hours, *Ars.* 3 or 2; *Boletus* and *Capsicum*. The remedy being chosen upon two or three leading symptoms. Out side of our materia medica I take Johnson's Key in selecting my remedy.

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THE INCREASING COST OF PAUPERS AND CRIMINALS.—The California Legislature recently published a report prepared by Chancellor Hartson, of Napa, Chairman of the Committee on Prisons, which contains some startling statistics. The cost of maintaining criminals and paupers is shown as follows: 1850—Population of United States, 23,191,876; criminals and paupers annually, \$2,954,806. 1860—Population of United States, 31,443,321; criminals and paupers annually, \$4,445,143. 1870—Population of United States, 38,558,374; criminals and paupers annually, \$10,940,429. It is calculated that the census for 1880, when completed, will show an outlay of over \$20,000,000 per annum for the cost of maintaining criminals and infirm people. This does not include the enormous outlay occasioned by the arrest and trial of criminals, but simply to their maintenance in prison.

**MAN'S ZOOLOGICAL ADVANTAGES.**—In the human form, then, we find all the advantages possessed by the mammalia as a class, together with certain important features of development not possessed by any other mammalian animal. Perhaps the most important of these is the fact that in man gravitation is overcome with a less expenditure of muscular force than in any other land-animal. The whole weight of the body stands vertically above the organs of support. The muscles which in other animals act as ropes and levers of support are only called upon in man to preserve his vertical position. Evidently much less force is needed to preserve vertical equilibrium than to support horizontal weights.

The head, also, which needs muscular support in quadrupeds, in man presses directly downward upon the common center of gravity. And significantly the complete development of the brain tends to perfect this vertical position, as it yields a rounded and vertically poised head. The head in man has but one set of duties to perform, sensory and masticating labors. The hands bring food to it, instead of its having to seek food; therefore it has no need of the horizontal position and movements found in quadrupeds. Finally, that there shall be no weight needing muscular support, the fore-limbs hang vertically downward, being sustained by bones and tendons instead of muscles.

Support on the hind-limbs releases the fore-limbs to act as the defensive and offensive organs. For their most complete adaptation to this function the position of the shoulder-joint (like that of the pelvic-joint) is changed, and the arms become lateral instead of ventral limbs. Finally, the teeth are released from duty as weapons, and are confined to their proper duty as masticating organs.

Thus only in man does the organic division of labor become complete, every function having a separate organ adapted to it alone. And the stores of force are husbanded to a degree not found in any other land-animal, the weight of the body being supported by bones instead of muscles, by adjusting instead of lifting energies.—*Pop. Science Monthly.*

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**OUTDOOR AIR AND EXERCISE.**—But the surest of all natural prophylactics is active exercise in the open air. Air is a part of our daily food and by far the most important part. A man can live on seven meals a week, and survive the warmest summer day with seven draughts of fresh water, but his supply of gaseous nourishment has to be renewed at least fourteen thousand times in the twenty-four hours. Every breath we draw is a draught of fresh oxygen, every emission of breath is an evacuation of gaseous recrements. The purity of our blood depends chiefly on the purity of the air we breathe, for in the laboratory of the lungs the atmospheric air is brought into contact at each respiration with the fluids of

the venous and arterial systems, which absorb it and circulate it through the whole body; in other words, if a man breathes the vitiated atmosphere of a factory all day and of a close bedroom all night, his life-blood is tainted fourteen thousand times in the course of the twenty-four hours with foul vapors, dust, and noxious exhalations. We need not wonder, then, that ill-ventilated dwellings aggravate the evils of so many diseases, nor that pure air should be almost a panacea.

Outdoor life is both a remedy and a preventive of all known disorders of the respiratory organs; consumption, in all but the last stage of the deliquium, can be conquered by transferring the battle-ground from the sick room to the wilderness of the next mountain-range. Asthma, catarrh, and tubercular phthisis, are unknown among the nomads of the intertropical deserts, as well as among the homeless hunters of our north-western territories. Hunters and herders, who breathe the pure air of the South American pampas, subsist for years on a diet that would endanger the life of a city dweller in a single month. It has been repeatedly observed that individuals who attained to an extreme old age were generally poor peasants whose avocations required daily labor in the open air, though their habits differed in almost every other respect; also that the average duration of life in various countries of the Old World depends not so much on climatic peculiarities or their respective degree of culture as on the chief occupation of the inhabitants; the starved Hindoo outlives the well-fed Parsee merchant, the unkempt Bulgarian enjoys an average longevity of forty-two years to the west Austrian citizen's thirty-five.—*Pop. Science Monthly.*

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PARIS AND ITS FILTH.—The sewers of Paris discharge 262,646 cubic metres of liquid matter every twenty-four hours. It is estimated that the quantity discharged will be increased before many years to 300,000 cubic metres daily. Each cubic metre of liquid contains two and a half kilogrammes of solid matter, of which one kilogramme and a half is merely in suspension. This stuff, flowing into the Seine, causes an accumulation of 116,000 cubic metres of mud in a year at the mouths of the conduits, and makes necessary for its removal an annual expenditure of nearly 200,000 francs. Even this sum is not adequate for the purpose. Far from securing the removal of the obstruction, it is not even sufficient to prevent a continued accumulation, and the muddy deposits are constantly extending further down the river, and at the same time becoming thicker. Since 1875 they have become about a yard thick, and occupy nearly a quarter of the bed of the river from Asnieres to beyond Chatou. The Seine has, moreover, been made foul, and its waters have become unfit for domestic use, poisonous to fishes, and a source of fetid emanations.—*Pop. Science Monthly.*

**UNRECOGNIZED QUALITIES IN CHARCOAL.**—Among the numerous and varied properties possessed by charcoal there is one—one, too, of the most wonderful—which does not seem to be adequately recognized, probably from its being imperfectly known except to physicists. It is that of being able to condense and store away in its pores many times its own bulk of certain gaseous bodies, which it retains, thus compressed, in an otherwise unaltered condition, and from which they can be withdrawn, as required, as from a reservoir.

That eminent scientist, M. Saussure, undertook the task of a systematic examination of this subject, with a result which will prove surprising to the general reader. Operating with blocks of fine boxwood charcoal, freshly burnt, he found that by simply placing such blocks in contact with certain gases they absorbed them in the following proportions:

Ammonia, 90 volumes; Hydrochloric acid gas, 85 volumes; Sulphurous acid, 65 volumes, Sulphureted hydrogen, 55 volumes; Nitrous oxide (laughing gas), 40 volumes; Carbonic acid, 35 volumes; Carbonic oxide, 9.42 volumes; Oxygen, 9.25 volumes, Nitrogen, 6.50 volumes; Carbureted hydrogen, 5 volumes; Hydrogen, 1.75 volumes.

It is this enormous absorptive power that renders of so much value a comparatively slight sprinkling of charcoal over dead animal matter as a preventive of the escape of the odors arising from decomposition. A dead dog having been placed in a box in the warm laboratory of an eminent chemist, and covered with charcoal to the depth of between two and three inches, could not be discovered to have emitted any smell during several months, after which time an examination showed that nothing of the animal remained but the bones and a small portion of the skin. To the large excess of oxygen over the nitrogen in the atmosphere, which, according to the above table, was absorbed by the charcoal, and which thus rendered harmless the noxious vapors given off by the carcass as they were being absorbed, is doubtless owing to the fact above stated, and the further fact of the charcoal never becoming saturated.

A reader of the *Scientific American*, who has been trying certain experiments on the value of charcoal as a convenient means of storing oxygen, reports favorably as to the results. In a box or case containing one cubic foot of charcoal, may be stored, without mechanical compression, a little over nine cubic feet of oxygen, representing a mechanical pressure of one hundred and twenty-six pounds on the square inch. From the store thus preserved the oxygen can be drawn by a small hand-pump.

From the fact of the charcoal absorbing oxygen in so much greater proportion than nitrogen, we have here a means of utilizing its discriminative powers of selection in obtaining unlimited supplies of oxygen from the atmosphere, which contains nitrogen five times in excess of its oxygen, or twenty per cent; whereas, by the separating or selective power of the charcoal, the mixed gases capable of being extracted from it contain over

sixty percent of oxygen. It only suffices to withdraw this now highly oxygenized air into another vessel of charcoal, by the further exposure to which the proportion of oxygen will be increased to a still greater extent. This indicates a most feasible means by which atmospheric air can be decomposed in such a way as to provide a cheap supply of oxygen.

One can not readily recognize the fact, which is nevertheless true, that the condensing power of charcoal as applied to ammonia is equal to what would be obtained by subjecting this gas to a pressure of nearly 1,260 pounds on the square inch.—*Scientific American.*

ZERO, like the fanciful names of the constellations, is a curious instance of the way wise men's errors are made immortal by becoming popular. It may be worth while to say that the word itself (zero) comes to us through the Spanish from the Arabic, and means empty; hence, nothing. In expression like "90 Fahr.," the abbreviation Fahr. stands for Fahrenheit, a Prussian merchant of Dantzic, on the Baltic Sea. His full name was Gabriel Daniel Fahrenheit. From a boy he was a close observer of nature, and when only nineteen years old, in the remarkably cold winter of 1709, he experimented by putting snow and salt together, and noticed that it produced a degree of cold equal to the coldest day of the year, and that day was the coldest day that the oldest inhabitants could remember. Gabriel was the more struck with the coincidence of his little scientific discovery, and hastily concluded that he had found the lowest degree of temperature known in the world, either natural or artificial. He called the degree zero, and constructed a thermometer, or rude weather-glass, with a scale graduating up from zero to boiling point, which he numbered 212, and the freezing point 32, because, as he thought, mercury contracted the thirty-second of its volume on being cooled down from the temperature of freezing water to zero, and expanded 180th on being heated from the freezing to the boiling point.

Time showed that this arrangement, instead of being truly scientific, was as arbitrary as the division of the Bible into verses and chapters, and that these two points no more represented the real extent of temperature than "from Dan to Beersheba" expressed the exact extremes of Palestine. But Fahrenheit's thermometer had been widely adopted, with its inconvenient scale, and none thought of any better until his name became an authority, for Fahrenheit finally abandoned trade and gave himself up to science.

The three countries which use Fahrenheit are England, Holland, and America. Russia and Germany use Reaumer's thermometer, in which the boiling point is counted 80 degrees above the freezing. France uses the centigrade thermometer, so called because it marks the boiling point 100 degrees from freezing point. On many accounts the centigrade system is the best, and the triumph of convenience will be made when zero

is made the freezing point, and when the boiling point is put 100 or 1,000 degrees from it, and all the subdivisions are fixed decimally. If Fahrenheit had done this at first, or even if he had made it one of his many improvements after the public had adopted his error, the lack of opportunity, which was really his, would have secured to his invention the patronage of the world.

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No ONE can fail to notice the number of half-fledged, absurd notions, of fanciful distorted observations and conclusions, having no existence save in the callow brains of their authors, that find their way into the pages of our journals. We are told by one that lager-beer is to be avoided in disorders of the urinary organs attended with excess of lithates and acid urine; by another we are advised to use lager as a preventive of gravel and urinary calculi; we are told that *Pilocarpin* is dangerous to use during pregnancy; again, that it is of great value in preventing abortion; we are advised to prescribe *Fucus* for obesity; and then we are told that the peasantry of Ireland used it to fatten their pigs. Again, one after another of the articles of diet in common use has been tabooed, until it is a question of some moment what we may eat with safety. Milk is declared by certain of the sapient authorities to be unfit for an article of general diet; potatoes are asserted to cause diphtheria; meat is dangerous because of its tendency to excite disease of the kidneys. Thus one after another of our sources of nutrition are denounced, till we ask in despair, What may we eat without danger?

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THE LADIES' NEW SANITARY TOWEL.—It is prepared from absorbent cotton covered with soft gauze, and this is stitched to a piece of bandage. It is intended as a substitute for the ordinary napkin used during menstruation and in the lying-in room. When soiled it is to be burned, thus at once disposing of what is disagreeable in many ways, aside from the possible dangers to health from septic germs imprisoned and developing while being kept for the laundry.

I. The roll of cotton is elastic, and, with the delicate gauze and soft bandage, must be very much more comfortable to wear than the material in ordinary use.

II. The cotton is said to be so treated as to render it antiseptic as well as absorbent. It can not be questioned that in this respect it supplies a desideratum. This is particularly the case when used in the lying-in room. It is often of as much importance for the lochia to be disinfected as fast as discharged as that the alvine dejections in typhoid fever should be so treated. Antiseptic midwifery and antiseptic gynecology (except in ovariectomy) are yet in their infancy. It seems to me that such a device as this, made as perfectly as our present knowledge of antiseptic agents demands, is a long advance step toward preventing the diffusion of



the puerperal septic germs. What the agent here used is I do not know. It was my intention to make an analysis of some of the cotton. I, however, noticed that the cotton used is not so readily absorbent as that prepared in this country. Should some one of enterprise arrange for the manufacture of them here, I should say that the best antiseptic for the purpose is *Boracic acid*. This is preferable to *Salicylic acid*, in that it is as unirritating, and yet is not volatile, as is the latter. Mr. MacCormak, in his work upon Antiseptic Surgery, states, on the authority of Wiebel, Chemist in the State Laboratory of Hamburg, that *Salicylic wool* "often contains only one-fourth of the designated quantity of acid." He (Wiebel) considers that this is not so much the result of the shaking out of the crystals as the use of warm water solutions for the impregnation of the wool; as much as half the acid being sometimes driven off by the heat employed.

III. I have alluded to the fact that these towels are designed to be destroyed as soon as used. This point will be appreciated more by those who have use for them than perhaps we can understand. Twelve or thirteen times during every year of the whole child-bearing epoch every woman wishes for an escape almost from herself. Such a device, I predict, will be welcomed as a great addition to her comfort, convenience, and, possibly, her health. In traveling and visiting they will be especially convenient.

IV. As regards the cost compared with the expense of washing, it is scarcely more than is paid for washing the towels now used.

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A POISONING CASE WITH LESSONS.—An interesting poisoning case came before the Coshocton Court, in which a woman was charged with administering *Arsenic* to her husband, who died with all the symptoms of arsenical poisoning. The body was exhumed in August, the abdominal viscera removed and submitted for analysis, and traces of *Arsenic* in the stomach, intestines and kidney, and four-fifths of a grain in the liver, were found.

The professor was of course an important witness in the trial, and his examination elicited some facts which are not without interest to chemical students. The tests he used were Reinsch's and Marsh's. He described the manner of distinguishing the metallic spot of *Arsenic* on porcelain from that of *Antimony*, relying on the *Hypochlorite of sodium* solution and the *Nitrate of silver* tests, together with the production of the octahedral crystals which have always been considered so highly characteristic of the arsenical sublimate. The defense created a doubt in the minds of the jury as to the reliability of the analysis, by showing, on cross-examination, that a work on jurisprudence considered the *Hypochlorite of sodium* test of the arsenical spot as wholly unreliable, as it would also dissolve the antimonial spot, though slowly. The production of octahedral crystals was proven to be unreliable as a test for *Arsenic* by a recent statement

from Professor Wormley, that *Antimony* sometimes will produce crystals which can not be distinguished in appearance from those of *Arsenic*. We are here taught the important lesson that some of the so-called reliable distinguishing tests for *Arsenic* are not reliable, and the careful toxicologist should make use of more confirmatory tests. The attending physician testified that he had prescribed *Subnitrate of bismuth* to the patient, and we have not the least doubt that the *Arsenic* found in the viscera came from this medicine. What an important lesson to the pharmacist! Here was a woman on trial for murder; *Arsenic* was found in her dead husband's remains, and circumstantial evidence pointed to her guilt; and yet we believe the cause of the whole proceedings was this treacherous *Subnitrate of bismuth*. We are happy to state that the woman was acquitted.

THE AIR BREATHED IN LEADVILLE.—It has been asserted that the atmosphere of Leadville, which is 10,500 feet above the level of the sea, is poisoned by the smoke and gases from the numerous smelters, of which there are about twenty, in the neighborhood of the city. Dr. Steinau has examined into the question, and comes to the conclusion that the amount of deleterious vapor, though large, is quantitatively insufficient to produce any poisonous effects. The gases from which danger is to be apprehended are those containing *Lead*, *Sulphur*, *Chlorine*, and *Arsenic*. Estimating that each of the twenty furnaces around the city consumes thirty tons of ore per day, he finds that about ten ounces of *Chlorine*, eighty pounds of *Sulphurous acid*, and eighty ounces of *Arsenious acid* would be given off every minute of the twenty-four hours. Most of the *Chlorine*, however, unites to form solid chlorides; more than half of the *Arsenious acid* fails to escape into the air, but is found in a solid condition in the speiss. The *Sulphurous acid* is so diluted by the air that its presence is scarcely noticeable. The *Lead* vapors are the most harmful, but their amount is small and they can easily be prevented from escaping into the air.

A MEDICAL WIFE.—A recent London medical scandal shows a possible and unexpected disadvantage of having a medical wife. Three vacancies occurred for assistant physician to the National Hospital for the Paralyzed and Epileptic. For one of these posts Dr. Sturgis was most highly recommended by the senior medical officers, and presented flattering testimonials from many sources. But when his claims were discussed before the managing committee it was discovered that he had married a wife possessing a medical diploma. This was too much. His application was dismissed without appeal.

RECEIVED.—Drugs vs. Health, an able pamphlet showing to an alarming extent the prevalence of adulterations. By M. T. Runnels, M. D., Indianapolis, Ind.

## Editor's Table.

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FOUR scholarships in medical colleges for sale, cheap. Address MEDICAL ADVANCE, Cincinnati, O.

DR. H. NOAH MARTIN, gynæcologist, has moved to 1218 Walnut street, Philadelphia.

OVER one hundred persons were poisoned at a picnic near Warrensburg, Mo., by "lemonade" containing *Oxalic acid* instead of *Acetic*, which is commonly employed. Eight of the victims have died. The vendor has been arrested.

THE death of a young physician in St. Louis, recently, is attributed to the fact that the waste from the safe under the wash basin in his sleeping room was carried into the pipe conducting the waste water from the basin below the trap, so affording free passage to gases into the room.

LITTLE Nell mashed her finger in the door, the other day, and came up crying, and holding it in her other hand. All at once she stopped, as if listening, and then looking up through her tears, exclaimed: "Mamma, there's a little heart in my finger; I feel it frobbing."

IN United States there is one physician to every 550 inhabitants; in England there is only one physician to 2800 inhabitants. English physicians' fees are more than double the average fees of American practitioners. Is it advisable that the profession should increase the evils of too numerousness and small fees?

DIMINUTION IN THE SIZE OF HEADS IN ENGLAND.—It appears that there has been in the last thirty years a progressive diminution of the size of the heads of the people, a change noted by the hat manufacturers in all parts. They have reduced the average hats for the market at least two sizes during that time. The precise significance of this singular fact has yet to be ascertained.

THE ADVANTAGE OF BEING DISSECTED.—It may sometimes be lucky for a man that his body is given over to the doctors to be dissected. A foreign journal states that recently, in Switzerland, a man, apparently frozen to death in the neighborhood of Solothurn, was handed over to the Cantonal hospital for dissection. When the supposed corpse had been laid on the dissecting table the mistake was discovered, and means were taken to infuse new life into him, which succeeded so well that he is now in his usual health.

THE VERY EARLIEST INSTANCE OF ANÆSTHESIA IN HISTORY.—When Sir James Simpson proposed the use of *Chloroform* in confinement cases, the religious zealots in England got up an agitation against it, on the ground of the scriptural curse, "In sorrow thou shalt bring forth children." Sir James quickly answered this party, which even comprised

some doctors, with the biblical fact that God narcotized Adam (*immisit soporem*)—"caused a deep sleep to fall upon him"—when he created Eve out of his rib. It is to be hoped that the coming revision of the ancient Testament will not spoil so good an argument.

**EXPERIMENTS WITH BINOXIDE OF HYDROGEN.**—M. Paul Bert found some time ago that oxygen gas at a certain degree of pressure had the property of destroying all kinds of organized ferments, while it was without action on the chemical ferments of the saliva and the pancreatic fluid. It has been found that *Binoxide of hydrogen*, that is to say, distilled water containing one per cent. of the *Binoxide* will give good results. He has found that a few drops of this weak solution arrest the fermentation produced by yeast, prevent the production of mycoderms in wine, prevent the putrefaction of milk and white of egg, urine, and saccharated yeast, but have no preventive action whatever as regards the sugar-producing properties of the ferments of saliva and the pancreatic fluid when acting upon cooked starch.

**HOW TO TELL GOOD BUTTER.**—When butter is properly churned both as to time and temperature it becomes firm with very little working, and is tenacious; but its most desirable state is that of waxy, when it is easily moulded into any shape, and may be drawn out a considerable length without breaking. It is then styled gilt-edged. It is only in this state that butter possesses that rich nutty flavor and smell, and shows up a rich golden yellow color, which imparts so high a degree of pleasure in eating it, and which increases its value manifold.

It is not always necessary when it smells fresh and sweet to taste butter in judging it. The smooth, unctuous feel in rubbing a little between the finger and thumb expresses at once its rich quality; the nutty smell and rich aroma indicate a similar taste; and the bright golden glistening cream-colored surface shows its high state of cleanliness. It may be necessary at times to use the trier, or even use it until you become an expert in testing by taste, smell, and rubbing.

THE American Pædological Society convened in New York, June 13th. President T. C. Duncan, M.D., of Chicago, read an important paper on "Pædology as a Specialty," in which he urged a larger attention to those diseases which occasion the terrible mortality of children under five years of age. Dr. S. Lilienthal, of New York, read a paper on infantile eczema. Other infantile diseases were discussed, such as tonsillitis, gastro-enteritis capillary bronchitis, etc. The officers for the ensuing year are: President, Dr. S. Lilienthal; Vice-President, Dr. W. B. Chamberlain; Secretary, Dr. W. P. Armstrong; Board of Censors, Dr. George F. Foote, Dr. T. C. Duncan, Dr. M. Deschere, of New York; Dr. E. M. Jones, of Taunton, Mass.; and Dr. D. Foss, of Newburyport, Mass. The President then appointed the following gentleman to prepare papers to be read at the next convention

of the society: Prof. Dr. M. Deschere, on capillary bronchitis; Prof. Dr. W. C. Earle, of Chicago, on diphtheritic croup; and Prof. Dr. J. P. Mills of Chicago, on elementary infantile foods.

**SIZE OF THE HEAD IN RELATION TO THE OCCUPATION.**—Taking the hat as a measure, it was observed that the students at the polytechnic institute and the professional high schools at Paris have larger heads than the pupils at the military academy of St. Cyr, the seminarists (theological) of St. Sulpice. These latter have, in general, smaller heads than the average of the inhabitants of Paris. The cylinder hats, which are mostly used by the more independent, cultivated classes are to be found in greater number in the hat stores than the caps which are prepared for people of small business and for officers. The cheapest caps, prepared for laborers, servants, etc., are the smallest of all. In quarters of the city mostly devoted to trade and business, as in the Faubourg Montmartre, the hats in the stores where they are kept for sale measure fifty-six to fifty-eight centimetres. In the quarter Monffetard, one of the lowest quarters of Paris, the hats measure on the average only fifty-two to fifty-three centimeters. In the quarter St. Sulpice, where resides the greatest number of priests, theological students and hospital nurses of both sexes, and in the Faubourg St. Germain, the home of the Paris aristocracy, are to be found the smallest hats, while in the quartier des ecoles the seat of most of the intermediate and high schools, are to be found the largest hats (fifty-eight to sixty centimeters). The statements of Drs. Broca and Lacassague to the effect that the heads of officers are larger than those of soldiers, those of physicians larger than those of attendants were also confirmed. It was also observed of peasants (who have left the country for the city) where they have been forced to take some part in the greater intellectual activity of city life that the circumference of the head increases.

**MEDICAL STATISTICS.**—There are in the United States 110 medical schools, having an annual attendance of 12,000 students; 3,000 of whom are graduated each year, and go forth to battle with life and competing M. D.'s.

This, associated with the historo-statistical fact that there are only about 500 persons to each physician now in the United States, makes appropriate the inquiry, What are we to do? Taking into consideration the fact, that some of the more fortunate of the profession have more than their pro rata of patrons, others must have proportionately less; and while this is well enough for the former, it is, to say the least, quite sufficient to produce a want of patients on the part of the latter. And patients are just as requisite to the doctor, in the battle of life, as is patience to any other class of mankind.

What can be done? Those before-mentioned more fortunate of the healing tribe have, by public patronage and praise, become, so to speak,

bloated bond-holders of the profession, and are not willing to close their offices and go forth to meet the honest granger and cheek him into buying a sewing-machine, or subscribing for a book—although the idea has, among the greater part of the profession, been entertained that they were going to do something of the sort. But from the present indications, it can safely be declared no go; and now something must be done. The trouble is not that we have too many doctors, but we have got too few—people. The doctrines of Malthus were promulgated in ignorance and are not deserving of any credence whatever; they are incompatible with the statistics and the wants of the profession.—*Ark. Doctor.*

THE American Institute of Homœopathy began its thirty-eight annual session at Brighton Beach, Coney Island, June 14, with a large attendance. In the usual address the president, Dr. J. W. Dowling, of Brooklyn, said that there were 6,000 physicians in the United States whose practice was according to the homeopathic law; there were 11 homeopathic medical colleges, no less than 38 homeopathic hospitals, 29 dispensaries, 23 State societies, 92 local societies, and 16 medical journals. In a paper on personal hygiene as to fluids drunk, Dr. George M. Ockford, of Burlington, Vermont, spoke of the need of caution with regard to the use of ice water, as gastric troubles and insanity sometimes resulted from its careless use as well as from water polluted with sewage matter. The effects of *Alcohol* on highly sensitive nervous organizations were considered at length, and an increase of insanity, epilepsy, and kindred nervous disturbances was traced to its use as a beverage. Dr. Ockford also lamented the increasing use of *Absinthe* among the intellectual classes, and regarded it as rapidly ruinous to the constitution, productive of serious disturbance of the function of the brain and nervous system, and very dangerous as a habit. He considered tea as a better beverage than coffee in cold climates, and contradicted the current notion that tea tasters become broken down in nervous function by the pursuit of their business. Coffee could be used without disadvantage as a beverage in southern climates, but in the north once a day should generally be the limit, as dyspepsia and nervous derangement frequently followed the coffee habit when inveterately indulged. He recommended caution in the use of milk—one of the most valuable of beverages and foods when pure and clean, but exceedingly liable to pollution and a frequent agent in the propagation of diseases, having in a high degree the property of absorbing putrescent matter without its presence being detectable by the senses.

RECOGNITION of the appointment of Dr. Armstrong superintendent of Middletown Homœopathic Asylum for Insane. Address by Dr. T. L. Brown, Binghamton, N. N., etc. The Binghamton Homœopathic Medical Association visited the Asylum. Among them were Drs. H. S. Sloan, T. L. Brown, George F. Hand, E. E. Snyder, A. J. Clark, W. H. Proctor, A. J. Inloes, C. F. Millsbaugh, J. T. Greenleaf, H. M. Corey, H. D. Baldwin and G. R. Bissell. Dr. Brown's remarks:

In behalf of the Binghamton Homœopathic Medical Association, allow me to say we have come to acknowledge and congratulate you as our new neighbor, and in your post of honor and trust, which is a public concession of your individual ability and medical skill, and that of the advance school of medicine, of which you are a true representative.

We feel confident that the chronic insane will have the advantage of superior medical ability and homœopathic medical treatment while under your care.

Since Homœopathy has become both utilitarian, and therefore popular among the educated and wealthy, the unfortunate are about to publicly reap the good it can give them at your command. We think they will appreciate somewhat the change from the old to the new.

The great improvement our school has made upon the old, from harsh to mild, from chaos to system, from compounds to single diluted remedies, and that our knowledge of *materia medica* brought to light by proving of drugs upon the healthy, has greatly improved medical skill to cure disease by specific medication; and now it has still another opportunity to test the new method.

While we have confidence from experience, we are glad the chronic insane may have their natural chance to test our law of remedial selection. In this land of universal liberty, truth and experience have an equal opportunity with dignified error and ignorance. The race between them will be fair and impartially judged, as the present improvements and liberal appointments show.

In this United States of America truth and science are protected, and the liberal press have no fear of kings or tyrants.

Facts and statistics have their full published influence, as to reforms in medicine, politics or religion. Protected by the laws of liberty, all good in every school of medicine finds the daylight; and the educated are not slow in adopting the improved and fairly tested in all human advancement. The good of fairness and the love of peace is in the medical atmosphere. We desire to do our duty to the school of medicine which has so well served diseased humanity.

In this public acknowledgment of the good sense and liberality of discriminating and experienced, we do not desire to ignore the improvements in the old school of medicine, but we do claim that our new school has no fossil origin or dead weight preventing it from the just honor of being called legally and rightfully "regular" in all that gives the medically forsaken full claims upon the good the new school can give them.

No school of medicine in the history of man has ever, in as short a time, gained a worthy position in any country like the present status of Homœopathy in free America.

As among the lovers of intellectual freedom we are proud to be homœopaths and liberal in every branch of learning and progress, and members of the Binghamton Homœopathic Medical Association; and glad to be here as the representatives of a once despised system of medicine, but now a popular, successful and well sustained school of medicine.

With our best wishes for the success of this humane and needed institution of charity, we will try to live for its good and the universal advance of all that shall increase the comfort of the same as well as the chronic insane.

Dr. Armstrong, who is more a man of deeds than he is a man of words, made a brief and pleasing response, in which he thanked the association for their kind feeling, begged their hearty co-operation, and unity of purpose, believing firmly in *similia*, and that in union we might conquer.



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**PATHOLOGY GONE TO WEEDS.**—It is a good thing no doubt to be a good pathologist. Nobody questions the necessity of a thorough knowledge of disease. But when men get to that point where they can not distinguish theory from fact, they are very apt to make themselves ridiculous, and to bring contempt upon that science, which alone can teach us the nature of disease. Theoretical pathology has its important uses, but when it is allowed to usurp exact knowledge, it can only do harm to medical science. At a recent meeting of the American Neurological Association (allopathic), as reported in the New York Medical Record, we find an interesting discussion upon spinal anæmia and hyperæmia. The learned gentlemen present, including some of the most celebrated neurologists of the country, had much to say about the treatment of these cases. Of course it follows that they were well up in the matter of diagnosis. But, alas! it was not so. Dr. JEWELL read a paper upon the subject, giving illustrative cases. Dr. HAMMOND "admired Dr. JEWELL's judgment, (taffy), respected in the highest degree his opinion, (more taffy), accepted without reserve his observations, (most taffy), but doubted the correctness of his diagnosis in the cases reported." Surely Dr. JEWELL must have rare judgment, wise opinion and most excellent powers of observation. But nothing daunted, he replied to Dr. HAMMOND, accusing the latter of having "matured judgment and experience," but proceeded to give seven points in differential diagnosis between an-

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remia and congestion of the cord. In answer, "Dr. HAMMOND thought it curious that Dr. JEWELL saw cases of congestion in such numbers, and anæmia so frequently, when exactly the opposite would be true, if Dr. JEWELL's argument concerning the effect of atmospheric pressure had any sure foundation. In other words, he regarded it as a fine illustration of transcendental philosophy, to conclude that, because a patient improved under such and such circumstances and was worse under opposite ones, he therefore must have congestion or anæmia; and it was begging the question completely. Dr. E. C. SEGUIN was opposed to the doctrine of the existence of hyperæmia and anæmia, and looked upon the terms spinal hyperæmia and spinal anæmia as merely expressions for hypothetical views. He knew of no post mortems or experimental evidence which supported the doctrines."

And yet these gentlemen base all their treatment upon such hypothetical views, that may so easily be overthrown and rejected. There is undoubtedly a pathology of the spinal cord, and it may be read and understood in incontrovertible facts which may be followed as safe guides in treatment, but then, you see, that would lead to the method discovered and elaborated by SAMUEL HAHNEMANN, which, of course, for the present, is not to be thought of by these gentlemen, who are so wise in pathological theories they are actually top heavy.

**BROMIDES.**—There has been loud boasting in the allopathic camp over the discovery of the effects of the *Bromides*. Medical science and art were supposed to have made a century's advance by the introduction of these drugs under new auspices. Epilepsy, that much dreaded disease, was supposed to be conquered at last. In other words, such a specific as pseudo-pathologists are wont to talk about, was declared to be found. Alas, it is the same old story. Defeat and dismay overwhelm the allopathic camp. The darling *Bromides* are found to be but a delusion and a snare. Dr. H. M. BANNISTER, of Chicago, (New York Medical Record), has discovered that in epileptics *Bromide of potassium* induces maniacal furor. Dr. SPITZKA "believed that it would result in more than twenty-five per cent of the inmates of our public institutions." Dr. JEWELL thought "it probable that quite a number of epileptic insane placed in asylums and kept upon the classical *Bromide* treatment, were there as insane persons for that very reason." *Classical Bromide* treatment is good. Like the assumptions of divinity, it is thus hedged about so one may not dare to criticise it. And yet Dr. HAMMOND says, he "had seen many cases in which acute mania had been produced with *Bromides*." This is medical progress with a vengeance—*insanity added to epilepsy!* Go on, gentlemen, you can make money and reputation, but you can not cure disease. You make your victims' last estate worse than their first, but you are "regular," you know; yes, regular failures. Would you were no

worse than that! Would that you could leave your patients no worse than you find them!

FORTY OR MORE YEARS AGO we had a "sarsaparilla war." Thousands of dollars were spent in trying to prove which was "The Original Old Doctor JACOB TOWNSEND, Sole Proprietor of the Genuine *Sarsaparilla*." All this may have been forgotten by the oldest inhabitant, and may be wholly unknown to the present generation. The war is, however, revived in the conflicting claims at present made by various medical colleges for priority in establishing the graded course of medical instruction. Something less than half a dozen schools are Tichborn claimants of the honor. It is amusing to read their statements. Before us lies a flaming announcement—a gaudy combination of red and yellow in appearance, but essentially green in fact, if its projectors think they can induce knowing ones to believe what they say. Says the circular in question: "A distinguishing characteristic of this school is the *graded course of instruction* which it was the *first American Medical College to establish, and which for the past eight years it has successfully carried out.*" Considerable more follows in praise and explanation of the graded course, and after that the "Three Years Curriculum" is also fully explained so far as to indicate or assert that there are "*Freshmen, Junior and Senior*" classes. What all this amounts to may be easily understood when we turn to the requirements for graduation. Among other things it is asserted that the candidate must have studied medicine three years, and "must have attended two full courses of lectures, the last of which must be at the college from which they take their degree," etc. This is rather funny in two respects, in that first, it attempts to legislate for other colleges, to wit, the college from which the student takes his degree may or may not be the college in question, but the rule is supposed to hold good all the same; and secondly, it lets the life all out of the three years graded course. It would be cruel to call all this a sham and bold pretence, but how little of solid merit there is in the claim so emphatically set up can be seen with a half an eye. To this particular system of graded studies this college may safely make the claim of originality, or at least ought to, for there can not be another college that would care to dispute so questionable a title to fame.

"*DESERVING STUDENTS OF LIMITED MEANS*" are always objects of interest: partly because they are rather numerous, but chiefly because they can easily be cajoled in going to any college where education is to be had for a small sum. Any one familiar with the history of medical colleges in this country can not fail to be surprised at the attempt so boldly put forth by the New York Homœopathic College to fill its ranks by offering special inducements to poor students. That this institution should revive this exploded and long since condemned plan is a matter of sincere regret. Some callow and impecunious youths may bite at such bait; it

may perchance swell the list of matriculants for a short time, but in the end it will react upon the college. Its fair name and proud standing must inevitably suffer. The pretence of liberality is thin, and its real motive is plain enough to all who understand the working of colleges. The simple may wonder at such generosity as prompts a great institution to announce that "a permanent fund has been created whereby students of limited means can receive full and complete courses of instruction at rates reduced from those announced as the regular schedule fees." To put it mildly, this is not and never will be "legitimate." The fees as published are \$125.00. But here is an announcement that this can be scored down at any figure, from something less to nothing at all, to suit the condition, or the wants, or the representation of the students. To an unpracticed eye this looks fair, but it is so unfair, and has been so often proved impractical, that we are sure the New York College will soon abandon it. It is easy to see that \$25.00 or \$50.00 or \$75.00 off will catch students that would not otherwise come. But how can any intelligent student be willing to pay the full straight fee, knowing that his classmates by a little whining have obtained all that he gets for less money? What chance for competition by other colleges, when advertised rates are so openly offered at an uncertain discount? Gentlemen, it won't do. If persisted in it will bring dishonor upon our educational work. The faculty of the New York school are following bad counsel and setting a bad example, and we advise them to abandon a plan so manifestly unprofessional. In nine cases out of ten it works an injury to the students, and that alone should condemn it.

INFINITESIMALS.—Part II.—Go into the laboratory of the chemist—not the manufacturing, but the experimental chemist, and you find him dealing with matter as infinitesimal as ever it was, when measured by the rude, yet the only methods of former ages, but no longer infinitesimal when measured by his tests. Who does not know what the spectroscope has done in redeeming from the unknown so large a part of the universe. The delicacy and exactness of spectroscopic tests have become so familiar to the world that they need not be repeated here. We can but be astonished that by this means such minute quantities can be so readily detected. And we ask, Can millionths of a grain be longer considered infinitesimal when they can be so certainly demonstrated when present? The term has lost its meaning when applied to substances that yield to such unerring tests. Before us lies the June number of the *Popular Science Monthly*. I quote from page 238 and following pages: "M. A. MUNTZ, of the French Agromomical Institute, announces that he has discovered traces of *Alcohol* as a natural product in cultivated soil, rain-water, sea and river-water, and in the atmosphere. He has determined the product, it is true, only in the most infinitesimal quantities, but he has established the fact of its existence by analyses which are at once simple, clear and

convincing. He submitted to distillation some fifteen or twenty litres or quarts of snow, rain or sea water. The resultant liquid was again distilled until some five or six cubic centimetres had been condensed in a close receiving tube. To this are added a little *Iodine* and *Carbonate of soda*. On heating it slightly, small crystals of iodoform are precipitated. This substance could not be thus produced unless *Alcohol* were present. Distilled water, chemically pure, was then tried in the same way and gave negative results. A second verification was obtained by distilling fifteen litres of pure water, to which one millionth part of *Alcohol* had been added. The addition of *Iodine* and *Carbonate of soda* caused a precipitation of iodoform precisely like those obtained in the first instance. These experiments repeated many times and with uniform results. More than eighty essays have given identical results. The quantity of *Alcohol* contained in snow, rain and sea water may be estimated, says the experimenter, at from one to several millionths of the whole. And this quantity which M. MUNRTZ calls "the most infinitesimal" is, after all, gross, compared with quantities which by other methods may be as readily detected. The limit of divisibility of matter must, as we have seen, theoretically stop at the molecule. But what is the size of the molecule? This we can scarcely at present conjecture. It has been thought that the microscope might in time solve this question. Considering its late exploits under improved objectives we may well wonder if in time it will not show us the actual molecule of at least some forms of matter. Ten years ago who would have believed the statement of the noted microscopist, Prof. J. EDWARDS SMITH, that in studying NOBERT's bands he had plainly resolved 120,000 lines to the inch? Is that our limit? Undoubtedly only for the present moment. And yet we are a long way from seeing matter in its most infinitesimal form.

Turning again to the number of the *Popular Science Monthly* from which we have just quoted, we find an interesting article on Faraday's Conception of Electricity. Here we observe tests of the divisibility of matter which greatly transcend those we have already mentioned. It is a well known fact among scientists that the decomposition of water results in the production of electricity. These two elements hold an invariable relationship. With a given loss of water comes a given and fixed quantity of electricity. Says Prof. HELMHOLTZ on page 245: "With the newest galvanometers you can very well observe currents which would want to last a century before decomposing one milligramme of water, the smallest quantity which is usually weighed on chemical balances."

I think we may safely say that in the domain of Molecular Physics we have not achieved another test so delicate as this. If now I am asked what all this has to do with medical art, I answer, Much every way. If in the administration of drugs we are to be confined in our doses to grains and drops or fractions of the same, then we are not much concerned about

this question of the divisibility of matter. It certainly would not concern that class of practitioners whose smallest dose of even the most poisonous drugs is set at about 1-100 of a grain. HAHNEMANN found it necessary to carry the division of the dose much beyond the point possible to the only pharmacology of his day. He therefore instituted the centesimal method and readily and with an absolute certainty, secured at will the 1-100, 1-10,000 or 1-1,000,000 of a grain or drop. It is well known to you that it was a common event for him to prepare medicines so that each part represented, theoretically at least, the one decillionth of the original drug. But here is the question: Is there such a thing as the decillionth part of a drug? That is to say, if it be divisible to that extent as a mass of matter does each part represent a portion of the drug. Remember, this decillionth division represents this much mooted "thirtieth centesimal potency" so-called. But let us go up to the two hundredth centesimal attenuation. Now the question is, have we any of the drug left in such a preparation? It is easy enough to say yes or no, but will either answer be conclusive? Theoretically the division stops at the molecule; but as we do not know how large or small the molecule is, we can not affirm or deny upon that ground. Many years ago Sir JAMES SIMPSON, in his noted lectures against Homœopathy, greatly amused us by a series of mathematical calculations of the quantity of water it would take to make the two hundredth and other higher and lower preparations. The Bay of Biscay, all the water in the English Channel, the North Sea and Lake Superior were successively exhausted. I need not tell you that there are many good people who think themselves intelligent, who think also that the two hundredth attenuation can not be made on account of the quantity of water it would consume in its production. I once heard a gentleman who advertises himself as a homœopathic pharmacist, say in a homœopathic convention: "The two hundredth was never made—it is a physical impossibility." This idea is, no doubt, widely entertained, and among our opponents frequently repeated. This notion arises from two facts; first, from the ignorance these people have of homœopathic pharmacology. This alone, if understood, would set them to right as to the quantity of water or *Alcohol* employed in making such an attenuation; secondly, from a certain notion they entertain as to the divisibility of matter. Upon this point we have a word to say. Suppose the entire water of Lake Superior were to be employed, in fact, in making a certain attenuation. Let us take a half ounce of tincture of *Aconite* and mix, and success with the entire lake two shakes to every ounce until the whole mass was employed. At the end of our task where would the *Aconite* be? Certainly somewhere in the lake. No other method which we could employ would so thoroughly mix it with the water. It would be almost uniformly distributed throughout the lake. In a quart of the water would we have any *Aconite*? Would there be any of the drug in one drop or in two or ten

drops? Does anybody know? The microscope could not tell us. One hundred and twenty thousand lines to the inch would manifestly be large compared with the *Aconite* so divided as to have a uniform portion in each quart. With the spectroscope we may detect millionths of a grain, but if the one hundred and ninety-five millionths of a grain (KIRCHOFF and BUNSEN) be the present limit of the spectroscope it could not detect this *Aconite* even if the *Aconite* spectrum were as marked and well known as that of *Sodium*. If we could use electricity in this investigation, and by electrolyses detect a quantity of decomposing *Aconite* so small that it would take a century to decompose a milligramme of the drug it is not probable that this small quantity would be as infinitesimal as this *Aconite* if a uniform portion of it were to be found in each drop of the water. So far we have been considering substances from their physical side. Their form and color are the principal features by which we are guided until we come to their chemical reactions. In this latter test we are dependent upon a quality which is not physical, but dynamic. In other words, we recognize in each substance form, weight and color, but we as clearly recognize in each a force peculiar to each. Of the nature of this force we know just so much as we can detect of its action. Whether it be a force separable from the substance and capable in that state of separation of still producing its characteristic action is not material to this discussion, since we are going upon the proposition that if we detect the peculiar action of a substance we must have the substance of the drug connected therewith. In this direction we can go farther than can the microscope or the spectroscope. Many substances produce well recognized and peculiar effects upon the human organism. When a drug is carefully proven according to the method instituted by HAHNEMANN it is found that that drug has a multitude of differing effects. Upon the various tissues and organs it produces effects that are in each case peculiar. Palpable doses taken into the body often produce toxicological effects, which, if they do not kill outright, produce structural changes in the tissues. But we are not concerned about palpable doses. Minute doses produce functional and sensory changes.

If, therefore, changes of sensation and function can be uniformly produced by any given preparation of a substance, and those changes correspond in all essential particulars with the effects that are produced by minute but still recognizable quantities of that substance we may safely assert that we are still dealing with the substance in question, though there be no other proof than those effects. This conclusion is both logical and scientific. We may now take up our homœopathic pharmacology and proceed to attenuate our drugs by the well known centesimal method. We have no sooner reached the third attenuation than we find we have a preparation in which each part represents the one millionth part of the drug. This may seem very small, but surely it is not now to be considered infinitesimal. We may carry the attenuation to the point where one

part represents the one two hundredth millionth part of the drug, and upon spectroscopic grounds at least, conclude that we have the drug in fact so divided. But, at this point of tenuity we have gone but a little way beyond the fourth centesimal. Any further estimate of drug presence must be made by other than microscopical or spectroscopical or chemical means. Within the last year a series of experiments have been made by Prof. Dr. GUSTAV JAEGER, of Stuttgart, called by him Neural-Analyses, by which with a recording instrument he claims to have detected functional effects upon the nervous and muscular system of the one hundredth, the two hundredth, the five hundredth and the one thousandth attenuation. Prof. JAEGER was himself a non-believer in such attenuations, but reports circumstantially his observations to the effect that instrumental variations were clearly manifested by the action of these preparations. As this method of study is in its inception, and we have only the first installment of experiments, it may be too soon to draw final conclusions upon this point. The object I have had in view in this discussion is to show, first of all, that the study of so-called infinitesimals is one full of practical interest to the physicist and the physician. Secondly, to show that our cognition of what is or is not to be accounted as infinitesimal depends upon the perfection or imperfection of the instruments we employ in our investigations. And thirdly, to show that as we are making rapid progress in the study of matter and force, each year revealing what was before unknown or only surmised, it is therefore too soon to attempt to definitely settle the various questions in our pharmacology which touch upon the divisibility of matter or the action of attenuated drugs. If we would all agree to lay aside our prejudices and devote a few years to careful scientific study and experiment, we would, no doubt, find before the close of the next decade important questions satisfactorily settled, which under the prevalent method of assertion on the one hand and denial on the other, and few or no experiments upon either hand, we are not likely to have settled in a century to come.

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### **Correspondence.**

TO THE EDITORS OF THE ADVANCE:—Being generally delighted with your editorials and criticisms, because they bear the stamp of true Homœopathy, I feel now, however,

compelled to protest against a certain communication which appeared in your journal, wherein the writer says that: "our boasted Homœopathy has for its proudest boast, that it kills a few less than its heroic rivals. Whatever it can justly claim more than this, is a pittance of its proud and beneficent inheritance." This may be true in regard to the practice of some homœopathic professors, but it is at variance with the facts of true homœopathic practice. I need but to refer to cholera and yellow fever where Homœopathy can show results from thirty to seventy five per cent better than any other school, as well as to dysentery, croup, scarlet fever, spinal meningitis, pneumonia, etc., etc., where true Homœopathy administered in accordance with the master's directions, and the best homœopathic physicians of the land will hardly lose more than one per cent in a practice of twenty years. Now this is a very honest confession of the writer of the article from which the extract is made, and no doubt true in regard to his own practice and many of the generation of self-styled homœopathic physicians, but it is not true with the well authenticated history of Homœopathy, as demonstrated in cholera, yellow fever and other severe diseases. I think it, therefore, necessary to remind these young physicians of what the pioneers of Homœopathy had done before they were born or had learned their a b c. As the Doctor no doubt had reference to his experience in his own practice when he made this candid statement, it may be excusable if I refer to some instances in the practice of some of my colleagues and my own. In the first month of the cholera epidemic in Cincinnati (1849) we (Drs. Pulte and Ehrman) attended about two hundred and fifty cases without a single loss, while a neighboring physician of the old school, residing about two squares from our office reported having received four cases one day, and the next day reported them dead, after which he left the city. Is this difference between his and our practice nothing but a pittance? After three weeks the cholera epidemic subsided, and again raged virulently. We were summoned before the mayor of the city during the slight cessation for not reporting our cases; at the



trial our attorney told them that they had no right to compel us to report, as the law was obsolete on that point; then turning to the physicians who had caused the trouble, said, "you have done this merely for spite; you have lost nearly all your cases of cholera, while Drs. P. and E. have cured them all." They were silenced as they could not contradict the truth. There was no killing done here, and certainly more than a pittance of life saved. Another incident where-in Homœopathy has shown itself of highest value. A family of great respectability in traveling from Baltimore to their plantation in the south-west, stopped at the Burnet House and sent for me, being induced to ask, by their remarkably strict adherence to Homœopathy, and being very careful always to get a strictly homœopathic physician, the lady how and why she became so strictly homœopathic. She said that her sister was attended by one of the oldest and highest standing old school physicians in Baltimore, who pronounced her incurable with tubercular consumption. They then called in Dr. Haynel who had been a student for eleven years with Hahnemann. On first examination he gave her but little hope, but he eventually effected a permanent cure, and this was the cause of her strong attachment and belief in true Homœopathy. In conclusion I will relate one more case, showing clearly the superiority of Homœopathy over all other schools. The patient was a prominent gentleman, whom three old school physicians of this city had given up; they said the patient could not live more than three days. Dr. B. and myself were called to treat this case which was cured permanently in less than two months, and this patient who was pronounced incurable and that he could not live more than three days, by three of the most prominent old school physicians in Cincinnati, lives thirty-three years longer, and is still living. Now are these only the pittances that are claimed for Homœopathy?

B. EHRMANN.

**Sexual Disorders as a Cause of Insanity.** By A. C. Rickey, M. D., Dayton, O. Read before the Ohio State Homœopathic Society.

It is difficult to obtain full information as to the number of persons who become deranged mentally, in consequence of sexual disorders, from reports of our insane asylums, for in addition to the numbers set down in tables assigning as the exciting cause masturbation, venereal excess, spermatorrhœa, etc., there are numerous other cases, which, were all the facts obtained, should be referred to cerebral irritation consequent upon sexual abuse.

From a careful analysis of the annual reports of several insane asylums, I find from one in twelve to one in seventeen of the inmates became deranged in consequence of sexual disorders. This does not include puerperal insanity, which sustains about the same relation to all cases, that is, one in fifteen to seventeen.

In prosecuting our enquiries in reference to this subject, we are met with the same difficulties as we encounter when we attempt to ascertain the extent of the physical disease induced by the use of alcoholic drinks. Turning to the reports of our public boards of health we find the proportion of deaths resulting from drunkenness and its consequences very far below the truth.

So in estimating the number of the insane who may blame sexual abuse as the prime cause, we find facts are covered up whenever they can be, and the physician is obliged to form his own conclusions.

In studying this subject let us notice the effect upon the supreme nervous centers of the following conditions:

- 1, Masturbation; 2, spermatorrhœa; 3, venereal excess; 4, conjugal onanism; 5, satyriasis; 6, nymphomania; 7, prostitution; 8, transmitted defects of organization in consequence of sexual abuses in the parents; 9, syphilitic brain diseases and syphilitic melancholy.

1. *Masturbation.* That this pernicious habit prevails extensively is known to every observing physician. Its disastrous consequences upon the continuity of delicate nerve fibers and cells is well known to the pathologist. Its first effect is to enervate the nerve element; then follows degeneration or destruction of its elements. As the ultimate result we have softening of the spinal cord and brain, and general paralysis of the insane.

The mental symptoms are of a disagreeable kind, "characterized by intense self-feeling and conceit, loss of mental energy, hypochondriacal brooding, pitiful vacillation, extreme perversion of feeling, and corresponding derangement of thought, in the earlier stages; and later by failure of intelligence, nocturnal hallucinations of a painful character, and suicidal and homicidal propensities." (Maudsley.)

Onanism profoundly effects both sexes, but the consequences in men are more serious than in women.

In the case of men we have not only the loss of a vital and costly fluid, but an exaggerated form of nervous irritation, while in women the latter effect alone is found.

In looking over the reports of several asylums, the following interesting figures are found: The total number of insane admitted to the Dayton Asylum in which the mental disorder could be traced to masturbation was 254, males 245, females 9; venereal excess 6, males 5, females 1; spermatorrhœa 1; seduction 1, elongated clitoris 1; prostitution 2; syphilis 11, males 8, females 3. In the Cleveland Asylum, masturbation 285, males 273, females 12; venereal excess 10, all males; seduction 7; spermatorrhœa 6; syphilis 8, males 7, females 1. From these figures it may be seen how prominent is the rank of this pernicious and wide spread habit in causing insanity.

While it is altogether possible for this habit to induce mental derangement in cases where no predisposition exists, it is of course most operative where there is an hereditary tendency to insanity.

2. *Spermatorrhœa.* This morbid condition is usually an after effect of masturbation. Every physician who has had

an extensive practice has himself witnessed the deplorable effects upon the mind of this drain upon the mental and vital forces. I think if facts could be known, the numbers of the insane from this cause would be increased from the figures above quoted.

3. Venereal excess. "Temperance in all things" is a golden rule beyond which some are disposed to go, and as a penalty for excessive indulgence forfeit reason. While the number of insane from this cause fall far below those resulting from onanism, the proportion is by no means inconsiderable.

4. Conjugal onanism, belongs to the same class of cases. This unnatural practice, which is resorted to very generally in married life to obviate offspring, is more productive of evil consequences than those who have never investigated the subject suppose. From my observation I am fully satisfied that many of our intractable cases of nervous disease in men more especially, are directly due to incomplete coitus. When I get a patient whose symptoms are all of a nervous, irritable character, with no apparent cause to assign, I often find upon enquiry that the patient practices this pernicious habit, which is only a little better than positive masturbation. I am satisfied I have rescued more than one such case from impending mental derangement.

5 and 6. Satyriasis and nymphomania. It is probable that in most cases where the sexual appetite becomes inordinate, and the individual fails to obtain natural gratification, that the habit of self-abuse is resorted to. This being true it is unnecessary to repeat what has been said already in reference to masturbation.

Two of the most distressing cases of insanity which I have ever seen, were from this cause, and took on the form of chronic melancholy; one was a young man about twenty, the other a lady of twenty-five.

7. Prostitution. It is not every woman who leads an unchaste life, that is content therewith. Some of these abandoned women are the most thoroughly wretched beings on

earth, and their unhappy state of mind culminates in profound melancholy, from which they may not recover.

8. Transmitted defects of organization in consequence of sexual abuse in the parents:

Fruitful as is self-abuse in impairing the nervous centers, I am satisfied that greater evil results from the hereditary transmission, from parents who have indulged in this practice prior to marriage, and after marriage have gratified their sexual passion beyond what was prudent, and thereby broken down their constitution, of an organism feebly endowed and predisposed to mental disease.

The laws of nature are unyielding. Penalty is sure to follow close upon violated law.

Many a young man contracts the disgusting habit of masturbation, keeps it up until he has induced a thoroughly morbid condition of his sexual organs. When he does leave off his habit he finds the over excited organs will still relieve their over tension by involuntary emissions. This state of things continuing he consults doctor after doctor, and finally in despair takes the advice of some indiscreet physician and marries—to do what? To entail upon his innocent, helpless offspring, all the fearful consequences of his folly and shame. His children are seldom strong; scrofulous, rickety, precocious, nervous, and worst of all, predisposed to follow hard in the footsteps of his illustrious father, and still worse, with less vigor of constitution, prone to succumb to mental derangement. If the facts could always be known, it would be found that a large proportion of those who suffer from tabes dorsalis, some forms of paralysis, insanity and impotence, inherited the predisposition from fathers whose constitutions were depleted by sexual abuse, in some or all of its forms.

9. Syphilitic brain disease and syphilitic melancholy. The importance of these cases demand a special mention. It is well known to the pathologist that the syphilitic poison induces brain disease; the cranial bones may be affected by inflammation and necrosis; the meninges by hyperæmia or thickening; or gummatous tumors may develop; or the integrity of the structure of the nerve cell or fiber may be im-

paired. These conditions lead to cerebral hyperæmia, insomnia, persistent and distressing pain in the head, and to great anxiety and depression of mind.

The mental derangement may be due wholly to undue anxiety in reference to the supposed infection of the system with this terrible poison, in cases where no such inoculation has occurred. I knew a case where a young man of a conscientious turn of mind, overstepped the law of purity but a single time and contracted a venereal sore of the non-infecting variety, which occasioned such distress of mind as to result in an unbalanced mental condition. Doubtless there existed here a marked predisposition to insanity.

It may be said in reference to all forms of insanity resulting from sexual disorders, that while they possess some individual peculiarities which distinguish them from other cases, in the main they resemble ordinary cases of mania, or melancholy or general paralysis.

Prognosis and Treatment.—The question as to the issue of these cases is the all important one. All turns upon the length of time the case has continued and upon our ability to stop the pernicious habit which has occasioned all the mischief. If the disease has advanced to degeneration of nerve tissue, the outlook is hopeless. If young in years and the causes can be removed we can generally restore our patient. But to stop the bad habit, is the riddle which it is a puzzle to solve. How induce the onanist whose manhood and resolution are gone, to suppress a desire which has become all-absorbing and all-consuming? It can only be done in many cases by absolute physical restraint. So overpowering does the appetite become that even when he does restrain himself by day, during his troubled dreamy sleep he will continue his filthy habit.

In these cases we must resort to the beneficial effects of hard labor where such a measure is practicable, the effect of which is to lessen sexual desire. Cold bathing, particularly the hip bath is useful.

When the patient is beyond the use of these measures, we must use the sleeves or blister the penis, to prevent his continuing his practice.

Recourse should be had to such drugs as *Canth.*, *Nux vom.*, *Phos. ac.*, *Staph.*, *Aganus*, the effect of which is to diminish sexual excitement and assist in controlling its unnatural gratification. When spermatorrhœa exists or sexual debility from venereal excess we may use the same drugs, and in addition, *Calc. c.*, *China.*, *Dig.*, *Kali brom.*, *Camphor brom.*, *Gels.*

Under the influence of these drugs and the removal of the cause we may expect to see many of these cases recover.

For inflamed desire, satyriasis and nymphomania, marriage may be a judicious measure, *where practicable*, but is not to be recommended indiscriminately.

For the consequences of transmitted weakness, we can do but little. Medicine will not cause a man to be or to have what he never had, vigorous in his constitution and freedom from strong predispositions to vice and disease. These cases are well nigh hopeless. In syphilitic cases we must of course use *Aurum met.*, *Merc. viv.*, *Nitr. ac.*, *Phytolacca*, *Staph.*, *Thuja.*

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## Surgery.

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**Conservative Surgery.** By J. C. Anderson, M. D., Mansfield, O. Read before the Ohio State Homœopathic Society.

So intricate and intimate are the relations existing between surgery and medicine, and so common and extravagant are the abuses of the former, that the unbiased observer must see the necessity for the strictest surveillance upon the part of

practitioners in order to maintain that balance between the two so essential to the best interest of both patient and profession.

The great law given us by the immortal Hahnemann is already redolent with the success achieved in modifying the abuses of drugs so common and disastrous in the palmy days of Allopathy. But in trying to steer away from Charybdis, there is a danger that we fall into Scylla, in substituting an evil that is equally as disastrous.

The prominence given surgery in our medical societies and colleges tends to stimulate an undue animus in the minds of medical students in favor of this branch of medical teaching.

This herald of ostentation often beguiles many an otherwise successful practitioner into impatience with medicinal cures that would otherwise result.

This may seem like an assault upon a valuable branch of the medical profession, but with all due deference to the science of surgery, so valuable and indispensable in its proper sphere, yet the signs of the times indicate that an undue zeal is developing in this direction that threatens to bring the science of surgery into a degree of disrepute equal to that of the middle ages when its votaries received the unenviable approbrium of *skinners*, and to-day there are those who have earned for themselves the equally degrading, if not more appropriate title of *butchers*.

Not long since we heard a boasting pretender assert that in a twenty five years practice he had extirpated a sufficient number of uvulas and tonsils to load a one horse cart. I thought at the time that he might have added with an equal degree of truthfulness, that in the same time his indiscriminate use of the knife had furnished as many subjects to fill premature graves. However, the fault does not lie entirely with the profession. Public opinion has much to do in cultivating this tendency upon the part of practitioners toward surgical methods.

The man who can make a boastful display of the knife, however impracticable, is vaunted in importance above the most scientific and thoughtful physician.

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Another element that often leads to hasty surgical measures is impatience. The American tendency to hurry often betrays many a poor, unfortunate patient into the loss of a limb or even life.

The earnest physician whose regard for right and the best interests of his profession standing high above mercenary motives is hemmed in upon every side by a class of intriguing imitators and stealthful filchers whose sordid motives pass current with society, and receive a compensation equal to the merit of the most scientific physician. These are some of the subtle influences that threaten to deteriorate the science of medicine.

While the skirts of Homœopathy are by no means entirely clear from these practices, yet that abiding faith possessed by the great majority of the homœopathic profession in the curative properties of drugs, has had the tendency to render them comparatively free from these abuses.

The more skeptical the physician in regard to the curative properties of medicines, the more ready will he be to resort to mechanical measures.

A few cases, briefly stated, may serve to illustrate my point:

A lad, two years of age, had ulceration of the knee joint, completely destroying the articulation and upper head of the tibia. Considerable quantities of spiculated bone had discharged from the opening, and the upper end of the tibia could be pressed back of the articulating end of the femur, along its shaft as far as the soft parts would permit. A number of physicians were consulted, who were divided between two opinions: one was excision of the upper portion of the bone, which would at best induce several inches shortening; the other was amputation. The one involving shortening, the other loss of the limb. As the boy's general health had become much impaired, it was thought a risk to administer an anæsthetic. With this view of the case the parents objected decidedly to a surgical operation, and sought constitutional treatment at the hands of a homœopathic physician, and determined to await the result. Soon there was an improve-

ment, and at the end of six years of patient waiting and perseverance the boy had a sound, perfect and useful limb.

The second case was that of a young man who had both limbs crushed to the knees by the cars. A council of surgeons unanimously agreed that the only practicable thing to do was to amputate both limbs, and preparations were made to proceed to the operation at once. At this point of the procedure the road surgeon arrived, who was an experienced, cool and self-possessed man. Assuming charge he determined to try to save the limbs, and succeeded to that extent, so that by the expiration of a few years the patient was so far restored as to experience but little inconvenience from having had the injury.

Thus it is, the calm and thoughtful reasoning that saves to a patient an arm or a limb is worth more than all the patent hooks and artificial limbs in all christendom.

To be able to tread our way through the straight and narrow path of scientific practice, requires the most earnest watchfulness on the part of the practitioner.

Hobbies are easy things to ride, but as they always leave the rider just where he started they should not be chosen as the elements to carry us on to progress.

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**The Influence of the Scrofulous Diathesis** in Surgical Affections. By D. W. Hartshorn, M. D., Cincinnati, O.  
Read before the Ohio State Homœopathic Society.

In considering this topic I deem it necessary in the outset to briefly review the condition to which the term scrofula is applied, for in this way only can we determine its influence in surgical affections.

The term scrofula, as used by medical practitioners and writers, has a comprehensive and indefinite latitude of signification.

In a restricted and definite sense, as formerly used, it implied an affection of the lymphatic glands of the neck, occurring usually in children after infancy, characterised by a morbid product, which occasioned more or less enlargement of the affected glands. This scrofulous product often remaining for an indefinite time in an apparently dormant state, being sometimes removed by absorption. If not absorbed, softening taking place with but little signs of inflammation, the integument ulcerating, and the product having been discharged; cicatrization finally resulting in an irregular, puckered, characteristic scar.

The modern view is more comprehensive, has a much wider signification, including within its range quite a variety of affections, apparently of the most opposite character, yet in reality essentially alike in every particular.

Scrofula is a peculiar constitutional affection, either hereditary or acquired, that induces chronic inflammatory changes in certain tissues or organs, usually accompanied by more or less enlargement of the adjacent or proximate lymphatic glands, the cervical, axillary, mesenteric and inguinal, being the most frequently found affected.

This scrofulous enlargement of the lymphatic glands, according to Virchow, Niemeyer and others, is due to a morbid increase of the normal anatomical elements which compose these bodies in health, a proliferation or hyperplasia, to which inflammation is consecutive; and this growth or product, like tubercle and other products, undergoes cheesy metamorphosis.

The existence of this peculiar constitutional state as manifested in various affections, or its coexistence in various parts of the body, or its almost universal diffusion, constitutes the scrofulous diathesis.

In children enlargement of the head, tumefaction of the upper lip, or of the nose, swelling of the abdomen, and flaccidity of the muscles denote it.

Various affections are looked upon by many as local expressions of this diathesis, or at least as being influenced by it, such as eczema, impetigo and lupus, especially when

seated upon the head or face; chronic catarrh, otorrhœa, superficial ulceration of the cornea, chronic suppurative inflammation of the joints, subacute inflammation of the periosteal and synovial membranes; caries and necrosis of bones.

That these affections originate in a special cachexia is by no means certain; but that they involve a morbid constitutional state, either hereditary or acquired is undoubtedly true.

We must not confound this constitutional state with debility, which often coexists with it, for debility often exists without any scrofulous tendency or taint, especially in nervous, delicate people, who though weak are perfectly healthy, showing no tendency to this peculiar affection. Then again we often find scrofulous persons with much muscular power and mental vigor. But though no weakness is manifest in these respects, there is invariably in scrofula a debility or perversion of the nutritive function of the body; this is especially manifest in certain tissues, as the nervous and cutaneous; and in these organs in which the vitality is low, as the lymphatic glands, the joints, and the bones. In these this peculiar condition which we term scrofula, influences the products of nutrition and inflammation.

It is this tendency to the occurrence of particular diseases and to the special characters which the affections of certain tissues assume, characters engrafted on to them by this constitutional state; it is by this that we determine the existence of the scrofulous diathesis.

The temperament of scrofulous subjects is also distinctive, presenting itself in two forms, the fair and the dark, and each of these presents two varieties, the fine and the coarse. The most common occurs in persons with fair, soft and transparent skin, having clear blue eyes, light hair, tapering fingers, whose growth is rapid and precocious, often showing great beauty in roundness of outline, rather than in grace of form. In such persons the nutritive, procreative and mental powers are rapidly developed in early life, and become exhausted proportionately early.

In the other fair variety of scrofulous temperament, we find a coarse skin, light gray eyes, sandy curling hair, short, ungainly stature, short, stubby fingers; but in this as in the former variety, the mental activity is great and early developed, and the muscular strength is often considerable.

In persons presenting the dark form of the scrofulous temperament, we find a sallow skin, clear, dark eyes, fine hair, with a mental and physical organization that closely resembles the first variety of the fair strumous diathesis.

The other dark variety is marked by a dark, coarse, sallow or greasy looking skin, short, thick, curly hair, a small stature, but often a powerful, strong limbed frame; there is torpor or languor of the mental faculties, they appear heavy, sullen, though the powers of the mind are often remarkably developed.

Accompanying all these varieties of temperament, there will be found a weak and irritable state of the digestive function; and we must regard this as one of the most essential conditions connected with scrofula, as tending greatly to that impairment of nutrition, which usually accompanies this state.

This irritability of the digestive function, or gastric irritability, as we sometimes term it, is characterized by the tongue being habitually coated towards the root with a thick, white fur, through which elongated papillae project, the edges and tip and also the lips being usually of a bright red color.

In the fair varieties, the bowels are usually loose, while in the dark forms, there is a torpid condition. In all cases the heart's action is feeble, the blood is thin and watery, and there is a tendency to coldness and often to clamminess of the extremities.

Independent of the hereditary origin of scrofula, for no one, I think, will attempt to deny that a parent may transmit a tendency to mal-nutrition to mal-development of blood, just as he may a peculiar feature, or form, or mental condition, independent of this origin, the most powerful occasioning, and likewise the most frequent cause of scrofula, is mal-nutrition and mal-assimilation, arising from a disregard of

hygienic laws. In the poorer classes, from food that is innutritious in quality, or insufficient in quantity, and if we add to this, the injurious effects of a confined and impure atmosphere, it is sufficient not only to develop any hereditary tendency to it, but also induce the diseases, even though no predisposition to it exists.

Among the children of the wealthy classes, overfeeding and overstimulation of the digestive organs, inducing chronic irritation of the mucous membrane of the stomach, and interference with the digestive powers and consequently with nutrition, may cause it.

From this brief review, we may conclude that the influence of the scrofulous diathesis in surgical affections, is the peculiar and characteristic one, which it exerts upon inflammation.

When the inflammatory process arises in a certain tissue or organ in a scrofulous subject, no matter whether it is caused by traumatism, or whether it is simply the consecutive stage of scrofula, aroused into activity by exposure to either wet or cold; exhausting fevers; stoppage of habitual discharges, as the menstrual and hemorrhoidal; protracted mental depression; syphilis, or any other cause which lowers the vital principle, and diminishes the plastic properties of the blood, by interference with the digestive function, or in other words, increases the mal-nutrition and mal-assimilation, upon which it is dependent for its life and progress; no matter which, or what the cause is, the course of the inflammatory process in a scrofulous subject is always slow, feeble and ill developed; they are frequent but not active, the more active and sthenic conditions being rarely met with.

It usually partakes of the congestive ulcerative, or suppurative form; and in its products it is characterized by little tendency to adhesion, and by the formation of ichorous, or thin and curdy, or whey like pus; sometimes thick and yellowish; in either case apt to be intermixed with the debris of disintegrated tissue flakes of lymph, and broken down tubercular matter.

In skin affections it gives rise to ulceration, which is always unhealthy, assuming a pale, inert, torpid appearance; they are remarkably insensible, incapable of forming granulations, deeply congested, the blood passing through the vessels in a languid, imperfect manner, making it difficult from its impoverished condition for the skin to maintain its vitality.

In the mucous membrane, its influence very frequently manifests itself, especially in the fair variety of temperament, as in that of the eye and ear, it causes it to become permanently congested and irritated; and in that of the nose, to become chronically congested, red and swollen, attended with foetid discharge, leading on to ulceration of the cartilages and caries of the nasal bones.

The frequent existence of irritation and debility of the genito-urinary organs in children, indicated by persistent discharge from the urethra, induced by slight exciting causes, is another example.

All renal calculi, also vesical calculi, that have a renal origin, and some of those even that appear to be primarily formed in the bladder, have a constitutional source; they arise from a morbid state of the urine, which in its turn is dependent upon mal-assimilation.

One of its most marked and important local influences, is in affections of the bones and joints. In bone exerting its peculiar agency, inducing caries and necrosis, especially in those of a spongy texture, as those of the spine, tarsus, or the heads of the long bones, arising without any external cause, but apparently from diminution of vitality, or insufficient supply of blood, the deep, cancellated structure becoming congested, softened and disintegrated, inflammation of the soft investing parts being consecutive.

In the joints a form of chronic arthritis is apt to arise, without any definite starting point, slowly supervening upon slight injury, as a twist, or blow, or strain, sometimes beginning with a subacute synovitis, characterized by a peculiar tendency to run on to suppuration.

To sum up: Scrofula is a consequence of mal-nutrition, mal-assimilation and mal-development of blood, arising from

a violation of natural, hygienic and dietetic laws, and as a legitimate result, certain necessary physical functions are imperfectly performed, life force sufficient to meet the wants of the organic processes is not produced; hence the peculiar and degraded conditions which surgical affections assume in scrofulous subjects.

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**Tuberculosis of the Hip Joint.** By Geo. W. Moore, M. D.,  
Springfield, O. Read before the Ohio State Homœo-  
pathic Society.

*Mr. President and Members of the Society:*—I have chosen for the subject of this paper tuberculosis of the hip joint, and while I do not expect to be able to furnish you with any thing very new or startling in the way of etiology, pathology or treatment of this disease, I shall rather try to condense and recapitulate what has already been said and written upon the subject, and if I shall succeed in presenting the case so as to give you one new idea, or fasten the ideas already said more firmly upon your minds, I shall be satisfied.

There can be no doubt that hip joint disease may be classed among those of scrofula, or strumous origin, and being such it will be our first duty to try and learn something of this condition, which so nearly concerns the disease of which we are to write.

It is said that scrofula, or struma is the name given to a constitutional condition, of whose essential nature we are ignorant, but which evidently depends upon a deficient or degraded nutrition, and which discloses itself by certain outward marks.

It is most prone to appear in early life, though it may occur in almost any one. It is chiefly met with in individuals



of two very different aspects. First, the sanguine, with clear complexion, delicate features, graceful outlines, fine skin, large lustrous eyes, with long, silky lashes, and quick, lively intellects; children who are beautiful in person, precocious in mind, and almost unnaturally good and kind.

Wordsworth seems to be describing such a child when he says,

I see the dark brown curls, the brow,  
The smooth transparent skin  
Refined as with intent to show  
The holiness within.

Second, the phlegmatic, with muddy complexion, thick lips, dull, heavy eyes, large joints, and awkward, stunted or deformed figures. In persons of this temperament, the intellectual faculties may be very obtuse, but capable of great and sustained exertion. It has been customary to point to Dr. Samuel Johnson, the lexicographer, as a type of this class. Boswell tells us that even in early life his immense structure of bones was hideously striking to the eye, and the scars of the scrofula were deeply visible.

The exciting causes of hip joint disease are the same as provoke strumous diseases in other cases, viz. sprains, falls or blows, cold, inadequate food or clothing, and wasting maladies. It seldom affects both hips, either simultaneously or successively, but during its course it may become complicated with Pott's disease, psoas abscess, ophthalmitis, pulmonary phthisis, and other degenerating diseases.

Symptomatology.—Tuberculosis of the hip joint may be described as consisting of three stages, each characterized by distinctive symptoms and pathological changes, as well as requiring peculiar treatment, and as this division is not imaginary, but real, it is deserving of the greatest attention.

The first symptoms that make their appearance, are a feeling of fatigue, with slight pain in the knee; finally a distinct limp. The pain is usually referred to the inside of the knee, but upon inspection the knee is found to be free from swelling or tenderness from manipulation or percussion. As the disease progresses, the pain is not confined entirely to the knee, but

usually extends to the thigh or leg, apparently in the line or direction of some nervous trunk, as the femoral, obturator, saphenous or sciatic. It may even be felt in the tendo-achillis.

The pain in the knee may be explained by the irritation of the nerves that are distributed to the hip joint. Only in rare cases that the pain appears in the hip before it does in the knee, thigh or leg.

Pressure upon the gluteal region and the groin, motion of the affected joint and percussion of the knee, the leg being flexed at right angle, or of the sole of the foot, the limb being extended, always augments the pain and leads to the detection of the disease. In the second stage the most prominent symptoms are, increase of pain in the hip and knee, flattening of the buttocks, effacement of the gluteo femoral crease, abduction and outward rotation, and apparent elongation of the limb, with spasmodic twitching and waisting of the muscles. The pain often times becomes almost unbearable, caused by the spasmodic twitching of the muscles of the limb, which greatly increases the suffering by sudden and forcible apposition of the inflamed articular surfaces. In the third stage, the nature of the disease is no longer doubtful, whatever it may have been previously. The symptoms are characteristic of the extensive and frightful mischief that has been effected within the joint. Matter now forms, and by its pressure upon the inflamed structures, greatly aggravates the suffering. This is indicated by increase of pain, by a sense of throbbing and tension deep and persistent; by severe swelling of the gluteal region, generally most prominent in the center of the articulation; by edema of the sub-cutaneous cellular tissues, and by a remarkably turgid and enlarged condition of the sub-cutaneous veins. The affected joint is intolerant of the slightest motion or manipulation, and the patient is unable to raise himself up, or turn in bed, without the greatest agony. The constitutional disturbance is always in proportion to the local suffering, and violent rigors followed by high fever and copious sweats are rarely absent. The site at which the matter when left to itself ob-

tains vent, varies in different cases. Most generally it escapes into the gluteal region, either directly over the joint, or in its immediate vicinity. When the bottom of the acetabulum is perforated, it may pass into the rectum, bladder or vagina.

The changes in the limb and hip, in this stage of the disease, are striking and characteristic. The extremity, now actually shorter than natural, is much attenuated and disfigured in its appearance, the heel being considerably elevated.

The affections with which this disease is most liable to be confounded, or which may obscure its diagnosis, are sprains, and rheumatism of the ileo-femoral articulation, psoas abscess, purulent collections in the vicinity of the hip—and in the upper part of thigh, and inflammation of the periosteum of the great trochanter.

A sprain, or twist, or contusion, of the hip joint, may be followed by inflammation, and symptoms produced very much resembling the early stage of tuberculosis. The signs of distinction are, the history of the case; the absence of pain in the knee; the greater latitude of motion. The absence, in general, of constitutional disturbance, and lastly, the fact that the foot, although everted, is usually easily rotated on its axis. Whereas, in strumous disease of the hip joint, it is commonly pretty firmly fixed.

Rheumatism of the hip joint is generally caused by cold or sudden suppression of the cutaneous perspiration, and is seated principally in the ligamentous and synovial structures, the cartilaginous and osseous being seldom involved. The symptoms bear a very close resemblance to those of strumous disease of this articulation, yet the absence of severe suffering at night, and at all times at the knee, the marked relief afforded by gentle exercise; the trifling annoyance from pressure, percussion and motion, and the rarity of rheumatism in children, will generally be sufficient to prove that the disease is not tubercular.

Psoas abscess may be mistaken for coxalgia; yet the distinctive symptoms are so plainly drawn, that one need not err in the diagnosis.

**Differential Diagnosis.**—Whilst the swelling in psoas abscess may point outside the groin, it is always above Poupart's ligament; while in hip joint disease, it is commonly below. In psoas abscess the swelling may be diminished, or it may entirely disappear under pressure, and will quickly reappear when the pressure is removed. In coxalgia, on the contrary, it never changes its position. In psoas abscess the swelling receives a distinct impulse on coughing, laughing and crying, while it is not the case in tuberculosis of the hip joint. Again, in psoas abscess the principal pain is in the loins, while in coxalgia, the pain is most severe in the knee and hip. Finally, psoas abscess occurs nearly always after puberty, whereas hip joint disease is most common in early childhood.

Diagnostic embarrassment may arise from periostitis of the great trochanter, especially in persons of a rheumatic habit of body. The fibrous membranes of this part of the femur become very painful to the touch, causing distress and difficulty in walking, with elevation of the corresponding side of the pelvis similar to what is seen in coxalgia. The signs of distinction are, the persistence of the gluteo-femoral crease, the coexistence of rheumatism in other parts, and the fact that the disease usually occurs later in life than coxalgia.

It is chiefly in the very early stages of this disease that erroneous views of its diagnosis are liable to be formed. It must be remembered that the very first symptom in nearly every case is pain in the knee; in fact, this symptom is so uniform that it may be regarded as pathognomonic, and yet it rarely happens that it is referred to its true source; instead of its being considered as an expression of disease of the hip joint, we are too apt to regard it as simply rheumatism, or neuralgia, and lose much valuable time in treating it as such. In every case, presenting the slightest suspicion of hip joint disease, a thorough examination should be made, and if the diagnosis is obscure, the examination must be repeated again and again until it is perfectly cleared up. The use of *Chloroform* may be of much service to us in conducting these examinations.

The treatment of this disease in its first and second stages involves the same principles as that of tuberculosis of the joints in general. There are special points, however, to which it is necessary to direct special attention. First, rest of the affected joint, not for a few days, or weeks, but to be continued, as long as there is the slightest evidence of active disease. The spasmodic action of the muscles, may be controlled by the use of a splint, extending from the crest of the ileum, to within a short distance of the ankle. Or, what I think is better, by extension, from the ankle, by means of a pulley, cord and weight attached in the usual way. The object being to keep the inflamed articular surfaces slightly separated, thus securing less pain, and greater rest.

As to the remedies to be employed, I will not make mention, but leave each of you to choose for yourselves, with the mere suggestion, however, that in choosing your drug you bear in mind the beautiful law of similars, and strive to choose wisely. As soon as the patient is able, he should be gotten up, and outdoors, where he can have plenty of fresh air and sun light. "Since light so necessary it is to life; nay, almost life itself." A good, healthy diet, warm clothing, large, airy sleeping apartments, and a fair amount of exercise, will usually complete the cure.

As the treatment of the third stage of this disease will be to a great extent operative, and as I have already taken too much of your time, I will simply refer you to the standard works on surgery, as you will, no doubt, have many anxious moments in which to look up your case before it has advanced thus far.

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"TAKE," says the Saturday Review, "the case of a workingman's family, with three or four big girls already employed in manufactories, three or four brothers equally as busy, and two or three little girls, whose energies are over taxed by the baby of the moment. All the members of the family have their own independent habits, hours and income. All meals are movable feasts. The mother is probably an exhausted person, who 'lets things slide,' and occasionally makes impetuous but unsuccessful forays against the dirt and disorder. How are girls in this class to learn housekeeping and domestic economy?"

**Sub-Mammary Abscess.** By M. H. Parmalee, M. D., Toledo, Ohio. Read before the Ohio State Homœopathic Society.

It has been my exceeding good fortune to have seen and studied an unusually large number of cases of this rare and perplexing surgical disorder.

Those of your number who have had occasion to seek for information, when confronted with a patient of this kind, from the text books at present in use, will agree with me in deploring the meagre accounts of its rise, progress and termination which can be found. Holmes, Gross, Hamilton and Fordyce Baker, will tell you that mastitis appears in three situations, superficial when in the skin, glandular when occurring in and among the lacteal tubes, and acini and sub-glandular when beneath the gland. Dr. Eaton, of Cincinnati, classing the varieties together, gives good and sound advice as to their proper management in general, and another authority gravely remarks, "much will depend upon the individual tact of the medical attendant, as to how such cases shall be managed," but to me general advice and tact are elements which can never take the place of those essential details necessary to the proper surgical care of such a long-lasting, serious, health-undermining affection as this form of cellulitis, its sequels and complications. Again, in the light of future usefulness in lactation, and its influence upon the nutrition of the individual child, it is of the utmost importance.

Pathological anatomy.—Between the pectoralis major muscle, and the acini which constitute the active portion of the mammary gland, there exists a layer of cellular and loose connective tissue, differing in extent and thickness in accordance with the general development of such tissues in the individual woman.

These cellular and connective tissue elements, placed there to act as a cushion for the lacteal glands, so that traumatism may be avoided when the powerful pectoralis is called into

operation, while possessed of numerous small vessels which pass through them to nourish the acini and to provide for a generous afflux of blood during lactation, have comparatively few terminal capillary blood vessels distributed throughout their structure. Such a condition is exceedingly favorable to have during extraordinary physiological excitation elsewhere, as during the nursing period, its nutrition is seriously impaired.

The process of transformation whereby, in inflammations, the corpuscles of the blood become changed into pus cells, has been studied most carefully, commencing in this very cellular tissue, and is yet in a transition state; but one phase of the question is of vital importance to us, as bearing upon the "absorption of pus," so called, and the production of consecutive disease of one or both kidneys. Dr. Gregg, of Buffalo, N. Y., has established by his researches the fact, that the pus cell within the blood vessels is but the normal corpuscle de-hæmatized.

Now in a tissue where the capillaries are few in number, and small in caliber, the extension of such dead cells which usually takes place in the formation of inflammatory depots, will of necessity be limited in extent, and large numbers be swept into the general circulation where the kidney in getting rid of them must be called upon to perform such extra labors as set up within its tissues a peculiar type of inflammatory irritation. This, under the name of waxy, lardaceous or amyloid kidney, proves in all cases a very serious and usually an unlooked for source of debility, and a hindrance to the healing process.

Ætiology.—From a careful comparison and consideration of the cases which I have seen, I am brought to believe that a predisposition to some one of the diatheses, notably the tubercular, is the most prominent factor.

This has been very marked in three cases. In two others a personal or family tendency to erysipelatous inflammations has been noted. Most authorities claim that colds, excoriated or fissured nipples are exciting causes. I have never been able to trace a connection in any case with these as causes.

Under extraordinary circumstances, given the hereditary tendency which has underlain the cases I have observed, I presume that either might aid in lighting up a sub-mammary cellulitis.

The same is true of any of the forms of traumatism which might be observed. They would be no more or no less active than any other merely external agency.

Symptomatology.—The approach of a cellulitis within the breast is always very insidious. In fact I have found much difficulty in locating and determining the precise time and point of its inception. Generally within the first three or four weeks after the confinement of a primiparæ, the patient has been annoyed by recurring chilly sensations to which she has paid little or no attention, followed by no sufferings other than an uneasy sense of discomfort when attempting to use the arm, or to nurse her child.

The continuance of these symptoms will finally lead her to seek advice, and ordinarily manual examination can discover nothing, but that the whole breast "stands out" more than the other, and that manipulation causes deep seated pain of an ill defined character, and that the entire breast has a "hoggy," "doughy" feel to the fingers. If we recognize the affection at this stage and adopt suitable measures, I believe we could generally limit its further progress.

Unfortunately such is not generally the case; but the rigors recur irregularly, and with increasing severity; the breast enlarges gradually; some fever of a hectic character is added; the dull, dragging pain in the shoulder becomes constant, extending at times to the center of the scapula, of which the patient will complain bitterly, until after three or four weeks or even so late as three months, with but little signs of pointing, somewhere in the upper segment of the superficies of the gland an opening suddenly appears and enormous quantities of pus are discharged. Up to this point the absence of fluctuation, the inability to detect any circumscribed induration, and the peculiar character of the pains are marked facts in the clinical history.

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I have spoken of the peculiar liability of such abscesses to "point" and to "open" upon or around the upper half of the circumference. There is a simple mechanical reason why this should be so. As it enlarges in size and weight, the tendency to "sag" and to bear more and more heavily upon the lower segment, is easily understood, this pressure, by consolidating the limiting effusion which occurs around all abscesses, renders it more difficult for the pus to traverse. In the upper half, on the contrary, this weight, by producing tension upon the connective tissues, opens the trabeculæ and thus invites burrowing in that direction.

Through the opening thus obtained, you may pass a probe to the depth of four or five inches.

At about this period, the decreased quantity, the strong odors and the dark color of the urine will call for attention. An average specific gravity of 1012, the presence of albumen, and under the microscope the appearance of blood and pus corpuscles, or the presence of hyaline casts, are indicative of one of the acute forms of Bright's disease, known as the lardaceous or amyloid kidney.

About three years ago, a case of the kind occurred in the practice of a gentleman in this city, where, in consultation these symptoms were erroneously held to be the result of scarlet fever; but the absence of eruption, desquamation and dropsical effusion, the lingering character of the symptoms, with our present knowledge of consecutive lardaceous disease from suppuration, should have guided us more correctly.

In the further history of these abscesses there is another point very characteristic, and that is, the implication of the cellular and connective tissue at two, three or more spots, around the base of the gland, and fistulous openings appearing there. These fistulæ easily degenerate into the condition of a sinus, secreting thin sanious pus, with no tendency to close by granulation, and undermine the patient's health so that a fatal issue becomes one of the possibilities.

Diagnosis.—The points in the clinical history already enumerated, will serve to differentiate this affection from most other inflammatory troubles of the breast, with the exception

of real galactoceles, and here the exploring needle or the aspirator are instruments which will render the diagnosis absolutely precise. In galactocela, milk will flow, in sub-mammary cellulitis or abscess, only pus will issue from the needle. Ranney is of the opinion that sometimes this form of abscess is found after menstrual derangements. I have never seen it follow such conditions; but from its analogy to pelvic cellulitis, and the well known liability of the latter to follow any, even slight irritations of the genitalia, I should regard his supposition as most reasonable, and having an inflammatory trouble at such times in the breast, would be good diagnostic evidence of cellulitis.

Prognosis.—In the majority of cases the prognosis will be favorable. Only in such cases where the amyloid degeneration of the kidney has proceeded for a time, unheeded and unchecked, or where the tubercular aspect is well developed, need we fear, but that the means of our art, at command, will be sufficient to effect a complete cure. Even in long standing sinuses, we can confidently predict a successful issue.

Treatment.—In the early stages, if the diagnosis can be correctly made, the treatment can be promptly effectual as a rule, bearing in mind one cardinal principle, that of rest for the affected tissues. All forms of rubbing will only tend to increase the irritation, and must be cautioned against, or the nurse will surely “try her hand” in the endeavor to “rub it away.”

There are a good many ways of confining the breast with strips of plaster methodically carried around it, and by the use of India rubber; but they all have the disadvantage of heating the skin, causing erythema, and the necessity of frequent changes. I have avoided these by the use of *Collodion*. Having the patient in the supine position, with a large camel's-hair brush I apply it over the entire breast, including a circle of from one to two inches beyond it everywhere, going over the surface, as it dries, three or more times, leaving the nipple and a large part of the surrounding areola untouched. Then with two rubber bands, each two to four inches in width, the one going over the opposite shoulder

and clasping the lower half of the breast, the other over the breast under each arm, both being secured as they meet; and confining the arm of the affected side with a light sling, we secure almost absolute rest. To such a breast I direct the nurse to put the child regularly, holding it herself, not permitting the mother to do so.

By these means, combined with the administration of *Bell.*, *Rhus tox.*, *Cactus grand.*, *Arsen.*, *Croton tig.*, or *Kali carb.*, you will succeed in arresting the mischief, and bringing about a cure by resolution.

If it has advanced, however, or should progress in spite of reasonable efforts, to that point where pus exudes along the exploring needle, you should make an operation, at once for its complete exit. Here the child should be taken away from the implicated breast entirely.

The lower external quarter segment, as a rule, is the place to be preferred for making your opening.

Choosing a long-bladed finger-knife, plunge it in, until pus appears, then with a probe you can examine and determine whether you have entered the cavity at or near its lowermost point; if not, cut again freely, enlarging your opening in that direction, until you have succeeded in draining it completely. This is an important precaution, for should you merely enter the pus cavity, at the side, for instance, other openings are liable to occur, and you will not succeed in putting an end to the trouble. If an opening should have occurred before you see it, anywhere in the upper circumference, then your task will be easy, to cut anatomically from below, with a grooved director inserted from above as a guide. In any event, the lower opening must be made.

I have never seen an abscess of this sort heal without it, where the probe has penetrated to a greater depth than one inch, though I have seen the experiment tried. Some authorities recommend small openings, and the insertion of drainage-tubes of silver or French rubber. I can not recommend them, as in my hands they have signally failed, whether in recent openings or in sinuses; but stimulating injections and pressure, combined with *Silicea*, *Sulphur*, *Calcarea carb.*, or *Arsen. iod.*, have succeeded.

Among the stimulating injections to be repeated three or four times daily, which I have used, let me mention the following: ℞. *Acid Carbolici cryst.* ʒss. *Glycerine* ʒii. M. ft. lot ℞. *Zinci sulphatis.* ʒi. *Aqua dest.* ʒi. ℞. *Balsamum peruv.* q. s.

Using these, you must also institute firm compression by adhesive straps, leaving, of course, your opening free, and keeping it patulous by the introduction of plugs of rolled flax or paper lint. Should there be several openings, carry your plaster over the upper ones, sealing them as tightly as possible.

This compression may be made more firm and secure by the use of small pieces of moist sponge squeezed as dry as possible, placed where they are most needed, underneath your strips of plaster, and then injected, so as to expand them by the hypodermic syringe, with a five per cent solution of *Carbolic acid.*

There remains yet to be considered the treatment of the kidney complication. By obtaining a free exit to the pus in the breast, you will see at once a remarkable change in the character of the urine, in the disappearance of the pus and blood corpuscles and albumen, and under the use of such remedies as *Cantharis*, *Terebinthina*, *Equisetum hyemale*, *Phosphoric acid*, *Kali chloricum* or the *Apocynum cannab.*, it will remain free from granular matter and casts. The diet should be plain, but very nourishing, with total abstinence of alcoholic or malt liquors.

The entire treatment of a case of sub-mammary abscess will call for inexhaustible patience upon your part, and will heavily tax the faith of the patient and friends who rely upon your skill; therefore do not be discouraged if months should elapse before obtaining a successful result.

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A YALE medical diploma issued in 1876, signed by Dr. Noah Porter and the faculty, has been offered to a reporter of the New York Evening Post for \$200 cash. The name was erased, but the document seemed otherwise regular. This is a rare phase of the bogus diploma business, and a very low one.

## Miscellaneous.

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**Intermittent Fever.** A Case From Practice. By Arthur A. Camp, M. D., Minneapolis, Minn.

On Christmas morning, 1880, I was called to see the following case, which has proved of unusual interest to me on two accounts:

First, it showed me I had good results from the use of a single remedy when the exhibition of remedies used in alternation failed. Second, it proved to me beyond the shadow of a doubt, the value of potentized drugs.

Miss M. A., aet. 32, blonde, leuco-phlegmatic temperament, was attacked Dec. 25, 1880, with intense pain in the small of the back; headache and a general malaise. For the week previous to her giving out, she had been working hard at church decoration, besides attending to her ordinary duties, which are those of a teacher. Pulse 40, temperature 99; pulse full, soft and perceptible only in the right wrist; appetite had nearly failed her; bowels normal; sleep much broken and disturbed; sweat and thirst not marked; tongue pale, flabby, indented edges, coating not especially marked, what there was, was whitish.

I called it a case of nervous prostration induced by overwork.

A few words as to her previous history: She has been a resident of New York city until eighteen months ago; three years since she contracted malaria in that city—not the regular “shake chills,” but more of a dumb ague. For this she was under medical advice for one year constantly, and was unable to leave her bed room for nine months, on account of the general prostration attending it.

She was advised a change of climate by her physician, and she came to Minneapolis in July, 1879.

Her general health has been benefitted by the change, but she has always since her advent to the malarial state, been obliged to wear quantities of clothing, even in the hottest

weather, and at night to keep under bed clothes sufficient in weight to tire a healthy person; wearing woollen next to her. She suffers from dysmenorrhœa; periods regular as to time, but discharge scanty. No displacement, no leucorrhœa ordinarily, except when feeling more than usually miserable.

She expressed herself as being better here than in the east, until Christmas day, 1880, when I found her with the symptoms above detailed.

I gave her *Puls.* 3 in water every two hours.

Dec. 28. No improvement in any way; pulse 40, same character as before; great weakness and pain in back low down in lumbar region, still no very decided symptom. *China* 1 every two hours.

Jan. 1. About the same. *China* 1, *Phos. ac.*, 6 every two hours alternately.

Jan. 5. Symptoms unchanged and I noticed her constantly sighing; continual desire to take a long breath. *Ignat.* 3, every two hours.

Jan. 10. Pain in back some better, not so much sighing, can't bear anything tight around abdomen nor throat; palpitation of heart on exertions such as turning over and sitting up in bed; weakness of arms; very weak and prostrated; pulse 58. *Ars.* 3, *Lach.* 6 every two hours alternately.

Jan. 15. About the same. *Ferr. e quin. cit.* 3 grs. every two hours.

Jan. 20. Nothing improved as regards symptoms reported. Pulse 60. Lienteric diarrhœa just after meals, attended by no pain, but feels very weak afterwards; face much flushed. Notwithstanding she has had bed clothes heaped upon her, and is dressed in a flannel wrapper, she complains of being cold, of taking cold, and has a hoarse cold at this date. Taking, as I honestly thought, her leading symptoms as an indication for a prescription, I gave *Ferr.* 6 for the diarrhœa, and *Phos. ac.* 30 for the exceeding debility.

Jan. 25. Slight chill last night about ten o'clock, commencing in the lumbar region in the spot where the burning has been felt, extending upwards, radiating even up on scalp; scalp feels as if raising up and down, or as if cold water

were poured on head; detonation in head and ringing in ears; still can not bear the least breath of air; pulse 60, quality unchanged. *Cinch. sulph. 2* every two hours.

I had been very much dissatisfied with my treatment all through the month, and here at the end of it I found my patient actually worse at the end of thirty days medication than she was at the time I commenced with her. I became thoroughly satisfied that the old malarial difficulty, from which she suffered acutely years ago, was at the bottom of it, and if I could only get a true picture of her malarial condition I believed I could cure the case.

I bought a copy of Prof. H. C. Allen's excellent little work on intermittent fever, and studied it as faithfully as I knew how. Under *Sulphur* I read, "If the indications for the remedy be not clear and well defined, *Sulphur* may clear up the case, or completely cure it alone."

Jan. 28. Saw patient again and found her no better than formerly. *Sulph. 1m* at night.

Jan. 31. Was sent for to see my patient, who informed me she had experienced a most dreadful time. The preceding evening about eight o'clock she was seized with a regular shaking chill, which began at the point before mentioned in the lumbar region, and spreading thence up and down the spine to the extremities. Chill lasted about two hours; after chill great thirst, seems as if she could drink a tumbler empty of water, every half hour or so, but did not dare reach her hand out from under the bedclothes for it, for fear that the exposure would be sufficient to bring on another chill. The fever was marked, and her red face was very noticeable; fever blister on her lower lip; fever lasted about an hour; sweat was only slight. Before the *Sulph. 1m* she had never sweat at all. Now it was on back and thighs.

Now, surely here are data to base a good straight prescription on. And one thing struck me in a marked degree, viz.: her utter intolerance to cold air, and the amount of clothing she wore without discomfort.

Prof. T. F. Allen said to his class one day, when I was a member of it: "Gentlemen, whenever you see a patient come

into your office, in a heavy overcoat, all bundled up, on a stifling hot day in July or August, give him—*Hepar sulph.*!”

I turned to *Hepar*, in Allen’s work on intermittent fever, and was surprised and delighted to find how almost exactly it represented my case. I gave her seven powders of *Hepar sulph. 1m*, and told her to take one each night.

February 5. My notes say she slept delightfully the preceding night, from nine p. m. until seven thirty a. m. She has had no chill at all, since the 1st inst., and is becoming much less sensitive to cold air than she was. She was clothed as an ordinary woman should be in a room whose temperature was about 70 degrees. She no longer sleeps in woollen stockings with worsted slippers on, and there was not a single symptom left unimproved. *Sac. lac.*

February 10. My patient opened the door for me when I made my call to-day, informing me that she had been up for about two hours, and felt well, with the exception of weakness. No more chill; no more noises in head, no flushed face; nothing at all to speak of except a peculiar formication in her back, beginning at the same old spot in the lumbar region, and extending upwards towards the cerebellum, in two distinct lines, one on either side of the vertebral spinous processes.

That symptom I have not been able yet to find recorded in such works on materia medica as I have in my library, and if any readers know of the remedy, I will be obliged to them if they will let me know of it.

As she recovers her strength the symptom is disappearing. She considers herself a well woman, and I know she is rapidly approaching that condition of health she has not known for years.

March. Patient reports she is better than she has been at any time since she became acquainted with the malarial poison, and I may safely count her cured.

In reviewing the case, I think we may learn a lesson from January treatment, if we will. Each prescription that I made seemed to have some foundation, but I sadly fear that it savored strongly of the Samuel O. L. Potter, M. D., faction



that taints some of us. Yet to certain minds there is a sort of plausible appearance in the application of drugs to a pathological state, that it takes years and years of close study—not of treatises on pathology, but of our *materia medica*—to overcome. I think we should measure the efficacy of a certain mode of treatment by its success in curing chronic cases—for it is a fact that the large majority of acute diseases are self-limited, and will get well with very little, if any, medicine—needing only careful nursing, good diet and hygienic surroundings. Hence those practitioners who may be termed alternatists have fair success when they use two or more remedies, and hold up their cases to offset the cures of a single remedy man, when the latter urges the use of one drug at a time, to the exclusion of two or more.

What we young men need, in my humble judgment, is not to ignore pathology, for none of us can afford to do without that, nor would we, if we could, but to more patiently and persistently study our *materia medica*, making comparisons of remedies, noting on the margins concomitant symptoms, and thus we make intelligible to ourselves that mass of apparently disconnected sentences which composes our collections of proved and verified symptoms.

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**Cures by *Kali carbonicum*.** From *Die Allg. Hom. Zeitung*.  
Translated by A. McNeil, M. D.

Dr. Gorrillon, jr., justly censures the omission of *Kali carb.* in the late smaller pharmacological works. This remedy in regards to the frequency of its indications, is equal in rank with the majority of the polychrests. [Such is my experience in consumption in its different stages, it is as frequently indicated as *Sulph.* and *Phos.*; in pleurisy it is often

required, particularly where *Bryonia* appears to be indicated but fails; in angina pectoris it is more often curative than all other remedies together; in rheumatism it is often required, and, in short, wherever there are stitching pains it is to be thought of as well as *Bryonia*, to which it has a striking resemblance. I had the honor to translate a large number of cures by *Kali carb.* for the ADVANCE, of morbus coxarius.—Trans.]

The following cases are only a small fraction of the successful use by this drug in my hands. In them generally only the symptoms which decide its choice are given as they are taken from my journal, and were not intended for publication, but for my own special benefit. When the purpose is to define the curative sphere of a remedy (and this is my object) the cases containing the characteristic symptoms are more useful than those which are more minute and in which perhaps, there is a multitude of unimportant ones.

As regards the circumstance that in some of these cases more than several remedies were administered to produce a complete cure, I appeal to everyday experience which shows that the morbid picture of the same pathological name changes often during the treatment, so that other agents are necessary. These do not compromise the action of the first indicated remedy. The latter is assigned a definite field, what lies outside of that its medicinal power can not effect. The efficacy of the remedy within this field is not disturbed by the giving of another medicine. However, the noting of later appearing indications serve to aid the differential diagnosis of the remedy.

Th. Jensen, cabinet maker, set 33, had hemorrhoids in 1865; has been troubled since prior to that time from cough, which suddenly stopped in July, to reappear in the following December (1873). He consulted me on the 6th of March, 1874. He has been unable to work since the beginning of December; almost complete aphonia; tormenting cough, particularly after-midnight for several hours, till five a. m.; he is never free for a single night; after the cough, oppression in the chest, during which he is compelled to sit

bending forward, which is also the case during the cough, by which he obtains some amelioration. It is only occasionally that he can lie down during his attacks of coughing; he raised some indifferent mucus from four to five a. m.; hair very dry; color of urine changeable, sometimes clear, sometimes dark; when the former color occurs, he is better; functions tolerably natural, except the appetite, which is very poor, and he is very weak. Examination of the chest revealed below the left clavicle a small spot with very weak respiratory murmur; under the lower angle of each shoulder-blade there was a lipoma as large as a fist. I was unable to learn how long they had been there. The patient received *Kali carb.* 200.

I saw him again on the 27th of March. He has been until the last two nights almost entirely free from cough; "nothing ailed him." Even the first night after taking the remedy he perceived an essential improvement. Yesterday evening at ten, violent oppression of the chest, with sensation of contraction, particularly in the left side, which soon passed off. Until the last two days very little expectoration, but since then profuse, moderately foamy; increase of strength so that he can work a little; the lipomata are smaller. From this on, with the exception of interruptions from colds, the improvement progressed steadily, so that he in the spring was discharged well. The lipomata had almost disappeared.

That this case, if left to itself, would have ended in phthisis is scarcely to be doubted. Relying on the result of my repeated observations, I did not leave the cure to a single dose, but gave the medicine daily. In such cases I dissolve four to six globules of a high potency in eighteen or twenty tablespoonfuls of water and add a tablespoonful of spirits of this solution. I give a tablespoonful morning and evening. I do not make any pauses till far advanced improvement occurs. It is an exception to the rule for a lipoma to disappear after one dose. Certainly in most cases daily doses do not accomplish much, while other morbid products are more certainly removed by the latter administration.

CASE II.—Frau Boettcher. aet. 31; delicate, pale, emaciated, hair black, consulted me on the 13th of January, 1873. She had peritonitis the middle of last September, treated with icebags, etc., for two months, but continued to get worse. She had been confined a year before that, since which she has had frequent discharges of blood per anum. Prior to that she had always been well; as a child, however, she had been annoyed with styes. On examination I found a copious exudation in the right side of the pelvic cavity. Great weakness, pulse accelerated, small, sleeplessness, obstinate constipation, cold feet, hemorrhoids, etc.

*Kali carb.* 30 for three days, then a pause. January 21, some decrease of swelling could be established. February 4, essential improvement. On the part of the abdomen affected there had arisen a bulla the size of a hen's egg, with discharge of a serous fluid; no swelling can be discovered. April 3, feels perfectly well; has long since left her bed and attends her domestic duties. Eight days ago there was a discharge of large masses of mucus, sometimes mixed with blood; this continued at intervals of two months.

CASE III.—Dr. Hoenig, of Ottensen, aet. 39. After vaccination in early childhood, an eruption occurred, which continued till he was ten years old, and then disappeared of itself. In 1866 he had tonsillitis, which, when it had run its course, was followed by a pustular eruption on the neck; occasionally some blood passes with the stool, which is otherwise normal; his hair is very dry, black and abundant; he has suffered for two years from attacks of asthma. They usually occur every eight days, rarely every two or three weeks. They begin at from two to three a. m. (wakening him), continue a couple of hours and gradually pass away. Drinking warm liquids ameliorates. During the paroxysms the respiratory muscles labor with extraordinary violence; he feels as if there was a rope around his neck; on the following day he is exhausted, but on the next entirely well. When travelling he is not so much affected. Stitches in the larynx during paroxysm, and in the left chest, with dryness of the mouth and throat; fullness after eating; other func-

tions tolerably natural; some emphysema; can not bear *Morphine* injections; *Chloral hydrate* avails nothing.

On the 19th of May, 1873, I ordered one dose *Kali carb.* 200, (Lehrmann).

On the following August I again saw my patient. I learned the following: For a few days after taking he felt very badly, which caused him to have himself carefully examined. The examining physician found a considerable emphysema had arisen\* that disappeared in a few days. From that time on improvement; sleep better, but not yet normal, frequent wakening; attacks less frequent, milder, continuing only a short time, and appearing later.

September 17.—The asthmatic attacks are still becoming milder; no other anomalies discoverable. Only a trace of hemorrhoids, and at times a stitch in the urethra. In the morning after awakening he feels tired. Taking into consideration the above mentioned complaints after vaccination I ordered *Thuja* 200, one dose.

In a year I accidentally learned that my patient had long been well.

CASE IV.—Frau Conrad, act. 28, confined eighteen months ago, weakly and of a delicate family; dark hair; has suffered

\*It is very doubtful if the emphysema I found suffered any change after taking the *Kali carb.* The physiological school have always been very much disposed to trace functional disturbances to tangible causes, which often leads to the most absurd opinions. In this case the dyspnoea must be caused, in the physician's opinion, by the emphysema, which clearly was not related to the difficult breathing. I may maintain this proposition, viz: that the emphysema suffered no change, as I have frequently seen emphysematous patients in a great measure freed from these complaints (by *Phos.*, *Arsen.*, etc.), when no decrease of the emphysema was discoverable. That, as a rule, the emphysema alone is not the cause of the dyspnoea, is clearly shown by comparing the difficulty of breathing of these patients with that of those who have solidification of the lungs, for instance, after pneumonia, pleuritic exudations and yet go about for years without perceiving any particular inconvenience therefrom. In this case without any doubt the dyspnoea was traceable to a functional disturbance of the nerves of respiration, a "homœopathic aggravation" which we meet frequently. A few days ago I discharged a patient in whom on examination there was very much emphysema, and yet no dyspnoea worth mentioning.

for a year from a violent toothache; it is tearing, mostly on the left side, in several teeth, and comes on at night, particularly after midnight, awakening her from sleep; it extends up to the ear on the affected side; when the pains are violent, bloating of the face; stitches in the loins; sense of smell completely lost; aggravated by draft; changes of weather have no influence; feet swollen in the evening; feels very weak and prostrated; functions tolerably normal.

September 17, 1873. *Kali carb.* 200 (Lehrmann), one dose. October 8. The pain as good as removed, as a cold she had contracted only aroused the pains in a less degree. This attack passed off in a few days and the remaining morbid manifestations without requiring another dose.

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**Abscess of the Left Mammæ.** By Dr. Thomas Young, Gahanna, O. Read before the Ohio State Homœopathic Society.

Mrs. U., a young married lady, apparently of good health and constitution, mother of babe eight weeks old, put her hands in cold salt pickle, and got them very cold, taking cold from the effects; settling in the left mammæ it became very much swollen and painful. To get rid of the pain she covered it with a mixture of *Lurd* and *Camphor*, by the advice of her mother. The consequence was the milk disappeared entirely.

Treatment.—Placed a very thin plaster of bees wax on muslin, the wax not thicker than thin paper; this relieved the pain immediately. Gave *Phos.* 30 for two days. It then opened spontaneously about one inch and a half above the nipple, a little to the left. The next day drew out a core about two inches long, the size of a goose quill barrel. It

run very copiously a thin, grumous looking matter. Then used four powders *Agnus castus*. In the next twenty-four hours the milk returned in both breasts. It being so much the nature of abscess I then gave *Hepar sulph.* and *Silicea* once in four hours alternately. It is nearly well.

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**MORTALITY OF BRAKEMEN.**—The brakemen on our railroads find it quite difficult to get their lives insured. It is estimated that there are at least ten brakemen killed throughout the country every day. The reader of the daily newspaper learns how this class of men are killed or maimed while coupling cars and making up trains, while others are knocked from the tops of cars by bridges, or slip or fall, or are injured or killed in collisions. Then there must be three times as many brakemen injured as are killed, of whom the public knows nothing about or gets no account.

At the lowest calculation, if ten brakemen are killed every day, that would be equivalent to 3,650 during the year, which, added to the number injured in various ways while on duty, would give the sum total of deaths and injuries about 14,600 a year. These are frightful figures of a fatality, a loss of life, or injury to the body, that is attributable either to accident, carelessness or negligence.

Indeed the life of a freight brakeman is a precarious one. Some insurance agents in some parts of the country, do not take risks on employes on freight trains; but conductors and brakemen on passenger trains are insured by their paying an extra per cent. Railroad men say that only about 25 per cent of the brakemen of freight trains die a natural death; also, that the average life of the brakeman, after he goes on the road, is about ten years,—*Boston Commercial Bulletin*.

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**DR. GRISCOM'S FAST.**—At noon, July 12, Dr. John A. Griscom completed, at Chicago, a self-imposed fast of forty-five days. During the fast he drank 1,433 ounces of water, or about two pounds a day. When he began he was in fine physical condition and weighed 197 1-4 pounds. At the close of the fast he weighed 147 1-2 pounds; his pulse was 66, respiration 15, temperature 98° Fah. On the first day of his fast his pulse was 84, and his temperature 100°. He suf-

fered but little during the fast, and his strength held out wonderfully. To the last his muscular power exceeded that of most men, and his mind was perfectly clear.

The faster was watched by a number of reputable physicians, and a scientific record of his condition was kept from day to day. The official summary of the record, it is promised, will add materially to the physiology of fasting, while certain of the results are said to be fatal to some of the accepted theories of medical men.

It will be observed that—if the evidence of Dr. Griscom's case holds generally—a man in good physical condition, subsisting upon water and his own store of flesh, consumes about one pound of solid food a day when leading a fairly active life. This closely coincides with the figures given by physiologists. For an average man at ordinary labor, Dr. Letheby estimates, on the experiments and observations of a large number of investigations, a daily requirement of 5,688 grains of carbon and 307 grains of nitrogen, or nearly six-sevenths of a pound; while, for active labor, the carbon and nitrogen required weigh together about one and one-fifth pounds. Dr. Dalton's observations indicate a more liberal diet as necessary for a man in full health taking free exercise, his quantities being equivalent to 16 oz. meat, 19 oz. bread, 3 1-2 oz. butter—or nearly 2 1-2 pounds of mixed food, and about three pints of water.

It would seem from these figures that the absorption of food from one's own bodily store of flesh costs considerably less energy than the digestion and assimilation of food in the usual way. In any case, a man in good health, with fifty pounds of surplus flesh, can safely reckon on nearly as many days of life, in case of enforced abstinence, or for voluntary abstinence, as for the cure of disease.

The purpose of Dr. Griscom's fast, he says, was to impress people with the utility of fasting, and the possibility of long continued fasting without severe pain. The daily observations upon the blood of Dr. Griscom are said to prove the important fact that the relative number of blood corpuscles is not materially diminished by fasting; and there is reason to expect that, when the details of the physician's observations are digested and published, the sanitary value of fasting—and of eating less, habitually—will be scientifically established. As a remedy for obesity, fasting—partial or complete—would seem to be both safe and efficient; but it must be persisted in for longer periods than have heretofore been thought prudent. Curiously, the distress of hunger seems to vanish after a few days' abstinence.

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AN ANCIENT AQUEDUCT REOPENED.—After a breach of 1,600 years the aqueduct built by the Emperor Augustus to supply Bologna with

Aug 4



water was restored to use June 5. Nineteen hundred years ago the imperial engineers tapped the Setta near its junction with the Reno, about eleven miles from Bologna, and brought its water to the city through an underground passage. They followed the course of the Reno, tunneling the hills, sinking their work beneath the beds of the precipitous torrents which rush from the mountains into the river, and bringing the waters to the gates of the city, where they were divided, one portion going to supply the public baths, and the other probably destined for the fountains of streets and public squares. The work of tunneling and the masonry were so thoroughly well done that both stonework and brickwork are still as solid as the rock itself.

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BAXTER vs. BLISS.—When a man is physician to a President, he should be very careful and not let the President get out of his sight for a minute, for something might happen and another doctor get the man away from him. That's what ailed Dr. Baxter. Baxter was Garfield's family physician for five or six years, so he says. Whenever any of the children were sick Baxter was on hand to put them to sleep with *Paregoric*—Baxter's Saints' Rest, as he might have called it had he possessed a facetious vein. He didn't doctor Mrs. Garfield in her late severe illness, because that excellent lady had a preference for Homœopathy, and Baxter was of the old school, oldy. Mr. Garfield being a strong, healthy man, didn't require much medicine, and such a thing as a bullet never entered Dr. Baxter's head. When the President was stricken down the old family physician was not around. In fact he was out of town, as he admits himself, having gone to Williamsport, Pa., to visit friends. We won't ask the Doctor what business the physician to the President has to go off out of town visiting, because he feels wretched enough about it already, having missed thereby the greatest opportunity of his life. He heard of the attempted assassination and came right back to Washington by the earliest train, preparing his first official bulletin on the cars. He was driven from the depot to the White House at a rapid rate, to find, much to his disgust, that Dr. Bliss had charge of the patient. "He is doing very well under the circumstances," says Dr. Bliss, closing the sick-room door and spreading himself resolutely before it; "very well, indeed, but he must be kept perfectly quiet."

"But I am the President's physician," says Baxter, "and must go in and see him."

"Sca'cely," says Bliss, "You want to sneak in here and take the case out of my hands. I know ye."

Baxter told Bliss he was a liar, and Bliss showed a disposition to fight, when Baxter, fearing the effect of a rumpus upon the wounded

man in the next room, or on himself, took his hat and left. This is about the version of the affair as given by Dr. Baxter to a brother physician in Providence, R. I., which has been printed in the newspapers. Of course Baxter went down town and said the President couldn't live in such hands—the doctors he had up there were just killing him. Dr. Bliss remained in command of the post, issuing bulletins every few hours, and getting up those wonderful maps, showing the patient's pulse, temperature, respiration, etc., that have been such a puzzle to the readers of the Cincinnati "Commercial," though they were willing to bear with them if they were doing the President any good. When the President gets well there must be a heavy settlement between Baxter and Bliss, but we hope it will be accomplished without bloodshed. The public will care very little about their quarrel. It is the recovery of the President that we are anxious for, and the squabbles of doctors are a minor consideration.—*Saturday Night*.

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## Editor's Table.

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HE who elevates himself isolates himself.

DR. T. F. SPITTLE, Piqua, O., died June 1st, 1881.

THE Fiji islanders call their doctors "carpenters of death."

FOR SALE.—Two scholarships in medical colleges cheap. Address, MEDICAL ADVANCE.

THERE are 76 lady lawyers in the United States, with an average income of \$3,000 per annum.

ONE girl baby is all that fashion permits, and boy babies are going out of fashion.—*Summer Driftings from Fashionable Watering Places*.

IT is estimated that 75,000 women in the city of New York, support themselves—and many of them their families—by their own exertions.

THE Southern Illinois Homœopathic Medical Society will meet at Effingham Aug. 16th, 1881. An interesting and profitable meeting is promised, and the profession invited to be present. C. N. Dunn, M. D., Sec., Centralia. J. W. Mitchell, M. D., Pres.

"COME, Doctor, its ten o'clock, and I think we had better be going, for it's time honest folks were at home," said a lawyer to a physician one evening recently. "Well, yes," was the reply, "I must be off, but you need n't go on that account."

LONGMONT, COL., is a good opening for a live homœopath. I am compelled to leave on account of my wife's health. Town growing rapidly, good collections, Homœopathy well established. I will stay to introduce successor if on the ground by Sept. 1st. For farther particulars, address, Dr. W. D. Scott, Box 158, Longmont, Col.

THE paupers of the medical profession employed to associate with other city paupers of Cincinnati, receive for their support the sum of 4 5-9 cents for each visit to patients, and still it requires much effort to secure the privilege of laboring for 4 5-9 cents per visit. Fill up the profession with such men. They give fees to diploma mills.

THE labors of the Association for the Promotion of Marriage, of Cincinnati, can credit itself with bringing a thoughtless girl and a bad man into the state of matrimony. The man murdered the woman made his wife by this association recently in a most horrible manner. Let the event impress the members that matrimony ill-contracted, is near related to murder and a miserable life.

DURING the week ending July 16, there were 567 deaths from all causes in Cincinnati. The mortality rate was over 105 per 1000 annually, and probably the greatest known in Cincinnati. Some of the most ridiculous methods for treating those overcome with the destructive factor, heat, were published in the secular press. Cincinnati needs some good, intelligent physicians to supply wants.

LEST misconception should occur, the addresses of Pulte College faculty are given: Drs. J. D. Buck, 290 Race st., Wm. Owens, 7th & John sts., J. M. Crawford, 7th & Mound sts., D. W. Hartshorn, 123 W. 7th st., G. C. McDermott, 118 W. 7th st., G. R. Sage, Masonic Temple, C. M. Lukens, 278 Race st., C. D. Crank, Mt. Auburn, Cincinnati, W. H. Hunt, Covington, S. A. Hageman, Newport, C. E. Walton, Hamilton, A. C. Rickey, Dayton.

SEATS FOR SHOP WOMEN.—The legislature of New York has passed a bill requiring employers to provide seats for women in their employ. The absence of any seating contrivance likely to prove convenient and usable in the narrow spaces between shelves and counters is more likely to make the new law practically inoperative than any indisposition on the part of the employers to deny rest to the saleswomen, for whose relief the law is chiefly intended.

HOMŒOPATHIC BANQUET.—London, July 16. Members of the British Homœopathic Physicians Association banqueted the delegates to the International Homœopathic Convention last night. Dr. De Gersdorf, of

Boston, toasted the memory of Hahnemann. Dr. Helmuth, of New York, responded to the toast to Surgery. The other toasts included Homœopathic Societies and Americans and other foreign visitors. Dr. Foster, of Chicago, and Drs. James and McClellan, of Pennsylvania, spoke.

**INCREASED OCCUPATION FOR WOMEN.**—Mrs. Mary A. Livermore says that one evening twenty years ago a few ladies, interested in the welfare of women, discussed the employments open to women. They counted eleven and could think of no more. Recently the same ladies repeated the enumeration, and were able to point out 287 employments which women could engage in. This increased number of openings for women will tend to reduce the general applicability of such advice to the married as Milton gave: "It is less a breach of wedlock to part, with wise and quiet consent, betimes, than still to foil and profane that mystery of joy and union with a polluting sadness and perpetual distemper."

PATERSON, N. J., enjoys one of the most densely populated families in America. The city physician of that place, believing that an epidemic was breaking out in an "apartment of two rooms," threw aside the official tape and form peculiar to the city board of health, and personally visited the scene of his suspicions. He found twenty-two freshly arrived Hollanders in "the two rooms hired for one family," and more than that, all the members of it were not at home at the time of his call. Ten men were absent looking for work and old acquaintances. Progeny was the epidemic the Hollanders had brought with them. From all accounts this exhibition exceeds anything so far produced in the combined greatest shows on earth.

FRANCE exhibits how inadequate is legislation to remedy certain evils in society. She legislates unfavorably to the marriage state, and yet Massachusetts shows a smaller marriage rate per thousand persons than France. She legislates against food adulteration more than any other country except possibly one, yet the discoveries made by the municipal laboratory of Paris since it has taken hold of the matter, show that a very small per centage of alimentary substances sold in that city are pure. During the month of June, 972 analyses were made, with the following result:

	No. of Samples.	Good.	Tolerable.	Bad.
Wines.....	455	14	123	318
Beers.....	23	14	3	6
Ciders.....	22	1	5	16
Spirits and liquors.....	15	3	6	6
Syrups.....	22	5	7	10
Milk and cream.....	180	40	20	120
Peppers, salt and spices.....	54	4	2	48
Coffees, teas and chicory.....	15	8	5	2
Chocolates.....	25	3	7	15
Preserves.....	8	1	2	5
Meats, fish and eggs.....	11	7	1	2

While these were not all cases in which adulteration had been practiced by the manufacturer or vendor, the larger number were. The French are not worse than other people, but their laws are stricter and their inspections more carefully made. And yet no method for the prevention of food adulteration has been found so effective as that adopted by the English journals of publishing the names of the vendors of adulterated articles. This was private effort without special legislation.

IMPURE ICE AS A CAUSE OF INTESTINAL DISEASE.—That period of the year when ice (which is now used by all classes to an extent entitling it to rank as a necessity instead of, as formerly, a luxury of life) is employed in various beverages to the amount of millions of pounds, can not delay much longer, so that a few words of caution in regard to the purity of this article will be seasonable.

It is popularly believed that water frees itself from dangerous organic matter, as it does from some saline contaminations, during the process of freezing, and also that the vegetable or animal germs of typhoid and other zymotic fevers are killed, or at least sterilized, by congelation of water in which they exist. Both of these ideas, however, are unquestionably erroneous, as has been repeatedly proved by various experiments which ignorant hotel keepers try, without the least intending it, upon their guests on a scale which would make the boldest vivisector stand aghast before the suffering inflicted, even if it were only upon the brutes which form the subjects of his researches.

Such was notably the case in an epidemic of intestinal disorder which occurred at Rye Beach, N. H., a few years since. It appears that early in the season a mild form of gastro-intestinal disturbance made its appearance among the guests of a particular hotel at this watering place. The symptoms were in general, giddiness, nausea, or vomiting, diarrhoea, and severe abdominal pain, accompanied by fever, loss of appetite and mental depression. The disorder was at first attributed to the well water of the place, which is strongly impregnated with sulphate and carbonate of lime and magnesia, but the peculiar grouping of the patients almost exclusively among the sojourners at a single hotel, accommodating about three hundred, whilst occupants of another hotel and of neighboring cottages, to the number of about seven hundred persons, were free from illness, strongly indicated some specific local origin. The well water was almost immediately suspected of sewage contamination, but, on inquiry, it was found that the wells were all sunk in an elevated ridge safely removed from drains, cess pools, and other sources of pollution. Moreover, it was also ascertained that in some cases the individuals affected, being suspicious of the water, had limited themselves to other beverages; but, as afterwards transpired, had not hesitated to use ice, either melted or otherwise. The drainage system of the establishment, which had recently been put in

complete order, was found almost faultless, and the milk supply of unquestionable purity; but, on the attention of the examining physician being directed to the stock of ice used in the hotel, conclusive proof of its dangerous quality was obtained. A resident of the place stated that, on tasting a portion of the ice the previous winter, he had experienced nausea and distress for the remainder of the day. Two gentlemen having taken a quantity of ice with them upon an excursion, during which they drank the water from it, were made violently ill. Both the house in which the ice was stored and the water from the melted ice gave off a decidedly disagreeable, or even offensive odor. Finally, a visit to the pond from which the ice had been gathered disclosed the fact that much of its water was dark-colored, foul, and highly-contaminated with filthy marsh mud and decomposing sawdust. Chemical analysis showed that both it and the suspected ice contained a large excess of organic and volatile impurities, including 0.04 of a grain per gallon of albuminoid *Ammonia*. The crucial test, however, of injurious quality pertaining to this ice was afforded by its disuse in the hotel, coincident with which was noticed an abrupt amelioration of the symptoms in all who had previously been ill, and the entire absence, so far as known, of any new cases. The ice was partaken of during a period of six weeks by about five hundred persons. Of these, the majority escaped without injury; a large number suffered slight or temporary attacks of illness; and twenty-six adults manifested grave, continued and characteristic symptoms.

COMMITTEE ON LEGISLATION, AMERICAN INSTITUTE OF HOMŒOPATHY, 1706 Green street, Philadelphia, June 25, 1881.—Dear Doctor: Allow me, through your journal, to ask the aid of every member of the homœopathic profession and friends of Homœopathy everywhere, in obtaining information concerning the topics named in the circular appended hereto. Having personally assumed that of the *Army and Navy*, I wish to know: First. What homœopathic physicians have applied for admission to either, and the result, date, circumstances, (*concisely*), rank, services, experiences, discharge. Second. Suggestions from such, and others, for the future. On each of the other topics, correspondents will please address the various members of this committee in like manner. Credit will be given to all such. JOHN C. MORGAN, M. D., Chairman.

To ———, M. D. Dear Doctor: At the late meeting of the American Institute of Homœopathy, at Brighton Beach, N. Y., the following members were appointed as the Committee on Legislation. This committee at once held a meeting for consultation, and agreed on the programme of their work for the ensuing year. They believe it to be an exceedingly important matter that their report be a full one, and trust that all members of the Institute, as well as of local and State societies, and the profession at large, will contribute all the information, aid and co-operation in

their power as to any division of the same, and at as early a moment as possible. The facts to be obtained should be in possession of the committee soon after New Year's Day, and its members, in accordance with the vote of the Institute, should make their final return or report to the Chairman "two months prior to the meeting of the Institute," next summer—that is, by April 5th, 1882, at farthest.

I. The programme adopted requires, under each head, first, a historical statement, in concise form, of past legislation on medical matters, both favorable and unfavorable to Homœopathy; second, a similarly concise account of contemplated legislation, favorable and unfavorable; the steps to be taken in favor of our school and the prospects of success; third, suggestions as to ways and means whereby the American Institute may officially aid in the local and national struggles of our profession everywhere, at home and abroad. II The programme is as follows:

1. National. *a.* Incorporation of the American Institute of Homœopathy, as to its feasibility, methods, duties incurred and privileges secured. *b.* Admission of homœopaths to the Army and Navy Medical Corps. *c.* Admission of homœopaths to the Medical Civil Service, viz.: Boards of Health, Marine Hospitals, Pension Examinations.

2. *a.* Boards of Health. *b.* Port and Quarantine Physicians. *c.* Hospitals, General and Insane. *d.* National Guard and Militia, Surgeons-General, Brigade, Regimental and other Surgeons. *e.* Restraint of Allopathic Medical Societies from *libeling* or censuring their own members in *punishment* for professional association with homœopathists. *f.* Incorporation of Colleges, Societies, etc. *g.* Money appropriations to Hospitals, Dispensaries, etc.

3. Municipal. *a.* Physicians to the Poor. *b.* Vaccine Physicians. *c.* Hospitals. *d.* Boards of Health. *e.* Coroner and Coroners' Physicians. *f.* Police-District Physicians.

4. International. As to all the above points in foreign countries and any others peculiar to them, particularly as to the question of corporate or diplomatic aid or interference through the American Institute of Homœopathy (for instance, see Transactions of the Session of 1881; Resolution proposing a *new order of membership*, Hahn. Monthly, July, 1881.)

5. Miscellaneous. Subjects not included in the above will be in order also.

The members of the committee will gladly receive communications on the above subjects from all quarters. Friends, be earnest and be prompt:

John C. Morgan, M. D. Chairman, 1706 Green street, Philadelphia, A. I. Sawyer, M. D., Monroe, Mich., A. E. Small, M. D., Chicago, Ill., M. J. Safford, M. D., Boston, Mass., P. G. Valentine, M. D., St. Louis, Mo., J. P. Dake, M. D., Nashville, Tenn., T. S. Verdi, M. D., Washington, D. C. J. H. McClelland, M. D., Pittsburg, Pa., E. D. Jones, M. D., Albany N. Y., G. F. Roberts, M. D., Waterloo, Iowa.

To ———, M. D. My Dear Doctor: Herewith, I transmit to you a statement of the work to be accomplished by our Committee. By active and immediate effort on the part of each and all of us, the whole can be reported on satisfactorily, next year. In order to do this, two things are needful, in addition to such effort, viz.: 1st, division of labor; 2d, the enlistment of a sufficient number of *helpers* everywhere by *each member* of our Committee, by personal appeal and by notices in our journals. I will therefore suggest that we settle the first point, by the following assignments; premising that I have endeavored to make them in harmony with the *special experience* of each member, so far as known to me.

John C. Morgan, M. D., Army and Navy; T. S. Verdi, M. D., J. P. Dake, M. D., J. C. Morgan, M. D., National Civil Service, Incorporation of American Institute; M. J. Safford, M. D., State and Municipal, New England; E. D. Jones, M. D., T. S. Verdi, M. D., J. H. McClelland, M. D., Ditto, in other Atlantic States; A. E. Small, M. D., A. I. Sawyer, M. D., Ditto, Northwestern States, i. e., North of Ohio River and mainly East of the Mississippi River; J. P. Dake, M. D., Ditto, States South of the Ohio River and East of the Mississippi River; P. G. Valentine, M. D., Ditto, States and Territories mainly South of the Pacific R. R., West of the Mississippi River; G. F. Roberts, M. D., Ditto, in States and Territories mainly North of the Pacific R. R., and West of the Mississippi River. International and Miscellaneous subjects, *the whole committee*.

In case any member of our Committee shall desire a modification of these details, the Chairman hopes that the suggestion will be made immediately; that real, active work may at once begin. The utility and value of our report will depend on our earnest and prompt efforts, maintained every day of the intervening year. By this means, we may greatly advance our common cause. He also hopes that each member will keep him informed of progress made, of helpers and correspondents secured, etc., etc.; which information he will endeavor to distribute to all from time to time. Very truly and fraternally yours, John C. Morgan, M. D., Chairman. N. B. Please acknowledge receipt of this.

A BOY OF SEVEN INFECTED WITH SYPHILIS.—I was called to see a small boy suffering with a very suspicious eruption. On examination I found the cicatricial remains of a chancre upon the penis, condylomata about the region of the anus, and well marked secondary syphilitic eruptions over the body. I ascertained that about five months previous this boy, of seven, had been playing with a girl of thirteen or fourteen; that she had, after exciting his passions, forcibly caused him to perform the sexual act. The case was still made plainer by the fact of the girl having been treated for syphilis by myself soon after her intercourse with the boy. This case is reported to call the attention of the practitioner to the fact that syphilis and gonorrhœa may frequently be found in the nursery, and not be due to hereditary transmission either. I have on several occasions seen cases of genuine gonorrhœa in both male and female children, ranging from six to eight years of age. These cases were all contracted by impure sexual congress. Oftener than otherwise the cases have occurred in small boys in consequence of their having been compelled to yield to the embrace of older girls.—C. A. BRYCE, M. D.



**ARTIFICIAL REFRIGERATION.**—The production of cold and even ice by artificial means is now a necessity in many industrial processes. According to the continental systems of brewing, great cold is required, not only during the actual brewing process, but also for months afterward while the beers are maturing in the cellars. In this country the natural production of ice is very uncertain, and some winters may pass without sufficient being formed to be worth collection, and even when ice is plentiful here we have no suitable arrangements at hand for storing and preserving it for use in warmer weather. For these reasons many ingenious contrivances have been devised for the artificial production of ice, and it may not be uninteresting to give some explanation of the theories on which these machines are founded. When a volatile liquid evaporates, a large amount of heat is necessarily absorbed by the resulting vapor, and is rendered latent or imperceptible to the senses and the thermometer. This heat is taken either from some of the remaining liquid, or else from the medium in which the liquid is in contact. The cold produced by evaporation is very evident with a volatile fluid like *Ether*; when a little of this liquid is placed in the palm of the hand, an intense feeling of cold is observed; the *Ether*, in evaporating, must absorb heat, and therefore takes it from the nearest body, which is the hand, and thus produces a corresponding reduction of temperature. The evaporation of volatile liquids is greatly assisted by a reduction of pressure; and, thus, if a little *Ether* be placed in a shallow dish, floating on a thin layer of water, and the whole be placed under the receiver of an air pump, there is not much difficulty in freezing the water by a rapid exhaustion of the air; in this case the vapor of *Ether* is renewed almost as fast as it is formed, and fresh quantities of liquid *Ether* are thus volatilized. The various ice-making and refrigerating machines are constructed so as to utilize this property possessed by all volatile fluids. If the *Ether* be placed in a metallic vessel exposing a large surface to water or any other fluid which requires to be cooled, all the heat necessary for the volatilization of the *Ether* must be taken from the water; the volatilization of the *Ether* is assisted by means of an air-pump, and the *Ether* vapor is then conveyed through pipes to another vessel also surrounded by cold water, where it gives up the same amount of heat again, and is thus converted back into a liquid. In this way a comparatively small quantity of *Ether* will cool or even freeze an indefinite quantity of water, and the whole of the *Ether* can be condensed again into the liquid state. Instead of *Ether*, liquid *Ammonia*, *Sulphurous acid*, or other very volatile substances may be used, and a variety of complicated mechanical arrangements are introduced to assist in the volatilization, condensation, and preservation of the volatile agent used. These mechanical arrangements have been so far perfected that even water itself has been used as the evaporating agent, and ice has been successfully produced by such means. Great cold and even ice has also been produced by the expansion and contraction of atmospheric air by machines constructed on a similar principle to those we have just referred to. For brewery purposes ice is not actually required, but rather a reduction of temperature equal to about 25° F. A machine (says the *Brewers' Guardian*, from which we derive the above), that will effect this successfully and economically will probably be required in every brewery of importance before many years have elapsed.



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ANN ARBOR, MICH.

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CINCINNATI, O.

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**NOSODES.**—A good friend of ours recently in convention said with an ignatian sigh, "God forgive those who use nosodes." No doubt as he reads this quotation of his words he will laugh just as we did when they were first uttered. One would have thought it a very solemn matter certainly that such a prayer should be put up for the souls of those who in treating disease used a certain class of remedial agents. It would seem that nosodes must be either a sort of holy wine, or the devil's soup, not safe for common mortals to touch. Our readers, however, know quite well that nosodes are the products of disease. Gonorrhœa, syphilis, phthisis, scrofula, and many other forms of disease have furnished substances classified as nosodes. So far as we now recollect all these substances have been uniformly administered in the exceptionally high attenuations. What moral or immoral principle may be involved in their employment we fail to see. We are not aware of any injury so far done to any patient by their use. Had they slain their thousands as has *Quinine*, or their tens of thousands as has *Calomel*, or were they daily slaughtering the innocent as is *Opium*, then might God, good angels and men be invoked not to forgive but to prevent those who use them. On the whole the nosodes seem to be and are in fact quite harmless used as they are by those who employ only their dynamic qualities, and never administer them in sensible or poisonous quantities. The morale of the matter being unimpeachable, we venture to raise the question, How far is their

employment warranted by sound scientific induction? Upon this point we for our part confess to an honest doubt. Many nosodes are being used that have not been properly nor in any manner proven. Would it be possible to use, scientifically, a mineral or vegetable substance before we understood its pathogenesis? It may be said in reply to this that the symptoms of the diseases of which they are the product gives us a clear understanding of their pathogenetic effects. But if we accept this we sacrifice a fundamental principle of our science, in that we cease to individualize, and go back to the erroneous pathology which judges of diseases by their names. Suppose we had a case of phthisis pulmonalis; can we without regard to individual and characteristic symptoms, and simply upon diagnostic symptoms give the related nosode, that is, the product of some other case known to be phthisis pulmonalis? Surely we can do so, but will that be strictly in accordance with the law of similia? Just at this moment of writing we can not see that it would. We are inclined to insist that if the nosodes are to be used, they must first be proven. We have already published a number of clinical cases treated with nosodes. Most of perhaps all the homœopathic journals have done the same. If this be the best method of treating disease we should not hesitate to accept it. Under such circumstances God will undoubtedly forgive those who employ these agents. An appeal to ignorance and prejudice can easily be made upon this point, and, no doubt, will be. Our pious friend above referred to, unconsciously aroused an antagonistic religious sentiment, but he knew very well that neither praying nor cursing could settle this question. It is purely a scientific question, and must be solved and settled by scientific rules. The argument from experience gives a good claim for the use of nosodes. Numerous and important cases are being reported, and will, no doubt, awaken interest in the minds of many physicians, but we can not allow bedside experience so-called, in other words, clinical evidence, to have much weight except as confirmatory of the pathogenesis of the drug. Let us say this in conclusion: If any one expects us to consent to the use of nosodes without their being proven, and to accept in lieu of that the general diagnostic symptoms of the diseases producing them, and so, for instance, give *Syphilinum* for syphilis, they reckon without their host. Upon this point there is special danger, and we have need to avoid it.

**HUMAN LIFE.**—What is the life of the individual worth? To himself everything. But what is it worth to the human race? And may its preservation or destruction best conserve the interests of the race? That depends. Mr. SAMUEL ROYCE, in his recent work on "Deterioration and Race Education," makes a statement that embodies an important and popular sentiment entertained upon this subject. He says: "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.*" Such words appropriately uttered upon a dramatic stage, would doubtless bring down the house. If a human being was seen struggling in the water and a man should plunge in and save the perishing creature, the on-looking multitude would shout themselves hoarse in praise of the deed, and it would be all the same if the person saved was a town pauper or a worthy citizen. But these statements and this act coming before an assembly of wise men for consideration would receive quite a different treatment. Human life *per se* is worth nothing. What then it may be worth depends entirely upon what it is or is likely to be. That human life is under all and any circumstance to be preserved, is neither in accordance with good sense nor with universal practice. Self-preservation may be the first law of nature, but it is not the highest law of society. It is often far nobler to preserve another than one's self. But no individual life can outweigh the welfare of society. Mr. DARWIN has shown us that evolution is possible only under the law of the survival of the fittest. This is true, certainly, of all the lower orders of creation, and to attempt to make man an exception to the law is to perpetuate the ancient error that man is an exceptional factor in the universe. A reckless disregard of human life is to be deplored. A maudlin sentiment upon its inherent sanctity would, if put into general practice, be equally deplorable. If death were always unfortunate or terrible it might well be always avoided. But the fact is that not unfrequently it is a blessing both to the individual and to society. Life is not an unmixed good, nor is death an unmitigated evil.

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**Sun Stroke.** By B. Ehrman, M. D., Cincinnati, Ohio.

It is really remarkable that not one voice from out the ranks of the homœopaths is heard condemning the muderous practice of applying ice or ice water to the heads of the victims of this accident, nor proposing the truly homœopathic remedy—warm water.

I have been an advocate of the application of warm water to the head as a prophylactic, as well as a therapeutic

measure in sun stroke for many years. Hot or very warm water to the congested and semi-paralyzed brain, occupies the same relationship as very cold water does to frozen members of the body. And as it is a dangerous practice to apply heat to frozen extremities, thereby endangering gangrene, so may ice or ice water applied to the hot head induce paralysis and death.

Dr. Ellis, of Buffalo, proposed this treatment some twelve years ago, but I have never heard any mention of it since, either approving or objecting to such practice.

Some time ago a patient who knew of my method of treatment of such cases with warm water, called at my office merely to inform me that there was another doctor residing in the eastern part of the city who made use of hot water as I do in cases of sun stroke. This physician had a case recently, and he applied this remedy, much to the astonishment of the bystanders. Objections were made to this way of treating by those present, who advised him to use ice. He replied that he had used the ice treatment long enough with fatal results, and now since he had made use of hot water, all his patients recovered.

It seems to me high time to recommend this really homœopathic treatment to the profession, before the allopaths adopt it and claim it as their own. Indeed, this treatment was recommended by an allopathic physician some weeks ago in the daily papers.

But as theory is incomplete without practice, I will give a few of my cases: A boy about four years old, while playing in the street exposed to the heat of the sun, fell down suddenly unconscious. Not finding their own physician, I was called upon to treat the case, as I chanced to be driving by at the time.

I gave him first a dose of *Glonoine*, and then called for hot water, into which I dipped a towel, wrung it out well, and applied it to the head as hot as I could without burning. I advised the parents of the patient to repeat this application once every ten or fifteen minutes, and give the medicine (*Glonoine*) about as often, until he regained consciousness,

but no longer. After about three hours I called again, and to my astonishment and the astonishment of the parents, my patient was cured.

Another case I was called to was a man who fell suddenly in the street, motionless, unconscious with hot head, eyes fixed with contracted pupils, pulse scarcely perceptible, etc. The same treatment as above described was used in this case with equally gratifying result.

But as prevention is considered of as much importance as a cure, I can not refrain from saying that during hot weather it is well to bathe the head with warm water daily, as warm as possible for a few minutes. This may be done in the morning after the usual washing and cleaning. This with a seasonable diet and proper way of living will in a great measure prevent sun stroke.

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## Sanitary Science.

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**Sewers and Sewer Gases.** By D. H. Beckwith, M. D., Cleveland, O. Read before the Ohio State Homœopathic Society.

*Ladies and Gentlemen, Members of the Ohio State Medical Society of Ohio:*—The dangers to public health from defective drainage and filth in towns and cities is one of the most important considerations of the sanitarian. The object of sewers is to prevent stagnation of filth in and about our homes, and to guard against sewer gas, which sewage must produce, if filth in the sewers is not effectually washed away. A sewer that emits foul odors at its points of ventilation is

defective, and whatever its defects may be they should be corrected.

A perfect system of sewers is one that will carry the refuse waters without interruption from the basin to its terminus at the rate of not less than 150 feet to the minute, not leaking or depositing its filth in its course. It should be well ventilated, and the ventilation should be as remote as possible from our dwellings. The perforated man holes for sewer ventilation should not be over 150 to 175 feet distant from each other, so that the lighter gases may escape into the outer air and mingle with it so rapidly as to be comparatively harmless.

Underground drainage in thickly populated cities has been used for centuries in carrying off surface water and liquid refuse from our homes. The Romans at an early period had a regular system of sewerage through and about Rome and the adjacent marshes, which added greatly to the health and prosperity of the Roman Empire. In Paris the drainage is excellent, and each morning the refuse on the streets is carefully swept up and removed, instead of being washed into the sewers and catch basins as is done in most American cities. The central government, through the department of public works, has entire control of the sewerage.

But in no city has the question of sewerage received such scientific attention as in London; millions of dollars have been spent in perfecting their system of sewage.

Two hundred years ago the death rate of London was nearly 80 per thousand. No sanitary measures were taken to purify the city and for the preservation of health, until the plague gave them fearful warnings of the filthy condition of London. In one year, from cholera, the deaths were 144,680. In 1842, from typhoid fever, the deaths outnumbered the loss sustained by the "allied armies at the battle of Waterloo." At the present time with her dense population, crowded together in her narrow limits, and her almost perfect system of sewerage, the death rate is reduced to a fraction over 21 per thousand annually, having a mortality of one-third less than Munich, Berlin and Basle.

There are in London three gigantic main sewers at different out levels and distances back from the river Thames, intercepting at right angles other sewers, and carrying the refuse eight miles outside the city limits, to a reservoir one and a half miles long, one hundred feet wide, twenty-one feet deep, arched over so as to prevent the escape of gases.

In the reservoir deodorizing materials are introduced, and at high tide the sewage is discharged through numerous pipes into the middle of the river, many feet below its surface, and carried out into the ocean.

To prove that a good system of sewerage does actually lessen the death rate, comparison may be made between the great city of London, which has a population of 3,814,000, and some of our own cities. In the year 1880 the death rate was as follows:

City	Population	Death rate per 1,000
Richmond,	64,670	26.92
New Orleans,	216,140	25.98
New York,	1,206,557	25.89
Washington,	180,000	23.57
Boston,	375,000	22.74
Indianapolis,	75,074	22.56
Cincinnati,	255,708	20.38
Cleveland,	160,458	19.66

In Toledo the death rate in 1879 was only 16.28. According to the report of the health officer in 1880 Toledo had 838 deaths and of that number 272 were children under one year of age. It is what may be considered a fearful mortality among children, and the cause should be investigated by sanitarians of this city.

No sewer, if it can be avoided, should discharge in a northerly direction, for by the winds the sewer gas is forced back through the sewers and house drains connecting with them into our houses, unless a thorough system of ventilation and trapping is provided to prevent it.

In Cleveland most of our sewers open to the north, and the wind often blows at a velocity of twenty to thirty miles per hour, driving the sewer gas back into our homes, which the most effectual trapping does not entirely prevent.



One of the most effectual traps, and which has been in use for a long time for house drainage, is one shaped like the letter S, and must have curve enough to allow water to stand in it at a depth of not less than three-fourths of an inch above the level of the water in the curve; this trap should be outside of the house in the main house drain, and the Bower trap can be placed at various points in the pipes above. To make it much more perfect and complete, pipes connected with the waste pipe in the house should be carried to the kitchen chimney, where there is heat enough to attract the gases. A simple neglect of the plumber in failing to trap outside of the house, is said to have been the cause of that dangerous attack of typhoid fever from which the Prince of Wales nearly lost his life, by sewer gas entering his bed room and producing the fever.

One of the most common causes of obstruction to house drains, arises from the grease which passes down into the drains in warm greasy water from the kitchen, and when it reaches the drain becomes cool and solid, and gradually collecting in the pipes until they are closed. In my own residence over twenty feet was taken up of waste pipes entirely closed by this cause.

A very simple shut-off has lately been invented to prevent the escape of gas through the openings in the stationary wash stands, being a flexible rubber that is easily attached to the waste openings in the basin and prevents any gases escaping therefrom into our homes. This should be used at night in stationary wash stands if in our bed rooms.

The board of health in every city should aid and advise the city engineer as to the most practical and scientific system of drainage, the modes of building sewers and ventilating them, and no dwelling should be allowed to make attachments to the main sewer, except a permit be granted by the city engineer and board of health, No school house, church, court house or any public building should be built, until the building site, the method of warming, drainage, ventilation, plumbing, etc., be approved by the board. There are but few public buildings in the state that are constructed

in accordance with the simplest requirements of hygiene, and I am not aware that there is a single school house in our cities that is constructed to promote the health of the pupils. Most of them are badly ventilated, and warmed in such a manner that many of the children are exposed to draughts, and teachers are oftentimes so much exposed that sickness is the result. Privies are often built in the building with imperfect drainage, and children breathe the noxious gases constantly escaping from the accumulation of filth. Not a sanitary condition in and about our school houses can be ignored, not a health rule violated without an inexorable exaction of the penalty upon the children where this violation takes place.

Composition of sewage.—Sewage is composed of all the filth from our dwellings, drainage from stables, slaughter houses, water and filth from factories, and refuse of all kinds, containing animal, vegetable and mineral substances.

The chemical composition of sewage in places where the modern improvements are introduced into our homes, is on an average to one gallon of sewage: 20 gr. organic matter; 6 gr. nitrogen;  $1\frac{1}{2}$  gr. phosphoric acid, and 2 gr. potash. In towns where the closet is not used, the organic matter is about one to ten parts less. The average amount of solid matter per gallon is 89.81 grains, of which 27.72 are organic to 62.09 mineral.

There is a difference in the composition of sewage at different times in the course of twenty-four hours; day sewage contains much more organic matter than night sewage. Under the microscope sewage is found to contain a quantity of dead and decaying animal matter, and in addition, multitudes of living substances, bodies and organisms, some of them moving rapidly, while others, like diatoms, move slowly. The bacteria present themselves in wheel like forms, spirals and various shapes, and are quite rapid in their motions. The microscope also reveals fungi, vorticelæ, confervæ, segments of cellular organisms, and large fungus, seemingly in apparent growth, and other living substances and shapes not yet classified.

The tendency of such a complex liquid as sewage is to undergo decomposition and to resolve itself into various gases. The principle ones are light carburetted hydrogen, or what is commonly known as marsh gas and carbonic acid.

It can not be possible that decomposing sewage is constantly throwing off any one of these gases in an isolated state, or at any time the whole combination; the gases change according to the compound that may be in the sewage, the velocity, temperature, etc. The most noxious of the gases is carbonic acid: this gas is usually found in sewers that are not ventilated or supplied with sufficient descent to make a removal of the sewage rapid. It is also found in cess pools, privy vaults and at any place where filth is undergoing decomposition; it is highly offensive, and can usually be detected in our homes by its peculiar, pungent, offensive odor. Two years ago a physician of Cleveland was called to attend two children with an attack of malignant scarlatina. On entering the bed-room he detected an odor that induced him to call the attention of the parents to the odor that prevailed in the house. The father replied that he knew his sewerage was as perfect as it could be made, but that they had been poisoning rats about the premises, and they, no doubt, were undergoing decomposition, under the floors or in the walls. Disinfectants were immediately used, of *Carbolic acid*, which prevented any other odor being detected. One patient, a beautiful little girl of eight years, died the ninth day after her attack.

The second patient was removed to an adjoining room, and after a long and tedious illness, recovered. After the disinfectants were dispensed with the odor was again detected in the bed and bath-room. The plumbers found the sewer some twenty feet from the bath-room closed, and decomposition going on from the filth of the house. Similar cases, no doubt, occur under the observation of most of the physicians who are present.

The only available analysis of sewer gas that has been made was that by the Paris sewer department, from the bubbles which come to the surface from the sewer beds at the

bottom of the river Seine, and probably is not unlike that which might be found in the Maumee, Ohio and Cuyahoga rivers, in the vicinity of sewer outlets. The result as follows, 100 as the standard:

Carbureted hydrogen, 72.88; carbonic acid, 12.30; sulphureted hydrogen, 6.70; carbonic oxide, 2.54; other substances, 5.58, which may be called noxious organic vapors; these are present to a certain degree in all sewers, cess pools, privy vaults, etc., and what these subtle and dangerous vapors are, chemistry has not yet determined, nor has the microscope as yet been able to detect any organisms. They do not contain carbonic acid nor sulphureted hydrogen, yet they are either oftentimes themselves the cause of disease or are the medium by which the germs of disease are carried from sewers and cess pools in which they float about. It is not the presence of the gases, the composition of which we know, that is most to be dreaded. It is the organic vapors, which are carried in the air and which are ever active to feed or spread disease. I shall soon allude to diseases produced by defective sewerage, and the question to be settled in the future is, Is sewage gas the infectious element or is it the organic vapors that cause so much disease? That is a question for the sanitarian to decide in the future. My own opinion is that we must treat every emanation from a drain, privy vault, cess pool or sewer as a common enemy, and that these so-called organic vapors are the cause of many diseases.

Dr. Simon says, "Whether the ferments of disease, if they should be isolated in sufficient quantities would prove themselves odorous in any degree, is a point on which no guess can be hazarded, but it is certain in doses in which they can fatally infect the human body, they are infinitely out of the reach of even the most cultivated sense of smell, and this sense (though its positive warnings are of indispensable sanitary service) is not able, except by indirect and quite insufficient perceptions, to warn us against risks of morbid infection."

These organic vapors act as infections and their physiological effects are unlike those that follow the breathing of

any known gases. If the physiological effects which follow the breathing of sewage gases are actually produced by what there enters the organism, it must be something besides oxygen, hydrogen, nitrogen, carbon and sulphur in their various combinations. If you note the manner in which sewer gas acts upon the human system, you will see that it bears no analogy with the action of any chemical substance known in the laboratory. I have mentioned the gases that are usually found in the decomposition of sewage.

First. Nitrogen gas is inert in its action on the human system, colorless and devoid of taste and smell.

Second. Sulphureted hydrogen has a smell of rotten eggs, is composed of one equivalent of sulphur and two of hydrogen; it produces dizziness and vomiting.

Third. Ammonia has a pungent odor and will produce irritation to exposed mucous membrane.

Fourth. Sulphate of ammonia has also a bad smell and will produce immediate asphyxia if inhaled in large quantities.

Fifth. Carbonic acid has a musty odor; it will kill if breathed in sufficient quantities.

Sixth. Carbonic oxide has no odor; is composed of one equivalent of carbon and one of oxygen. It is fatal to animal life if enough is inhaled.

Test of Gases.—Sulphate of ammonia. Take a weak solution of sulphuric acid, moisten a feather, and if any ammonia be in the sewer gas it will discolor the feather.

Sulphureted hydrogen. Take a piece of clean white paper, make a strong solution of acetate of lead, and moisten the paper. When dry apply the paper to the place where you expect escape of sewer gases, and if the gas should be sulphureted hydrogen, black spots will appear on the paper.

Carbonic acid is given off in respiration and is produced from decayed animal and vegetable substances, and is found in all places where filth abounds; it being heavier than common air; it is found in sewers, cess pools, vaults, wells and low places. These gases rarely enter our homes in such quantities as to materially diminish the relative amount of atmospheric oxygen or to poison with carbonic acid or sul-

phate of ammonia; yet their results are positive—they act as infections. I have known plumbers who make tests for certain gases in our homes, and when those tests do not reveal sulphureted hydrogen or carbonic acid gases they are bold in their assertions that no sewer gas enters the house, the inmates rest content that they are safe from all sewer gases, while at the same time these organic vapors are planting germs of disease in their midst.

Sewage, aside from its organic matter and living substances, is composed mostly of water, and this is constantly passing into vapor, as it liberates its one and one-half cubic inches of putrid gases per gallon every sixty minutes; it supplies to the air and to the living germs the moisture they need to live in, and the food to thrive upon. These germs are capable of growth and self-multiplication; their habitation is humid air and watery vapor, charged with filth to nourish them.

Deposit these germs in a moist substance and they will reproduce themselves by thousands. If deposited on mucous surface of the throats of children their growth is rapid, and diphtheria may be the result. In pure air they survive but a few moments. I now call your attention to the diseases produced by sewer gas.

Symptoms.—Among the prominent symptoms is headache, dizziness, tired feeling, pain, soreness all over the body, especially the lower limbs, loss of appetite, nausea, faintness, chills, slight fever, thirst, restless sleep, loss of energy, eruptions, mental despondency and difficulty in concentrating thoughts. With these symptoms many persons are affected, and continue their daily work for months.

These cases may be caused by the decomposition of waste matter deposited on the inner surfaces of waste pipes, within our homes. A piece of pipe only a few feet in length will often contaminate several rooms. Dr. Dickerson, in his report of sewer gas, says: "The true source of this is to be found in the drain pipe itself, whose interior surfaces are coated over with ferments deposited there from the fluids and solids which pass through them; and so great is the productive

Cincinnati, their demand of me for proof and by what authority I based the death record as being nearly equal to that of London, and their positive assertions that the death-rate did not exceed sixteen to the thousand, has induced me to add a note to my paper for their special benefit, to make this article authentic and refute the positive assertions of two learned and scientific physicians.

Page 46, of the fourteenth annual report of the health officer, A. J. Miles, M. D., says: "Cincinnati can hardly say it has a system of sewerage; not a ward can boast of perfect drainage facilities." "There are twenty culverts emptying into the river above the pumping works, which for the consolation of water consumers, are not called sewers." Dr. Owens, in his review, says: "We have a good system of surface sewerage in our lime stone gutters." Health officer says (page 48): "Kitchen slops seldom flow more than one square in a limestone gutter before they are absorbed or evaporated." I leave the reader to judge if the evaporation of filth from our kitchens does not produce gases that are injurious to the health of those persons who breathe the poisoned atmosphere produced from such filth in densely populated streets where this surface drainage exists.

Death-rate.—According to the census of the United States, the population of Cincinnati is 255,708. Health officer says, page 77, "In the year 1880 there were 5,177 deaths, which makes a death-rate of over twenty to the thousand." While Dr. Owens claimed that the rate did not exceed sixteen to the thousand. In the year 1879, the Prof. says, "There was an open sewer in Cincinnati, in the central part of the city, sending out its stenches and so-called poisonous gases for some months, yet it produced no unusual amount of sickness." Proof to the contrary: In the year 1880 there were 281 deaths from convulsions; in 1879 there were 380 deaths from same cause, being 99 more deaths in that year.

In 1879 there were 1,546 deaths from scarlet fever. In 1880 there were 1,134 deaths from same cause, being 412 more deaths for 1879. In 1879 there were 49 more deaths from diphtheria than in the year 1880. Such a record of

deaths from convulsions, scarlet fever and diphtheria does not go to prove that open sewers are productive of health and longevity of children.

Not more than one child in thirty that are attacked with scarlet fever die from that disease; then Cincinnati must have had 12,360 cases of scarlet fever in 1879 more than in 1880.

I trust that this brief statement will be all the proof the learned gentlemen will demand of me, and will satisfy them that Cincinnati is not as healthy as Toledo, and that open sewers are of no advantage to the hygiene of any city.

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**Relations of Psychology to Sanitary Science.** By May Howells, M. D., Cincinnati, O. Read before the Ohio State Homœopathic Society.

To labor for completeness or perfection of any art or science is to bring into the world, the highest degree of joy and use. Fine music arouses emotion and thought, which would not be stirred by that of meaner order. A perfectly developed body is capable of greater use than a maimed or diseased one. So a science, which is stunted or dwarfed in any of its branches, must fall short of its true mission for the world. Let its growth be freely nourished, every twig be turned to the light—then will it soon be adapted to the wants and uses of man.

As sanitarians we labor for the free growth and perfection of an art that shall rank higher than the curing of disease—an art that shall teach us not only the prevention of disease, but the attainment of a higher degree of health and life than we now possess.

To reach forward towards such completeness, we must labor not alone for a complete system of ventilation and  
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drainage, but for an ideal physiology, and an ideal psychology.

"Health," says Wilkinson, "is harmony in its most considerable meaning—harmony of the parts of the body with themselves—harmony of the mind with the body—and harmony of both with the circumstances and ordinances into which we are born; harmony also of the human frame with the climate that it inhabits and with external nature in its variety." It is impossible to secure such physical harmony without some knowledge of the mind and spirit that animate the body. We can not study the anatomy of the hand from a glove; nor understand the working of a machine, without an acquaintance with the power that moves it. In the early days of medical science, when the physician dealt only with the material, gave drugs in material doses, and attacked disease as an accumulation of morbid matter, it was not to be expected that psychology should rank high as one of the collateral branches of medicine. It was then the fashion to withdraw the mind from the body, as we draw the hand from a glove, and to study them as two distinct objects, whose uses and wants only very remotely concerned each other. In the present era, however, when we know the cause of disease may be dynamic in its origin, and the disordered conditions of mind and body are removed by drugs in dynamic form, some knowledge of the psychical inhabitants of the body is demanded of every sanitarian and physician. In some of our colleges the study of the phenomena of the mind receives some attention in a chair of "psychological medicine"; but we have yet to hear of a medical school that has introduced mental hygiene as an important branch of its curriculum. Without such knowledge we must continually fail in restoring and maintaining a healthy equilibrium in the trinity of the human organism.

This need of ours has been anticipated or recognized by Spencer, Wilkinson, Maudsley, Gorton, Clarke and others, who have come to our help with their pens. But while their teachings receive so little appreciation from the profession, can we expect a just regard for life from the laity?

Book makers we need not be; but teachers (doctors) we must be, if we would defend and sustain life in its higher forms. "Where knowledge is attainable it is criminal to avoid it"—and we would add, where knowledge is possessed and not used to benefit our fellow men, a crime of still deeper dye may be laid at our feet.

The twofold relation of mind and body will never be appreciated until it is practically taught, and the consequences of its disregard, plainly pointed out. The unity of mental and physical hygiene, must be acknowledged—they are one and inseparable! It is utterly impossible to conceive of physical disease as wholly distinct from psychical, and the reverse of the proposition is equally true. The play of the physical upon the mental is perhaps easier made evident to the senses than its reverse. General practitioners, as well as physicians in charge of the insane, are continually reminding us to look for the cause of mental aberration in the diseased condition of some organ or organs of the body; while the necessity of healthful psychical conditions for the security of physical and mental health is for the most part overlooked. In this connection we quote the following from Maudsley: "To me it seems not unreasonable to suppose, that the mind may stamp its tone, if not its very features, on the individual elements of the body; inspiring them with hope and energy or infecting them with despair and feebleness."

Again, under the same topic: "The internal organs are plainly not the agents of their special functions only, but by reason of their intimate consent or sympathy of functions, they are the essential constituents of our mental life."

The oneness of the mind and body with its relative cause and effect, needs no more convincing proof than the daily illustrations which may be seen on all sides by those who have eyes to see, and see. Can we not read the results of parental harshness, neglect, or unwise indulgence in the many nervous maladies, deformities and vile habits of self-indulgence, which we find destroying and polluting childhood life? Or may we not follow the results of ignorance, passion

and crime, that come to us in the form of specific disorders, chlorosis, uterine displacements, diabetes, hysteria, indigestion and other physical ills? And still must the physician be content to look only to his drugs for cure, and the sanitarian, to see physical salvation for all in his drains and ventilators! Truly we are not very far in advance of our ancient forefathers—they dealt in physic, and we are told, built some very good drains! We sew up the wound and leave the ball within; our teachers stretch the mind and dwarf the body; our parents feed and clothe the body and kill the spirit. Can we wonder at the chaos of physical and mental suffering? It has been truthfully said that the rearing of stock has received more attention, and has been brought to a more exact science, than the rearing and training of the members of the human family. The laws of physical and mental life as related to the human being, have so long ranked below those of philosophy, astronomy, chemistry and sister sciences, it is now a difficult task to impress their importance upon the minds of men. To the average man, psychical knowledge is an unread science, which has little or no relation to his physical needs; and so will it remain, until it be clothed in his own flesh by the hands of his physician, whose position of medicator brings him so near his fellow men. When men fully realize that disregard of psychical laws result in suffering of their own flesh, or physical pain and deformity for their offspring, a more just appreciation of all law will be awakened, and a decrease of bodily ills soon follow. Some late reforms in education lead us to hope for a higher grade of physical and mental life in the future. Our "Kindergartens," where genial employment and happy surroundings foster all that is good, and so beautifully develop the mental, physical and emotional faculties of each tiny being, are foremost in the work. The world is slowly but surely growing to the knowledge, that "the beautiful is sometimes more useful than the useful." Cheery words, flowers and happy surroundings, must no longer be regarded as luxuries, but as vital necessities to a healthy life. The work of the physician is all comprehensive; we pledge ourselves to preserve and

defend life—to bring all our thought and energy to the aid of our patients, in securing for them soundness of body and faithful performance of the various organic functions. To this end we arm ourselves with knowledge of every phase of life; to this end, we despise not the smallest detail of duty; to this end, we shirk no responsibility that may add either to the weight or beauty of our burdens.

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## General Clinics.

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CASE I.—EPITHELIOMA.—Mr. J. L., aet. 50; came for stomach derangement; has been a confirmed dyspeptic for twenty years; had a growth on the lower lip at the outer angle, on the left side, about an inch long and half inch broad, with an opening at the junction of the integument and mucous membrane; around the orifice were small cauliflower-like excrescences. It made its appearance about one year ago (uses tobacco but does not smoke). It was indurated and discharged a starchy-looking material; no enlargement of the neighboring glands. The pain was burning and radiating; he was very restless after midnight; suffered a great deal with his stomach. The only kind of diet that he could use was Graham pudding with sweet cream. The pain was worse after eating, and at night; desire for cold water, but it distressed him; sometimes would vomit after drinking. He was discouraged and had in contemplation a visit to Dr. McClelland, of Pittsburg, and have an operation performed, but thanks to Homœopathy, he was cured of the epithelioma and the stomach derangement in the course of six months, with *Arsenicum cc.*

CASE II.—SPASMS OF DIAPHRAGM.—Mrs. B., aet. 27, the mother of one child, one year old. In poor health for nearly a year; the allopathists had exhausted their wisdom (?) in attempting a cure, and they had given up the case as hopeless. Her husband took her to Pittsburg, Pa., to an eminent eclectic; he gave so poor encouragement that she did not take treatment. After returning home, they were persuaded to try Homœopathy as a last resort.

The paroxysms commenced with cardialgia, lasting for several days, then vomiting with great prostration, cold sweat and hippocratic countenance; the diaphragm did not seem to suffer till the acme was reached; then the spasms were very severe. First made its appearance on the right side, and passed over to the left; when standing she could not straighten; when walking, was drawn over towards the left. A sensation of something tight in the region of the diaphragm; neuralgic pains went towards the back, or down upon the bowels, and bladder, with tenesmus, voiding a small quantity of urine at a time, with red sand in the bottom of the vessel after standing. Stools were unusually loose, scanty and light-colored and frothy; she complained of chilly sensation in the rectum before stools; was troubled with a yellow leucorrhœa; always had physometra after the paroxysm and galactorrhœa. There was some amelioration by the application of cold cloths to the epigastric region, and by pressing as in the act of parturition. Aggravation at 4 to 8 or 9 in the evening, and morning at 9 a. m. The period of aggravations were from 9 a. m. to 9 p. m.; during the night she was more comfortable. The paroxysms returned regularly every three weeks; during the intermission she was able to be about the house, and had a ravenous appetite. Improvement commenced from the first dose, the cure was rapid and complete, with but a few powders, interspersed with *Sac lac*—no other remedy was given or required.

When she was evidently getting better, one of my worthy competitors says that it was his prescription, that was just taking effect, and he believed, that it would cure. Another said he believed that it was time for her to get well, anyhow;

that nature would cure. What is one year's suffering with plenty of counsel and *Sul. morphia*, compared to a three weeks' cure with a single remedy—*Lycopodium cc.*—G. W. SHERBINO, M. D.

**A LYCOPODIUM CASE.**—An elderly physician, half way between sixty and seventy, usually of pretty fair health for a man of his age; was very busy during the damp, hot days of July, and as several of his little charges suffered from that city plague, cholera infantum, even his nights were more or less disturbed. Now age needs rest or bad consequences will follow. The cholera infantum, probably from atmospheric influences, has this year the peculiarity that without much purging or vomiting the innocents wilt away and die in less than forty-eight hours after the first symptoms show themselves, clearly demonstrating a nervous collapse. The Doctor, after having been up with his little charges for two successive nights, was himself taken down with that nervous exhaustion, followed by a weakening diarrhœa. The stools were small, not more than a tablespoonful at a time, watery, odorless and colorless, perhaps they might have been compared to the rice-water discharges of genuine cholera, but they were so infinitesimally small, still the call had to be immediately answered; not a particle of flatulency (unusual with the patient), total inappetency and thirstlessness; no pain anywhere, only exhausted feeling and wanting rest. The choice stood between *Podophyllin* and *Rhus tox.*; both may be indicated in painless cholera morbus during hot weather, but in the former the stools are profuse and gushing, each seeming to drain the patient dry, with great restlessness. *Rhus* had in its favor checked perspiration in the night air, and as it acts as well also in affections after excessive bodily exertions, a dose of *Rhus 2c* in water was prescribed, a teaspoonful to be taken after every stool. It acted well, those choleraic stools gradually diminished, but in the same ratio another symptom now developed itself, a drawing cramp from the glutei muscles down the posterior part of the thigh, leaving the calves still unaffected. As the stools

ceased the cramps became nearly unbearable and constant. A horizontal position was impossible, and the only relief could be got from walking about, night and day. As *Rhus* has tearing pains down the thighs, and as change of position gives relief, this was considered a medicinal aggravation and the drug allowed to act, but no relief followed. Two days and two nights suffering! patience to wait longer was exhausted, and studies of materia medica taken up again to find a similitum. Clotar Muller, in his repertory (the best and most reliable we have) gives *Lycopodium* and *Acidum mur.* for cramps in the thighs. C. Hering, in his condensed materia medica, hints to rheumatic tension in left hip (the side most affected), pain in small of back, extending into the thighs. Allen mentions also *Mur. acid* and *Coloc.*, *Sulph.*, *Thuja.*, none of which suited the totality of sensations. Symptoms, 2280, 2281, up to 2300, the general prostration, the burning heat of the urine while passing the urethra, the constipation naturally following the frequent stools (Wechselwirkung) gave some hope for *Lycopodium*, and *Lycopodium 5m*, one drop on tongue, was taken and allowed to act. In less than two hours the cramps were greatly modified, but instead of it a rumbling in the hitherto quiescent intestines set up. After six hours some small scybalous stools were discharged with flatus; the first in several days, and a good night's sleep acted as a great restorer. Nothing more was taken, and two days later the Doctor was again able to resume practice.—S. L.

HAY FEVER.—*Asthmatos*.—As we are now having a "good time" with hay fever, it may be well briefly to consider the causes of this disease and some of the curative agents.

Dr. J. A. Salisbury discovered, that as a rule, the sputa of hay fever patients contains calcareous concretions, generally microscopic, sometimes of quite large size. That this condition predisposes the mucous membrane of the nasal cavities and bronchi, to the development of the parasitic *Asthmatos ciliaris*, which is always found in the nasal discharges in catarrh—acting on the generalization that "a morbid pro-

duct will cure the disease which produced it," I potentized the *Asthmatos*, and a concretion ejected by a lady during a violent fit of coughing—the *Asthmatos* was kindly furnished me by Dr. Salisbury. Soon after I was called to a severe attack of coryza. Violent sneezing, great watery excoriating, defluxion from eyes and nose; tightness and fullness of the head, pressure in the ears, and generally miserable. I thought this a good opportunity, and gave one dose of *Asthmatos* at eight p. m., the time I first saw the case. Next morning found the patient entirely cured.

The next case was a continuous hacking cough, proceeding from an irritation in the bronchial tubes, with some running at the nose, but no sneezing at the time. Gave one dose *Calcareea pulmonalis mm.* Next day found patient decidedly better, and the third day the cough and nasal discharge had ceased—it would doubtless take longer time to cure the cause of the calcareous deposits.

Another remedy is *Phleum pratense*, the "Timothy grass," which I have not yet tried, but which cured numbers of horses during the epizootic, a few years since.

Another remedy is *Castanea*, the chestnut. This I have had no opportunity of trying, but as all patients going into chestnut woods are immediately relieved, there is every reason to suppose that the exhibition of the same in a high attenuation would cure it.

There is a proving in "Allen's Encyclopedia," but as this proving was made with an infusion of the leaves, of course the results were crude, developing great intestinal disturbance; while the only symptom indicating the region of its probable greatest activity, was "a slight pain in centre of right lung." Had it been proven with the 200th or even the 30th, the finer and higher powers would have been developed.

These hints will be sufficient for the progressive physician whose eyes and ears are always open to suggestions, and who tries remedies, and does not say, as was once said, "I never use it, it is not in Allen."—S. SWAN.



**TYPHOID FEVER.**—*Cuprum sulph.*—Young lady about eighteen years of age, had previously enjoyed excellent health, was taken down with typhoid fever. I saw her for the first time in the second week. She was then suffering with diarrhœa of mucus and blood, mingled with a dark, watery offensive discharge of a very disagreeable and penetrating odor; the abdomen was extremely tender and often tympanitic, the tongue was dry, glazed and cracked, sordes on the teeth and lips, stomach irritable, and all night the patient was wild and excited, and would attempt to leap out of bed. In the day time she was calmer, but both day and night there was subsultus tendinum in a very aggravated form; temperature  $105\frac{1}{2}$  (evening) and patient growing daily weaker and worse in every particular.

At this stage seeing that the usual remedies for this condition were of no avail, and she had had at one time a severe hemorrhage from the bowels, which was well nigh fatal, producing great prostration, I concluded that the condition of the bowels was the key to the treatment of the case and indicated *Cuprum*. I therefore gave it in the form of the first decimal trituration of the *Sulphate*, giving the first dose at eight a. m., one morning to be taken every three hours; on the following night she slept quietly more than half the night, which was the first sleep for three weeks; next morning discharges from the bowels were more natural and much less frequent; the tongue had lost its glazed look and became moist, there was no subsultus tendinum and the patient rapidly convalesced.—J. C. KILGOUR, M. D., New Richmond, Ohio.

**NOTE.**—The proof of the pudding is the eating, and it may be *Cup. sul.* cured this case, but it is not a good specimen of homœopathic prescribing. Good luck or a blunder may have done well this time, but it won't do to follow as a rule.

**CLINICAL NOTES.**—By C. B. Gilbert, M. D., Washington, D. C.—*Nat. mur. cc* (Lehrmann) promptly relieved a very bad varix vulvæ, right side, in a woman pregnant seven

months; it was very dark. The patient was low spirited at times, and cried if sympathized with.

A man dying of morbus brightii, with lung complication, was unable to raise the phlegm; loud ranting in throat; cold sweat on forehead, must be fanned hard; some coldness of extremities. *Ant. tart. cc* failed, but two doses of *Carbo veg. cc*, twenty minutes apart, eased entirely, and he died three hours after without a struggle. Phlegm seemed to settle back in lungs where it gave no trouble. Is not that better than *Opium*?

*Nux vomica* seems to be the coming remedy. Cramping pains in the bowels, with frequent ineffectual desire for stool; stools small, or occasionally a large fecal stool, or only wind, but severe pains before and during stool.

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THE PROPAGATION OF SYPHILIS IN TWO CASES BY RAZORS.—In the first case, a man, aet. 54, of steady habits, and with no history of venereal disease, was shaved by a barber on July 11, 1880. The man observed, after being shaved, that he had three small cuts on the chin. On July 25 the patient (who had no relations with women for ten weeks) noticed a swelling at the site of each of the cuts first noticed after the shaving. On September 1, the patient came under the care of myself, having been sent as a surgical case of epithelioma. On examination there were found three ulcers on the chin, surrounded by some red and moderately hard callosities. There was a hard gland beneath the jaw, but none elsewhere. No other signs of syphilis were discovered at that time. On September 15 a papular syphiloderm appeared. The second case, that of a young man, aet. 22, was in many respects similar to the preceding. In him also the initial lesions appeared on the chin, but the patient did not remember having been cut by the razor. In due time glandular enlargement and a general syphiloderm appeared.—M. DESPRE.

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COLIC.—Phares (*Journal des Scien. Med.*) treats colic by turning his patients upside down and holding them thus. The mechanical aid, thus gained, is giving vent to the gases, is a most efficient element in the cure.

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THREE OVARIES.—Dr. F. Keppler, of Venice, reports, (*Allg. Wiener Zeitung*, No. 86), the removal of three ovaries and three tubes from one individual. This operation was performed for cystic degeneration.

## Miscellaneous.

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**The Cell as Rational Basis of our Therapeutics.** By F. F. de Derky, M. D., San Francisco, Cal.

I have perused with a great deal of pleasure Prof. Wm. Owens' paper "On the Relation of Drugs to the Morbid Process," as published in last May number of the **MEDICAL ADVANCE**. The Prof. starts with the premises "that life is a unit, organization is according to law, and the cell is its representative; that protoplasm alone is living matter, and as the clay in the hands of the potter— \* \* that disease so called is not a thing tangible, but the product of forces in themselves normal. All of the phenomena of morbid processes taking place in the organism are but perturbed physiological processes; that so called nervous diseases are secondary and subjective. So called diseases of the blood do not exist from any primary condition of the blood *per se*, but arise from causes lying behind forces controlling the circulation. This force resides not in the brain or spinal cord, as usually taught by physiologists, but in the vegetative, sympathetic or organic nervous system, and more particularly within the great center of organic life, the solar plexus."

Here we have just heard that life is a unit, and protoplasm as represented in the primary cell the only living matter. All the tissues of the animal economy are built up from the primary cell as composed of protoplasm. Not only the great frame work generally, but also the brain and spinal cord as well as the great sympathetic or organic nervous system, together with the solar plexus, are conceded to be formed and built up from this cell, composed of the only living matter. Why then should the force controlling disease be located in the solar plexus, when the cause of this force is said to lay behind forces controlling the circulation? Had we rather not place these forces and causes altogether where they belong, that is to say, in the original constituent of all the tissues, the primary cell?

Life we can not scrutinize, we can only see its manifestations. Its acknowledged carrier, protoplasm, we find in the primary cell of all living organisms. The cell then must be the carrier of the causes and forces producing disease as it is the carrier of life. To it we have to look for the conditions of the morbid processes causing disease through disturbed vitality. Hahnemann called this life force "dynamis," and with his usual clear sightedness he was not far from the mark when he called the causes of disease dynamical.

The Professor proceeds: "It has been well said that a thorough knowledge of pathology is the only rational basis for therapeutics," etc., etc. This proposition we can not allow to stand in its full meaning as applied here, and as pathology is understood. Whilst not in the least denying the great value of pathology, and acknowledging the untiring researches with the prodigious progress in that branch of late years, still it should not be proclaimed as the only rational basis for therapeutics. If the primary cell is acknowledged to be the carrier of life, which it undoubtedly is, if it contains or is but the carrier also of the disturbing elements which produced disease, then pathological conditions of whatever kind, excepting perhaps traumatic lesions, are but secondary to these cellular perturbations. As we can not contemplate the life force, or dynamis, we have to look to the next remove, to the primary life carrier, and not to pathology exclusively for a rational basis of therapeutics. From this standpoint the knowledge of materia medica is of a vastly greater importance to the therapist than pathology can ever pretend to be. In the present state of our knowledge as therapeutic artists, we may not be able to do better than to compare pathology and pathogeny for the purpose of healing. The time will come, however, when we shall be enabled to have a better and surer way. The knowledge of the *modus operandi* of drugs and causes of disease seem of less importance. We are all aware that many attempts have been made to explain this *modus operandi*, at least as far as regards the rationale of our mode of curing. Hahnemann was the first to make such an attempt when he advanced

*similia similibus curantur*. Our literature teems with such attempts. They are all more or less unsatisfactory, and have brought much ridicule upon us from the opposite camp. But what do such explanations amount to? Do they bring us nearer to an understanding, and are they of any practical value in the cure of the sick? They are theories at the best, they may be upset and thrown aside to-morrow. One fact, however, remains, if we select our remedies according to approved pathogenetic symptoms, the result will be all that can be wished for.

Researches have taught that the cell degenerates, changes its aspect and form in certain pathological conditions. This must be considered as a dynamical result of the disease producing influence which has been suradded to the inherent vital force of the cell, either accidentally, when with a proper predisposition it may produce disease, and in due time pathological states or artificially, whence we derive our pathogenetic symptoms which have served us, and serve us so far as indications for therapeutic purposes. This dynamical result we may look upon as produced from material changes in the cell wall or its contents from the above causes. Accepting these facts we must also admit of blood diseases *per se*. For the blood corpuscle is a cell; the cell has been admitted as the carrier of life, and that supposed something which, disturbing the physiological life force, is said to produce disease. Hence as a carrier of both these principles, the blood must of necessity be liable to become primarily affected through its principal constituent. What part the nervous system, either organic or sensory, may or may not play in this primary affection, remains conjectural. The ultimate nerve filaments, as well as the nerve centers, are bathed and laved by this vitalizing fluid, and receive from it by natural selection their nutrition, and without this, could not even continue their several functions. The theory that disease-producing influences, as well as the healing capacities of remedial agents, are communicated by nerve force is not tenable if we accept the protoplasmic and cell theory, except it be in a secondary way. The primary influence, as far as we can discern it as

such, must of necessity come from the protoplasm of the cell. The investigations of the last twenty-five years have proven this, if not beyond cavil, at least to all probability.

With propriety it may be repeated here what a scientist of a hundred years ago said with so much truth. "Who has been able to penetrate the formation of a body, the generation of a single atom? What is there, I will not ask at the center of the sun, but at the centre of an atom? Who has sounded to the bottom the abyss in a grain of sand? The grain of sand, gentlemen, has been studied for four thousand years by science; she has turned and returned it; she divides and subdivides it; she torments it with her experiments; she vexes it with her question to snatch from it the final word as to its secret constitution; she asks it with an insatiable curiosity, Shall I divide thee infinitesimally? Then, suspended over this abyss, science hesitates, she stumbles, she feels dazzled, she becomes dizzy, and in despair says: I do not know." That much for the certainty of science a hundred years ago. Is it not very much the same to-day? Yet we should live in hope if we die in despair.

Man has been given to theorizing ever since he made first his appearance on this globe. Theorizing leads to good results as long as we do not get beyond our depths and remain within the limits of verifiable theories, and do not proclaim such theories as infallible truths. But where is the limit to be drawn? What is unverifiable to-day may become a verifiable theory to-morrow, and new truth, and with it more certainty may be set before our eyes.

Farther on in his paper the Doctor comes to the conclusion and argues from the standpoint that protoplasm and the cell should be considered the rational basis for the study of *ateria medica* and yet returns seemingly again to the pet theory that drugs through their action on the nervous system produce, and, as I suppose, likewise cure disease. But I did not intend to write a criticism on Prof. Owens' paper and its several contradictory points. As I said at the beginning, I perused the same with a great deal of pleasure. For this reason the Doctor, I hope, will pardon me that I made his

interesting paper the starting point to keep before the mind's eye the in all probability verifiable theory that the primary cell through a disturbed vitality from various natural or artificial influences becomes the sole and only cause of all our diseases. As such, the knowledge of the effects of these influences on the primary cell and through this cell on the different tissues of the animal economy, should be considered the only rational basis the of healing art.

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**Infantile Gastric Catarrh.** By T. C. Duncan, M. D., Chicago.  
Read before the Ohio State Homœopathic Society.

*Mr. President and Members of the Ohio State Homœopathic Society:*—In accepting your kind invitation to present a paper on diseases of children—with the hope of arousing more attention to that department of medicine, so that you would have regular reports on this important specialty, I have chosen the subject of gastric catarrh—a disease largely overlooked and very little understood. In my large library on diseases of children there is only one volume that contains any reference to it at all satisfactory. This is not strange, when we notice that nearly all the stomach disorders of infants and childhood have been classed under one head, e. g., indigestion. This term would have done in the long ago, when all bowel troubles were “worms,” or “cholera infantum,” and the chief disease of childhood was “teething.” But to-day, when we pretend to be accurate in diagnosis, skillful in the direction of food and accurate in the selection of the remedy it is reprehensible or a burlesque on our pretensions to advanced medical knowledge. This strange condition of affairs is due to the fact, doubtless, that stomach disorders are disorders still, and not diseases. They have not

been studied with the attention given to "sore eyes" or "womb troubles." If what I have to say arrests attention and provokes investigation, much good will accrue.

The other day I was called to a four months child, whom I will attempt to accurately picture. We will study the head and face. A front view showed an inverted pyramid, a symptom alone indicative of inanition; the eyes were large and sunken, the nose pinched, chin pointed and cheeks flattened, while the color of the face was a pale dirty white. I was informed that at birth it weighed eleven pounds, and now only fourteen—a pound a month, or one pound more than it weighed when two months old. An infant should gain about half a pound a week. It sleeps well all night without waking; its urine is normal but scanty; its bowels are inclined to constipation, and the only symptom outside of what we see is that "it spits so much;" spits water and sometimes its food. "A spitting baby is a healthy baby." What is the disease? The mother is large and fleshy, a blonde, one that we have found at the Chicago Foundling's Home to be the poorest of all nurses. Her milk is scanty; she says the child seems hungry but never cries with colic, but worries a great deal. We will examine it still further. Its hands and feet are cold, notwithstanding we find it bundled in an extra amount of flannel, two thick wollen shirts and a flannel band tightly girding a rather prominent abdomen. While this is being removed the pins fairly popped from their fastenings. This child is evidently losing ground. It has been feeding upon itself as evinced by the attenuated limbs. Its tongue we find to be broad, pale and coated white, with a little appearance of redness about the margin of the tip; the lips are pale. This case had puzzled her matronly friends because it did not act sick, and yet was not thriving. It had even puzzled the family physician, a prominent allopathic gynecologist.

We will analyze this case: The cold hands and feet, and pale bluish look point to intestinal disease, but there is no colic, so diseases of the bowels are excluded. The flabby tongue, the eructations of milk and especially of water point

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to one and only one disease—gastric catarrh. The diagnosis is easy with these landmarks, and the necessary management is plain. The mother's milk must be changed. It is rich in casein. She is put upon starchy food, and her appetite for meats and coarse foods restricted. But her milk we learn has been failing, and the prospect is that it will fail steadily in spite of *Agnus* as a remedy, or the diet prescribed. Consequently we must select a food that will nourish the child alone, while at the same time it will not interfere nor be interfered with by the mother's milk. The age of the child, its figure and evident digestive capacity directs us to some of the older foods for infants. We must select *Dextrine s. e.*, one needing but little milk. The favorable one in this case and the one most likely to agree is *Granum*. It was to be fed cautiously twice a day, boiling the food more than the directions stated. After a day or two it was to be fed every other time. It was to receive food only once in two hours unless in the morning after sleeping all night. It was then to be allowed food for once or twice at the end of an hour and a half, gradually lengthening the interval as the day wore on. The remedy prescribed was *Arsenicum*. If the food did not agree the first or second time, a change was to be made in the following order: Neaves food, then Ridges food. Two days after I learned that the food agreed. The child seemed satisfied; it had little eructations; its bowels were now loose and offensive. The remedy was now changed to *Hepar*, an excellent remedy to aid absorption. A week after a great change was apparent in the child; it had no more eructations; the cheeks had filled out and presented a healthy flush, and the child seemed happy and contented. This was a plain case of simple uncomplicated chronic gastric catarrh. The mother informed me that she was a great eater while carrying it. The child evidently suffered from hereditary gastric catarrh. Gastric catarrh belongs, or is found rather, among the alkaline babies and alkaline mothers. I need not stop here to analyze this division of cases nor its opposite, acidity. This you will find discussed at length in my works on diseases of children, especially in the elemen-

tary one, feeding and the management of infants and children. Its practicability I have proved in just such cases as this, after classifying the child, whether alkaline or acid, then the diagnosis of the disease is rapidly made out.

I was consulted the other day by letter, and the first query was, "Have you any remedy, or can you suggest any food for rifting of wind after eating?" I sent a remedy (*Hydrastis*) and directed starchy food and cold milk, but requested a fuller history of the case, whether man, woman or child. I was informed that it was a mother who had not recovered well from confinement, having been troubled with constipation and distress in the stomach after eating, followed by a rifting of wind accompanied with a severe pain, gastralgia. I was also informed that during gestation she was troubled with pain in the stomach; she had been steadily losing flesh, and I was asked what they should feed the child, as she did not have sufficient milk. The gastralgia, the flatulence, the eructations, constipation, emaciation and scanty milk, all pointed to gastric disturbance, and that disturbance being gastric catarrh. The husband had lost a former wife with about the same symptoms, and his anxiety you can well understand. Here I had two cases, (mother and child) evidently both suffering with the same disease. I found no occasion to change the dietary directions, but the remedy was evidently *Nux vomica*. The child was to be fed with new cows' milk, an article the country abundantly afforded. I assured the husband that if there was no uterine complication his wife would surely and steadily improve. That her emaciation need not alarm him, for that simply meant lack of food.

But all cases are not as simple and uncomplicated as the ones I have given you. A mother who spent the whole nine months upon the lounge, living on crackers and soda, who could not arise for fainting, called me to her child of four months, whom I found pale, flabby, broad head, thick, pale lips, large, flabby tongue, constipated, constantly spitting, throwing up all his food in mouthfuls, always hungry, colicky, restless, easily perspiring, over cared for, bundled and fondled in a room the temperature of which was among the eighties.

Its feet and hands were cold, while its neck was perspiring. Its hair was short and white. I have thus carefully outlined the case. The counterpart you doubtless all have met. This is one of the most difficult to feed and to cure. The whole list of foods was exhausted, and nothing was found that would agree, except for a short time. A constant change was necessary. This constant drooling suggested starchy food, and the mother's black teeth indicated *Creosote* as a remedy, but without relief. The alternate constipation and diarrhœa, the distress after eating, and the belching of food, indicated *Nux vomica*, which was the remedy that afforded him the most relief. For the severe colic attendant, when lying him down no remedy answered better than *Belladonna*, and they became established as his quieting pills. He had repeated attacks of bronchial pneumonia, varying the scene with an attack of croupous pneumonia, and with an occasional spasm while attempting to dislodge the thick, tenacious mucus during the stage of exudation. Here *Kali b.* was his remedy. Notwithstanding all, the child has steadily improved in flesh and color. His digestion is more vigorous, but he can not take milk except a little with starchy food. I have detailed this case for several reasons. I have noticed that where a child perspires much, and suffering with gastric catarrh, it is difficult to get them to take and digest milk; condensed milk sometimes agrees, however. This child had always had a little loose cough, showing a catarrhal condition of the lungs. During the months that I have had this case under study and treatment, and as the lung and bowel symptoms improved, a catarrhal condition of the skin made its appearance, e. g., papulous and pustular eruptions amounting to quite large boils. Although giving the mother concern, I look upon them as very favorable indications that the diseased condition is being sent from the center to the surface. There is too much moisture, and consequently only the follicles take on the catarrhal inflammation.

I might notice, had I time, the relation of urinary and brain disorders to gastric catarrh, and also differentiate acute and chronic gastric catarrh from acute and chronic gastritis, but

I have already trespassed on your time. Hoping that I have given you some practical hints, and called your attention to a subject that is but in its infancy of development, and that your coming bureau of pædology will prosecute this interesting study, and give you annually more and better reports, I will close by thanking you for your courtesy and kind attention.

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#### **University of Michigan Homœopathic Department.**

The Sixth Annual Commencement passed off June 30th with the usual interesting exercises. Commencement day is always of the red letter order for Ann Arbor. University Hall was never so crowded as on this last occasion. Not less than five thousand people were present. The day was all that could be desired, clear and cool. In the graduating exercises all the departments of the University, except the law department, which held its graduation in March last, were represented. Upon the platform were seated the honorable Board of Regents, the acting president, Dr Frieze, and the Senate of the various faculties. Music for the occasion was furnished by Speil's orchestra from Detroit. After prayer by Rev. Mr. Robinson, an eloquent address was delivered by the Rev. J. P. Newman, of New York. The effort was worthy the man and the hour. In the Homœopathic Department the following named persons were graduated: Marshall P. Austin, Moses N. Avery, Samuel E. Birchfield, Henry W. Champlin, Daniel P. Cook, Richard G. DePuy, Geo. W. Dreher, Edward A. Fisher, John F. Flint, Albert R. Halsted, Florence B. Holden, Chas. C. Huff, Fayette D. Kendrick, Lavinia D. Lambert, W. L. Miller, Addison Morgan, Chas. H. Penniman, Willis P. Polhemus, Theo. O. Pot-

ter, L. B. Richards, Seaver C. Ross, Fred. S. Ruggles, Edward P. Thatcher. A prouder or happier class never stepped upon the platform of the University. They were universally commended by the audience for the neatness of their attire and intelligent appearance. The great University of Michigan may well be proud of such alumni as went from the homœopathic department.

**ALUMNI MEETING.**—The alumni of the homœopathic department met in the college hall and listened to an address by Prof. T. P. Wilson; subject, "Infinitesimals." Dr. A. R. Wheeler was chosen president, and Dr. Hubbard, of Bradford, Pa., was appointed orator.

**CLASS SUPPER.**—The graduates gave an elegant class supper at Hangsterfers, at which Dr. Polhemus presided, and gracefully presented the toasts and speakers.

**THE HAHNEMANN SOCIETY** held its graduating exercises in the main lecture room of the college, and addresses were delivered by Professors Franklin, Allen and Wilson, and several members of the class. A beautiful society diploma was given each graduate of the college, and after many and repeated heartfelt farewells, the seniors bade adieu to dear old campus, of which they had so long been an essential part, each resolved to work for their beloved alma mater.

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**Case of Poison by Sewer Gas.** By Dr. D. B. Brown.

Mr. H., aet. 96, of a sound constitution and temperate habits, moved into a house in April, 1880, connected with which, as was afterwards discovered, there was defective sewerage and necessarily foul gas. Soon he experienced great dryness and tickling of the throat, which brought on a troublesome cough. His water became dark and offensive,

stomach and bowels deranged, and the odor from his breath and body like that of sulphureted hydrogen. He had a continued creeping sensation of the left side, and felt great weariness of the lower limbs. His appetite was variable; he suffered considerable nausea, and had a constant inclination to sleep; his saliva bitter and acrid; perspiration profuse and clammy, and he had a foreboding that some dreadful calamity awaited him. Matters continued thus with him until the night of the 7th of June, when, having slept for two hours, he awakened with a sharp pain in the left side of his neck, which before daybreak ran down that side to the foot, and thence leaping to the other, crept up to the right hip and disappeared. The moment the pain passed over the region of the heart, or rather struck the heart, the pulse rose to 130 per minute, breathing became hurried and difficult, the patient complained of suffocation and great heat and thirst. He grew excessively nervous and occasionally seemed absent-minded. In connection with this, the most dreadful itching of the feet, legs, scrotum and palms of the hands set in, which was soon followed by scarlet eruptions and swelling of all these parts. On the 14th (seven days later) the patient had a paralytic stroke, which caused the most intense suffering, the sensation being that of living flesh enveloped in burning coals. Fourteen hours from this, a similar stroke attacked the other foot. The parts were powerless; the feeling unnatural yet sensitive to the touch and excessively painful. The eruptions, more or less distinct, continued for some two months, forming a kind of crust or dead skin, which peeled off slowly, having a scarlet and tender surface. The patient suffered also from sciatica, and neuralgia of the feet, which often came on in such fearful paroxysms as almost to drive him to frenzy. He had fanciful dreams, and every figure before his eyes became hideous and grotesque.

In his treatment he was put on nervines and tonics, had hot medicated foot baths, and received manipulations daily. His improvement, though slow, was well marked, so that for a time hopes were entertained of an early cure.

The patient, however, grew restless, exercised beyond his strength, and had a partial relapse. He was then removed to Mt. Clemens' Springs, Mich., where he took a course of baths with good results. On his return he was treated with electricity, which further helped him, and now, one year from the commencement of his illness, though not free from pain, nor having the perfect use of his limbs, he is so far improved as to pursue his business.

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**WATER EVAPORATED BY FRUIT-TREES.**—Advice is given by a German professor to keep in orchards a certain space around the trees free of grass and weeds, as these draw too much water away from the trees; indeed, it has been proved that trees which were sickly and bore little fruit, have been restored to vigorous growth by returning to them the necessary water in this way. To prove how much water fruit-trees need, it may be stated here that an acre planted with them will evaporate in about twelve days 5,000,000 pounds of water.

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**VACCINATION IN INDIA.**—Although the epidemic of small-pox visited the north-western provinces of India in a fearful manner, causing 58,800 deaths in the single year of 1878, all attempts at introducing vaccination as a protective measure were resisted by the superstitious natives. They looked upon small-pox as a visitation from a deity, called by them "Sitta," whose anger had to be appeased with special sacrifices and plagues. In spite of all this, however, vaccination, although under peculiar circumstances, was gradually introduced among the natives. The Thakens, a tribe that still practice infanticide to a horrible extent, first allowed their female children to be vaccinated, being convinced of its fatal termination, and hoping thereby to get rid of this superfluous progeny. All the sons, however, were carefully guarded. Small-pox broke out in four of their villages a short time afterwards, which carried off nearly all the boys, whilst the girls escaped the disease. This unlooked-for termination induced the natives to resort to the opposite practice, compelling the boys to be vaccinated whilst the girls were left unprotected. Besides this, a large number of cases were observed where children were concealed by

their families from the vaccinators; in almost all instances these died, whilst those vaccinated escaped small-pox.

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**SOMATIC PHYSICS.**—A suggestive paper on the applicability of the doctrine of the conservation of energy to biological studies was read at the recent Convention of Electricians at Chicago. The author, Dr. Clevenger, claimed that if any advances are to be made in these studies, greater attention must be paid by physiologists to sound, heat, light and electricity.

Tentatively the force which traverses nerve tissue may be regarded as electrical. There is no such thing as nerve force in the general acceptation. The author regards the nerves as paths of least resistance for the conveyance of force or forces existing in the universe and concerned in the life of every atom of the individual. The physical properties of foods and medicines have hardly been looked at, and the conquests of science remain to be made in the investigation of the laws of light, heat and electricity in the production of plant and animal life. Latent and specific heats, the fluorescence of *Quinine* and *æsculin*, force occlusion, and the ability of certain inorganic and organic bodies to yield up their heat, light or electricity under appropriate conditions bear important relationship to therapeutics and physiology, and promise to make medicine a science of the most exact nature. In support the following phenomena may be cited: Light contracts the pupil of the eye as surely as electro-magnetism attracts the relay armature. Sound produces tympanic vibrations and excites muscular contractions. Heat produces general molecular changes of position throughout the body. Electricity is demonstrably held upon the large-sized nerve tissue of *gymnotus* and *malapterurus*, and nervous exhaustion follows every discharge. Electricity also produces muscular contraction. Gravitation does not lose its control of an atom for having entered into animal or plant composition. Coffee and sugar are related electrically, as zinc and platinum. Galvanometric deflections may be produced by a voltaic current generated by bitters and sweets, pungents and salts, bitters and acids. It is a rich field for investigation, bearing directly upon the problems the therapist seeks to understand.

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**CENTRIPETAL AND CENTRIFUGAL MOTIONS IN ANIMALS.**—In a memoir published in the *Revue Scientifique*, last June, on "Writing Regarded from a Physiological Point of View," the author, M. Carl Vogt, after a lengthy discussion of centripetal writing (from right to left) and centrifugal (from left to right), drew the conclusion that the direction of the lines does not depend upon a physiological necessity, but only upon external conditions. Dr. G. Delaunay, who has for a long time been making researches on the same subject, has an article in a recent number of the same journal in



which he endeavors to prove, on the contrary, that writing, as well as all motions and gestures in general, are depended upon a physiological, and consequently an anatomical necessity.

The motions of quadrupeds can only take place horizontally or laterally; yet there are a few that perform centripetal movements—the cat, for example, which strikes with its paw by bringing the latter toward the axis of the body. Monkeys make centripetal motions mostly; but these animals hold a place between quadrupeds and man. This physiological evolution of motions, which are successively vertical, then lateral and centripetal and then centrifugal in measure as we proceed from quadrupeds to the human species, is only the result of an anatomical evolution. According to Dr. Delaunay's researches, motions are rather centripetal than centrifugal in primitive or inferior races, and rather centrifugal than centripetal, in superior races. A centripetal motion in a primitive race becomes centrifugal in measure as that race evolves. Sanskrit, Persian, and Greek were written from right to left before being written in the opposite direction. So our cronometers were wound up from right to left before they began to be wound in the other direction. The English, however, are behind the age in this respect, since in the screws manufactured by them the threads still run from right to left, and most of their watches, like those of our ancestors, are wound from right to left. On the other hand, the people of the United States, who are in great part transformed English, and who without doubt are more advanced in evolution than those of Europe, use watches only which are wound from left to right, and repudiate the old system still in use in England. Writing was centripetal among the ancient inferior races and is still so among those of modern times: Semitic, Phœnician, Hebrew, Assyrian, Arabic, Chinese, Japanese, Negro, etc. Among the superior races not only is writing executed from left to right, but plans, sketches, shading, etc., are begun in the same manner. A circle is always drawn centrifugally, that is, in the direction of the hand of a watch. In our designs and on our monuments the symmetrical ornaments are, starting from the medium line centrifugal. To consider other motions; we turn a door knob, door key, crew stopcock, corkscrew, as well as tools for drilling, cranks of mills, wheels, etc., from left to right. In all trades and professions work is performed in a certain direction, which is generally centrifugal. To sum up, centrifugal motions, characterizing the superior races, are a sign of superiority marking the last turn of evolution. As for sex, centripetal motions characterize woman, while centrifugal motions are characteristic of man. A woman, for example, strikes with her palm, while a man gives a blow with the back of the hand. Every article of woman's clothing, from the chemise to the cloak, buttons from right to left, while man's garments button from left to right. When a woman puts on a man's coat

she buttons it with the left hand, centripetally, doubtless being unable to button with her right centrifugally.

As for age, the motions of children are centripetal rather than centrifugal, therein resembling women.

From a psychological point of view centripetal gestures mark primitive, egoistic, retrograde ideas. On the contrary, centrifugal gestures express ideas and passions which are generous, altruistic, and expansive. From a psychological as well as from other points of view then, centripetal gestures characterized inferiority, and centrifugal, superiority. As a result of his studies the author draws the conclusion that the centrifugal motions of abduction and of supination prevail in organisms most advanced in evolution, as the superior human races, men, adults, intelligent beings, etc.; while on the contrary, the centripetal motions of adduction and pronation predominate in individuals less advanced in evolution, as the inferior human races, women, children, people of little intelligence, monkeys, quadrupeds, etc.

Finally, the physiological evolution of motions, which is a consequence of the anatomical evolution of the limbs, proceeds from the centripetal to the centrifugal. Comparative anatomy and physiology, then, explain why not only writing, but also other motions, are at first centripetal during the first phases of organic development, while the adductor muscles predominate over the abductor, and became centrifugal by very reason of the progresses of evolution which bring about the predominance of the abductor over the adductors.

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**THE CURSE OF POOR PRINTING.**—Short-sightedness, or myopy, is increasing to an alarming extent among civilized nations. It is commonly supposed that only a few persons are thus afflicted, but the truth is that a large portion of every community is more or less troubled with imperfect vision. Myopy among schoolchildren and attendants at higher institutions of learning in this and other countries has been thoroughly investigated by Prof. Hermann Cohn and a number of other eminent oculists, who have examined in all more than forty thousand scholars. The facts they have gathered deserve the most serious consideration.

The general conclusions arrived at by all the investigators have been formulated by Prof. Cohn, as follows: "1. Short-sightedness hardly exists in the village schools—the number of cases increases steadily with the increasing demands which the schools make upon the eyes and reaches the highest point in the gymnasia. 2. The number of short sighted scholars rises regularly from the lowest to the highest classes in all institutions. 3. The average degree of myopy increases from class to class—that is, the short-sighted become more so." It was found that in the village schools scarcely one per cent, in the elementary schools five to eleven per cent, in the girls' schools ten to twenty-four per cent, in the real schools

twenty to forty per cent, and in the gymnasia between thirty and fifty-five per cent of the pupils are myopic. In the prima of several German gymnasia more than sixty per cent of the students are myopic, at Erlanger eighty per cent, and at Heidelberg not less than one hundred per cent. Examination of university students has so far been made only at Breslau and Tubingen, where, in 1867, Prof. Cohn found that fifty-three per cent among the Catholic theologues were short sighted, fifty-four per cent of the law students, fifty-six per cent of the medical students, sixty-seven per cent of the evangelical theologues, and sixty-eight per cent of the students of philosophy. Some nationalities are much more troubled by the affection than others. For instance, in New York twenty-seven per cent, and in Boston twenty-eight per cent of the pupils in the gymnasia were found to be myopic, while at Tiflis thirty per cent of the Russians, thirty-eight per cent of the Armenians, and forty-five per cent of the Georgians were near-sighted.

Prof. Cohn cites among the principal causes of myopy, badly constructed school benches, bad writing, and bad type. The latter evil he says deserves especial attention, and for remedying it he makes some valuable suggestions, of which the following are the most important.

"The most important point is the size of the letters. We can not determine this by the measurement of the em, as the printers do, for that regards the shank of the type, of which readers know nothing; but it must be judged by a special measurement of the visible letter. I have adopted as the standard of measurement the letter n, that being the most regular and symmetrical in shape in both the Roman and German alphabets. I have found that the n in pearl type is about three one-hundredths of an inch high, in nonpareil about one twenty-fifth of an inch, in brevier about one-twentieth of an inch, in long primer one seventeenth inch, and in pica one-fourteenth inch. We have hitherto had no definite rule concerning the smallest size of letters which should be permitted for the sake of the eyes. The distance at which a letter of any particular size can be seen does not afford a guide to it, for it does not correspond at all with the distance at which matter printed in the same type can be read steadily at the usual distance in reading. I believe that letters which are less than a millimeter and a half (one-seventeenth inch) high will finally prove injurious to the eye. How little attention has hitherto been paid to this important subject is exemplified in the fact that even oculistic journals and books frequently contain nonpareil, or letters only a millimeter (one twenty-fifth inch) high. Many of the text books required by the school authorities are badly printed. The officers should go through every school book with a millimeter rule in their hands, and throw out all in which the letters are less than a millimeter and a half high, and should give the preference to those establishments which do not use letters of less than two millimeter (one-thirteenth inch). The

distance between the lines is an important factor in respect to ease in reading. As is well known, the compositor often inserts thin leads between the lines so that the letters which project above the average height and those that fall below the line shall not touch. Every one knows that legibility is improved by contrast; the darker the print and the clearer the paper, so much easier is the reading. When the lines are close together, or the matter is printed 'solid,' the eyes become tired sooner, because the contrast is lessened. The lines tend to run together, and the effort to separate them strains the eyes. In fine editions the lines are widely separated. I consider a book well leaded in which the interlinear space, measured by the shorter letters, amounts to three millimeters (one eighth inch). The lines will really seem to be closer, for the projections of the longer letters will encroach upon the interliner space; and cases may occur, where those letters predominate, in which the space may seem to be only one millimeter. The narrowest interval that should be permitted is, in my opinion, two and a half millimeters (one-tenth inch)."

In view of the formidable statistics we have given in regard to the prevalence of short-sightedness, it is evident, says the Paper World, that everything which will tend to lessen the evil should be undertaken without delay. Neglect in this matter will result in everybody's wearing glasses, and in seriously impeding the performance of all the world's work, especially those branches that particularly require the exercise of good eyesight. In the matter of printing, especially, reform is called for. There is no reason why small type, or type arranged in lines having inadequate space between them, should be tolerated, and the public should stoutly refuse to countenance the use of any school books or patronize papers and periodicals that are printed without regard to the best interest of the students' or readers' eyes.

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**INJECTIONS OF HOT WATER IN UTERINE HEMORRHAGES.**—They are preferable, when help is urgent, to cold and astringents of all kinds. In the numerous cases of uterine hemorrhage which have come under notice during the above period, the tampon was employed only once, and then only because from the urgency of the case at night, no syringe or apparatus could be procured. In regard to the application of the method to pathological processes without hemorrhage, single observations induce us to hope for good results, especially in dilatation of the organ, in displacements and relaxation of the attachments, etc. While making the injections, the patient always lies on her back, and a simple irrigator, which gives a continuous and energetic current, is employed. The temperature of the water at first is about 90° Fahr., and is raised, according to the urgency of the case, to 105° Fahr.; this can be done without fear, as the sensitiveness of the genital organs to the heat soon diminishes. One of the

advantages of the method, besides its precise and prompt action, is, that the hot injections do not, by any means, cause unpleasant sensations and after-effects, as is always the case when cold is employed. Hot injections never leave any unpleasant or dangerous reaction; indeed, they are very pleasant and agreeable to patients suffering from pain.

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A NEW EXHILARATING SUBSTANCE.—Dr. Luton, of Rheims, calls attention in a French medical paper to the exhilarating properties of the tincture of ergot of rye when associated with phosphate of soda. The circumstances of the discovery were as follows: A woman of 62, at the infirmary of the *Maison de Retraite*, in Rheims, was receiving tincture of ergot of rye for disease in the knee. Fearing an unfavorable turn, the doctor thought to strengthen the action of that medicament with phosphate of soda, and accordingly combined a little of the two substances in a quarter of a glass of sweetened water. The patient, about three-quarters of an hour after taking this, surprised the inmates by bursting into loud laughter, without obvious reason, and this continued for more than an hour with brief intervals. The laughter seemed to be associated with merry ideas, and to indicate a kind of intoxication. For some time after it died down the woman was in great spirits and good humor. Dr. Luton had not witnessed the scene but the consequences to the patient being good, he administered the substance again, and a third time, observing the same effect. The experiments were further repeated on seven or eight women and girls with like results. In the case of men the action of the substance is less marked; it appears only in coloring of the face, giddiness, and slight headache. The effects in question have probably a common origin, it is thought, with those from eating rye bread when, in rainy years the cereal contains as much as five per cent of ergot. A sort of intoxication is produced which the consumers by no means despise.

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THE PREVENTION OF VIRULENT DISEASE.—In studying the microscopic organism which is the cause of that malignant disease of poultry known as chicken cholera, M. Pasteur finds this disease to be a connecting link between those virulent diseases of man and animals known to be caused by living virus and other diseases in the virus of which life has never been demonstrated. He finds also that under suitable treatment the nature of the virus of chicken cholera may be so modified that it will no longer produce virulent disease, but only a mild disorder, which, however, protects the animal organization against the fatal disease.

In the study of the microscopic germs of chicken cholera, M. Pasteur employs a broth made of chicken flesh neutralized with potassa and sterilized by high temperature. In this liquid the organism multiplies with astonishing rapidity just as it does in the bodies of poultry. If a

few drops of a cultivation of the organism be fed to chickens the disease is quickly propagated, and the infected chickens transmit the disease to others. Repeated cultivation, by sowing in fresh broth a minute quantity of infected broth, does not weaken the virulence of the germ. But by a modified cultivation, the nature of which is not disclosed, the virulence of the germ is diminished, so that when chickens are inoculated with it they are sickened but not killed. And it is found that chickens which have had the mild disease are practically incapable of taking the malignant disease. The analogy of the behavior of the mild, artificial chicken cholera, to that of cow-pox in preventing small-pox, is quite complete. M. Pasteur finds further that the attenuated virus most probably keeps its character of mildness after passing through the animal organization.

The possible outcome of this discovery covers a far wider field of sanitation than at first sight appears. It gives a clew to the nature of many of the worst scourges of humanity, and holds out the promise that when the viruses of such diseases as measles, scarlet fever, typhus, plague, yellow fever, and others, have been similarly investigated, it may be possible to develop mild disorders, by means of which the more virulent forms may be greatly mitigated in severity, if not entirely stamped out.

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**RENAL VICARIOUS MENSTRUATION.**—Dr. Levaueur reports a case of this kind in a little girl eight years old, in good general health, and whose parents were people in good circumstances. She was pretty generally covered with hair on the body and gave evidence of becoming a bearded woman. She was a pseudo-hermaphrodite, that is, her clitoris was largely developed and her vagina was imperforate. The mons veneris was covered with long, abundant black hair. He was called to the case because of a urination of blood which occurred every twenty days and lasted from four to five days. It was preceded, followed, and accompanied with a very lively fever, and the urination of blood was preceded by a urination of albumen. The patient succumbed but no autopsy was obtained, without which the diagnosis of renal vicarious menstruation is rather a bold one.—*Med. Gazette.*

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**DIAGNOSIS BY ODORS.**—The importance of the odors emitted from the sick is not now held in the high estimation formerly as diagnostic signs. Dr. Heim, who was the popular physician of the day at Berlin some fifty years ago, recognized measles, scarlet fever and small pox by their peculiar smell on first entering a house, and before having seen the patient. Mr. Barnard, of Upton Park, has recently recorded in the *Lancet* two cases of small pox in which the patients themselves perceived a dreadful smell, apparently just at the moment of being exposed to contagion; and one of them when suffering from the eruption, said that his

## Book Notices.

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**Muscle Beating, or Active and Passive Home Gymnastics, for Healthy and Unhealthy People.** By C. Klemm, Manager of the Gymnastic Institution in Riga. With ten Illustrations.

This book contains the following interesting chapters: Introduction—Historical Review—Value of Muscle Beating as an Indoor Gymnastic—Directions for the Special Use of Muscle Beating—The Muscle Beater—Cold Hands and Feet, Morbid Concentrations—Excessive Fatness—Muscular Debility—The Weakness of Advanced Years and Infirmities of Old Age—Lameness and Stiff Articulations—Morbid Mental Excitements—Sleeplessness—Incipient Diseases of the Spinal Cord Paralysis—Rheumatism—Cold—Gouty Tumors—Neuralgic Headache—Vertigo—Loss of Hair—Muscular Curvature of the Spine—Muscle beating as a Means of Sustaining the Health—Summary of Directions for the Use of Muscle Beating. The work is a novelty and very suggestive. We should not wonder if it would prove a valuable addition to the numerous modes of exercise, especially for chronic invalids and sedentary persons. Price 30 cents. M. L. Holbrook & Co., 13 and 15 Laight Street, New York.

**New Form of Nervous Disease, and Essay on *Erythrozyton coca*.** By W. S. Searle, M. D. Review by Editor of the Cincinnati Commercial.

He who discovers a new disease is a benefactor to his race. Dr. W. S. Searle has hit upon such a boon to humanity. If, moreover, the boon does not become in time a boom, it will not be because the said M. D. is bashful in proclaiming his find.

Dr. Searle's great discovery, in fact, is a double-barrelled one. He finds at once a mysterious disease and an infallible remedy for it. The disease is a nervous one. The mighty task of giving it a name has been as yet too great for the Doctor. The remedy is *Erythrozyton coca*. The Doctor has, naturally, written a book about it. The disease is one to which the name of "Shocks" might be given. It is a consequence, its inventor thinks, of our American civilization and our continuous strain of overwork. No doubt. Everybody works so awfully hard in the United States. The only wonder is that anybody ever lives to be middle-aged in our country, with all this killing labor. Dr. Searle says:

"It is probable that our men of affairs at least accomplish as much in twenty-four hours as their peers in England, even, do in forty-eight, and compared with the same class in Germany, Italy, or many other countries, three times as much."

It being established that the new disease is the result of over-exertion, undoubtedly now all the hypochondriacal old bachelors and fashionable fine ladies in the country will find they are having shocks in the head from intense and long practical mental labor, and begin to call for *Erythrozyton coca*.

The new disease has been approved by that scientist, Dr. W. A. Hammond. As if this alone were not sufficient, a French professor writes :

"I have taken cognizance of the memoir of the Dr. Searle. I see, in effect, the affection novel. I have not had the least encounter with the characters traced by the Doctor Searle, either in the books, or in my practice."

If that doesn't settle it, what will? As nearly as one uninitiated is permitted to make out, the new nervous affection consists of explosions inside the head. It is "shocks of the occiput," preceded or not, as the case may be, by an aura. If anybody falls to the ground with shocks in his occiput, that's it. If it is preceded by an aura, he may put a peg down. And if, on examination, he finds that the gray matter of his vaso-motor centers is generating force explosively instead of regularly and quietly, he may as well order *Erythrozyton coca*, or his coffin, without delay.

First, the sufferer feels as though something went off in the back of his head, or as if somebody had struck him. On one occasion a jolly Irishman had one of these unexpected shocks, and turned about and knocked down the man behind him, a stranger, thinking that individual had hit him. So that shocks in the occiput might be dangerous, on occasions. After the explosion there always comes "intense vertigo." Sometimes the shocks occur at night, and that fact gives Dr. Searle the opportunity to shoot off some of the finest writing he ever did in his life.

"When the shocks occur during sleep, as they are very prone to do, the patient is roused from the deepest slumber to instant and vivid consciousness, and must court and woo renewed oblivion as if he had not been in that condition at all."

One reason why our gifted author is sure he has captured a new disease, is that "it can not for a moment be believed that all the woes and pains which to-day afflict humanity were emptied, like a flood, upon Adam or Noah." Then Dr. Searle reminds American physicians how very difficult was the question of "Nosology" at the time of the Centennial Exposition. Certainly it was. Don't we all remember it? And when the learned M. D. shows us how cell life is subject to the law of habit, and how the cell life of every person differs from that of his neighbor, then we are ready to knock under, without striking a blow. Cell life is great things.

Of profound and intense interest is Dr. Searle's report of his patients that have been afflicted with the new fashioned disease. One gentleman spent a month at a watering place, and indulged in rich and high living



to an extent that proper family discipline would not have permitted at home. After coming home, he had an explosion in his brain and fell over upon the bed. In about ten minutes he went to sleep, and was awakened by another shot in his occiput, and another and another. It may be remarked that men have often had shocks before and fallen over, after a brief period of uncommon high living.

A second patient, poor man, was afflicted with gastrodynia and nystagmus till all objects seemed to be rushing past him in a contrary direction. Let those who have gastrodynia beware. Yet a third gentleman had "tight" feelings after supper. These symptoms are not exactly new, it is true. There are those who have had them before. But now gentlemen afflicted in that way will know what is the matter with them. The most interesting patient of all, though, is perhaps a lady. She used to have occasionally diplopia. Then she was very amblyopic indeed, and now finally she has become emmetropic. How sorry everybody must be for the poor lady! Sometimes she feels as though a thread was breaking in her head. Another woman experienced a sensation in the occiput after parting from some dear friends, and she has never held up her head since, except when she drinks wine or ale.

All this evidence together certainly makes out a clear case of new disease. It has been found to be worse when people get angry.

Now for the remedy. Dr. Searle modestly gives us to understand that he doesn't know whether paratriptics shorten life or not. No more do we. But leaving that question the Doctor goes on to describe a medicine that is as miraculous as the once famous "*Cundurango*," and doubtless quite as valuable. To make a long story short, it is the leaves whose juice represents to the South American Indian whisky, tobacco, tea, coffee and birch beer. It is said that he who chews these magic leaves will not want to eat or sleep any more for four days. It would be invaluable if added to the bitters of night policemen. Its use is attended by no unpleasant after effects, according to Dr. Searle.

Here then is the great remedy of the future—*Erythroxyton coca*. It cures the new nervous disease. A newspaper reporter can work on it three days without sleep or food, if necessary. Here is a sufficient hint to great journalists. Before long "we may hope to have *Coca* in its full and pristine vigor," says Dr. Searle. He is as cheerful as Dr. Bliss. He has prescribed it for business men who have a temptation to indulge in "alcoholic stimulus" at lunch time, and "all testify to its sustaining power." So that we may confidently look forward to a no distant future when we shall have a medicine that will not only cure shocks in the occiput every time, but will also do away with stimulating fluids at lunch.

**Diseases of the Nervous System, being a Treatise on Spasmodic, Paralytic, Neuralgic and Mental Affections. By Charles Porter Hart, M. D. Boericke & Tafel, New York.**

We should be glad to welcome almost anything upon this subject containing even a modicum of information. The literature of the homœopathic school has not heretofore been greatly enriched by contributions of this sort. Dr. Hart has done a rare service in giving to the profession this book. If we have not here all that we could wish we have so much not to be easily found elsewhere that we give the book a most hearty welcome. We are obliged to say of the preface that its general unsoundness and incoherence is well adapted to a work on insanity. The Doctor's forte is not in philosophy. He limps in his premises and conclusions. But the rather bad preface may easily be skipped, and the reader and student will find in the body of the work a splendid *resume* of most that is at present known of such subjects as the following: Physiology of the Cerebro-Spinal Centers, including functions of the Cerebral Cortex and Lobes, functions of the Central Ganglia, functions of Medulla Oblongata and Spinal Cord; Derangements of the Motor Functions, including convulsions of various sorts, Epilepsy, Hystero Epilepsy. Chorea, Tetanus, Hydrophobia and Catalepsy. Then follows some interesting chapters upon Paralysis of different kinds, such as Hemiplegia, Paraplegia, Infantile Paralysis, Diphtheritic and General Paralysis of the Insane, besides many others, some of them of rare occurrence, but most of them such as the practitioner will often meet. The chapters upon Neuralgias are worthy careful and special study. We bespeak for these particular attention. We incline to the opinion that Part IV, on Derangements of the Mental Function, does not favorably compare with the rest of the work. It will, however, serve as a good introductory for the student to more exhaustive treatises. What we greatly admire in Dr. Hart's work is his careful selection of clinical cases under each head. His selection of remedies are somewhat limited, and the author could greatly improve his indications if he would drop the assumed physiologico-pathological statements and give his readers a pure pathogenesis. On page 156 we find "*Aluminum met.* When the paralysis is confined to the lower extremities and the seat of effusion has evidently been (why past tense?) in the spinal column. *Arnica mont.* In cases where the paralysis is general rather than local, and the exudation has occurred in both the cranial cavities." As though this latter fact was an easy enough matter to know, or that it might in any case be known with certainty *ante-mortem*. Too many such are set before the student, but others are more satisfactorily presented. This book may safely be added to any physician's library. It will prove a first class investment.

**Decline of Manhood, its Causes and the Best Means of Preventing their Effects, etc., etc.** By A. E. Small, A. M., M. D., etc., etc. Duncan Bros., Chicago.

This is the "second edition revised." If in typography it is any improvement on the first edition, then the first edition must have been a curiosity. In any case the title page of this edition will be a curiosity, certainly in years to come if it be not such to-day. Masturbation, Excessive Sexual Intercourse and Spermatorrhœa are the topics chiefly discussed. We are bound to say they are all well discussed. On page 15, after enumerating thirteen different "causes of seminal weakness," the author says: "A careful examination of each of the above will enable us to rationally comprehend the relation between cause and effect in each particular case, and show us the total insufficiency of a merely symptomatic treatment of these diseases." Certainly Dr. Small in this does not carefully weigh his words, or he has descended to the *ad captandum* method in a manner quite unworthy his standing as a teacher of medical science. As though these conditions formed any exception to the general law of treatment? The Doctor knows they stand under the same rule as every other known morbid state. "Symptomatic treatment" is one that is guided by the symptoms. Does Dr. Small ask more of an intelligent physician? Does he demand the removal of the cause? What physician of any school or class would fail to do this if he could? But in the thirteen causes above cited some of them in many instances could not be removed. Now what would good Dr. Small do in such a case? Would he not have to eat his own words and give his patient symptomatic treatment? No, probably not; for there are little indications in the work that Dr. Small could do it if he wished to. Open it anywhere—page 47 will do. "If digestion is impaired (what a lucid statement!) and the stomach is irritable (how precise for the president of a medical college!) and rejects food taken into it, *Puls. 6* in doses of four globules three times a day, may be taken when there is a sense of weight in the stomach, or sense of contraction. *Nur rom. 6* may be substituted for *Puls.* (So indeed may anything else, for all we can see.) After *Puls* and *Nur* have done their work *China 6* may be taken in the same way." What sort of work is it *Puls.* and *Nur* do that needs such supplementary help. Mighty poor, we should say. On page 49 for constipation he recommends "*Nur romica* or *Lycopodium*, a dose of either." You pay yer money and you takes yer choice. Page 57: "Urethral inflammation calls for *Cannabis sat.*" "The persistent use of *China* may bring up their vitality." The book is full of this stuff. Yes it is stuff, and little else. The president of a homœopathic medical college should do better work. We hope a third edition will soon be issued better printed and containing better medical practice. If an enemy had

done this, or some obscure country doctor or even a professor in some medical college, it might have passed unnoticed, but for Dr. Small, A. M., M. D., President, etc., etc., to father a book like this, is too much for our unsanctified natures to bear.

**The North American Journal of Homœopathy.**

That staunch old quarterly should in all justice have now and then a favorable notice. About four times a year we feel like saying to all our readers, Why don't you subscribe for the North American? We say now, you can't do better so long as our Uncle Sam has editorial charge of it. So, then, kind friends, don't forget the North American Journal of Homœopathy. Published quarterly, by Boericke & Tafel.

RECEIVED.

PUS-CORPUSCLES, Leucocytes, Leukæmia and Pyæmia. By Rollin B. Gregg, M. D., Buffalo.

SUPPRESSION OF SYPHILIS. By J. Tyler Kent, M. D., St. Louis.

Wood's Library of Standard Medical Authors for 1881.

No. 8. Treatise on Therapeutics. By Trousseau. Vol. III. Wm. Wood & Co.

No. 9. Minor Surgical Gynecology. By Paul F. Munde, M. D. Wm. Wood & Co.

No. 10. Diagnosis and Treatment of Ear Diseases. By Albert H. Buck, M. D. Wm. Wood & Co.

Wood's Library of Standard Medical Authors for 1881.

No. 1. A Treatise on Albuminaria. By W. Howship Dickenson.

No. 2. A Treatise on Materia Medica and Therapeutics of the Skin. By Henry G. Piffard, M. D.

No. 3. A Treatise on Diseases of the Joints. By Richard Barlow. F. R. C. S.

No. 4. A Treatise on the Continued Fevers. By James C. Wilson, M. D.

No. 5. A Medical Formulary. By Laurence Johnson, M. D.

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QUITE ANÆSTHETICAL.—A famous surgeon advises one of his patients to undergo an operation. "Is it very severe?" asks the patient. "Not for the patient," says the doctor; we put him to sleep; but very hard on the operator." "How so?" "We suffer terribly from anxiety. Just think, it only succeeds once in a hundred times."

## Editor's Table.

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DR. J. DICKSON has moved to Canal Dover, O.

DR. F. H. TYLER is practicing in Sturgis, Mich.

TWO scholarships for sale at favorable rates. Address ADVANCE.

ARTIFICIAL EYES are now made so perfectly that even the wearer can not see through the deceptive things.

THE National Anti-Monopoly League, New York, send out some very interesting circulars dealing with the questions of the day.

A LITTLE boy was told by his mother to take a powder she had prepared for him. "Powder! powder!" said he; "mother, I ain't a gun."

DRUNKARD AND DIPSOMANIAC.—Dr. Frelat says: "Drunkards drink when they find a favorable occasion; in dipsomania the patient drinks only at the moment of the access."

HOT water has been applied over the region of the heart for suspension of its action in cases of *Chloroform* narcosis with most happy effects in restoring its wonted motion.

AMERICAN HEMP IN MANIA —An epidemic of homicidal mania is at present raging in this country. The most effective remedy in the treatment of this form of insanity is hemp.

THE National Board is denominated a "Hybrid Board," and informed that "We are yet to see those remarkable benefits we were promised when it was first organized" by the St. Louis *Clin. Record*.

THERE was a man in Indiana who paid a highly promising oculist \$10 for so treating his eyes that he could see as well by night as by day. The operation was perfectly successful, for now the man can not see at all.

SOME weak looking girls owe the pain in their backs which is present in the morning in an aggravated condition, to a sinking or great depression of the bed. As a remedy place a pillow so as to prevent it, or sleep on firm mattresses.

AT dinner she had a doctor on either hand, one of whom remarked that they were well served, since they had a duck between them. "Yes," she broke in—her wit is of the sort that comes in flashes—"and I am between two quacks."

TEMPERANCE AND THE CHURCH.—In Kansas the new prohibition law not only forbids the use of wine in the sacrament, but imprisons for two years in the penitentiary the minister who so administers it, and shuts up the church itself as a public nuisance.

FORT WAYNE, IND., less than 27,000 inhabitants, is possessed of its quota of medical colleges. In the old school way they have the Ft. Wayne Medical College, of Ft. Wayne, Ind., and also the Medical College of Ft. Wayne, of Ft. Wayne, Ind. Both are applicants for reduced fees from impecunious aspirants for medical degrees.

IODIDE OF STARCH is highly recommended for poisoning generally. Dr. J. R. Haynes', of Indianapolis, experiments with *Iodine* to antidote animal poisons have had a desirable influence in awakening the interest of the profession in antidotes to poisons. The results of his experiments were published in the *ADVANCE*, vol. vi, pp. 481 to 487.

"GAZING upon the organization [District Physicians' Society of Cincinnati] from this distance, and reading the reports of its proceedings in the press, it looks to us as if it were gotten up for the sole purpose of advertising an individual whose initials are Pat. Maley, and if the Cincinnati Academy of Medicine has not sat down on Pat. yet, it is time it did.—*Ex.*

GIVING UP THE USE OF THE GERMAN LETTERS.—In view of the opinions lately expressed by eminent oculists, that the reading of German text is injurious to the eyes, the Bernese Government have resolved as much as possible to discourage its use, and all their official announcements and reports will henceforth be printed exclusively in Roman characters.

DURING the ten years ending 1880, in England there were 101 deaths following the use of *Chloroform*; 11 *Ether*; 7 *Chloroform* and *Ether*, and 10 *Methylene*. These figures do not give a proper view of the dangers arising from the use of anæsthetics. *Chloroform* is always used for the major capital operations by operators intelligently appreciating the superiority of it over other anæsthetics, and the subjects are less suitable for such ordeals.

CONSERVATIVE SPELLING.—The persistency with which English writers and printers cling to the use of the vowel *u* in such words as color and favor was illustrated forcibly not long ago in the Bank of England, where a chancery draft was refused payment because, in stating that it was in favor of so and so, the drawer had spelt the word "favor" without a *u*. To be consistent, "doctor" and "professor" should also be spelt *doctour* and *professour*, since like the above mentioned words they are derived from French words ending in *eur*, *docteur* and *professeur*.

WHAT a time the next meeting of the American Medical Association will have if it undertakes to censure the violaters of the code of ethics. It seems that nearly all associated with the President's case have grievances. What will be done for Dr. W. A. Hammond, who, commercially-like, went so far as to solicit employment in treating

the President a number of times, and because appreciated at his true value, which is nearly *nil*, he raised around him a lot of detractors of the attending physicians? What is the code for but young, struggling physicians? It seems to be violated on the merest pretense by men desiring leading positions.

We lately found enclosed in a catalogue a circular containing the words below quoted. If this circular means anything less than that the college purposes to fill up its treasury at any cost to the profession we fail to interpret properly:

"T— O—, M. D., Dean of the Faculty of the College of Physicians and Surgeons. Dear Sir: I hereby recommend Mr. ———, of ——— as an applicant for the Special Privilege. He is a young man of good preliminary education, excellent morals, and is unable to pay the full fees of your school. Very truly yours, ———, M. D.

THE International Medical Congress would not admit lady physicians. \* \* \*

We do not think that the National Board (of Health) has done three dollars worth of work.—*Ed. Miss. Valley Med. Monthly.*

THE consumer expends two or three dollars for something; the actual value of which is not as many cents. We have no desire to keep up the conventional joke about all doctors being licensed murderers; but it is very certain that there is more quackery in this country than any other. We have too many doctors and too many quacks, and Americans are proverbially too busy to take the trouble to find out if the medical men they employ are worthy of confidence. America suffers from a multiplicity of medical colleges, three-fourths of which ought to be abolished. At many of these western institutions it is as easy to get a diploma—and not a bogus one, either—as it is to get your boots blacked. Half a dozen frame shanties form a city, and one of the shanties is called a medical college, with a full staff of professors.—*Puck*, Aug. 3.

A STAFF of professors professing every branch of medical science, heard and unheard of. These gentlemen and the graduates they train are frequently very ignorant men, and they do much to lessen the respect for the profession. It is far too easy a matter to become a doctor. Theoretically it is a noble calling, and the path to it ought to be beset with difficulties. There should be a few well-equipped colleges in different parts of the country, and all the *Blanche Tray* and "*Sweetheart*" ones ought to be ruthlessly wiped out of existence. Students should not be admitted without a rigid examination to prove the possession of culture, and sufficient training to enable them to benefit to the fullest extent by the instruction they seek. At present M. D.s in every State of the Union are as plentiful as black berries, and many of the men who bear the title are about as worthy of it as some of Supt. Coleman's street sweepers. No wonder quacks flourish when there is often so little difference between them and those who are not technically quacks.—*Puck*.



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THE OBLIGATION to obey law is as binding in science as in morals. Obedience to natural law is simply obedience to nature. The quest of the wise in all ages has been after law, for without this the universe is filled only with confusion. By the discovery of law, astrology became astronomy; by the same power alchemy became chemistry, and empiricism was changed to medical science. If there be medical men who are attempting to practice medicine without the aid of law they are only empirics. If we should build and equip vast laboratories, and give them into the hands of men who not only openly denied, but were palpably ignorant of chemical laws, all these men might do or say, or pretend to do would not redeem their work from the stigma of ignorance and absurdity. These men clothed in brief authority and enjoying a passing popularity, might for a time deceive the credulous public, but history would write its righteous verdict over their graves, and posterity would take them at their true value as empirical pretenders to science. Medicine stands in precisely that attitude to-day. After two thousand years the allopathic school is as badly empirical as it was in the days of HIPPOCRATES. It has no rule of action except to show on all possible occasions its ignorance and hatred of medical law. The only substantial advance it has made in the last one hundred years is to stop in some measure its murderous work. It has brought gain to humanity by throwing away *Calomel* and the lancet. Its best exponents have turned their attention to preventing what they



themselves confess they can not cure. They are as ignorant of the essential nature of disease as they were when first they were wrapped in their swaddling clothes. The men of that school pretend to treat disease and cure the sick, while they openly ignore and defy the laws which govern medical science, and so they are filled with confusion and overwhelmed with disaster, and in a thousand years to come they will not add one iota to medical progress. In all this we are in substance only repeating the words of the wisest of that school who are free to condemn what is wrong, but alas they see no remedy, for they reject a law which demands obedience and ensures success.

WHY SHOULD a sick man send for an allopathic doctor? Certainly not with any hope of that allopathic doctor curing him. Said a distinguished professor of that school, in our hearing, a few months ago. "We don't talk much nowadays about curing disease; we know very little about that. We are now giving our attention to sanitary science. We can, at least, do something in the prevention of disease." And this was said to a large and popular audience in the University of Michigan. The *Medical Gazette* for August, 1881, contains a lecture by the well-known Professor ALFRED STILLE, of Philadelphia. His opening words are, "The treatment of simple, acute, articular rheumatism may be abandoned to palliatives and nature." The Professor, of course, meant to say that the patient and not the treatment might be so abandoned. This fact is constantly coming into light. "Abandonment" is the acme of modern allopathic practice. Professor FLINT, of New York, makes the same plea for pneumonia. Some recent writers on syphilis have made the discovery that when the disease is left alone it is almost certain to be harmless. *Mercury* only increases its evils, and creates a thousand new ones. The advanced allopathic doctor generally does little else than amuse his patient, while nature performs the cure. They have, some of them, found out the evils of dosing with drugs. They make confusion worse confounded when they attempt to follow their books. They are certain, however, they can palliate. *Opium* and *Chloral hydrate* will relieve pain. But they should know that the evils of such attempted palliations are second in importance only to the evils which come from their former methods of cure. In another quarter of a century they will be ready to abandon the patient wholly to nature. This will be a godsend to the patient. In the meantime, these men, who grossly misrepresent medical science and art, will continue to occupy the manger, unable themselves to eat the hay or allow others to do so. However, no man who understands the teachings of SAMUEL HAHNEMANN will be found to so disgrace his profession as to exhibit such ignorance of pathology and materia medica. Homœopathy is an improvement on nature, and is capable of giving the only true palliation by curing the disease.

**The World's Homœopathic Convention in London.** International Medical Congress and International Sanitary Science Exhibit.

It was emphatically a grand treat to a medical man to be in London in July and August and attend the above-named gatherings; and when we unite with these the attendance on the American Institute at Brighton Beach, and visits to the various hospitals of New York, Edinburgh, Glasgow, London and Paris, as well as the colleges and medical museums of these cities, we feel fully satisfied that we spent the time and money necessary to see them all.

The World's Homœopathic Convention opened on Monday evening, July 11th, with a grand reception, given by President Hughes. His cordial greeting will long be remembered by those in attendance. Vocal and instrumental music delighted our hearts, and a sumptuous banquet supplied the needs of the inner man. The profession of London were on hand to welcome us (representatives of foreign nations), though they insist that we of the United States are so nearly allied to them they will not consider us foreigners, but brothers.

The Convention was conducted much like our own Institute. Dr. Pope was elected Vice-president. The papers were of considerable interest, and the discussions were often intensely so. Still some dissatisfaction was felt that speakers were appointed by the President, and were the only ones furnished copies of the papers to be discussed. True, after the speeches of the appointed debaters there was an opportunity given for volunteer remarks, but the time was usually so very short that little could be said. Personally, we had no reason to complain, as we had the appointment to lead the debate on all the papers in the Bureau of Gynæcology; but we feel that many did not have an opportunity to express themselves as fully as they would have liked, and as the Convention would have desired to hear.

A *conversazione* was given at the British Art Gallery one evening by Vice-president Pope, to which the ladies were

invited, and the London physicians gave the Convention a grand banquet at the Criterion on Friday evening. This was one of the grandest affairs of the kind we have ever attended. The London physicians also gave us numerous private dinners, lunches, and breakfasts at their own homes. We found Drs. Dudgeon, Dyce, Brown, Burnett, Pope, and Blake the leading homœopathic physicians of London. Drs. Drysdale, Hayward, and Walters, of Liverpool, we found taking the leading practice there, and were on hand at the Convention as earnest workers. There were about two hundred in attendance from England and other parts of the world.

The International Sanitary Science Exhibit in Albert Hall, South Kensington Garden, was a grand exposition of sanitary, surgical, and medical appliances, remedies, etc., etc.

The International Medical Congress met in London, August 2d, at its seventh session. Sir William Jenner called the meeting to order, and made some excellent remarks. Sir James Paget was elected President, and the Prince of Wales opened the convention with a thoughtful, cordial speech. At his left sat the Crown Prince of Germany. The President then gave us the finest address we ever listened to. Homœopathic physicians were admitted as members on the same basis and given the same privileges as physicians of the old school; and we were invited to dinners, receptions, excursions, etc., by the old school physicians of London without any evident discrimination, unless it was that the discrimination was in our favor. The colleges, museums, and allopathic hospitals were equally open to our inspection and criticism. One incident I might mention was, that one day, in the Bureau of International Materia Medica, seven speeches were made by homœopathic and only two by allopathic physicians.

This convention numbered 3,210 in actual attendance. No one was admitted except on his membership card, either to the general meetings in St. James' Great Hall, Regent street, or to the bureau meetings in the various rooms of the University of London. It was pleasant and inspiring to listen to Professor Simpson, Mr. Spencer Wells, Dr. Barnes, and

Matthews Duncan, as well as our own Sims, Gross, Flint, Sayre, and others, to say nothing of prominent physicians from Russia, Germany, France, Austria, etc. New instruments and methods of treatment were numerous. The conservative mind of the English and German was noticeable, as well as the active, pushing, progressive brains of France and the United States.

The excursions, dinners, banquets, receptions, etc., given us as members of the Congress were too numerous to mention, and were as grand as the imagination of one at a distance is likely to develop. Nothing was wanting to make the Congress as pleasant as it was profitable.

I would like to tell of the hospitals and colleges of London, Paris, and Edinburgh, but your readers have heard of them often, and I fear the recital would be tedious.

The highlands and northern lakes of Scotland gave us great pleasure. We were delighted with the city of Amsterdam, and enjoyed the boulevards of Brussels, Paris, and Versailles, as well as the exquisite works of art in all these places. Notwithstanding all this, we return to the United States proud of our country, with a more soul-pervading patriotism, a deeper gratitude to our forefathers, who came to these shores and gained for us the position of a free people, a free government, and one which now stands, in the estimation of the world, the leading country in resources, in development, progress, and invention. And I am sure I speak truly in saying they accord to the United States the same prominence in medicine and surgery. I did not formerly suppose this was so in the least, but I am now convinced of it. We have, therefore, a grave responsibility. England especially is looking to the United States as an old father toward a strong, fully matured son. These meetings cement more strongly the friendships in professional ranks, and can have but a favorable effect upon the courtesies between us as nations.—  
M. M. EATON, Cincinnati, September 17, 1881.

This condition affects more particularly the vaginal portion of the cervix, though it may extend up the cervical canal. A very obstinate form of this trouble occurs when, with cervical endometritis, the os externum becomes everted. Friction against the floor of the pelvis is apt to keep up a continual irritation.

In considering the predisposing causes, we place the scrofulous cachexia first, then sycosis. We may place much stress on innutritious food and on too stimulating food. Insufficient clothing, clothing fastened so as to have the weight come upon the hips, want of muscular exercise, especially in the open air, prolonged mental depression, and morbid emotions in general and excessive lactation, are all predisposing causes. Among the more immediate causes we may mention sub-involution and too frequent pregnancies. Many times a cervical endometritis is a transfer of morbid force from some other point, and I am not able to say but the disease is safer operating in this structure than at many another point. If so, it shows the danger of diverting the morbid force inward upon more vital centers. The great harm is likely to come from the use of all escharotics, and any local treatment that does not tend to general curative reaction. The more the disease originates in constitutional difficulties the more emphatic is our condemnation of all treatment that looks to merely local results.

There is another class of causes, which we may denominate as exciting causes; and in this category we place, first, intemperate coition and venereal excesses, including private and social venereal gratification. Then there is abortion, and the means used to destroy the fœtus in one way and another, together with the modes of preventing conception. Gonorrhœal vaginitis and inoculation at the external os, acute endometritis, obstructive dysmenorrhœa, vaginal, and intra-uterine pessaries (the latter especially), the growth of fibroids, laceration of the cervix, uterine displacements, etc., etc., may be set down as exciting causes. These causes do not always excite the cervical membrane to inflammation, it is true. Whether they do or not depends very often upon whether

the previous condition of health was good or bad. But causes need to be studied in their peculiarities if we desire to successfully treat our cases.

If we should find sub-involution in our case we would be likely to study *Belladonna*, or *Conium*; or *Nux*, and their allied remedies; but if our disease came from a specific inoculation, they would hardly be thought of as remedial agents. *Cannabis sativa*, *Mercurius sol.* or *Corrosivus*, or their allies, would be thought of, although it would be true that we should give the remedy most completely representing the symptoms. Then, again, for an endometritis produced from mechanical causes, our first step would be to remove the cause, and so our treatment would be likely to be modified by the exciting as well as the remote or predisposing causes.

Chronic endometritis is not declared by any particular symptoms, which leads the patient to suspect the nature of her trouble in quite a large per cent of those cases. Your patient may have leucorrhœa without its attracting her attention. The nervousness with which she is afflicted, and the general sense of languor, she does not attribute to any trouble of the womb; even if you ask her if she has leucorrhœa, she will give you a negative answer. Yet there is a train of symptoms which pretty definitely point to the existence of such a disease.

Usually, the first symptoms to which the attention of the patient will be called is a dragging sensation about the pelvis; then follows pain in the loins and back, which is aggravated by motion most likely. Soon there appears about the vaginal canal a secretion like gum water, the white of an egg, or boiled starch. This sometimes irritates the vulva; later, the leucorrhœa becomes yellowish—perhaps it has a blood-stain; in some cases the odor is decidedly unpleasant. Now we are likely to have complications. The menses become too scanty, or too profuse, too frequent, or delayed, and very likely more or less painful. Constitutional symptoms appear; digestion is imperfect, the appetite impaired, and faulty nutrition follows. She becomes irritable, irascible, moody, and perhaps hysterical. Perhaps it would not be improper to say that the

mental symptoms should be referred to hysteria in gross. Graver symptoms may soon follow, such as cystitis, hyperplasia of the cervix, or vaginitis—possibly corporeal endometritis, ovaritis, and salpingitis. If cervical hyperplasia has set in, there will be pain during sexual intercourse. Nausea and vomiting have occurred in consequence of the derangement of the digestive system; and the great sympathy that seems to exist between the stomach and uterus becomes pronounced. But it is well to remember that a cervical endometritis may go on for years and none of these graver complications follow, though the system is slowly and surely being undermined. We will not be positive of our case with all these rational symptoms, though our case is very probable. A physical exploration gives us the positive evidence. This will be made by digital examination, conjoined manipulation, the speculum, etc. We desire, of course, to make out the pathological condition, and obtain such objective symptoms as can be gained.

Coming to therapeutics, the remedy here, as everywhere else, is the one most fully corresponding to the totality of the symptoms. *Pulsatilla*, *Sepia*, *Calcarea*, and *Sulphur* perhaps have been given more frequently than any other remedies, and with a degree of satisfaction. But you will not give these remedies at all upon general principles. If given they must be given for the reason that they are more truly homœopathic to our case. Take the indications for *Acidum nitricum*: pressing down in hypogastrium and small of the back, as though pelvic contents would protrude; pain in the thighs; abdomen feels bloated; leucorrhœa, ropy, clear mucus; green mucus; mucus flesh colored; acrid mucus; offensive mucus; stitches up the vagina, or stitches in the pelvis from without, inward in the open air. This remedy has the symptom, sensation, as if a sliver was sticking in the trachea, in respiratory catarrh, which, if associated, would be characteristic. The mucus, if ropy, can be drawn out much like the catarrh provoked by *Kali bichromicum*. Among the accompanying symptoms we find violent itching of the genitals toward evening; sometimes when walking; menses too early and pro-

fuse; nightly enuresis; a teasing, unsuccessful desire to go to stool, as in *Nux vom.*; takes cold easily, and this aggravates the leucorrhœa; fetid, smelling urine, like mare's urine; smarting and burning in the urethra while urinating; itching and burning, with swollen vulva and vagina; atrophy of the mammæ, and nodes in the mammæ. Frequently there is longing for fat food, for chalk, lime, or earth. The fat food causes acidity, however; milk usually disagrees. Comedones and freckles are seen on the face, and it is not at all improbable that we shall find nasal catarrh. Among the mind symptoms is sadness and despondency; aversion to mental exertion, and weak memory; irritable and excitable; sometimes vindictive. Patients frequently have vertigo in the morning, and desire to lie down. If there is a syphilitic taint, the remedy has a constitutional applicability; the glands of the groin are often swollen. If our patient has been mercurialized, then again we will find in *Nitric acid* an antidote. To some varieties of scrofulosis this remedy is well adapted; and hence it may be our very best agent for a cervical endometritis developed upon a scrofulous basis, and much more so if there be a syphilitic taint ingrafted upon a scrofulous base.

Now as we can not follow out each remedy in its general and special analysis, let us try to group together a few of the more important remedies, following, so far as we can, the constitutional cachexia for our basis. *Acidum nit.*, *Hepar sul.*, *Kali bichromicum*, *Mercurius*, and *Thuja occidentalis* are the more important remedies of a group which seems to agree with the syphilitic and gonorrhœal cachexia. *Hepar* has the same sensitiveness to cold as *Nitric acid*, and cold aggravates the symptoms. For instance, *Hepar* patients begin to cough as soon as a part is uncovered if bronchial irritation exists; *Hepar* patients take cold easily. In *Hepar* the abraded surfaces bleed easily, as in *Phosphorus*, which will distinguish it from *Nitric acid*. In both remedies we have smarting and burning, but the urine of *Nitric acid* has an ammoniacal odor, which is not found in *Hepar*. Then, the sallow, dingy complexion which belongs to *Hepar* is un-



like the complexion of *Nitric acid*, which is pale and bloated. The gums of *Nitric acid* are often spongy and white on the border. In *Hepar* you may find milk crusts and other herpetic troubles associated. A more important local symptom will be found in the throbbing and gnawing sensations felt in the ulcerated surfaces when they exist. It corresponds to the scrofulous side of *Acidum nitricum* rather than the syphilitic side of the remedy. It is even more of an antidote for the mercurial cachexia.

*Kali bichromicum*. This again is a remedy for the syphilitic cachexia; it corresponds also to scrofulous lymphangitis. The temperament to which it seems best adapted is, that with light hair and complexion, with a tendency to fleshiness. The hot weather does not agree with such patients. They complain of great weakness about the loins and much pain in the hypogastrium. It is not the terrible backache of *Æsculus*, but a weakness, as if the support was gone. The leucorrhœa has the same character as the mucus discharges from the throat; it is tough, and can be drawn out into long threads; quite a good deal more ropy and tenacious than the leucorrhœa of *Acidum nitricum*. Such patients are apt to have a species of nasal catarrh, in which large plugs form and block up the nostrils. Sometimes the nasal septum will be found ulcerated, or abrasions of the mucous membranes of the throat will be found, which also secrete a tough, ropy mucus. Such patients menstruate early, and complain of headache and vertigo at the menstrual period. The cervix and vagina are raw, and the villi exposed. Observation has shown that the effect of *Kali bichromicum* is more especially upon mucous membranes covered with columnar, ciliated epithelium, and this arrangement is found in the uterus. It is well to examine the fauces in the severer forms of chronic cervicitis, to which this remedy is adapted, for follicular inflammations; for if there be any venereal taint it is often shown in the throat. Of course the remedy may find an application in non-syphilitic cases.

A remedy with still more analogies to *Acidum nitricum* is *Mercurius corrosivus*, for this is the kind of *Mercury* which I

use. The discharges from the mucous membranes are less ropy, but equally copious. This is seen when the salivary glands become impressed. The kind of leucorrhœa mentioned by Jahr and Hering is of a pale, yellow color, and of a sweetish odor. This is not the only leucorrhœa to which I have found this remedy applicable. If the abrasion be deep, you will get blood-stains, and a more purulent appearance. The action of *Mercury* upon the mucous membranes is from within out, as the destruction of tissue proceeds; that is, the epithelium is raised and then cast off, leaving a red, irritable surface exposed, and this secretes a more or less acrid fluid. These ulcers bleed easily, as in *Hepar*; they are irregular in shape, have a dark halo around them, and tend to run into each other. These are unlike syphilitic ulcers, which are circular, but they have a similitude curative in correspondence. *Mercury* is only second to *Acidum nitricum* in curing syphilization. Corrosive *Mercury* seems to me to represent, more than any other remedy, a progressive lymphangitis; and is this not what we have in cervical endometritis in a majority of cases? When the epithelium is thrown off we have the villi exposed the same as in mercurial inflammation.

This is upon the pathological side, but it is a part of our case after all, and clinical verification supports the value of our observation. The provings give us, as symptoms bearing upon our cervicitis, inflammation of the vaginal canal and the external genitals, smarting and excoriation. We have sore pains in the pelvis, which seem to be deep-seated, and dragging pains in the loins. The abdomen is weak, as if it had to be held up. Indeed, weakness is one of the leading symptoms of the mercurials. Then there is no remedy, unless it be *Cantharis*, which so impresses the neck of the bladder, producing tenesmus and desire for frequent micturition, a very common symptom in endometritis—at least the urinary viscus is likely to be more or less irritable. This is a differentiating symptom between *Nitric acid* and other remedies considered.

Then, again, mercurial patients perspire easily, and have an evening aggravation of most symptoms; there are also ebullitions in the veins sometimes spoken of as the mercurial crethism. Professor Ludlam thinks highly of *Mercurius cor.* in the treatment of epithelioma, citing a case, in one of his clinics, where the action had seemed to be marked and persistent, covering a period of three years. He uses the sixth dilution of the decimal scale. If *Acidum nitricum* outranks *Mercury* as a syphilitic agent, which may be debatable, *Mercury* greatly outranks it in controlling the destructive wastes that follow after gonorrhœal inoculation. If my observation is worth anything those who claim that the gonorrhœal virus will taint the system are correct; and I believe that the number who suffer inflammations of the cervix from the virus are ten to one as compared to those who suffer from the syphilitic taint. Whether this frequency of gonorrhœal inoculation has anything to do with the success which has attended our use of corrosive *Mercury*, I do not say. I do use the remedy for secondary gonorrhœa with success, and I do use it for cervical endometritis with success also. I am clear, however, that it has a curative relation to non-specific lymphangitis, and its range of applicability is exceptionally wide. I usually administer it in the twelfth, thirtieth and two hundredth potencies internally, and if curative responses do not set in reasonably soon thereafter, I employ the third decimal to the morbid surfaces in a solution of two grains to four ounces of water. These absorbent surfaces are very quick to respond to the action of remedies.

We must be sure that our remedy provides for the fulfillment of our homœopathic correspondence; for in no sense must we be understood as indorsing the astringent or cauterizing treatment of our brethren of any school.

**Thoughts Akin to Hygiene.** J. P. Geppert, M. D., Cincinnati, Ohio. Read before the Ohio State Homœopathic Society.

A brief and common method of expressing the health of any community or people is to state the death rate or mortality for a definite period. This expression does not convey all that could be desired, but like other brief representations, needs modification or amplification. The duration of the individual constituents' lives has a direct effect on the mortality. If the average period of life is thirty-three years, it will require thirty-three years for one thousand persons to die if born at the same time; but if the average period of life should be shortened (which is the tendency, according to close observation for some years past), to twenty-nine years, it will require only twenty-nine years for a like number of people to die. In these two conditions we have respectively individuals dying at the rate of 30.3 and 34.48 per thousand annually. Suggestions leading to the improvement of the race and the extension of the period of life are related, and appropriate for consideration under the subject of Hygiene. And we hope to show some radical method of effecting the general welfare of the human family in a feasible manner.

An impression that prevails quite generally is that the average longevity of human beings is greater at this period of the world's existence than it ever was before, possibly excepting that of the Biblical characters living early in the period coming under the recital of sacred history. From this longevity it is fair to conclude man's environments were more favorable to comfort than at any other period. There have been many efforts to account for the great age of the early biblical characters, such as that seasons and years were synonymous; that the language was allegorical; and that the period referred to as the age of individuals really denoted the time of the existence of the family. In further support of popular evolution that all things increase their qualities, and that

families grow to a greater age at this period of civilization, it is possible to refer to a longer genealogy than any recorded in the Bible. Not all scientists consider the ages of the patriarchs as bearing upon the questions of hygiene at this period of the world. Whatever the interpretation of the writing, there were favoring circumstances for reaching a great age. The agencies conducive to man's continuance were abundant, and those inimical to human life were under control or could be avoided. Individual age has sometimes been extended to a great period, according to popular writings, but the extreme ages reported lack evidence when subjected to a crucial test. There does not exist in history a well authenticated case of longevity exceeding one hundred and ten years. The greatest age reached, according to the insurance tables accessible to the writer at present, was one hundred and three years. All acquainted with life insurance know the great care exercised in selecting subjects for policies, and know the sustaining influence felt by the afflicted if they be placed so as to feel assured that those dependent on them are secured against want. Dr. J. Gardner, in his treatise on longevity, writes that the "evidence which can be produced of any human being having attained the age not of 130 or 140, but of 110 years, will be found upon examination to be perfectly worthless." These reported cases of individuals reaching long age are found to be in the lower walks of life, among individuals with poor mental development, and no written records of birth; persons ordinarily found with the short lived of the community. Their ages are traditional. Thomas Parr, reported to have died at the age of 152 years, was the son of a poor agricultural laborer, and Peter Zartan, a peasant, to have died at 185, are unsubstantiated. Peasants, accordingly, are the specially favored for instances of longevity, or conditions unfavorable to continue life are made the environments of all persons living to a great age.

That the age of individuals varies in different periods we doubt not; but such great changes as reported are not consistent with observation. We have reason to believe it is

possible to prolong life, and that the favorably circumstanced or rich of any community are the longest lived, other things being equal. With advanced knowledge of life it is possible to place the individual in an improved state, and surround him with favoring environments. That we do not use the best knowledge is evident in the reduction of the period of life of the residents of this world, which began during the first quarter of this century.

Our crowded state makes the mortality tables show against hygiene, and renders the acquisition of the necessaries of life a struggle, the struggle requiring, in too many instances, the full employment of all the energies and all the time for procuring sustenance. As time passes, or, as some would say, we progress, the destructive conditions are accumulating. Crime, pauperism, insanity, suicide, do not lessen, if we may judge these things by our statistics. In the community that has its church there is provision for its criminals. Preventing descent, or general diffusion of the possessions, of one end of the balance in which society rests, containing the moral influences, as churches, schools, etc., may be seen the opposing weights to progress, under the form of forced labor of infants, long hours of employment for the females, the criminal tramp, not rendered so from selection, the convicted criminal and pauper. With the enjoyments said to follow the careless administration of charity come the evils more surely of violated justice. Foster we pauperism, and surely follows its increase. In society of this century there be agencies thought commendable whose only influence can be palliation temporarily and promotion eventually of the evils they assume to remedy. Plain truths are sometimes kept back, or not exposed, for fear that he who brings them forward, or removes the covering, will be martyred. Expediency and right can not be separated.

There be more influences to increase the evil members of society than there be those that favor the continuance of the high-minded and good members. Charity, as commonly applied, is for the support of the weaker; that society may carry a burden; that it may support the progeny of the im-

perfect constituents and troublesome members of the world. It invites the lewd to carry on their lewdness, and says we will take care of the results; it builds homes for paupers, asylums for imbeciles, and retreats for the bibacious; it seeks the criminal and tempers justice, and makes the criminal's course through life less onerous than that of many an upright, industrious member of society. In relieving the evil members of the necessity of supporting their offspring it removes a barrier to their increase; in providing better means of continuance for these units than their parents can, society or state favors their increase constantly, or actually nurses parasites. State resembles the pomologist who should select the imperfect or inferior varieties for seed, or the swine herd who should allow the runts to propagate. In society we find energies constantly exercised for the increase of the inferior and prevention of the superior, thus retarding progress or natural evolution. Criminals are more fruitful in progeny than the just; paupers increase more rapidly than the affluent; the dependent vastly outnumber the independent. Society as now organized tends to perpetuate this state.

The superior members of the community are frequently childless, or at most do but seldom bear sufficiently to keep up the general increase of the world. The family living in the old centers of civilization and moving in the higher circles, does not continually perpetuate its name. Posterity shows no record in its city directory of many old family names. The energy of the best members does not go to offspring sufficiently to perpetuate their good qualities. Other pursuits consume the substance and energy, or, should this substance and energy evidence themselves as moving in that channel toward the production of such units as follow the act of procreation, how common is the practice to modify it and turn the course of nature.

Statistics show the birth of imbeciles and dependents on the state's support in the very institutions provided for those sent there. Can the action of the state be regarded as wise that will thus allow her burdens to increase by appropriating substance that is desirable for such entities, or that allows the

conversion of the good into the spurious? In the pauper-houses of Ireland there were 2,103 births in 1872. There were born in the city alms-houses of New York 700 children in 1871. The state, during ten years, endeavored to preserve and rear at Santo Spirito foundlings' home, Italy, 11,425 infants; of this number 9,260 died, or over eighty per cent. In Portugal over fifty per cent of the children in state institutions are reported as lost. The following, written concerning the treatment of infants in Philadelphia, none can surpass for fatality: "The methods adopted by the alms-house officials of Philadelphia for getting rid of unwelcome babies appear to be complete and efficient to a degree never before approached in any modern public institution. The death rate is precisely one hundred per cent. As the President of the City Board of Guardians for the Poor puts it, when he protested against sending any more unfortunates to the alms-house: 'All of them die. None of them live; and never have we raised a child out there.'" This statement is unqualifiedly true. At Randall's Island Hospital (New York) for Children in one year over seventy per cent of all the infants sent there were lost. Better results should follow the efforts to preserve these unfortunate victims of unfavorable circumstances. In the history of one family living in New York we may illustrate the evils society is constantly permitting. From one wicked woman, the Jukes family of paupers and criminals sprung. We need not think the progeny from this woman could claim a single moral father. According to laborious researches, it was ascertained that 1,200 individuals could trace their descent to this woman. The progeny of this woman and their descendants cost the state nearly a million and a half of dollars—not for their preservation alone, but that their evil tendencies might be counteracted.

The state's self-preservation demands attention to these conditions. Has not the state power and equity to modify these conditions? Has she not need to take active steps, lest this nineteenth century, or, further, the twentieth century, should terminate a rhythm in civilization similar to those



of the past? Let us not hasten the undulation which characterizes all forces, but rather let us seek to perfect the compound evolution, so that, entering upon the returning vibration, may be toward integration and perfection, instead of dissolution.

That all kinds of organisms naturally tend to increase in number and quantity is readily seen by the observer of capability. The rapidity of multiplication, in some instances, is so great as to seem incredible, and the numbers expressing it are inconceivable. The *Gonium pectorale* is capable by fission of developing into sixteen units in twenty-four hours, and at the end of a week, under favorable environments, from the single unit may result 268,435,456 organisms. The queen ant of the African Termites, under well nourished conditions, can lay 80,000 eggs in a single day. Entozoa illustrate the rapidity of increase more strikingly than other phases of life, because of their liberal supply of energy (heat) and food. The *Gordius*, or hair worm, placed in position to act as a parasite, will develop rapidly, and be capable of laying 6,000,000 to 8,000,000 eggs in a few hours. Herbert Spencer refers to the quotation approvingly made by Professor Owen, of the calculation which Dr. Eschricht made of the number of ova a mature *ascaris lumbricoides* contains as 64,000,000. The cestoidean entozoa show us low organization with the most favorable nutritive surroundings. Each segment is composed of a complete sexual system, and is capable of reproducing itself continuously. The quantity of substance assimilated by these parasites more than equals that appropriated by the organism environing them. From a single *parmacenium* 268,000,000 may develop in a month, and from one of the lowest animalcules 170,000,000 have been produced in four days. The cod spawns a million eggs at a time, the salmon a smaller number, and in an ascending scale of development we find a reduction in the number resulting from reproduction. But one animal organism now existing is known to require a longer time for reproduction, and whose fruitfulness is less than that of man. The intellectual development of the elephant surpasses all other

animals below man, and associated with his physical development may be nearly equal to that of man; but the elephant requires thirty years in which to mature sufficiently to produce young. Were it to produce young oftener, or earlier deterioration would follow. All these organisms are subject to destroying influences, and this destruction prevents the total consumption of all energy and material capable of use in the formation of organisms, being employed in their continuance. Man, in his superior development and with the implements now at his command, is greater, physically and intellectually, than other organisms; but the time was, and the conditions such, that what are termed brute organisms could destroy man. India furnishes examples where whole villages have been depopulated by the approach of a single tiger or lion. As time advances and these wild organisms are destroyed, we find the number of human beings increases. The two do not increase together; there are other reasons than their want of unison for the destruction of either. There is not enough available material for constructing both; and with our planet constantly losing energy, there must be a reduction of animal life present on it. The fruitfulness of the low organisms, if unchecked, would consume all the energy and substance in their growth and development.

The natural increase of mankind is not unlike that of other organisms. We find low developed men more fruitful in progeny; and as man cultivates the intellectual he reduces the sexual. It has been observed that most men who have led the progress of the world; who have been characterized by original thought; who have martyred themselves, were without progeny. Paul of Tarsus, the ablest apostle; Isaac Newton, of whom to mention anything would be but to recall what all should be familiar with; Cavendish, the English philosopher; Fothergill, an able physician; Herbert Spencer, whose intellectual peer does not exist, have no progeny.

Illustrations without number could be named where celibacy was the state in which superior minds were cultivated, if not throughout life, at least during the period of greatest

mental development. Tyndal and Malthus were untrammelled by other duties than those favoring a high development to advanced ages. Martin Luther was married at forty-two; and but for a quarrel about the division of the profits resulting from the sale of indulgences, the Catholic Church might have retained that splendid mental development within its folds. Our Hempel was married at the age of forty-four. The high form of power in the Catholic Church is maintained more through celibacy than any other feature. This church requires that the mental energies of its teachers be not reduced by exercises that destroy the higher faculties and prove the death of many organisms. The last act of many low organisms is that of procreation, showing a great consumption of energy.

Man knows no higher organism that has a destructive control over him like all other organisms below his plane of life. He alone, of all the organisms, is most powerful, and influences decidedly the agencies that preserve or destroy his kind. He, not another organism, must prevent too great a deterioration or numerousness of his family. The thought is not foreign in this place: If society encourages practices that result in producing human beings, and these beings live shortened lives and deprive their kind of essentials to life, who will say this is not productive of the same results that follow individual deprivation of life? And if society has these results presented to her consideration and pursues her evil practices, how less great is her crime than that of the individual who, with due knowledge of the results of a course of action, pursues this course consciously, and death of a fellow-being follows?

Man is the most consumptive animal. The results of the products which he consumes, unlike the refuse of other organisms, is not so generally allowed to return to mother earth in places, to be again utilized, but is sent along the natural water courses to the great sea, to be truly wasted for man. That fertile regions have been exhausted is evidenced by the depopulation of countries formerly crowded. The most crowded portions of the globe this day we do not find

self-supporting. Saxony has a population of 485 to the square mile; Belgium, 492; England, 476; and in a reduced rate other countries could be mentioned.

More than ninety-five per cent of the soil of Saxony is productive. It is one of the richest mineral regions on the face of the globe; it is largely engaged in the manufacture of articles for export, thus drawing support without its boundaries. Its area is only 5,800 square miles, and contains fewer people than some other centers of population of smaller dimensions not classed as states. We may believe the minerals will be exhausted, and a smaller number of people find subsistence there in the future.

Belgium is a wealthy mineral country, its coal production being second to that of England; it is largely engaged in manufacturing from raw material, and favorably situated for supporting a large population; but the condition of her inhabitants can not be regarded as favorable when an official report states that of the entire 908,000 families of the kingdom only 89,000 were well-to-do, 373,000 were in straitened circumstances, and 446,000 were in wretchedness.

England is more densely populated than any considerable region of the world, while Saxony has something more than 5,000 square miles of territory, Belgium over 11,000, England has over 50,000. England is naturally situated for sustaining a large number of individuals through the propitious climate, rich soil, and abundant mineral deposits. Her immense manufacturing interests drawing support from the world, favors her. But England's continuance as at present, and especially sustentation of such a large population, is secured through her tax on other fertile regions. She appropriates from the world wherever she can find submissive victims. She has more than decimated Ireland to support her populace, and from this country, through rack rents, receives more than one-fourth of the entire products of Ireland. Since England's invasion of India, and the establishment of her power, millions of human beings have been starved, that England might receive the fruits of the soil. India pays England's demand

annually of \$100,000,000 for the privilege of having Englishmen live off the natives.

France, a country which is not so abundantly nourished through demands on sections beyond the confines of her boundaries, in a period of six years, from 1866 to 1872, showed a decrease of 366,935 population in the same area of territory. In 1870 her deaths were greater than her births by 103,394, and for some years previous there was a constant diminution in the number of her births. There were fewer births than deaths for 1854 and 1855, for the two years aggregating over 100,000. One of the causes of this diminution is attributed to legislation which was inimical to marriage; but this reduction in the number of marriages, whether due to legislation or not, seems to have been productive of a great increase in the evil, illegitimate children, of which there were born, on an average, 75,000 yearly for the years 1865, '66, '67, '68, '69 and '70.

The marriage rate of Massachusetts for 1877 showed a marked reduction to any previous year, and the total number of marriages was less than for either of thirteen previous years; and this state has been increasing in population, showing that births are not confined to the most desirable citizens, but are frequent among paupers, criminals, etc. In European countries there are legal restrictions to marriage; but the rate for Massachusetts was only fourteen per one thousand inhabitants, which is less than any European country. This decreased marriage rate indicates that intelligent individuals appreciate truths, and labor to secure desirable ends without need of medlesome legislation. The average age of all men marrying was over twenty-nine years and that of women over twenty-five years, indicating a fear of over-population. The paupers cost about \$2,000,000, and the increase of immorality and illegitimate children was accordingly.

Octave Planet writes intelligently on pauperism, and makes some startlingly true assertions, among which is: "Ohio, which is not specially afflicted with pauperism, pays more than half the money obtained by the state taxation for the welfare of her criminals and paupers; and the estimate does

not include the public charities of her cities or any township aid. She had an alms-house population of 13,599 during the year 1880."

The California legislature recently published a report which contains some alarming statistics. The cost of maintaining criminals and paupers is shown, as follows: "The population of the United States in 1850 was 23,191,876; criminals and paupers cost \$2,954,806; 1860, 31,443,321; cost, \$4,495,143; 1870, 38,558,374; cost, \$10,940,429; 1880, 50,000,000; cost, over \$20,000,000. This does not include the enormous outlay occasioned by the arrest and trial of criminals, but simply their maintenance in prison."

There is reason to believe that the best members of the human family can increase the population sufficiently without leaving the greater part to the inferior, or encouraging their excessive fertility. The descendants of Confucius at this time number between 22,000 and 25,000, and at the death of Confucius there was but one descendant, and that a grandson. Here is shown a great increase of the most highly cultivated members of state and improvement of race, even though intellectuality and a densely populated country would seem to forbid this growth. This increase has occurred through seventy-four generations, a long period for a family to trace its genealogy. This shows what has been done through fruitfulness in proper channels, and it is not unreasonable to expect a continuance if properly managed. It is only by the developed mind that such remedies as those suggested by Mr. Henry George, in his wonderful book entitled "Progress and Poverty," can be appreciated.

Where man consumes the energy derived from the food taken into his economy in all the varied functions, and allows its general distribution and waste, no special feature or part of the organism will be developed to a superior degree. The athlete is not an individual of great intellectual qualities. The athletes of ancient Greece practiced continence, and avoided great expenditure of energy save in the development of physical qualities. The organism that permits its energy to be

consumed only for mental improvement, presents inferior physical qualities.

To secure the improvement of certain qualities and destroy the organs for the exercise of certain functions, removal of the organs is recommended. In removing the procreative organs of animals the quality of the flesh is improved for food, their capabilities for continuous labor are increased, and the animals are rendered impressible to mental influences, and become intellectual to a higher degree.

Destruction of the sexual instinct of man through removal of the procreative organs, subdues the emotional part of his nature, and seats reason and judgment more firmly, thus preventing actions that might be termed erratic. The emotion present frequently in man is nothing more than the excessive consumption of energy for a certain feeling, thus diverting the energy from other parts.

Eunuchs, made such after physical development, with other qualities equal, are superior beings, intellectually and morally, for submitting to the change necessary to this conversion. For the Biblical sanction of eunuchism, reference is made to Matthew v. 28-30. After defining adultery there follows these words: "And if thy right eye offend thee, pluck it out and cast it from thee; for it is profitable for thee that one of thy members should perish, and not thy whole body be cast into hell." Matthew xix. 12: "For there are some eunuchs which were so born from their mother's womb; and there are some eunuchs which were made eunuchs of men; and there be eunuchs which made themselves eunuchs for the kingdom of heaven's sake."

May not the Creator be acting through the mind that suggests the remedial measures that will meet some evils? No man has a perfect conception of God; therefore he is not wise who harshly judges the emanations from the mind of an individual having the true welfare of his brethren at heart. To no single individual is given all knowledge. An increment of knowledge may come from the least expected source, and if responsibility is to be placed anywhere, let not man

judge his Maker through his works, and say another of his kind is a fool for presenting earnest convictions.

To many minds feasible suggestions in many respects may seem impracticable, because of deficient consideration. Probably not one remedy alone will remove the evils of society, but society being a mass of elements and a combination of forces, will require special remedies for special features of evil.

Eunuchism practically exists this day in the Catholic Church among its teachers and high officials; but this church has not so carefully extended about its members the protecting influences which the Skoptzi and other sects, appreciating the advantages of continence, have. These sects, by a definite operation, insure the husbanding of the individual's forces for high purposes. The Skoptzi of Russia are numerous and wealthy, hold high, influential positions, and are, in truth, superior to the people about them. The vulgar notion that eunuchs are necessarily deficient in courage and intellectual vigor is completely contradicted in history. In Persia and Egypt they held the highest positions during past civilizations.

Narses was a eunuch, and through the advantages increased by this state he was enabled to raise himself from the lowest position—a slave—and overcome obstacles that might have checked ordinary men, to that of Governor of Ravenna, where he ruled with admirable success, compared with other Governors. Hermias, Governor of Atarnea, was also a eunuch.

The absence of organs for the performance of functions will result in no greater injury to the individual than the non-exercise of these organs. Non-use of the organs will result in their atrophy, and sometimes there follows total absence of the organs in after generations. This is shown in the fishes confined to waters in dark caves, and the impaired procreative power of men devoted earnestly in callings that remove them from the opportunity to exercise this function. Where this function is exercised we find a diversion of energy from other parts, and the greater share the individual bears



in the labors requisite to mature an organism the greater the deprivation of forces necessary for his perfection. This is strongly illustrated in the sexes. The female bears the greater burden in most instances, and this accounts in no small degree for the broad difference of positions occupied by the two sexes in this world. The male is less taxed for the support of the progeny, and his energy and substance he is permitted to employ for his own aggrandizement. Not so the female, so long as the present course of nature exists for nourishing and taking care of the children. The burden influences—not the immediate individual alone, but hereditarily the whole race.

The advantages of eunuchism should be enjoyed, and the methods to secure it employed by modern civilization. The production of this condition is without danger, and can not be properly regarded as a punishment. It is for purification and improvement, the same as the removal of matter forming too large a part of any organism and consuming too much energy for its own use, as when an ovary has associated with it cystic tumors, and continually demands nourishment. The improving influences and the concentration of energy in good efforts should be tried upon the deficient members of society. It might be well to start with the lowest members and give them the benefit of this practice; and to reach this class with some definiteness, begin with penitentiary convicts. After this trial the lesser criminal might come under the improving measures; then the occupants of asylums for the mentally impaired. Should we desire to continue the improvement, we might apply the process to all paupers, whether obtaining aid from individual, municipal, or state charity.

In time it might be well to promote the objects secured by eunuchism by enlisting in our service the female portion of the lower walks of life, through oophorectomy. This operation is losing its terror as opportunity increases acquaintance with it. Lawson Tait reports twenty-five operations, all of which recovered. The subjects were in impaired health, but there were no special features forbidding the oper-

ation. If performed upon healthy individuals success might always be expected.

Through these methods we should at least prevent increase from the part of the community operated upon, and the race would be longer lived, better able to protect itself, provide for its endurance and continuous improvement. There would follow at least the destruction of hereditary causes for the continuance of criminals and paupers, and we should find the lower walks of life less crowded. This low class of citizens is a factor for increasing the death rate beyond any estimate taken account of in our sanitary studies. It is this class that has made politics offensive to many pure-minded people, and hope for hygienic improvement through legislation nil; it is this class that perpetuates the obnoxious boss system in politics; it is this class that produces the slums in our large cities; it is this class that has rendered the public thoroughfares at night a closed way to our woman portion of society; it is this class that perpetuates the rule of bad men in our legislative assemblies; it is this class that has prevented being clean cities, like New York, in two ways: first, by their own excessive amount of filth; second, by their lazy, worthless lives being devoted to the perpetuation of the bosses; it is this class of which it can be said they are entirely bad, and no good can be derived from them that will compensate their toleration; it is this class which has caused much annoyance in endeavors to suggest feasible methods for rendering them desirable. There is one method of meeting this evil, and that is suppression by eunuchism. This class gave occasion for the following from a daily paper.

**“DEATHS FROM DIRT.**—Some fears have been expressed that, owing to our unclean streets, Cincinnati would not be the most desirable place of residence during the coming summer. But it will likely be a health retreat itself compared with New York. Late and cold as the spring has been, the results of political principles applied to business are already beginning to show themselves in a lively manner in that unhappy city. What has been going on there on a large

scale has substantially repeated itself on a smaller scale in about all the leading cities of the United States. \* \* \* \*

“But the cobblestone pavements of many portions of New York are in ruins, and the gutters are full of filth. Old hats, old boots, and rusty tin-cans cover some of the best paved streets in the city. In Thirteenth street the rubbish heaps were so high that the Street-cleaning Department’s own carts got stuck fast in the dirt. In this part of the city not a healthy looking child is to be seen in the streets. White crape is tied to doors in every square, and little coffins are carried out to hearses every day. The death rate is higher than it ever was in ordinary seasons before, and is increasing weekly. There was published a few days ago what might be called a death map of New York city. The number of deaths in the city from various causes were ascertained at the Health Department. Then every death that had occurred from zymotic disease was marked by a dot or square being put upon the map at the point where it had occurred. The dirt sickness penetrated as far as the northern boundary of Central Park. The epidemic known as the ‘relapsing fever’ also appeared again. The Herald says:

“The square dots on the map, as explained above, indicate deaths from typhus fever. The round dots represent the deaths from the more dangerous of the other zymotic diseases, such as small pox, scarlet fever, diphtheria, malarial fever, dysentery, cerebro-spinal fever, etc. A brief scrutiny of the map will reveal many remarkable facts. It will be seen at a glance that even the deadliest of these diseases is not by any means confined to the slums, but has invaded Murray Hill, and found plenty of victims in the comfortable homes of the west side. Within the eighteen days exhibited there have been deaths from typhus which came from good localities. There have been deaths from other terrible diseases on some of the most fashionable streets and in some of the choicest residence blocks in the city.’

“When and where will the sickness and death end, now that they are started?

“By natural location, New York is one of the healthiest cities on the earth. The merchant ships of the world may ride at anchor in the noble harbor of New York Bay. Health-giving salt breezes sweep her streets from side to side, and her skies are sapphire clear. But political street-cleaning has ruined all.”

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## Miscellaneous.

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**The Selection of the Remedy.** By James B. Bell, M. D. From introduction to Bell & Laird on Diarrhœa, etc.

All who subscribe to the law of similars agree that the problem in each case is to find a remedy whose symptoms are most closely similar to the case in hand. This problem finds a somewhat different solution, however, in different classes of minds.

One class thinks the solution is found in a similitude to the pathological state. If able to diagnose hyperæmia, hyperæsthesia, ulceration, plastic exudation, atony, atrophy, hypertrophy, and so on through the catalogue, this seems to them sufficient. They have then only to diagnose a remedy producing a similar state. This has a great fascination for some excellent minds, because it seems to utilize the splendid developments of Allopathy in this direction, and connect them directly with therapeutics.

Another, and growing class, believe that those who stop here will never comprehend the true genius of Homœopathy. The demand for exactness, minuteness, and delicacy of observation in all branches of science was never greater.

The same is true of homœopathic therapeutics. Those who are ardently following in this direction soon discover that the selection of the remedy requires, so to speak, two similars, viz: one corresponding to the general symptoms, or those which bring it into relation to the pathological state to be treated, and one corresponding to the special and characteristic symptoms, or those which bring it into relation with the individual case to be treated.

To illustrate: A patient has stools, consisting of bloody mucus, small and frequent, with tenesmus. We diagnose dysentery: hyperæmia and inflammation of the mucous membrane of the colon, with exudation of blood, and secretion of mucus. Forty-four volunteers stand ready, armed and equipped, with a similar pathological condition. But we want but one, and how shall we learn which one? We must be more exact, and discover that our patient has restlessness, dry heat, and much thirst. Our volunteers are now reduced to three; but still too many. Applying our magnifying glass again, we observe a recent exposure to cold, dry wind, and a flushed face, becoming pale, with faintness, on rising; and now we have the man we want.

It becomes evident, therefore, that the individualizing symptoms possess the greater value, and are, indeed, indispensable to a certain selection.

It should be noticed, further, that these distinguishing symptoms are of all kinds and qualities, from the most purely objective and pathological to the most subjective and delicate complaints which the organism is capable of uttering. As instances of the former may be cited, the green, frothy stools of *Magn. c.*, the dark, acrid urine of *Benz. ac.*, the blue varices of *Mur. ac.*; and of the latter, the aggravation from hearing water run of *Hydroph.*, from sudden depressing emotions of *Gels.*, and the relief, from cold food and drinks, of *Phos.*

But whatever the character of these symptoms in this particular, it is to be observed that they are hardly ever obtrusive enough to thrust themselves upon the notice of an unobserving man, and that they often require a patience and

acuteness of observation hardly excelled by astronomers, microscopists, and other followers of natural science.

This mode of diagnosing the remedy is also in exact accordance with that pursued in other sciences. The chemist would be thought hardly worthy of his title who should attempt to recognize *Arsenic* by its cruder properties of color, weight, or taste. He must be familiar with its most delicate and characteristic tests and reaction. He does not ignore the other properties; yet it is only after applying the characteristic tests that he will give an authoritative decision, and on these he will rely, even in cases involving weighty questions of human guilt or innocence.

But now the question arises, and it is a very important and practical one: suppose we find that the only remedy for a given case that corresponds to the peculiar and individualizing symptoms, is one that has never been known to cause the pathological state under which our patients suffer. The answer is, that we may safely infer that the remedy does possess also the general and organic symptoms of the case, and that it will remove them altogether with the distinguishing indications.

Thus has our materia medica been enriched by at least one fourth of the most positive and valuable pathological symptoms which we possess. Thus, for example, have we learned that *Bry.*, *Ars.*, *Rhus.*, *Bap.*, etc., have ulceration of Peyer's glands in their pathogenesis; that *Hepar*, *Lach.*, and *Lyc.* produce pseudo-membranous exudations; that *Spong.* causes and cures plastic endo carditis; or that (and a fact now published for the first time, and obtained purely by observing the characteristic symptoms), *Puls.* and *Sepia* are known to cause and cure trachoma or granular conjunctivitis.

Yet some affect to sneer at this method, and only a little time ago the author had the honor to acquire an enviable title because he had observed the power of *Podoph.* to cure true pneumonia when selected by some characteristic symptoms, although it has never been known to produce that condition.

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Yet here, too, we are following closely the example of the chemist, who, from the yellow band in the spectrum, is able to assert that there is *Sodium* in the sun, or from the lines in the spectrum of the Durkheim spring water, is able to declare that a new metal is there. He does not hesitate to attribute form, weight, malleability, and other metallic properties to the stranger long before he is able to possess himself of a little bar of *Indium*.

Our conclusion, then, is that the problem of selection is solved by seeking the remedy which possesses the physical and diagnostic symptoms of the case, and which corresponds also to the special, distinguishing, and peculiar symptoms which mark the individual case. And, further, if a remedy is found that possesses distinctly the latter symptoms, but not, so far as is known, the former, we may conclude safely that it does possess the former, and administer it with confidence.

The administration of the remedy.—In the present state of our science upon this point, each can only contribute the fruits of his own observation.

The writer began the practice of medicine with the preconceived idea strongly fixed in his mind that, while the thirtieth potency might be useful, and perhaps the best for chronic and nervous affections, the lower and even crude preparations would prove more satisfactory for acute affections, and particularly for diseases of the bowels. Hard experience has taught him the contrary; and “though convinced against his will,” he is not “of the same opinion still.”

There is, indeed, a somewhat prevalent opinion that the strength of the dose makes up for want of due care or knowledge in selection.

This may be stated in mathematical terms, as follows: If the thirtieth potency of *Ars.* is equal to a complete knowledge of the drug, one fifth of a grain of *Arsenious acid* is equal to complete ignorance of it. Stated in this, its true form, we grant it.

Personally, our experience has been most satisfactory with the use of the twelfth, fifteenth, thirtieth, two hundredth, and often higher potencies of our remedies, administered in

water, and repeated every one to six hours, according to the urgency of the symptoms, and suspended as soon as decided improvement appeared. If the same remedy was needed to be resumed again, it has seemed to do better in a higher potency, but on this point we can not yet speak with entire assurance.

We have not been able to perceive that age, or sex, or habit (we might add color, race or order, in natural history) form any element in the choice of the dose. All classes have been found to respond favorably to the high potencies. As regards temperament, we can not speak with equal positiveness, but we have no certain testimony proving it to form an exception.



**Dr. S. R. Beckwith's View** of the President's Case.

WASHINGTON, Sept. 22, 1881.—*Dear Doctor:* Yours of yesterday, recalling our conversation in Colorado on the President's case, is just received. I am willing to give you what knowledge I have of his injury and opinion of his surgical treatment and autopsy. The surgeons who attended President Garfield and issued official bulletins before and after his death, were really officers of the Government, and a just criticism of their acts can not be construed to imply personal censure any more than a discussion of any public action by any other Government officer or employe.

The medical profession have a just right to express their honest opinion of the treatment and general conduct of the case, from its sad and tragic beginning to its sorrowful end. If it is found that the surgeons in charge exercised reasonable skill and ability in the performance of their surgical duties; if they acted in a professional manner towards their



fellows in medicine and gave to the world true and intelligent statements of the case during its progress and after his death, no medical man should utter one word of censure, even if time prove that grave errors were committed. But if it can be shown that, from the commencement until their official duties ceased, unprofessional acts were committed, erroneous bulletins published, and at the *finale* they refused to allow scientific pathologists to make the post mortem, that the world might know the facts and medical science be benefited—then, in such an event, they must not expect to be screened from public criticisms and censure. The following recital of the case will allow your readers to judge for themselves.

Soon after the President was shot I visited him at the presidential mansion, found him lying upon his back, inclining to the right side. He was exceedingly pale and very weak, and remarked that "he foresaw he had received his death wound." I examined him and found a large amount of blood in the bed, also in his clothing which had not been removed. I found a gun shot wound about two inches from the center of the upper lumbar vertebra, upon the right side; on pushing my finger into the wound, I discovered the eleventh rib broken in its under surface, and was able to trace the track of the bullet in the direction of the right inferior border of the liver; considerable clotted blood was in the wound. I then asked: "Have you no surgeons?" He answered, "Yes, about forty. They are in the other room, go and see them." I visited the room as directed, and found the Surgeon-Generals of the Army and Navy, also a large number of the prominent physicians of the city, in consultation. From this hour (a.m.) until afternoon nothing was done but to wait for a reaction. He then received a large hypodermic injection of *Morphia* and *Atropia*, for the purpose of relieving the pain in ankles and feet. About 3 p.m. his clothes were removed, similar injection was given, and his indications clearly showed that he was suffering from internal hæmorrhage. A firm enlargement was detected in the right hypochondriac region, infringing into the epigas-

trium. It was the united opinion of all in attendance that this enlargement was a blood clot. About 4 p.m. Surgeon-General Wales, by and with the advice of all in consultation, examined the wound, detected the fractured rib, traced the course of the bullet to the interior border of the liver, and thought it passed through the lower portion of the liver. His face became more blanched, voice feeble, pulse weak and frequent, and all believed he would soon die. The apparent blood clot increased in size and prominence, and not until near 7 p.m., when Mrs. Garfield reached his side, was there any evidence of improvement. From then until 8:30 I have no personal knowledge of the case. At that hour I returned, found the pulse less frequent and stronger, and his color slightly returning. He remarked to me: "The doctors say the bleeding has ceased, but how can I ever get rid of this blood clot?" I replied: "This can be removed;" and at once went into the consulting room and requested that no more *Morphine* be given, but, if narcotics were required, use solid *Opium* with *Carbonate of ammonia*; also requested that the blood coagula be removed by an aspirator. Here my surgical interference began and ended; and no one that night believed that he would ever see the light of another day, and it is not probable that he ever would had not the blood clot plugged up the open mouths of the bleeding vessels. I remained until 2 a.m. of that night; a slow reaction was coming on. The next morning about nine I saw him. He was stronger, the pain in the ankles and feet less, the abdomen slightly tympanitic, the tumor on his side hard and prominent to the touch. From his room I went to the surgeons' room and found Drs. Bliss and Reyburn, and was informed that the surgeons who were in consultation the day before were mostly dismissed. It was evident I was not wanted, and I remained in the adjoining room until I heard part of the discussion between Drs. Baxter and Bliss, with which all are familiar. I then left the house, well knowing that I was not wanted by the surgeons in charge. My prognosis, death from blood poison, was then given as repeated to you in the mountains of Wagon-wheel Gap

Springs. What would have been the result if that large blood clot had been removed I do not claim to know. But of one thing I am tolerably certain; if one-tenth of this amount of blood had been allowed to remain in the cavity of the abdomen after ovariectomy, septicæmia would follow.

During the long suspense and weary hours of suffering, a nation—yea! even the whole world lifted up its suppliant hands, with tearful eyes, hearts filled with emotions of hope and grief, and reverentially filled the heavens with clouds of prayers, tongued and pointed with loving impulses, tender sympathies, and blended with human beings' purest, highest, and best hopes—heaven's blessing. This mist of grandeur, beauty, and God-like loveliness was but a thin veil, through which could be heard the answer, "Without works prayer availeth not."

The remainder of the sad tale will soon become a part of history. The pulse was reported for many weeks from ten to twenty beats below its true rate. The surgeons in consultation approved of the diagnosis and treatment without an examination of the wound. It was only but a few days before his death that Dr. Hamilton was told of his error, and continued not to sign a bulletin until he counted the pulse beat; and thereafter, as all remember, there was a sudden increase in the pulse rate until his death.

The surgeons in charge were urged by Dr. Boynton, the very near relative of the President, to allow two pathologists from New York, and the same number from Philadelphia, to make the post mortem. The Doctor, failing in this request, begged that the surgeons first in attendance should be invited to the autopsy. In reply to these customary and eminently proper requests he was assured that this could not be allowed, as it would reflect discredit upon their skill and ability. And now comes the saddest comment of all upon American surgery. The surgeons who had been in attendance upon the Chief Magistrate of the Republic, refusing to allow pathologists, whose occupation it is to make post mortems in the dead house or hospitals, and for courts of justice in cases of murder or suicide.

The official description of the autopsy, measured by the facts as given to me by those who observed the examination, affords conclusive evidence of an error. The wound was not first examined, and the bullet track not followed until the missile was reached. The abdomen was first opened, and failing to find the bullet in the pus channel, between the abdominal muscles and the peritoneum, the stomach and intestines were removed and placed in a basin. Further search was made for the bullet in the body, and it was finally found encysted and among the intestines in the basin.

And after all this the post-mortemists state "the bullet behind the peritoneum;" "cause of death, rupture of the mesenteric arteries." While, in fact, the embalmer forcibly injected the embalming fluid into the femoral artery, and none of it escaped into the cavity of the abdomen, which would have occurred if any artery had been ruptured. The continuous denial of pyæmia and the disease of the lungs was sought to be verified by the post-mortem. And this, although the President, for a long time had pustular eruptions over his body, in some portions nearly as thick as small-pox. The pustules were filled with pus, the attendants opening three or four daily. He expectorated pus and portions of his lungs, hepatized. Dr. Boynton declares these facts. Yet when the lungs were cut in two, bloody pus in large quantities, escaped; a portion thrown into water sank; abscesses formed in both kidneys, and if the intestines had been examined, pyæmic patches would have been found in many places. One parotid gland sloughed away. Still the report of the autopsy was completed and ready to sign without any allusion to pyæmia, and was only added by the solicitation Gen. McVeagh.

The wound in the vertebra and along the bullet track was healed and the bullet safely pocketed in a cyst. The wide discrepancy between the official statement and the one recently made by Dr. Hamilton, together with other facts, makes the whole case one of peculiar sadness to the reputation of American surgery. Yours truly, S. R. BECKWITH.  
—*Med. Times.*

**Semi-Annual Meeting**, of the Hom. Med. Society of the State of New York, in Watkins.

The semi-annual meeting of the New York State Hom. Med. Society was one of the most successful and interesting ever held by the organization. The attendance, which was large, would have been much larger but for the excessive heat which prevented many of the physicians from coming even after they had started. One's own home, where you know all about the cool places if there are any, and where you can take off all superfluous clothing, or clothing that is not superfluous and get what comfort is to be secured, is much better than even as pleasant a place as Watkins.

The cleanly, well-kept and well equipped Glen Park hotel was the headquarters of the society, its officers making that their stopping place when not otherwheres or otherwise engaged. Their choice is to be commended, for the Glen Park is attractive in all ways that go to make up a first-class summer hotel.

Dr. Seldon H. Talcott is the president of the society. He has charge of the state insane asylum at Middletown and has made insanity his special study. He is making the Middletown institution one of the first in the land. Besides his duties there he has engaged to deliver a course of lectures the coming winter at the Hahnemann Medical College in Philadelphia, the oldest homœopathic college in the country. Dr. Talcott stands among the foremost of the physicians of this state and country. He makes a fine presiding officer, and his personal appearance is one that attracts every one who meets him.

Dr. A. P. Hollett, of Havana, is the secretary of the society. He is an indefatigable worker, and uses every means in his power to make its meetings interesting and successful. His interest and labors in his profession he carries into all of those matters that tend to strengthen it in the minds of the people. He was one of the most effective members of the local committee having in charge the semi-annual meet-

ing, and there are many who will remember his efforts in their behalf for a comfortable time.

Dr. E. S. Coburn, of Troy, N. Y., is the treasurer of the society. He with his wife and two children have been present in Watkins for several days. Most if not all the members of the society brought with them their wives.

Among other conspicuous members of the profession present, have been Dr. A. P. Throop, of Poughkeepsie, formerly the visiting physician at Ward's Island. Dr. George S. Wright, of the New York Ophthalmic Institution; Dr. Henry C. Houghton and Dr. Walter Y. Cowl, of the New York Homœopathic College; Dr. A. R. Wright, of Buffalo, formerly of this city; Dr. Hasbrouck, of Brooklyn; Dr. Blumenthal, of New York. Of the physicians in this neighborhood there were present, Dr. N. R. Seely and Dr. Parkhurst, of this city. Dr. A. M. Gammon, of Corning, and Dr. Grant, of Bath.

The Proceedings.—The following is the list of papers read yesterday afternoon, all being discussed extensively by the members present:

"My favorite attenuation," by H. M. Dayfoot, M. D., Mount Morris, N. Y.; "The relative therapeutics of the same remedy in high and low attenuations," by T. L. Brown, M. D., Binghamton, N. Y.; "*Hepar sulphur* in bronchocele," by A. R. Wright, M. D., Buffalo; "Clinical cases," by L. M. Kenyon, M. D., Buffalo, N. Y.; "Some cases of Malaria," by C. M. Conant, M. D., Middletown, N. Y.; "Urethral caruncle complicated with cystitis—A Case," by R. S. Bishop, M. D., Medina, N. Y.; "Congenital dislocation of the hip," by H. C. Frost, M. D., Buffalo, N. Y.; "Treatment of hopeless ear diseases," by H. C. Houghton, M. D., New York; "Silver symptoms of *Silicis* and *Hepar sulphur*," by O. P. Barden, M. D., Tioga, Pa.; "Chronic cystitis," by F. W. Adriance, M. D., Watkins, N. Y.; "Epidemic jaundice," by Alex. V. Stobbs, M. D., Micklenburg, N. Y.; "Theories of diabetes," by A. M. Gammon, M. D., Corning, N. Y.; "Our pædological clinic," by C. M. Conant, M. D., Middletown, N. Y.; "Difference, diagnosis, and duration of syphilis," by W. E. A. Gorton, M. D., Corning, N. Y.; "*Trillium* in menorrhagia," by A. R. Wright, M. D., Buffalo, N. Y.; "Clinical medicine," by O. P. Barden, M. D., Tioga, Pa.; "The relation between blood poisoning and the suppurative process," by H. J. Ostrom, M. D.; "Elastic pressure for the obliteration of tumors of the breast," by W. M. L. Fiske, M. D., of Brooklyn.

tion, who are graduates of legally authorized medical schools is a reproach to a free and intelligent people.

A vote of thanks was extended to the Southern Tier and Schuyler county homœopathic medical societies for their magnificent entertainment; also a vote of thanks was extended to the "press" for its favorable notices and to the board of supervisors for the use of the court house.

The society then adjourned to the annual meeting to be held in Albany on the second Tuesday in February.

The number of papers presented to the society was larger than that at any previous semi-annual meeting, and they were all of unusual merit and interest, and evidently prepared with great care and thought. Among the papers were two from former presidents, one by Dr. E. S. Couch, of Fredonia, and the other by Dr. Egbert, Guernsey, of New York City.

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### **How Much of this is Fraud?**

A few days since a man calling himself Wm. Mullen, of Ohio, called at my office, introduced himself and proceeded to make known his business. For years he had been a martyr to rheumatism, and some seven years was confined to his bed. He being a bigoted John Bull thought there was no qualified physicians capable of treating him successfully, except in "Hingland," and thither he journeyed for treatment. He was now ready to admit, however, that there was as good physicians in the United States as in any country of the world.

But none of them had succeeded in curing his rheumatism. He had been cured nevertheless, and to introduce his

“formula” and sell the secret of his preparation to me was the object of his call.

It was something very simple, that we used nearly every day, that he had himself stumbled upon accidentally, as it were, etc. He had made a fortune out of it, but like most men he was still after the almighty dollar. To dispose of his valuable secret he proposed, for a certain consideration, to give me the exclusive right to use and compound it in this county, under a written contract not to divulge the same. Fifty dollars was the consideration—ten dollars cash, the balance to be paid out of money received from patients who had been treated with this preparation.

To prove his assertions and as an inducement he displayed copies of contracts with many prominent physicians of both schools, homœopathic and allopathic, some of whom I recognized as personal acquaintances. Among these was one signed by Dr. Roberts, of Otumwa, Dr. Olney, of Ft. Dodge, Dr. Brewer, of Independence, and others of Iowa. Drs. E. H. Platt, S. P. Hedges, E. M. P. Ludlum, R. N. Tooker, and others of Chicago. All of which I saw and noted.

He claimed also to have sold his secret to Profs. S. R. Beckwith, D. W. Hartshorn, and others of Cincinnati; E. C. Beckwith and others of Columbus; D. H. Beckwith and others of Cleveland; others in Ohio, Illinois, and Missouri, all prominent professors and physicians in our school.

With this array I was not a little impressed, and told him I thought favorably of his proposal, but would take the matter under advisement, and asked him to call again.

In the meantime I had about decided not to invest, but called on a brother physician and friend to show him the copy of the contract left with me, and then learned that my friend had already bought the exclusive right to this county some four or five days previously.

We immediately set to work and laid a trap to catch the fellow; but my friend answered my telephone too soon, the trap sprung too quickly, and the rat slipped out. Now the prime question recurs, How much of this is fraud? It



is evident the man is a swindler. But, perhaps, some of our eminent homœopathic professors and prominent physicians who have been using his formula and preparation can and will answer in regard to that part of it.

It is not at all unlikely that the fellow has practiced this thing in every place he has visited, unless, as here, he was detected in it and exposed before the accomplishment of his purpose.

My friend is positive that he saw in this man's possession a copy of a contract with Dr. Mullen, of Independence, and the one he left with me was a copy of a contract with Dr. Brewer of the same place, showing conclusively that he had sold the exclusive right to Branchman co. to two separate individuals.—S. MILLS FOWLER, Dubuque, Ia.

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**Nourishment of Infants.** (Notes from the Lectures of Prof. Monti, University of Vienna) By A. McNeil, M. D., New Albany, Ind.

In young infants no solid food should be given, as the salivary glands do not secrete enough saliva. The mouth in infants is merely a sucking apparatus. The mucous membrane of the stomach is also undeveloped. The intestines are more liable to form gases than in adults. The amount of bile secreted is less. Such food only should be given as is easily digested. The best is *milk*. We have natural nourishment, the milk of the mother or a wet-nurse, and artificially that of some animal. The best is that of the mother herself. Her milk just after birth is very thin, specific gravity low. It increases in solid matter as the time elapses after delivery. It is better for both that the mother should nurse the child. However, a mother should not nurse when there is

mental derangement; epilepsy if attacks occur oftener than once a month; developed scrofula, or consumption, if advanced; if she has had poor nourishment, and is therefore very weak with an affection of the lungs; syphilis; heart disease, with great disturbance of the circulation; chronic disease of joints, or caries; when under eighteen years of age; when the menopause is near, for the glands do not secrete enough; if she has had two or more children die from suppurating glands.

If a mother can not nurse herself, the next best thing is a good wet nurse. (As the Professor's directions for choosing a nurse contain nothing new I omit them.)

From birth to six weeks the baby should nurse as often as it desires; from six weeks to three months every three hours. In nursing the baby should be required to make his meal from one breast, the next from the other. When he lets go he should not be again put to the breast till the time for next meal returns. At night the time between nursing should be an hour longer than during the day.

Artificial feeding is a very poor substitute for the natural and only succeeds in about twenty per cent. It is the chief cause of rickets and scrofula. It should only be resorted to as an unavoidable necessity. The chief article used is cow's milk, but it is too rich in casein and too quickly becomes sour. The older the child the more casein it requires.

Cow's milk should be prepared as follows: To good cow's milk should be added from birth till the sixth week, to one part milk two parts water; from the sixth week till the third month equal parts; from third month two parts milk to one of water; from fifth till eighth month three parts milk, one of water; from eighth month pure milk. The cow which gives the milk should have come in three months before beginning to feed the infant, and should not be fed on green stuff (?) The milk should always be boiled, but the cream should not be removed. No sugar should be added. But it is well to add to each meal a teaspoonful of a two per cent. solution of *Bicarbonate of soda*.

Of the milk thus prepared give first week three tablespoonfuls; second week, four tablespoonfuls; third week, five to six tablespoonfuls; fourth week, six to eight tablespoonfuls; second month, seven to nine tablespoonfuls; third month to twelfth month, nine to twelve tablespoonfuls. The temperature should be ninety-eight.

A child under one year must suck, and its milk should be given in something which resembles the human breast. Rubber tubes should not be used. Ivory is the best material for the child to suck from.

Aromatics and the different teas should not be given either alone or mixed with milk. The best addition to milk is good veal soup (not beef); two parts soup to one of milk for the new born. It is the best food for rachitically disposed children, and it may also be given in conjunction with the mother's breast.

Good fresh cow's milk is always better than condensed, as the latter contains too much sugar. Children fed with it are pale and anæmic, subject to intestinal catarrh, dyspepsia, etc. It may be used when making long journeys with children. In such cases Nestle's Kindermehl may be given. It should not be used alone before the fourth month, but mixed with milk it is very useful.

The time for weaning is when the changes have taken place in the intestinal tract which indicate that it can digest food other than milk. This is usually about the ninth month, or when the four incisors have appeared. Sometimes the mother loses her milk, when of course it is necessary to wean sooner. The child must be healthy when weaned. No symptoms of (intestinal) catarrh should be present. Weaning should not take place in hot weather, as intestinal diseases usually prevail then. Weaning should *never* be done suddenly, but in the following manner: Eight weeks before the time of weaning, the first meal between 6 and 7 a.m.; second meal between 9 and 10 a.m.; third meal between 12 and 1 p.m.; fourth meal between 3 and 4 p.m.; fifth meal between 6 and 7 p.m.; sixth meal between 9 and 10 p.m. The first week one of these should be of good milk

or soup. If this is well digested, the second week give two such meals; but if disturbances of the alimentary canal of any kind occur do not go so fast till well. During the third week give another meal of the above-mentioned kind before sleeping.

A child may be given a meat diet in the twelfth month, but it should be begun earlier if there be anæmia, rachitis, or scrofula; if these indications exist meat may be given as early as the fourth month, but never earlier. The soup given should be a well-cooked beef soup. The juice of good beef-steak pressed out may be given. The meat should be beef at first in small quantities. Raw meat should not be given, as it disposes towards tape worm. The flesh of birds, chickens, etc., should not be given. The very best meat is good roast beef, *a la Anglice* (i. e., rare), and should be given once or twice a day, cocoa, properly prepared, a spoonful or more added to a cupful of milk and boiled. Children under nine months should not be given eggs. In older children an egg may be added to the soup. When a child has reached the second year he may be given a mixed diet like that of an adult.

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TREATMENT OF PAIN BY MECHANICAL VIBRATIONS.—For some years past Dr. Mortimer Granville has been occupied with important researches upon the possibility of combating neuralgia by mechanical means. Proceeding largely upon theoretical considerations, he came to the conclusion that a series of interrupted mechanical shocks to a nerve would diminish its sensibility, and for that purpose invented a small instrument whereby a succession of rapid blows could be kept up upon the skin. Many physicians, in London and Paris have seen and employed the apparatus and spoken of it with approval; but Dr. Granville forbore to bring it under general notice until it had been thoroughly tested. He has paid the penalty of his patience, and the old story is repeated of the publication of an idea by an-

other person by whom it was conceived long after the one who first thought of it, but who did not proclaim it to the world. In justice to himself Dr. Granville should forthwith point out how he arrived at the idea, and state his experience of its practical enforcement. After alluding to Dr. Brown-Sequard's observation that *Chloroform* applied over the skin of an animal produces general anæsthesia by its irritant action on the peripheral nerves, he points out that all irritants or revulsives may be placed in one category—such as actual cautery, hypodermic injections of water, application of metals, magnets, tuning-forks, electricity, vesicatories, sinapisms, compresses steeped in *Ether* or *Chloroform*, a motley group, but each intended for the same end—the relief of pain; they all operate by irritating the terminal twigs of sensory nerves. Vulpian long ago showed the good effect of the local application of *Chloroform*, and Landouzy has recently pointed out the remarkable influence in controlling the cough of phthisis by hypodermic injections of water; while the cautery, acupuncture, and each of the forms of electricity are commonly applied to relieve pain. The action of metallic applications—metallotherapy—of which we have heard so much in the last few years, was best explained on the theory of vibrations by Vigouroux, who proceeded to experiment upon the effect of sonorous vibrations, which he thought might have a direct mechanical effect upon the sensory nerves. By the aid of a large tuning-fork and sounding board he caused hemianæsthesia to disappear, and provoked contractions in hysterical subjects at La Salpetriere, as rapidly as with the magnet or electricity. The pains of an ataxic were subdued when his legs were brought under the influence of sound waves. M. Boudet de Paris then thought this might be applied locally over a nerve—the sonorous being changed to mechanical vibrations by means of a small button attached to the resonator, and applied over the nerve. He therefore contrived a small apparatus consisting of an electrically mounted tuning-fork, the vibrations of which were transmitted to a rod which could be easily applied over a nerve. In a healthy man this mechanical excitation produced rapid local analgesia, often anæsthesia, the maximum effect being by application over a nerve which could be compressed on a bony surface. When placed against its skull its walls vibrate in harmony with the tuning-fork, and a sensation of approaching vertigo, frequently followed by a desire for sleep, is produced. An attack of migraine can be cut short by the application. Neuralgia—especially of the fifth, where the nerves issue from bony canals—disappears after a few minutes' application of the instrument to the nerve at such points, but in case of deeper-seated nerves, much protected by soft parts, it is more difficult to get good results. The writer suggests this treatment for the pains of ataxics and syphilitics; he thinks there is no limit to its applications, and suggests that perhaps cranial vibrations may induce cerebral and thus general anæsthesia. Its mechanical action is comprehensible, when we see how simple friction of the skin may soothe

very acute pain. He does not regard the number of vibrations as important. This, however, is, we believe, a point on which Dr. Mortimer Granville lays the greatest stress.—*Lancel.*

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A BARBER ON BALDNESS.—Speaking of the credulity of many people touching the efficacy of hair tonics, an intelligent French hairdresser says: Very often the hair falls out after sickness. In such cases it generally grows again without the aid of any hair tonic whatever; but when it falls out from natural causes it never grows again. The celebrated Dr. Bazin, who was formerly physician in chief of the St. Louis Hospital at Paris, and who is known throughout the world as the most learned specialist for affections of the skin, told me one day that there was nothing that could make the hair grow after the baldness had come on gradually. This I believe firmly, for, if there was anything of the kind, we would not see so many New York doctors with heads as completely destitute of hair as the backs of turtles. I am even persuaded that these gentlemen would follow the example of those Greek heroes who, under the leadership of Jason, made a voyage to Colchis to bring back the Golden Fleece. Modern Argonauts, the doctors, would consider themselves happy if they could bring back from such a voyage the secret of restoring the human fleece.

I don't think I am far from the truth when I say that during the past twenty-five years that I have practiced the profession of hairdresser, I have made the trial upon different bald heads of more than five hundred different hair tonics, and I am bound to admit that I never saw a single head the hair of which was restored after baldness. At the end of so many failures, I am completely undeceived as to the value of all preparations, and I would not now recommend any one of them, because I would be afraid to commit the crime that is designated by the words, "obtaining money under false pretences." In my pathological studies upon the hair, I have found that people who perspire a great deal from the head are apt to get bald. The bad habit of wearing hats indoors is also very hurtful to the hair. In 1806, after the famous battle of Jena, in which the Prussians were completely defeated by Napoleon I., Baron Larrey, the celebrated military surgeon, perceived that many of the German prisoners were completely bald. Surprised, he made inquiries as to the cause of this, and he found that they owned their baldness to the shape—as homely as unhealthy—of their caps. The foul air of their head gear, having no issue, destroyed the vitality of the hair.

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DISINFECTANTS.—Professor Beilstein, who has recently studied the various substances used for disinfection, arrives, in a communication made to the St. Petersburg Technical Society, at the following conclusions :

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*Sulphuric acid* would be the best disinfectant if it *did* not destroy the sides of the tanks; the use of lime and of salts of lime ought to be completely renounced, as they but temporarily destroy bacteria, and under some circumstances may contribute to their development; nor does sulphate of iron, even in a solution of 15 per cent, ultimately destroy bacteria as they revive when put into a convenient medium. Therefore, Prof. Beilstein recommends sulphate of *Aluminum*, which is used in paper and printed cotton manufactures. The best means for providing it is to make a mixture of red clay with four per cent of *Sulphuric acid*, and to add to this mixture some *Carbolic acid* for destroying the smell of the matter which is to be disinfected.

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HYPODERMIC ADMINISTRATION OF POTENTIZED REMEDIES.—A further record of experience on the use of remedies as suggested by Dr. Lillenthal in his lectures.—My first case was one of continued "morning sickness," the patient being unable to take even water without vomiting. Had been under allopathic treatment for six weeks, and abortion was recommended. I tried internally *Lactic acid*, *Ipecac.*, *Sepia* and *Nux moschata* without perceptible change. Remembering that in tests Nos. 6 and 7 the injection of the active principle of two ounces of *Nux vom.* 6x into a small frog produced no effect, and that this equalled the effect of 273 gallons and 24 ounces taken into the human stomach, I felt justified in adopting a new method. Procuring a new hypodermic syringe, I carefully injected under the skin of the forearm ten drops of *Ipecac.*, the 6x. The effect was magical. In a few hours my patient was enabled to take food, and speedily recovered without even a repetition of the dose, or the slightest aggravation of the symptoms. Two eminently respectable homœopathic physicians of Louisville can *substantiate* the above statement.

Emboldened by the successful results in the above case, I next injected ten drops of the 6x dilution of *Tartar emetic*, in the case of a policeman suffering from a violent attack of asthma. The paroxysm was relieved in twenty minutes, and the patient enabled to lie down and sleep for the first time in three days. This was repeated four times, at long intervals, and the patient speedily recovered. At no one time did we discover the slightest of the symptoms following its use.

The next case was one of dysmenorrhœa, and the violent colic yielded in less than ten minutes to the hypodermic injection of ten drops of *Puls.* 6x dilution over the region of the uterus.

In more than fifty cases, where this plan of administering medicines was used, in not one single instance was there the slightest medicinal aggravation; and although the dilutions were all used crude (that is, undiluted with water), in no case did the *Alcohol* produce a sore unless used in fleshy parts, and then in but very few cases.—W. L. BREYFOGLE, M. D.

## Book Notices.

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**Address.** By President J. W. Dowling, M. D., American Institute of Homœopathy. Meeting held at Brighton Beach, June, 1881.

From the title page we learn that this pamphlet is "Printed and distributed in accordance with the following resolution: Resolved, That five thousand copies of the President's address be printed aside from the proceedings of the Institute for general distribution." And we observe also that it was specially printed at Pittsburg, and not taken, as it might have been, from the proceedings, with considerable saving in expense. To say aught against Dr. Dowling's address is not at present our intention. We desire, however, to ask the committee and the Institute, if they will please point out what there is in it calling for such prominence to be given it? Such an address as Dunham's at Chicago, and Holcombe's at Put-in Bay being of exceptional excellence, might well be sent broad-cast at the expense of the Institute. We fail to find in Dr. Dowling's address anything calling for this resolution. The committee seems to have found something especially good, in that they resolve "that the President's definition of the words *regular* and *irregular* as applied to schools and practitioners of medicine be adopted by the Institute as correct," also "that hereafter the definition be conspicuously printed in all published documents and transactions of the Institute in order that the profession of all schools may the sooner be familiarized with and be led to adopt it." Considering that only the term *regular* was defined, and the definition given taken bodily from Webster, it must be that Dr. Cooke and his committee are not as familiar with the Dictionary as they might be. Again we ask, why did they print five thousand copies of this address?—F.

**Materia Medica and Therapeutics.** Arranged upon a Physiological and Pathological Basis. By Charles J. Hempel, M. D., etc. Third edition revised by the author, and H. R. Arndt, M. D. Vol. II. W. A. Chatterton, Publisher, Chicago, 1881.

It is a matter of sincere gratification to find this new edition of Hempel at last finished. Vol. II, which lies before us, is in all respects the peer of its companion. Nearly 1000 pages, beautifully printed, on elegant paper, and substantially bound, constitute the outward semblance of this truly great work. One hundred and thirty-eight remedies are here discussed, chiefly after the well known manner of Dr. Hempel. The student will not find the author's manner uninteresting. The multiplicity of words often savor of the lecture room, but this colloquial or easy method gives no small charm to the subject matter. Our readers know



very well how far we disagree with the distinguished author in his method of studying *materia medica*. The "physiological and pathological basis" is largely baseless, and should never be confounded with or substituted for a "pure *materia medica*." Dr. Arndt, the able editor, has done much to make this edition a faultless one. His task has been no enviable one, yet on his part well performed. No single work upon *materia medica* can be made to comprehend all that we have developed in this department in the past seventy-five years. Dr. Hempel's work is a grand stepping stone for the student, and though marred by many flaws it remains all the same a good assistant to the beginner, and will help him to higher grounds and enable him to better understand such a work as Hahnemann's *Materia Medica Pura* and others constructed upon Hahnemann's plan. Mr. Chatterton, the enterprising publisher, deserves our thanks. He has vied with Hercules in labor, and from a long and painful as well as dangerous illness, he rises to renewed hope, and we trust success. This volume signals his recovery, and its appearance will be generally hailed with great pleasure.

**Transactions of the Wisconsin State Homœopathic Medical Society, 1881.**

We are under obligation to Dr. Storke, the secretary, for a copy of the above transactions. We congratulate the society on the fact that it have issued a splendid volume, containing many interesting and valuable papers. We have no space for an extended review, but we desire to commend the Wisconsin society for both its intelligence and its enterprise. Our school is safe in the hands of such wideawake men.

**Clinical Lectures of the Diseases of Old Age.** By J. M. Charcot, M. D.  
Translated by Leigh H. Hunt. Wm. Wood & Co., New York.

This is the June volume of Wood's Library of Standard Medical Authors. It is a novel and interesting work upon a subject of growing importance. The establishment of hospitals for aged people has led to the more careful study of diseases peculiar to the old. Dr. Charcot's brilliant lectures are supplemented by lectures from Dr. Alfred L. Loomis, and the work, though small, embraces probably all that is with certainty known of the subject.

**Annals of the British Homœopathic Society and London Homœopathic Hospital.** August, 1881.

The contents of the present number are excellent. Our trans-Atlantic friends are good workers, and we wish their labors might be shared by all our readers. Published by Trubner & Co., 57 Ludgate Hill, London.

## Editor's Table.

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DR. J. C. FLYNN has moved to Warren, Mich.

DR. J. D. GREABILL reports Greenfield, O., as a good field.

DR. J. A. CROSS has located in Pine Creek, Calhoun co., Mich.

DR. G. H. LEACH succeeds Drs. Leach and Wheeler at Cairo, Ill.

DR. HARRIET S. FRENCH has moved to 712 N. Eighth st., Philadelphia.

It costs \$5,000 to procure a medical education and degree to practice in England.

NINE-TENTHS of the babies born in Meigs co., O., the past year have been girl babies.

DR. H. W. BRAZIE has moved from Bristol, Ind., to 141 Fourth av., S., Minneapolis, Minn.

DIED.—Dr. E. T. Richardson, one of the oldest and most prominent physicians in Brooklyn, N. Y.

DR. O. R. LONG, of Ionia, has been appointed physician to the house of correction, a state institution.

DR. HENRY W. CHAMPLIN, class '81, U. of M., locates in Chelsea, Mich., with his preceptor, Dr. Robertson.

MARRIED.—Dr. Geo. A. Ross, of Fort. Wayne, Ind., and Miss Flora C. Bittinger, Sept. 8, 1881. Good luck to the happy pair.

WANTED.—June and July, 1877, numbers of the ADVANCE; will pay 25 cents cash for either, or 50 cents for both at this office.

DIED.—Clement H. Horton, class of '82, Homœopathic Department, University of Michigan, was drowned in Lake Chautauqua, August 13.

I BELIEVE the work which Mrs. Anna Besant has achieved within the past year is unparalleled by the achievement of any living person.—M. D. Conway.

No DISEASE distributing book from a circulating library ought ever to be permitted entrance into a sick chamber. Circulating libraries poison many persons in more ways than one.

THE Medical Counsellor, of Chicago, proposes to issue in weekly numbers of 16 pages without change of price. W. A. Chatterton, publisher; H. R. Arndt, M. D., editor. Such enterprise deserves patronage.

Do YOU know of a good practitioner who would like to take my practice here? I will sell, or if satisfied of his ability to keep the practice, and of his honesty, I might let him have it for a share of his earnings.

DIED.—Helen C. Morgan, wife of C. A. Jaeger, M. D. Born Sept. 27, 1835, at Buffalo, N. Y. Married Aug. 21, 1856, at Elgin, Ill. Died Sept. 19, 1881, at Elgin, Ill.

THREE hours spent in most any one of our hot, ill-ventilated theaters do more injury to consumptive patients than a month's labor for their restoration can overcome. Persons with the slightest consumptive history should avoid such places.

GEN. LEE is said to have asked a straggler, whom he found eating green persimmons, if he did not know they were unfit for food. "I'm not eating them for food, General," replied the man; "I'm eating them to draw up my stomach to fit my rations."

DR. E. L. FRISTOE has moved to Piqua.—Dr. D. V. Ireland located at Bellville.—Dr. C. F. Guin has located at Miamisburg.—Dr. B. S. Hunt has moved to Tawawa.—Dr. A. C. Smith to Lima.—Dr. Sawyer at Larue.—Dr. W. R. Barton, Carey, O.

DRS. EATON AND OWENS have returned from their European trips. Through the kindness of Dr. M. M. Eaton we have been put in possession of abstracts of papers and proceedings of the International Medical Congress and International Homœopathic Convention.

REPORT for the month of July, 1881. of the Brooklyn E. D. Homœopathic Dispensary Association: Number of males, 336; number of females, 790; total, 1126. Days of attendance, 26; daily average, 43. Amputations, 1. Number of prescriptions, 1608.—J. Albro Eaton, Surgeon in Charge.

THE Physicians' and Surgeons' Investigator, of Buffalo, with a discrimination that does it honor, says the MEDICAL ADVANCE "is an out and out homœopathic journal." That is exactly what we try to make it, Bro. Hubbell. We believe in Homœopathy and propose to let others promulgate eclecticism and Allopathy.

TOO MUCH truth may sometimes be adverse to one's self-interest. When a lady living in Chelsea sent to London for a doctor she apologized for asking him to come such a distance. "Don't speak of it," answered the M. D., "I happened to have another patient in the neighborhood, and can thus kill two birds with one stone."

THE American Public Health Association will meet in Savannah, Ga., November 27th, and continue in session four days. It is desired that our homœopathic school should be numerously represented there. Passes will undoubtedly be furnished all who wish to attend. For particulars address Dr. Moses T. Runnels, of Indianapolis.

"If the distinction between antagonism and antidotism is clearly borne in mind, the mixed falsity and truth of *similia similibus curantur* is seen." This is extracted from a paper by Dr. H. C. Wood read before the Inter-

national Medical Congress and shows at least an advancement toward Homœopathy not generally found among allopathists.

"THE war that for a space did fail, now trebly thunderings swells the vale," down in the region of St. Louis, where it was confidently hoped the conflicting medical colleges would soon smoke the pipe of peace. Behold how desirable a thing it is for brethren to dwell together in warfare. It is better than a stalled ox smothered in fried onions according to the new version.

NEW JERSEY LAWS have been held in abeyance in some very important instances lately. We do not know that the crimes committed by the attending physicians of the late President Garfield in not procuring licenses have received due attention of the N. J. state official, whose duty it is to look after these things. It is criminal to practice medicine in that state without license.

At the last meeting of the Institute, Dr. J. C. Morgan offered a resolution that the bureau of organization and statistics consider the propriety of establishing "a new order of membership to be entitled, 'Fellow of the American Institute of Homœopathy,' to which homœopathic physicians of great eminence—American as well as foreign—may be elected under suitable conditions and requirements."

DR. G. N. BRIGHAM, of Grand Rapids, is preparing a work on phthisis pulmonalis, and desires to bring into as compact a form as possible all evidences that are to be had showing the curability of the disease by homœopathic remedies, and wishes to obtain reports from all our physicians who have had experience with the disease and its homœopathic treatment. Do not fail to give the Doctor the help for which he asks.

DIED.—Chas. H. Penniman, San Francisco, Cal. We have scarce had time to record his honorable graduation in the Homœopathic Department of the University before we sorrowfully note his death. Failing health obliged him to leave college a few weeks before its close, and with the esteem and we may say the love of the whole class, he went to his far western home to die. In all that constitutes a gentleman, a scholar, and a true friend Penniman was almost peerless. He fell a victim to acute Bright's disease.

NEW WORDS.—The new edition of Webster's Unabridged Dictionary, numbering 1928 quarto pages, contains nearly 5000 new words or new meanings of old ones. These words range over the field of science, medicine, invention, discovery, research, etc., departments which in this age are constantly yielding fresh ideas, requiring new words to express them. That they have not been hastily compiled is evidenced by the accuracy of and careful study given to their etymology and definitions. The intelligent reader, or any reader who would be intelligent, will find this feature of the dictionary quite indispensable.

THE annual meeting of the Hom. Med. Society of the State of Pennsylvania met at Westchester, Pa., Sept. 20 to 22. Seventy physicians attended. Fifty papers read and discussed. Officers elected: President, Dr. John C. Morgan, of Philadelphia; first vice-President, Dr. P. Dudley, of Philadelphia; second vice-President, Dr. J. B. Wood, of Westchester; Recording Secretary, Dr. Z. T. Miller, of Pittsburg; Corresponding Secretary, Dr. R. E. Caruthers, of Alleghany; Treasurer, Dr. J. C. Cooper, of Pittsburg; Censors, Drs. R. J. McClatchey, Jos. E. Jones and Maria N. Johnson. The usual banquet was omitted out of respect to the memory of President Garfield.

EVEN in the wilderness Homœopathy has its advocates. From a recent correspondence to the Cincinnati Commercial concerning typhoid fever at the famous English settlement, Rugby, Tenn., written by Norman F. Clifford, Esq., a member of the laity, we clip the following: "One word more: The early symptoms of the fever, the languor and headache, pains in the body and limbs, quick pulse and high temperature and diarrhœa, are about the same in all cases. Those who have treated themselves or been treated by friends homœopathically (and they are many) have all recovered in a few days. Those who have gone to 'the doctor' and waited until the disease developed sufficiently to justify him in stuffing them full of *Quinine* have gone to the hospital, and some of them to the graveyard. The allopathic treatment is diametrically opposite to the homœopathic treatment, and the results have hitherto been diametrically opposite also."

BANGOR, ME., Sept. 16th, 1881.

EDITORS MEDICAL ADVANCE:—Dear Sirs: I received your September number on the 14th inst., including my bill. I was quite unaware of being so much behind. Time passes rapidly when busily occupied.

My first thought was that I had only taken the journal for two years, and I knew I had paid for the first year, but on looking over my labeled volumes I found I began with Vol. IX. I had been waiting for your bill as I think when a year has expired which has been paid for, you ought to enclose bill in the next number. I have always sent the amount soon, as I feel the editors and printers need their pay as promptly as the doctors are able to get theirs at least.

I commenced the study of medicine in September, 1826, and graduated in 1830 in the medical department of Dartmouth College, N. H. I practiced in accordance with their instruction to 1840. During 1839 a case of practice came under my observation from a homœopathic prescription which cured an obstinate case of enteralgia in fewer hours than I had ever witnessed, cured in half that number of days.

Upon the investigation of this case, I found it a common occurrence with homœopathic remedies. I was convinced of the truthful foundation of Homœopathy, and that it was demonstrated on inductive principles. I obtained what books I could, and with the assistance of Dr. Wm. Wesselhoft, Boston, I made careful application and observation in practice. I read Hahnemann's *Organon* with great interest, and have tried to practice by it from that date to this, and have ever found that the nearer I practice by his instructions, the better my success in curing patients.

I peruse your numbers with interest, and especially to see how adroitly you work up the proceedings of Dr. Wilde, of England, and the mongrelism of the Mitwankians, as of late years advanced.

Enclosed find four dollars. Yours most respectfully, WM. GALLUPE, M. D.



T. P. WILSON, M. D., EDITOR.  
ANN ARBOR, MICH.

J. P. GEPPERT, M. D., ASS'T EDITOR.  
CINCINNATI, O.

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VOL. XI. Cincinnati, and Ann Arbor, November, 1881. No. 5.

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**DRIFTING TOGETHER.**—Between the early homœopaths and their allopathic contemporaries the line of distinction was very clearly drawn. A quarter of a century ago there was no middle ground thought of or contended for. Practitioners were, out and out, one thing or another. The pharisaical allopath held himself aloof, and the samaritan homœopath was content to stand upon his own ground. It was not then difficult to define Homœopathy; it stood out as a clear-cut system of practice, and there was not, and could not be, any controversy as to what Homœopathy was or what it could do. It was roundly denounced by the allopaths; it was vigorously persecuted and mercilessly ridiculed by all, save a few; it was just this that gave Homœopathy its start in the world; it was the blood of the martyrs that became the seed of the church. Schools, journals, and practitioners multiplied. The hated and despised thing grew with wonderful rapidity, until every path of human civilization blossomed with the flowers of similia. But matters are very different to-day. The Medical Record, of New York, says the homœopathic and the allopathic schools are "drifting together." This is a remarkable statement. Of its truthfulness there can be no doubt. The past year has produced some astonishing proofs of this fact. There is no use of shutting our eyes in order not to see it. "Upon the allopathic side," says the Medical Record, "there has been shown a disposition to give away. At a recent meeting of the British Medical Association the most important address—that

It appears to me that the homœopathic profession follow without due consideration the old rule: "*Tolle causam,*" and regard it as the first indication for action, to induce labor and expel the contents of the uterus, as soon as possible, by any means—medical or mechanical. Now this proceeding, and this is just the point I want to call attention to, is, according to my experience and observation, neither rational nor scientific, neither homœopathic nor humane and life-saving.

To consider the pregnant state the cause of the convulsions, is only an appearance, a fallacy. The real cause is a derangement of the organism, a disharmony of nerve and blood function, induced by various causes, mental, physical or mechanical. The proper object of the physician, therefore, is to correct this pathological state by the true similia, and to let the uterus in its physiological process severely alone. After looking for years in vain for a true and rational homœopathic advice in such cases in our journals, I feel it my duty to suffering humanity to give to the profession the result of my experience and observation for more than forty years. Many years ago I was frequently called in consultation by a colleague in such cases, where he had induced premature labor for the relief of the convulsions. At that time I acquiesced in this procedure, without questioning the propriety of so doing, although the mothers were delivered only after a great amount of suffering, while the offspring usually perished. After the last of these consultations, I asked myself mentally the question: is this good homœopathic practice? On due consideration, I was compelled to answer in the negative. I then formed the resolution, to treat such cases in the future on the true homœopathic principle: by prescribing for the condition of the patient, as indicated by the symptoms, and especially the last development of them. Some time after an opportunity occurred to put this resolution in practice. Mrs. S., (a primipara) residing at a distance, had arranged with her sister in this city to be confined at her house, and that I should attend her. One day on returning to my office at noon, a messenger who had been waiting an hour, summoned me to come quickly,

as the lady had been in convulsions since 4 o'clock in the morning. On my arrival at the house I learned that she had arrived here the day before, and not feeling well, had taken a cathartic. After midnight the family were aroused by a strange noise, and on investigation, they found Mrs. S. in convulsions. Being greatly alarmed, they called in a neighboring physician, an allopath, who prescribed some nauseous compound, which was given until the time I arrived. I immediately prepared as antidotes *Champhor* and *Coffea*, and gave a dose every ten or fifteen minutes alternately. Upon examination, finding that labor had not commenced, I left my patient for a few hours; on my second visit I prescribed *Bell. cc*, one dose to be given after every second attack. On my last visit in the evening, not finding much improvement, I left three doses of *Hyos. cc*, which I thought to then be better indicated, to be followed by *Sac. lac*.

Next morning about 5 o'clock I was sent for, and on my arrival I learned that the attacks subsided soon after taking the third dose of *Hyos*, and that the patient slept very well until 4 o'clock, when she was awakened by labor pains. As she was then progressing very well, I had nothing more to do than is usual in any ordinary case of labor. In about three or four hours a fine, healthy boy was born, and the mother made a very good and speedy recovery.

It is my firm belief, that if patient and physician know and do their duty, puerperal convulsions would be generally prevented. To prove this assertion, let me relate another case: A young married lady who had engaged me for her approaching confinement, sent for me one evening, suffering with congestion of the brain, indicated by flushed face, fullness of the head and throbbing of the arteries, vertigo, etc. I immediately recognized the danger of convulsions, and without alarming my patient, prescribed the remedy indicated. While preparing the medicine the patient remarked, that her nurse had called to see her, and finding her complaining in the manner above described, advised her to send at once for her physician, as these symptoms indicated im-



pending danger. A few doses of *Belladonna* cc, controlled this condition, and on visiting her next morning, I found her entirely relieved. She was delivered at full term some weeks after without any trouble.

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## Theory and Practice.

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**Oxygen**, Physically and Therapeutically Considered. By J. P. Geppert, M. D. Read before the Cincinnati Homœopathic Medical Society, and published by request of the President.

Oxygen, *seu* oxygenium, empyreal, pure, vital or dephlogisticated air; oxygenes, oxycum, principium, oxygenans oxygeneticum, acidificans. It was originally thought that oxygen entered into the formation of all acids and thus was the name it bears given it, meaning acid producer or generator, but it is now known that hydrogen is the more uniformly present element in the formation of acids. It was discovered as an element in 1774 by two independent investigators, viz: Dr. Priestly, of England, and Scheele, of Sweden. It probably enters into more constant use than any other element. Its atomic weight is 15.96; density 15.96. Possesses varying affinity for all other elements possibly excepting *Fluorine*, but this element is thought by chemists to be capable of union with oxygen under favorable circumstances. It is in the gaseous state under ordinary temperature and pressure; but Pictet succeeded in condensing it to the liquid and solid state, as also did he all the gaseous substances formerly regarded as non-liquifiable or solidifiable. It is sparingly soluble in water, being absorbed to an extent equal

to three volumes per hundred of water. It is the most magnetic of all the gases, holding the same place in this class that iron does in the metallic class; and like iron, loses its magnetism by heating, but this quality returns on cooling, which is not the case with cooled iron, owing to the lesser mobility among the ultimate atoms. Its specific heat is less than that of other gases, according to Tyndal. It constitutes one-half of the terraqueous globe, and nearly one-fourth of the atmosphere.

*Uses.*—In the changes produced through this element most forms of energy employed by man are secured. From simple eremacausis, or heat production by the slow oxidation of animal or vegetable substances, to the Drummond light for energy in the form light or the oxyhydrogen blow pipe for heat, we have a variety of degrees of energy to suit all demands, especially when we consider that the electric arc is produced simply by a concentration of degrees included in this category. Its importance to animal life was early recognized by investigators, as testified by the term vital air, though its relation to vegetable life was not observed so early, and even now its position as carrier and preparer of carbon to the vegetable kingdom is not as prominently set forth as it deserves to be. It is certainly true that life upon this earth, both vegetable and animal, is directly dependent upon oxygen, and that were it and all its functions removed ours would be a most desolate condition. Having seen its importance in a biological relation, let us consider it in its therapeutical relation and apply it mentally to the many pathological conditions which its position in the physical world indicates it well adapted.

Disease may be defined as an abnormal exhibition of force or energy within the system, and is removed only by exhibiting a force to correct the abnormal presentation.

Life, or the functions of the different organs of the body, is simply a congeries of the physical forces, known commonly as light, heat, electricity, etc., exhibited through methods and instruments so constructed as to manifest what we regard as the proper acts for the preservation, growth and development of the organisms.

*The Medical Advance.*

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*Theory and Practice.*

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*Oxygen*, seu oxygenium, empyreal, pure, vitigisticated air; oxygenes, oxycum, principium oxygeneticum, acidificans. It was originally oxygen entered into the formation of all acids the name it bears given it, meaning acid producer, but it is now known that hydrogen is the present element in the formation of acids, viz: Dr. Priestly, of England, and Scheele probably enters into more constant use than any other element. Its atomic weight is 15.96; density varying affinity for all other elements. *Fluorine*, but this element is thought by some to be in the gaseous state under ordinary pressure; but Pictet succeeded in condensing it into a solid state under ordinary pressure; and solid state, as also did he all the other elements formerly regarded as non-liquifiable or gaseous. It is highly soluble in water, being absorbed in the following proportions:

The energy of the system is due to the action of oxygen on the substance taken as food. When the supply of oxygen is short, the energy is reduced, as observe the effects of an ill-ventilated church; notice how difficult it is for the speaker to infuse sufficient energy into his utterances to keep active the waning attention of his hearers. Consider the increased energy obtained in persons employed in sub-marine explorations. The diving-bell being filled with oxygen instead of ordinary atmosphere, the persons are enabled to perform certain duties under the immense pressure to which they are subjected. Were they permitted a limited supply of oxygen, as the case would be were a gas like the atmosphere surrounding them, containing about 23 per cent oxygen, their labors would hardly be accomplished. We have also other illustrations of the direct importance of oxygen, as in the Frenchman who resolved to die a martyr to science and write a record of his experiences through the different periods until death, from the effects of carbonic acid or deprivation of oxygen, and locked himself in an apartment, consumed the oxygen by burning charcoal or carbon in the room. Gradually as the oxygen united with the carbon, forming a non-assimilable compound to the system, his strength declined, and his record showed each distinct after period until he was unable to continue writing at all.

The importance of oxygen in the treatment of chronic affections is not properly appreciated by the profession. When the system is called upon to do its full quota of work it does not have the power to spare for correcting abnormal conditions. All medication is but the introduction of some power to alter or increase the functions already present. If we procure rest for the economy through abstinence of use of the other functions we may secure the removal of this abnormal condition, or if we can by an increased quantity of oxygen, combined with sufficient food, secure increased energy, we in reality secure an amount of energy or power more nearly what is demanded to perform both the removal of the abnormal condition and the functions necessary to sustain life.

The healthy adult consumes 700 to 1,000 grams of oxygen daily. For securing this quantity of oxygen it is necessary to take into the lungs 7,500 to 10,500 liters of atmosphere. If this quantity is necessary, we readily see that if the air is contaminated with carbonic acid and other non assimilable gases, that it must be greatly increased in quantity, and that there being many blood corpuscles not able to secure their needed oxygen will make the circuit of circulation with their already accumulated carbonic acid and possibly adding more carbonic acid. The energy of the system is constantly diminishing, thus depriving the economy of the power of preserving itself and permitting the retrograde processes to come about for the development of lower forms of substances or aggregations that might be termed tubercles or the pathognomonic condition of consumption.

Man's vanity has caused him to think that whatever is, is for his exclusive use, and that whatever he uses there can be no improvement on it by art. He regards the earth and all the conditions here present as specially created for himself. The fact, however, that he is the result of conditions and a product along with all other entities we are cognizant of, is more and more clearly demonstrated as science, in her movements, accumulates truths. Man's evolution or progress is constantly effected by his own improvements over what was presented him at his birth. His own labors have prepared the way for advancement of successors beyond the grounds he occupied. This conceit is shown in such expressions as whatever nature supplies that is the best. It has been untruthfully said that all the oxygen needed for the system is contained in the gas respired, and that any increase of oxygen would be deleterious. Consider some of the varying per centages of oxygen in the air respired by man before introduction into the respiratory organs. Normal air contains 23 per cent of O. Prof. Nicol, in an analysis of the air, from one of the thoroughfares of Paris, obtained only 13.79 per cent. This being external of any building, we may reasonably conclude that within buildings in this vicinity it was much less.

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Within the limits of civilization (where statistics are obtained), comprising about 200,000,000 people, there annually die nearly 1,000,000 persons of consumption, a disease affecting the lungs, the organs whose function is directly to supply oxygen, primarily. Were these organs properly supplied with their needs, it is not unreasonable to infer that they would not be destroyed so much more frequently than are the other organs of the body. Another consideration may not inappropriately be presented here. In the early existence of this world the atmosphere was not just as it is now. There was a varying percentage of oxygen. We can reasonably believe there is less oxygen for respiration in our atmosphere now than at an earlier period. The oxygen is slowly being absorbed by the solids of the earth, and possibly our planet may one day have accomplished the same act that her satellite, the moon, has, viz: absorb its atmosphere and become a dead world; thus showing that while man may not be able to adapt himself to his natural environments, he can at least bring about such a change in them that his existence may be prolonged by his own efforts.

Many callings demand of their followers an active mental state associated with a passive physical condition. Among these we usually find wasting physical affections which demand a change of environments. If we can supply this class with energy in an acceptable way we do for them what active outdoor callings do for the followers of open air employments. And instead of having the limited energy consumed by the action of the brain, we have something for the proper arrangement of the tissues and the maintenance of health.

There is much error contained in works relating to oxygen and its effects on the animal body. It is taught that only a limited amount can be safely breathed. The writer has at a single sitting breathed eighty gallons of pure oxygen with only a slight increase in temperature, as per thermometer, and an increase in the number of pulsations of the arteries. This increase was probably due to the exertion made in respiring

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this amount of gas. Most experiments published as to the effects of oxygen on animal life have not been free from conditions likely to produce effects unfavorable to the life of the animals. Recent experiments lead physiologists to conclude however, that oxygen will not be injurious if breathed continuously pure. Where animals have been placed in vessels filled with oxygen and allowed to die, their death was due not to the inhalation of oxygen, but to the respiration so frequently of the organic products exhaled from their systems. Experiments carried on so that this organic excretion can be constantly removed show no injurious effects on the animals for being placed in such an environment.

Oxygen is specially recommended for diseases of the respiratory organs as phthisis pulmonalis (consumption) and wasting diseases, in emphysema, asthma, croup, narcosis from anæsthetics, asphyxia from deleterious gases, and for the destruction of the disease germs contained in persons afflicted with contagious diseases like scarlet fever, measles, whooping cough, etc., and their sequelae. Also in diseases characterized by deficient oxydation, as anæmia, leucocythemia, chlorosis, diabetes, and albuminuria.

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**The "Germ Theory,"** and its Application to the Production of Disease. By T. C. Hunter, M. D., Wabash, Ind. Read at the Fourteenth Annual Session of the Indiana Institute of Homœopathy, Indianapolis.

If you admit a small beam of brilliant light into a darkened room, you will see innumerable particles of matter floating in the air, which are too small to be seen by the microscope. These fine particles of matter have been found to be composed partly of organic and partly of inorganic matter. The organic portion has been found to be in part dead and decaying animal and vegetable matter, and in part of living animal and vegetable matter; *i. e.*, that

which may, under favorable environments, develop into animal and vegetable life.

Contagious and epidemic diseases are supposed (for it is not yet a mathematically demonstrated fact) to be caused by certain animal or vegetable germs which find a lodgment in the human system, and then develop into millions of organisms, and thus produce disease; each variety of germ producing its own peculiar form of disease—small-pox producing small-pox, and those of scarlatina producing scarlatina, and so on.

These germs are more frequently found in the water than in the air, and may enter the system in our drink, or in our food, or by both methods. Those floating in the air are inhaled into the lungs. They may perhaps also find a lodgment in the skin. They are propagated by throwing the dejectæ of the sick upon the earth, or into cesspools, whence they find their way into the water of wells, springs, or other sources of water supply; or they are thrown upon piles of decaying animal and vegetable matter, whence they find their way into the air, and with it into our lungs.

This is a very short synopsis of what is termed the "germ theory of disease." I am disposed to accept it as true, because I think it accounts for more of the phenomena of certain diseases than any other theory with which I am familiar; however, I am ready to accept any other theory which will more satisfactorily account for these phenomena. I do not intend in this paper to discuss this theory, as so much has already been written upon the subject that I take it for granted all the members of this Society are already fully informed on this subject, and have already accepted or rejected it in their own minds.

Our object is rather to discuss the manner in which these germs affect the animal economy, in order to produce disease. Let us first introduce a theory first promulgated, I believe, by Dr. Maclagan. He says: "All we know of the nature of the contagion is, first, that it consists of minute solid particles.



"Second, that these particles are probably organized.

"Third, that in chemical composition they so closely resemble the fluids in which they occur, that the chemist fails to detect even their presence. And

"Fourth, that they are so very minute, that the highest powers of the microscope fail to give us definite information regarding their nature, or their existence."

His third and fourth propositions throw doubt on the first, and the second only professes to be hypothetical; so we may sum up by saying, that we have no definite information regarding the subject. All is yet hypothetical. He says: "Beyond this point the combined efforts of the chemist, microscopist and biologist have failed to carry us."

He takes up the eruptive fever, because "Each has a tolerably definite period of incubation." "Each has for its most prominent symptoms the existence of that aggregate of phenomena to which we apply the term fever." "Each possesses a characteristic local lesion." "Each has a pretty definite period of duration." "Each occurs as a rule but once in a lifetime." Let us grant that these germs are really minute organisms endowed with life. These, like all other organisms similarly endowed, require for their growth nitrogen and water. He calls them the first factor. These organisms find a lodgment in the human body; they must therefore attain the elements of their growth from their environment. They are therefore parasites and require a special condition or nidus for their development. This nidus he calls the second factor. When these two factors come together, these germs grow and multiply by division until enough are formed to produce morbid phenomena. When there are large amounts of both factors we have fulminant cases. He says of these organisms that "They are mainly composed of albumin." "They largely consume nitrogen." "They largely consume water." "They multiply by division." In fever we find "Increased consumption of water." "Increased rapidity of circulation and preternatural heat." "The juxtaposition of the chief characteristics of the contagion and of the phenomena accompanying its propagation,

alone suggests a probable causal relation between the two. The propagation in the system of millions of organisms, which largely consume elements requisite for the nutrition and repair of all the tissues of the body, must be accompanied by serious disturbances. If nitrogen and water be the chief requisites for the growth of the contagium particles, the symptoms and changes referable to increased but abnormal consumption of these elements will be among the chief characteristics of the disturbances to which the propagation of the contagium gives rise." As these organisms circulate in the blood they absorb the nitrogen which was intended to nourish the tissues, and hence a greater demand for a blood supply. The tissues of the heart being weakened, there would be a rapid but feeble action of that organ. The nerves would suffer. We would have headache from anæmia of the brain, followed by headache from too great a supply of depraved blood, and aching of the limbs from spinal anæmia. We would have indigestion from a deficient supply of water, which is necessary to the proper performance of that function, and also a defective assimilation. As a result of the increased rapidity of circulation, there would be increased respiration, and heat, with no perspiration, and increased waste of nitrogen, by retrograde metamorphosis of the nitrogenous tissues. With the increased heat there will be increased thirst; then what becomes of the water drunk by the patient, as the skin is dry, urine scanty, and bowels constipated? We see that the water is not eliminated, and we are sure it is not retained in the system. It seems quite reasonable to suppose these parasitic organisms absorb it. Sometimes the deficient supply of water causes the kidneys to fail in the performance of their ordinary functions, and there is an increase of urea with its usual results, and also albuminous urine. But the question may be asked, why do not these symptoms continue until the patient is dead in every case? The answer is: The second factor becomes exhausted before the vitality of the patient, and these organisms die for want of their necessary pabulum. And this second factor is seldom renewed, which accounts for the rare recurrence of these contagious diseases.

Thus this theory of Dr. Maclagan accounts very satisfactorily for the phenomena of this class of diseases. Its weak point is, that the premises are entirely hypothetical. Suppose this matter we have inhaled, or drank, or eaten, is *not* organized matter, having life with all its consequences, but is really inorganic but poisonous matter. Then so far as this is true Dr. Maclagan's theory fails to account for the phenomena. As we are dealing with hypotheses, why not add another to the list, and let the fittest survive? Let us now assume that this matter is inorganic, and see if we can find any hypothesis that will account for all the features of the case. We believe that all matter, whether it be organic, or inorganic, is endowed with a certain force; each variety of matter having a force peculiar to itself, and that this force can be communicated to other particles of matter, having a different and perhaps a less active or less powerful kind of force. To illustrate: Put a half grain of *Tartar emetic* in four ounces of water, and agitate it until the drug is dissolved and thoroughly mixed with the water; then take a teaspoonful every five minutes, and you will soon find emesis produced, and that, too, by an amount of the drug hardly appreciable on the druggist's scales, and equal to, or greater than you would expect from the whole quantity of the drug, that was mixed with the water. This water may be mixed with other quantities of water, still retaining much of the drug force, while diminishing more and more the quantity of the original drug. The limits to which this process can be carried have never yet been defined.

Again, let us take two iron bars or pokers, as nearly alike as possible. We will heat the end of one of them red hot. There is now a visible difference between them. The heated one emits both light and heat. Light and heat are said in molecular physics to be simply "modes of motion." Let me apply the heated end of the poker to your person, you will readily believe that such is the case, for it will not only cause you suddenly to withdraw your person from its contact, but the contact will cause an inflammation of the part, which is only another mode of motion. You now realize

that the heated end of this poker has a capacity for business that the other poker does not have. We now place the heated end of the poker in a small quantity of water, and assert that the water will now produce similar results when applied to the person that the red hot poker did. You deny it, and triumphantly exhibit a drop of the water under the microscope and show conclusively that there are no particles iron floating in the water, and insist that because there is none of the iron poker in the water, therefore the water can not have the same or a similar effect. Why not, then, instead of this inferential demonstration, try the *experimentum crucis* by placing your finger in the water? By this time our poker has become cooled. We now place it on an insulator, and have it charged with electricity. You now bring your hand in contact with it, and you will readily perceive that it has now another kind of force—another mode of motion. I take the poker and swing it around rapidly, and in doing so, in a purely accidental manner bring it in contact with your tibia; the motion which I imparted to the poker has been suddenly arrested, but it has at the same time been imparted to you. You now see that this simple piece of iron may be charged with several kinds of force, and that no one kind interferes with the others. You may divide it while red hot, into two parts, and its power for mischief is nearly doubled; and so may you continue to divide it indefinitely, all the time increasing its power of radiating heat. Let us now apply this theory to the action of drugs.

The particular forces of drugs, are only known as the result of experiment. No man can tell by logical argument why *Tartar emetic* will produce emesis and *Sac. lac.* will not. It can only be known as the result of experiment. When you have thus ascertained the peculiar force of any drug, you are then ready to see by trial, how far you can impart that force to other particles of matter. This, too, can only be ascertained by experiment. No mathematical or logical demonstration that such an infinitesimal amount of matter as may be found in this or that dilution, must neces-

sarily have no effect, will answer. As the test of actual experiment has been made hundreds of times every day for more than an average lifetime, and can be repeated by any one of sufficient intelligence and candor to make it, the fact may be said to be logically demonstrated to be true. It is therefore *rea adjudicata*.

You say that our zooth dilution contains none of the drug. How do you know this? Do you know the size of an atom or molecule? If not, how do you know there are not present some of the atoms or molecules of the original drug? We have shown by analogy, that the peculiar force of one substance can be imparted to other substances; and many thousands of experiments have proven conclusively that the zooth dilution has the peculiar force of the original drug, in a form much more easily controlled, and freed from the danger which may attend the use of the crude drug. But admit for the sake of the argument, that the original drug has all been eliminated, does that prove that the zooth dilution has, and can have no effect? Experiment has proven, and can prove again as often as you desire, that it has the force peculiar to the original drug, the Milwaukee test to the contrary notwithstanding. We have simply retained the force and thrown away the dead matter, and who shall say we have lost anything valuable by the process? Let us now apply these facts in molecular physics to the germs we have been speaking about. They are supposed to enter the blood in greater or less numbers. Was there ever a machine invented that would more thoroughly mix and succuss these small particles of matter than the heart and its connecting blood-vessels? These germs, whether organized or unorganized, impart their force to the blood, and thence to all parts of the system, and act in the same manner, and produce their peculiar effects, as do the poisonous drugs.

If they are living organisms requiring nitrogen and water for their propagation and growth, this fact does not conflict with our theory, but seems to explain many of the phenomena. While Dr. Maclagan's theory only accounts for the effect of the living germs we eat, drink, and inhale, this theory ac-

counts equally well for all. Until the organic or inorganic character of these substances is fully known in all cases, these two theories stand together side by side, and not in opposition. Let us wait for more light before condemning either.

We are indebted to T. P. Wilson, M. D., Professor of Theory and Practice of Homœopathy in Michigan University, for the latter theory, and think it may be fairly designated as Prof. Wilson's theory of drug forces. We hope the learned Professor will at an early day further enlighten us on this very interesting subject.

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**Scarlatina and Sequel.** By J. D. Graybill, M. D. Read at the Fifteenth Annual Session of the Indiana Institute of Homœopathy, at Indianapolis, Indiana.

On the 2d of March I was called to see a child, aet. four years. I found fever and a light coating on the tongue, with red papillæ; a scarlet rash making its appearance on the neck. I did not give a diagnosis of the case, but thought I had a case of scarlet fever. Put my patient on *Apis*. 6th and *Bell.* 3d, a dose to be given alternately every two hours. March 3d, saw patient again; was certain I had a case of scarlet fever; continued the same remedies. The entire body was now covered, the child looking like a lobster, and complained of severe itching, for which I ordered it to be rubbed well all over with a piece of fat bacon. March 4th, found him doing nicely, but wishing to be rubbed with the bacon all the time, as that seemed to relieve the itching; continued the same remedies. March 5th, the eruption beginning to fade away and desquamation setting in; would sit and pick off pieces of the epidermis as large as a finger nail; con-

tinued the same remedies, at an interval of three hours March 6th, patient still improving. March 7th, I continued the same remedies, at intervals of four hours, and told the mother to be very careful of him now, for he was very liable to take cold.

On the 17th of March, just ten days from the time I made my last visit, I was called to see the child again. Learned that they had taken him to church and that he had taken a violent cold; not much fever, but a considerable enlargement of the parotid glands, both sides; could open his mouth but very little; very cross; no thirst. *Hepar* 3d every three hours, internally, with a weak solution of *Iodine* as a local application. Saw him again the 18th; the right gland almost down to its normal size, while the left one seemed a little larger; continued the same remedies. March 19th, the left side was now somewhat reduced in size; ordered the powders to be given every four hours. March 20th, saw him again, and was so well satisfied with his improvement that I told his mother I would not be back again unless sent for.

March 24th, I was called to see the child again, and found him suffering from a complete suppression of urine, not having passed any during the last twenty-four hours; very restless; his limbs swollen to twice their normal size; hands and arms in a similar condition, and abdomen very much enlarged, with a great deal of swelling over the region of the kidneys. I gave *Hell*, 30th and *Apis*, 30th, a dose every hour alternately. March 25th, no urine was passed during the night; child in a similar condition, only the swelling had increased. Saw him again in the evening; no urine: now forty-eight hours. I continued the same remedies, and ordered a flaxseed poultice to be applied over the kidneys, as hot as the child could stand it. March 26th, passed about two tablespoonfuls of urine during the night; very restless, and seemed very weak. I changed the *Hell*. for *Ars.* and continued the *Apis.*; also continued the flaxseed poultice. Saw him again in the afternoon; had passed about a tablespoonful of urine, very dark, and looked like coffee, but cloudy; pulse, intermittent every third or fourth beat; drop-

ped the *Apis*. and gave *Dig.* instead, every hour alternately with the *Ars.* March 27th, no urine during the night; abdomen and lower extremities looked as though they would burst; eyes almost entirely closed by the swelling, but less swelling over the kidneys; great thirst; drank but little at a time, which seemed to make him sick at the stomach, but did not vomit. Gave nothing now but *Ars.* 12th, powder every hour, and wrote to Duncan Brothers. They advised *Apis.*, and thought I had better study *Ars.* March 28th, saw him again, and found he had passed more urine during the night than he had for three days. Continued the *Ars.*, and in the afternoon I happened to meet Dr. Beebe, of Sidney, Ohio. Told him of my case, and he advised bathing in hot water, with *Hell.* internally. Ordered as advised by Dr. Beebe; but instead of bathing in hot water, they steamed him with hot water and corn, after which he sweat for three hours. March 29th, there was quite an improvement, but with a very small quantity of urine being passed. I then ordered another bath for the afternoon, and continued the *Hell.* every hour. Saw him in the afternoon; had voided about one pint of urine and had quite a copious operation of the bowels; ordered another bath for the evening and *Hell.* every two hours. March 30th, child very much better; told the nurse to bathe him but once during the twenty-four hours. March 31st, still improving; urine being voided in large quantities; appetite improving, and patient in a fair way for recovery.

April 1st, still improving; had a good night's rest; walked across the floor; appetite good; another bath in the afternoon. About seven o'clock in the evening I was sent for, to come as soon as I could, that the child was dying. I found him with considerable fever; irregularity in the heart's action; unconscious; difficult respiration, and thirst for small quantities of water at a time. I also found that he had eaten about as many beans for supper as you could put into a large coffee saucer. Also in bathing him they let him play in the water for twenty minutes. I gave *Acon.* 3d five drops in six tablespoonfuls of water, a teaspoonful every half hour. At nine I saw him again; was resting very quietly, but a little more



fever. I continued the *Acon.* At three a.m. I was again called; they thought he was going to die this time sure. Found the pulse would miss a beat every four beats, for which I gave one powder of *Dig.* 6th, and the *Acon.* as before. At five a.m. he had one of the hardest spasms I ever saw a person have, and it continued for one and one-half hours. The face was distorted; there was pleurosthotonos, the body being bent to the right side, with jactitation of all the muscles of the face and of the upper and lower extremities. There was short intervals of rest during the hour and a half of about a minute at a time, with but a slight twitching of the muscles. Respiration was carried on by the diaphragm, the muscles of the chest not being moved only at about the sixth or seventh respiration, when he would take one deep inspiration, and then moving the muscles of the chest, and only then. I gave *Hyos.* 3d, one teaspoonful every five, ten or fifteen minutes, and it acted so nicely I continued it for five days, after which I discharged him, cured, and he has had no relapse since, now being thirteen months. During the siege he was cured of an asthma that he had from birth.

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## Miscellaneous.

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**President's Address.** By H. M. Logee, M. D., Oxford, O.  
Delivered before the Homœopathic Medical Society  
of Ohio.

*Ladies and Gentlemen. Members of the Homœopathic Medical Society of Ohio :*

After another year of professional labor, we have assembled at this, our annual meeting, for the purpose of aiding

each other by our new experience and counsels, in the great work of relieving the suffering and rescuing humanity from the ravages of disease.

And as you have given me the honor of this position which I now occupy, I would avail myself of this privilege of expressing to you, my sincere thanks for such kindness, and ask your assistance in carrying out the objects of this meeting, and making it both pleasant and profitable.

The past year has been noted for its political strifes and contests, and yet amid all these there has been no halt in the advancement of knowledge. The world has moved along in its course, and to day we have "launched our craft into a deeper channel of thought."

We have added the growth of another year to our experiences of the past. We have gleaned from the long procession of new books and periodicals before us. Science also, has contributed to our professional knowledge from her vast accumulation of truths. With all these aids we have been enabled to do much for the advancement of our profession. And as we have seen many old allopathic ideas "wrap the drapery of their couch about them and lie down to dreamless sleep," we are encouraged to go on in our great work of investigation and diffusion of new ideas.

Among the many topics of the day, of vital importance to our profession and the public, I know of none which more demands our consideration than sanitary science, and it is to some matters in relation to this subject that I wish to invite your attention at this time. In reading over the report on food adulterations in the *Bulletin of the National Board of Health*, I find the following statement: "Fortunately, with such exceptions as alum in bread and baking materials, the sulphate of lime which often replaces cream of tartar in household baking, the debasement of milk by dilution, and the poisonous pigments used for coloring confectionery, the adulterations can not be considered deleterious." A little further on this same report tells us that all Chinese teas are dusted with prussian blue, and the Japan teas with Indigo, along with finely pulverized sulphate of lime and silicates.

I suppose this National Board of Health would have the people believe this drugging of teas conducive to health. Have they lost sight of the long list of symptoms produced by these very drugs in question, such as great nervousness, headache, etc., that they tell us there is "no evidence of their unwholsomeness." All this we have given to us in the name of science, and from what purports to be the highest sanitary authority in our country. In the same report on sugars it says: "It has been asserted that this substance (glucose) is largely used for the fraudulent adulteration of sugar." Merely asserted, of course, and yet our analyst did find in some instances as high as thirty per cent of glucose, and he adds: "None of these sugars showed any free sulphuric acidity or excess of lime or iron." And further: "Was indeed a wholesome article of food." The whole report differs so widely from those of other analysts, that it would seem to the uninitiated as if those sugars were packed for special analysis. When we take into consideration the number of glucose factories, and the mode of manufacturing the article, we know that some of the people get the glucosed sugars, with the sulphate of lime, iron, and often free sulphuric acid, to say nothing of the small amount of lead and arsenic in the acid. Is it not time that we give our attention to this matter? And if any reports are to be scattered over our land, let them be full and carefully made, and from samples not furnished by the manufacturers.

But leaving this report, let us next consider the principal reason usually given for the maintenance of a National Board of Health, namely,

Quarantine.—The question of quarantining against yellow fever and other zymotic diseases is based largely upon their supposed contagiousness.

For more than a century past quarantine has been alternately enforced and abandoned. Many of the best medical men have opposed it as being wholly useless. In 1857 the first quarantine and sanitary convention ever held in the United States declared in favor of quarantine. Two years later, that same body, at a meeting held in New York city,

after a full discussion, gave the decisive vote of 85 to 6 against quarantine on the ground that there was no evidence to show that the fever was contagious.

Among the many instances which are direct proof against the contagiousness of this disease, I will cite the following: "Dr. Porter, with his vessel, meets in mid-ocean with a fever infected vessel; his officers and crew freely intermingle, and they leave unharmed." So also have vessels and crews lain in an infected harbor without harm. Several of our European nations have ceased to look upon quarantine as any preventive to disease. The English Board of Health, in their report for 1849, says that "quarantine, instead of guarding against and preventing disease, fosters and concentrates it, and places it under conditions the most favorable that can be desired for its general extension." Yellow fever has become indigenous to many places in this country, and any influence that will produce malarial fever in these localities will, under some circumstances not well understood, produce yellow fever.

The commissioners appointed by the New Orleans Board of Health in 1853 to enquire into the cause of the epidemic of that year declared positively that it originated in that city. The epidemic at Fort Smith in 1823, is also said to have originated solely from local causes. The history of the fever at Gallipolis, Ohio, in 1796, is another illustration of the generation of this fever from purely local causes. The fever that year was caused by a large pond lying between the cantonment and town. In August it had "partly dried up, leaving a great quantity of muddy water with a thick, slimy mixture of putrefying vegetables, which emitted a stench almost intolerable." When the fever made its appearance the wind was blowing toward the town, which was the first to suffer. After some days the wind changed blowing the infection on the garrison, and in five days one-half of them were on the sick list, and in ten days one-half of them were dead. The fever continued its work of destruction until the pond was drained and the local cause destroyed, when it promptly ceased. Now if quarantine is the preventive, would it not

be well to quarantine against the wind? The change of wind carried the infection to the fort.

All foul stenchs are not disease producers. M. Bouchardat, of the medical faculty of Paris, in his report on gases arising from the manufacture of fertilizers from refuse matter, says that these emanations have no effect upon health, and that there has been no increase in mortality, but it "seems rather to have fallen off." The general health of Cincinnati was never better than when, five years ago, the west end sewers flooded that portion of the city, and gave out an intolerable stench during the entire season. The London Board of Health declared that the gas at the mouth of the London sewers was less pernicious and contained less of the elements destructive to human life than the air of many of the chambers of that city.

The breaking out of the fever at Grenada in 1878, and of the cholera in Cincinnati in 1849, in three separate and distinct localities, on the same day, show conclusively the local origin of these diseases, and teach us that they will flourish just as long as these causes exist. May we not then demand a halt and call for answers to the following questions before this Board of Health is permitted to go on with this hollow sham of quarantine?

First. Did quarantine ever prevent the introduction or spread of fever or cholera?

Second. When and where?

Of what benefit is a quarantine officer? He can not detect the disease until it makes its appearance. The infect on he can not discover, though he board a river or ocean craft, and look at boxes of merchandise and officers, bales of goods and passengers, the crew and sacks of coffee. He sees nothing of the disease, smells nothing, and allows them to depart with the germs of disease, if not actively at work on passengers or crew, lurking about the vessel or its contents to be brought into activity as soon as favorable circumstances arise.

England, the largest maritime nation in the world, relies not upon quarantine but local sanitary inspection. When

quarantine is abandoned, and that strict attention which is necessary, given to local sanitation, we shall have fewer zymotic diseases.

All these sanitary matters should be left entirely to the inspection of local health boards.

Having then examined into the alleged principles for which this National Board was created, and found them wanting, let us see if we can not find one reason more potent to them than all others why our "regular" neighbors desire to keep in existence this National Board of Health. We will read a paragraph or two from Circular No. 3, April 7, 1879, of the National Board of Health, which completely uncovers the whole subject:

"The occasion is certainly one of the highest interest, for to this Board has been committed duties which must have a decided influence upon the future progress of *State Medicine* in this country." Well, let us see if we are ready for state medicine. In the first place, let us take a retrospective view of state medicine in those countries where such things have not only been tolerated, but have flourished. With intolerant bigotry the dominant school of medicine has persecuted every person who has dared to make known a single truth or discovery in advance of his professional brethren. Let us examine a little and see if this is not so. In 1553 Michael Servetus was arrested for heresy, by order of John Calvin, and burned at the stake for maintaining that the blood circulated through the lungs, and his books containing the discovery were used to kindle the flames. This discovery of Servetus was smothered for nearly seventy five years, when William Harvey discovered the circulation of the blood. Dr. Harvey knowing well the intolerant spirit of his professional brethren, kept his discovery a profound secret for many years, not daring to make known his observations and experiments. When at last they were published to the world, they were received by a storm of ridicule and contempt. He was even accused of propagating doctrines tending to subvert the Holy Scriptures. When Dr. Jenner made known his discovery of

the prophylactic powers of vaccine virus, he was treated more maliciously than Dr. Harvey had been. These fanatical persecutors asked and obtained a decree from Parliament forbidding the vaccination of any of the loyal subjects of England, or their children.

This is the history of this highly respectable and scientific "State Medicine" to which this National Board of Health has recently called our attention. Perhaps they would like to return to the day of "Barber Surgeons." Our own immortal Hahnemann was driven from town to town in Germany, by the persecutions of this dominant school of medicine, who, with the aid of the apothecaries, succeeded in getting a law passed making it a penal offense for a physician to put up or compound his own prescription, for the sole purpose of suppressing this rising school of medicine. There is state medicine for you in all its glory; and those to-day who advocate laws for the control of medical schools are no better than their predecessors of a century or more ago. Their aim is to suppress. Why, it is scarce a dozen years since in this land of boasted freedom they procured the removal of pension examiners, merely because they were homœopathists. It is pleasing to us, however, to remind them that their success was but for a day; for these examiners were promptly reinstated by the demand of an intelligent and outraged people, and the commissioner himself forced to resign. We also remember the action of the members of the allopathic profession of "St. Luke's Infirmary," of St. Louis—a church hospital, which was organized with a homœopathic ward. Here they refused to organize until the resolution with reference to the admission of Homœopathy was rescinded.

I don't know that we really ought to blame them in this matter, for they were undoubtedly afraid of statistical comparison, and took this way of showing the "white feather." Neither have we forgotten their persistent opposition to our school being placed upon terms of equality by the Parliament of the Dominion of Canada. Their great cheekiness is again shown by the act creating the South Carolina

Board of Health, and re-chartering the Allopathic State Medical Society, making the President and other officers of the medical society, together with two State officers, a State Board of Health, and giving them almost unlimited power in everything which pertains to quarantine and sanitation. It decrees that "they shall be sole advisers on all questions pertaining to public health," etc.

This is truly refreshing that all the great questions pertaining to health are to be settled by this board of "regulars." You see they are the "sole advisers" of the state, and no scientist or others need apply. Their long continued and obstinate opposition to the establishment of the chair of Homœopathy in the University of Michigan which was secured to us only through legal compulsion, though the law directing the same was enacted when they took possession of the medical department at Ann Arbor, is another illustration of the spirit of usurpation which is everywhere shown us by the allopathic school. It is useless to multiply instances, for from the earliest to the latest period in the history of our profession, we have met with the opposition of these "regular" friends. I believe them justly entitled to the above appellation, for they show their spirit of intolerance as "regular" as occasion is given them. Therefore it is our duty as citizens of free America to be ever alert for anything that shall interfere with or cut short any of our privileges, and be ready to enter the arena when equal rights to all are assailed. Let us boldly assert our right to liberty of opinion, and liberty to practice according to our opinions.

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EXTREME ANTISEPTIC PRECAUTIONS.—In a duel lately, just after the principals had crossed swords, a voice was heard, "Stop a moment, gentlemen." They lowered their weapons, rather hoping that the seconds had agreed upon some plan of healing their wounded honor without the necessity of fighting. But alas! it was only the surgeon, who, being one of the advanced school, carefully took from his pocket a bottle containing a solution of *Carbolic acid* and wet the points of the swords with it. Then, with the air of a man who had done his whole duty, he said: "Now, gentlemen, proceed; you may kill each other, but you run no risk of blood-poisoning."



**Chronic Cervical Endometritis.** By G. N. Brigham, M. D.,  
Grand Rapids, Michigan. Part IV.

Continuing our discussion of remedies, we will next analyze *Thuja occidentalis*. The most valuable field for its therapeutic action seems to be that where we have the sycotic cachexia. In connection with this constitutional type, we have not only follicular inflammations in the cavity of cervix, but certain kinds of neoplasms—particularly the polypus and cauliflower excrescence. I have found it efficient in removing the uterine polypus in particular. Special indications for its use in cervicitis are, vagina so sensitive as to prevent coitus; erosions of the os uteri, which are covered with aphthæ; pains in the vulva and perineum. We have observed pains in the left groin, which seem to pass up to the left ovary, and also the reverse; then we have a cramping feeling in the genitals and perineum when rising from the seat. A very valuable symptom I here present is, pain in the left ovary, which passes back to the loins, or down to the groin, aggravated by walking or riding. We cured a polypus where these symptoms were present. Patient inclines to the recumbent position. The left ovary is painful at the menstrual nixus; condyloma and rectile tumors having a burning sensation are sometimes found. The action of *Thuja* upon the left ovary is about as marked as that of *Lachesis*, but with quite a different class of subjective symptoms. It has copious and frequent urination, and burning, but has no such urgency as *Mercurius corrosivus*; it is a good remedy to follow *Mercury* in many cases of endometritis.

Another class of cases is met with which seem to be planted in a more purely scrofulous diathesis; and for such cases, among our leading remedies I place *Calcarea carbonica*, *Conium*, *Iodine*, *Lycopodium*, and *Sulphur*. *Calcarea* corresponds to a lax tissue and faulty assimilation. The glands of the neck are inclined to enlarge, and the mesenteric glands to be irritable. The smaller glands also, as well as the larger, are liable to inflammation of a chronic character,

which occasions their enlargement. Such persons take cold easily, as in *Hepar*, especially if a draft blows upon the head. They are inclined to nasal catarrh, when the nose will appear swollen, particularly about the bridge. They are troubled with cold feet, and their stockings are found damp at night on taking them off. Indeed, they are inclined to perspire almost as much as are our *Mercurius* patients, but then it is mostly on the limbs and face that the perspiration appears, and it never comes out suddenly, as in *Mercurius*. The *Oalcareia* temperament is of light complexion rather than dark. It is not opposed to flesh, though we have emaciation if defective nutrition continue too long. Perhaps we might designate it as belonging to the nervo-lymphatic class. Weakness of the chest when talking (as in *Stannum*) is a symptom frequently complained of; and then such patients can not bear to have their clothes tight about the waist; they spit up food, or eject sour injesta. The local symptoms are constant aching in the vagina; moisture between the labia and thighs, with biting pains; redness, swelling and inflammation of the vulva; difficult to stand on account of pressing down, as if the pelvic organs would pass the vulva. This differs from *Belladonna*, which is better by standing, though the bearing down is quite similar. The leucorrhœa in the early stage of the disease is albuminous, and occurs day and night; later, it is purulent. A noteworthy symptom is weakness and distress in the pelvis when at stool, and when urinating; then there is throbbing in the genitals, which is also felt in the mons. This beating, or pulsation, is sometimes attended with erotic feeling. The menses, in this class of patients, appear prematurely; often once in two weeks, and then last too long.

*Conium*.—The action of *Conium* upon the female sexual system has been a long time conceded, especially upon the mammæ and ovaries; and such troubles are very generally a complication of lymphangitis and other affections of the cervix or body of the womb. The mammæ are sensitive before menstruation, and even at other times; little bunches or nodules are found in them. They shrink away, while the sexual appetite gets very active. Then the ovaries are tender

and swollen, and have lancinating pains in them. There are stinging pains in the neck of the uterus, and aching in the fundus. At times there is dysmenorrhœa, when there will be pain shooting into the left chest. The leucorrhœal discharge is usually milky, or white, and quite thick; of much consistence. It causes burning and some excoriation. The discharge sets in with griping pains in the abdomen.

Concomitant symptoms are stitches in the external genitals, and violent itching of the vulva. Patient dreads being alone, and yet avoids society. Other symptoms are vertigo when turning over in bed, a good deal of difficulty in voiding the urine; it flows and stops in alternation. She is troubled also about little things. It is adapted to persons "tightly built," as we sometimes say; that is to say, of rigid fibre; and to a temperament easily excited. It has a curative record connected with indurations of the cervix. It is recommended also by some of our leading physicians for glandular affections, with a tendency to the production of cystic neoplasms, and to schirrus of the womb, and when uterine troubles are associated with tuberculosis of the lungs.

*Iodine.*—*Iodine* seems called for in persons of a low cachectic condition of the system; such as arises chiefly from scrofula. Usually uterine troubles are connected with dwindling of the mammæ, or acute pains in the mammæ, which become very sore, much as in *Conium*. But there is a more marked tendency to emaciation. Persons emaciate even when they have a good appetite and are eating well. They are inclined to glandular swellings, and to goiter; also to palpitations from the least exertion, especially during the menses. They get out of breath on going up stairs, and have an unexplainable weakness. They are either inclined to excessive menstruation, or amenorrhœa. If amenorrhœa, to a rapid pulse and deposition of tubercle in the lungs. If to profuse menstruation, the period is anticipating, and the flow is most profuse when at stool. The leucorrhœa is acrid, corroding the vulva and thighs; sometimes it perforates the linen. It is most abundant at, or immediately subsequent to, the menstrual period. The most common pain is a dull, pressing

pain from the right ovary to the uterus. *Iodine* patients are subject to fits of restlessness, wanting to constantly change their position (*Rhus*); they are also given to hunger, wanting to eat every few hours. This, however, is apt to alternate with loss of appetite. Hering thinks the remedy particularly applicable to persons of dark hair and eyes, being the reverse of *Pulsatilla* and corresponding to *Sepia*.

*Lycopodium*. This remedy, like *Podophylum*, has a very decided action upon the right ovary. The pain felt in the right ovary passes across the lower abdomen from right to left. There is a profuse leucorrhœa associated with this transverse pain. Then there is a leucorrhœa which comes on suddenly and then intermits; flowing and intermitting; the color is white at times, and then again it is blood-red; it is apt to be worse before the full moon; a sense of pressure is felt in the vagina, on stooping, and burning after coition; sometimes the menses are anticipating a little, as in *Sulphur*; also are scanty; and at other times they are profuse and long lasting. A more noticeable symptom is the chronic dryness of the vagina. As I look upon it, the ulcer of *lycopodium* is not a copiously secreting ulcer, as it corresponds to porrigo and raw bleeding surfaces, and cracks in the skin; also to dry, hot hands; hence it is well to look for the transplanting of some of the skin diseases to the mucous membrane of the cervi. Among the concomitant symptoms we may look for the brick-colored urine, and the severe back-ache that possibly may accompany micturition. Another equally significant symptom is, sitting down to the table feeling as if a good meal would be eaten, but can only partake of a few mouthfuls before there is a surfeit; the stomach is so pressed there is no room for more. The stomach and bowels are both distended with flatus, which makes one feel bloated and uncomfortable. Then the patient is often annoyed with gas escaping from the uterus. *Lycopodium* patients have a sallow or grayish-yellow complexion, which suggests bad digestion or faulty elimination. There exists also an inclination to colds, as in *Calcarea* and *Hepar* patients. We find in such constitutions persistent catarrhs,

which are associated with much debility. Muscular attenuation is the usual condition of *Lycopodium* patients; and there is also a tendency to the graver lesions of the respiratory organs. We have noticed varicose ulcers in connection with some of our uterine cases, where *Lycopodium* was the remedy. Hering makes *Lycopodium* the complement of *Iodine* for many complaints. *Lycopodium* has an aggravation at 4 o'clock p.m. which it is well to remember.

*Sulphur*.—Some have said *Sulphur* was the remedy to be thought of in all chronic diseases. The range of *Sulphur* is very wide, especially when given in the higher potencies. In morbid affections of the minute glands I doubt if we have any better remedy. Its alterative and eliminating power takes front rank. In the tubercular habit, especially where the lungs are invaded, we have found no remedy more frequently indicated, nor one which would compare with it as a curative agent. But it has to be given in very high dilutions to be tolerated in phthisis. Many of our phthisical patients will be found to have leucorrhœa; the converse of this holds equally true; many of our patients with endometritis run on into a phthisis, not immediately, but finally. In our uterine affections to which *Sulphur* corresponds, we may inquire for itching eruptions upon the skin, or for dry, hot feet and hands, and itching about the genitals. More constant symptoms, I think, are heat on the top of the head, and flashes of heat which pass away with moisture and a weak feeling. Sometimes the feet are hot at night, compelling the patient to put them out of bed; others have a burning in the vagina, which is so violent that they can not keep still. Then, there is a voluptuous itching, relieved by scratching. The menses are dark, and irritate the thighs, and vulva; appearing often a day or two before time. Some patients have an evening cough before menstruating. One character of menstruation, is that of tedious flowing; patient seems to get well, but all at once she starts up again. The leucorrhœa, like the menses, is corrosive, making the vulva sore, and often it is preceded by a cutting colic, or pinching about the umbilicus. The leucorrhœa may also be associated with the

*phyllum*, *Pulsatilla*, *Sepia* and other homœopathic agents, will enable the gynecologist to do away with all the abominations carried on under the make-shifts of supporters and pessaries, abdominal, vaginal, and intra-uterine, which are destroying so many of our American women. A mastery of our materia medica will enable us to steer clear of all the destructive local treatment which so tortures the patients of those who use the cautery and excise by the bistoury the glands nature has provided for the wisest of purposes, and which it is our business to save and restore, by provoking kindly reparative work through the vital economy.



**Hip Diseases.** Is Hip-joint Disease a Disease of Scrofulous Origin? By H. E. Beebe, M. D.

In an able paper, read before our State Society at its last annual session by Dr. G. W. Moore, of Springfield, he says:

“There can be no doubt that hip-joint disease may be classed among those of scrofulous, or strumous origin.” And from this long established so-called fact, entitles his paper, “Tuberculosis of the Hip-joint,” as many others have done before him. But let us see; have we sufficient proof that this is a tubercular disease?

There is a diversity of views here as well as in many other points in inflammation of the hip-joint. We are aware that the majority of surgical writers, as this is considered a surgical disease, are of this opinion. That it is an affection of scrofulous origin, one goes so far as to say, “no scrofula, no hip disease.” Now whether tuberculosis is always an outgrowth of scrofula, or that there are two kinds of the tuberculosis, the one infectious, the other not, we do not attempt to decide, since our leading pathologists have so long had

this unsettled question under discussion. But at this period of medical progress a few have taken dissenting grounds as to its being so frequently in scrofulous disease. None will deny that scrofula may sometimes be a predisposing cause to this malady. But it is with the inception, the origin of the disease that we are dealing; whether the exciting cause be scrofula or something else, is the question.

When the constitution is contaminated with so potent an agent as scrofula, the individual's system may be more liable to almost any disease, and the organism being so tainted, this primary inflammation of the joint, whatever the cause may be, is liable to arouse the latent scrofula to full activity, and incorporate itself with the disease in question. Now we might call it a scrofulous disease, but not so originally.

We claim that coxitis, whether it be synovitic femoral or pelvic, and not tuberculosis, is the initial process in the disease, and that traumatic influences have a much closer relation to the ætiology than struma, it holding a subordinate position, traumatisin being the direct exciting cause.

Among those who held this view is Tilton, of England, and Sayre, of this country, together with other noted writers. Some among our own ranks will say, "You are opposing the teachings of Hahnemann on chronic diseases when you take this stand." We think not, when carried out, as it is the primary, and not the fully developed disease that we are considering.

The hip is both an enarthrodial and ginglymoid joint, and being the strongest articulation in the human body, it fastening the largest limb to the trunk. This, together with its complicated structure, makes it more liable to suffer from traumatic influences than any other articulation in the body. Other joints may be as complicated, but not subject to such varied motions.

This disease is most common in the young, it being seldom witnessed after the fifteenth year of life, because after puberty the joint is more perfectly developed. It is asserted that children of the poorer classes are more apt to be affected with hip disease as well as scrofula. That such is the case is

questionable. We believe this class of children to be more rugged and robust than those in the higher walks of life. If it be true that more of this class have hip disease it is from their habits and surroundings, being such as to lay them more liable to injuries. They are not watched and cared for as the other class of children. Their falls and knocks are often little noticed unless they be of some severity.

The hip joint in children is subject to many anatomical changes. Within the various parts of the synovial cavity increased plastic activity, together with hyperæmia, is continually going on. So much so that often little violence to the delicate structures will increase this natural hyperæmia to a pathological condition, terminating in inflammation. True, this joint is well protected from direct external violence, but it is often indirect or imperceptible forces causing the difficulty. This abnormal congestion may be of reflex origin, such as deficient nervous influence, gonorrhœa, phimosis, etc. This is not traumatic, but as near it as anything else.

The supporters of the opposite theory tell us that it may often occur where no traumatic origin can be ascertained, as if an injury was not possible, and we be unable to discover it, from the structure of the joint; this is undoubtedly true. A fall or blow frequently passed unnoticed, or a long, fatiguing walk, or too violent exercise, such as all children are liable, has been known to terminate an inflammation of this joint, after a few days or weeks; the injury may have been so slight at the time that it was passed unheeded. It is seldom the pathologist has an opportunity to investigate by dissection the initial stage of this disease, only when the patient dies from another cause. But when he does, he very seldom finds a tubercular condition, but a true inflammation such as follows traumatism. The tubercles, where are they? If this be a tubercular affection, although the patient die of pulmonary tuberculosis, this does not prove that the coxalgia is tuberculous. It may be a mere coincidence, as has been proven.



When this large joint becomes diseased to the extent of a chronic inflammation, its effect must necessarily be a great drain upon the organism, resulting in anæmia, emaciation, debility and general wasting of the body, greatest in the diseased locality, all of which we find in any protracted scrofulous affections, especially if it be the osseous structure that is involved.

We find the symptoms almost parallel, so much so as to blind us to the true origin. Yet there are some prominent features absent. How seldom we find the adenoid tissues in this region implicated, a class of tissue that scrofula seems to seek. We usually find the glands in a comparatively normal condition, infiltration in this structure being no more than in any ordinary infiltration. The glands may be temporarily enlarged by simply lymphatic absorption and the arrest of morbid fluid within the gland, but when the inflammation subsides the swelling disappears. Such would not be the case if of constitutional origin. Struma if the cause seems to have diverged from her usual course.

In hospital practice it is claimed that disease of the bones occur in fifty per cent of scrofulous patients; in general practice it is considered much less. Probably many include in this per cent, like hip disease, are not scrofula. When present it is found most frequently in the ankles, lower epiphyses of the femur, vertebræ, fingers, and toes. Thus we see that those who claim hip disease to be a scrofulous disease, admit that it is found less frequently than in the other large joints of this limb, although the structures in this be subject to more and greater changes than the other joints.

Hilton, in his admirable work on "Rest and Pain," proves quite conclusively by his report of many cases and successful treatment by rest, that it is not so frequently of constitutional origin. He cites numerous cases where by rest alone, without a dose of medicine, terminated in complete recovery; said cases were considered altogether scrofulous. Is scrofula so easily eradicated from the system? Hilton proves that the trouble began from traumatism, and the injured part not being kept quiet, the suppurative process was hindered, and

from the continued irritation a mechanical disease was aroused, terminating in a chronic inflammation. Nature before this had not been allowed to repair the injury. As an example, take an ordinary fracture. What would be the result were we to leave off all appliances, pay no attention to the keeping of the fractured ends of the bones in apposition, keep up a continual irritation; in fact, take all steps to prevent union? If the primary inflammation be allowed to take this course it will go on to chronic inflammation, and in addition to the non-union of the bones we will have chronic osteitis, suppurative caries, and a pathological condition similar to a case of morbus coxarius.

The following case many would consider scrofulous: Was called to see Celia A., aet. ten years, of nervo-sanguine temperament, the very picture of the first class of scrofulous subjects referred to by Dr. Moore, "clear complexion, delicate features, graceful outlines, fair skin, large, lustrous eyes, with long, silky lashes, and quick, lively intellect." Mother died with cancer; father's family consumptive. She had been complaining for several months of pains in the hip, extending down the limb to the knee; was obliged to use a crutch. A surgeon of extensive experience had been treating her for rheumatism, the family considering this rheumatic difficulty to have originated from an injury received months previous by a fall down stairs.

At the time I was called, the friends were much surprised to find an abscess had opened spontaneously on the outer and middle surfaces of the limb. They had observed some tumefaction but twenty-four hours previous and had paid little attention to it. Now, it was quite plain that we had a case of hip disease to deal with. We prescribed *Silecia 3oz*, and a few days afterward she was placed in bed, and extension applied by means of a weight and pulley, secured to the limb by adhesive strips and a roller. She was kept in this position for two months, after which the fistulous openings healed, and the limb increased in size and strength for nearly a year, when, from over-exertion, it began to pain her again. Now, from its previous course, she feared a return of the old trouble.

This time, instead of confining her to the bed, I prescribed *Rhus tox.* 30x., and applied Thomas' dressing, minus the splint, which consists of a high shoe on the sound side, and crutches letting the weight of the diseased limb act as extension. By this means I was enabled to let my patient get about and exercise in the open air. This appliance was continued for six months, and after its removal she continued to use the crutches a few months longer. To day, two years since, she is able to take almost any exercise, although she favors this limb --I think, some, from habit. She uses one crutch in taking long walks. Anchylosis is but partial, and the limb is rapidly approximating the sound one in size.

Now, I do not believe scrofula had anything to do with the history of this case. In conclusion, we quote the ideas of some good authorities on this subject. Sayre says: "The causes of this disease are almost always traumatic, from careful observations of some hundreds of cases. I have found it more frequently in the active, robust, healthy child than in the dull and sickly ones." Hilton says: "I do not believe that there is anything distinct in the constitutional tendency of hip disease, though it seems that professional opinion points to the hip joint as emphatically the chosen seat or special locality for the manifestations of scrofulous diseases of the joints." Helmuth says: "Ninety per cent occur in the most vigorous, wild, harem-scarem children," although he admits that a scrofulous child, if injured, would more likely be affected than one of a healthy constitution, scrofula being a predisposing cause of the malady.

Thus we are led to believe that the assertion of my friend, Dr. Moore, that hip disease is an affection of scrofulous origin, can not be verified by facts, and that it is rare that we find a spontaneous inflammation of the hip joint, but usually it can be traced originally to some traumatic influence.

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It is reported that over one hundred members of the British Medical Association have signed a petition in favor of cremation.

**How Much of this is Fraud? Chapter Second.**

The man spoken of in your October number, or "Old Bill Mullens, of Newark, Ohio," as he calls himself, came into my office this evening and introduced himself and his remedy for rheumatism. I handed him the *ADVANCE*, opened at page 232; but as he had left his glasses at home, I read it to him. He said that Dr. E. R. Jackson, homœopath, in consideration of his (Mullens') selling the receipt at a discount, he would be permitted to sell to an allopath, and when he made Dr. Fowler the offer he (Mullens) did not know he (Fowler) was a homœopath. He showed contracts signed by A. C. Cowperthwaite and E. R. Jackson, Iowa, and said that Drs. Richardson, Comstock, Vastine, Parsons, and Valentine, of St. Louis, were purchasers. I saw contracts from some of them.

Mr. Mullens is extremely communicative, and gave away several M. D.'s who did not pay something down. Before he left the city he called and said I could have the receipt for three dollars cash, as he was a "bit short." What do the fifty-dollar buyers think of that?—EUGENE A. GILBERT, McGregor, Iowa.

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**INSTINCT OR REASON?**—A short time ago a fine specimen of a water spaniel gave birth to a litter of five healthy pups, and a few days afterward a servant kidnaped two of them. At first the mother did not seem to display any feeling or regret, but it soon became apparent that the supply of milk was intended for five instead of three mouths. This fact became so patent to the mother that she sought for a remedy, and discovered it in the shape of two kittens, which she boldly took from their quarters under a lumber pile in the same yard. These two adopted children were placed with their stepbrothers and sisters, and were fed by their new guardian or stepmother. She could not have mistaken them for her offspring, inasmuch as she knew of their existence before her babies were taken from her, and saw them daily. She could have taken the kittens before had she thought they were a part of her family, but it was only when she was obliged to find relief for her breasts that she resorted to the tactics mentioned.

**THE ATTENUATION OF VIRUS.**—So long as vaccination stood alone, the alleged prevention of a malignant disease by the voluntary production of a mild disease of a similar type being a fact unique and unexplained, the anti-vaccinationists had a shadowy ground to stand on. How is it possible, they asked, to protect life and health by inviting disease? And when they boldly disputed statistics and pronounced the theory of vaccination a delusion, not a few intelligent people were confounded and prejudiced against a practice which has reduced to comparative feebleness one of the worst of the plagues of former days.

The discoveries made last year by Professor Pasteur in connection with chicken cholera, and fully described in this paper at the time, made vaccination a fact no longer unique, and gave a most promising clew to the rationale of its operation in making the system less vulnerable to small-pox. As our readers will recall, that distinguished investigator of microscopic life demonstrated the living virus of chicken cholera, and proved that by suitable cultivation it could be so attenuated or shorn of its malignant quality that it would produce only a feeble disturbance of the animal organization, which yet sufficed to protect the animal as thoroughly from the more virulent disease as the latter could in case it was not fatal. More recently Professor Pasteur has investigated in a similar way the virus of the splenic fever of cattle, more widely known as anthrax and the Siberian plague; and at the late medical congress in London he gave an account of a series of discoveries in this new field, which not only add immensely to the scientific assurance of the efficiency of vaccination among men, but put into the hands of cattle owners the means of arresting a disease as destructive to domestic animals as small-pox ever was to humanity. He also demonstrates a general method of preparing virus vaccine, based on the attenuating action of oxygen and the air, which makes it probable that a virus can be prepared which, while it thoroughly protects against small-pox, will be less open to objection than humanized or even bovine virus, since the possibility of conveying at the same time any syphilitic or septic taint will be entirely obviated.

Already these investigations have resulted in the attenuation of four kinds of virus, bringing under control as many types of malignant disease.

As a proof of the protective efficiency of the attenuated virus, Professor Pasteur described the following experiment: He took fifty sheep and vaccinated twenty-five of them. A fortnight after all of the fifty were inoculated with the most virulent *Anthraxoid microbe*. The twenty-five vaccinated sheep resisted the infection; the unvaccinated twenty-five died of splenic fever within fifty hours. Within fifteen days after these results were made known more than 20,000 sheep and a large number of cattle and horses were vaccinated in and around Paris.

**THE FATAL WORRY.**—Constant warnings are being given at the present time against overwork; these are generally misapplied. The brain can be tired by prolonged activity, just as may happen with a muscle. But we find that hard and persistent muscular work does not cause muscular collapse. Each day the reserve forces of nutrition renew the wasted protoplasm, and the frame keeps as strong as ever. So there is no more reason why there should be brain collapse from systematic, though severe brain work, than there is for paralysis or tetanus to strike down athletes or day laborers. And we do, indeed, find that brain workers are, as a rule, long-lived.

The cause of the frequent breaking down of men engaged in the active work of life is referred, therefore, to another source, and that is worry. Doubtless it is no new thing to be told that it is not work but worry which kills. But it is often useful to have general impressions fixed upon a definite and more or less scientific basis.

It may be assumed that, as the contraction of a muscle is caused by successive waves of nerve impulses, so the mental activities are made up, after an analogous fashion, of undulations of nerve impulses. In ordinary work, however hard, these impulses are sent out in a regular and rhythmical manner. It is the worry which comes in and disturbs this rhythm, exhausts the nerve force, exhausts, further, the reserve or recuperative power, and breaks down the man. The strength does not weary of digesting digestible food; but add an unmasticated bolus of tough beefsteak three times a day, and there will be trouble eventually. Worry produces a kind of dyspepsia of the mind. It is to the encephalon what a restaurant pie is to the stomach.

The first inference from this presentation of the matter is easy and natural. It is that we should not worry. Such advice is perhaps the most fruitless that can be possibly given. Nevertheless, a diligent inculcation of it, and especially its application in educating the young, may not be without some avail.

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**THE LONGEVITY OF THE ANCIENTS.**—Can man reach and pass the age of a hundred years? is a question concerning which physiologists have different opinions. Buffon was the first one in France to raise the question of the extreme limit of human life. In his opinion, man, becoming adult at sixteen, ought to live to six times that age, or to ninety-six years. Having been called upon to account for the phenomenal ages attributed by the Bible to the patriarchs, he risked the following as an explanation: "Before the flood, the earth was less solid, less compact, than it is now. The law of gravitation had acted for only a little time; the productions of the globe had less consistency, and the body of man, being more supple, was more susceptible of extension. Being able to grow for a longer time, it should, in consequence, live for a longer time than now."

The German Heusler has suggested on the same point that the ancients did not divide time as we do. Previous to the æge of Abraham, the year, among some people of the East, was only three months, or a season; so that they had a year of spring, one of summer, one of fall, and one of winter. The year was extended so as to consist of eight months after Abraham, and of twelve months after Joseph. Voltaire rejected the longevity assigned to the patriarchs of the Bible, but accepted without question the stories of the great ages attained by some men in India, where, he says, "it is not rare to see old men of one hundred and twenty years." The eminent French physiologist, Flourens, fixing the complete development of man at twenty years, teaches that he should live five times as long as it takes him to become an adult. According to this author, the moment of a completed development may be recognized by the fact of the junction of the bones with their apophyses. This junction takes place in horses at five years, and the horse does not live beyond twenty-five years; with the ox, at four years, and it does not live over twenty years; with the cat at eighteen months, and that animal rarely lives over ten years. With man, it is effected at twenty years, and he only exceptionally lives beyond one hundred years. The same physiologist admits, however, that human life may be exceptionally prolonged under certain conditions of comfort, sobriety, freedom from care, regularity of habits, and observance of the rules of hygiene; and he terminates his interesting study of the last point ("De la Longevité humaine") with the aphorism, "Man kills himself rather than dies."—*Popular Science Monthly*.

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EFFECTS OF LIGHT ON THE SKIN.—It has been observed by Dr. Weber that the sensibility of the skin is very much increased in those parts of the body which are always exposed to the light, and this difference has even been measured by that eminent physician. This remarkable fact is especially observable in persons suffering from small-pox, the severity of the disease being visibly augmented if the patient be not confined in a dark room. Dr. Vaters states that if the room be so darkened that not a single ray can enter it, the effect is to arrest the disease at the papular or vesicular stage, it never becomes purulent, and the skin between the vesicles is never inflamed or swollen, the *liquor sanguinis* is not changed into pus, nearly all the pain and itching are absent, and the smell is, if not entirely removed, greatly diminished. Another advantage, important in a therapeutical point of view, is the assistance given to medicine, the absence of light increasing the excretory powers of the skin.

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RULES FOR THE CARE OF THE EYES.—1. Always have an abundance of good, steady light, for any work which you may have on hand. Do not work in a poor light.

2. Avoid a glaring light. It is as bad as too little light.
3. Let the light come from the side, behind, or above, but not from in front.
4. Never read or use the eyes closely during twilight. Put up your book when the sun goes down. Do not sew black goods at night. Do not work with the microscope at nights.
5. Never use a flickering light when reading or writing.
6. Avoid suddenly passing from the shade into a bright and glaring light.
7. When using artificial light, it is always beneficial to wear a shade over the eyes, which will cut off all direct light from them; the desk or table should be covered with a light blue paper or cloth.
8. Use a lamp with a good, large burner, the best oil, and try to obtain as white light as possible. A student's lamp is worth all it costs, to the poorest student.
9. Hold the head erect; and at such a distance from the lamp that it will not be heated by it. When the head and eyes are hot, bath with pure cold water. Do not bend over your work.
10. Whenever the eyes pain on using, or are fatigued or the images are blurred, stop using them. Look up and away from the work frequently, and in bad cases study only by daylight or not at all for a week or more.
11. Do not confine the eyes too closely to the work. Hold the book at least twelve inches from the eyes; this will prevent growing nearsightedness.
12. Avoid all books poorly printed, with small type, and on poor paper.
13. Do not use the eyes for reading when riding on the cars, in a carriage, or when walking, etc.
14. Never read when lying down.
15. Do not read during convalescence from any debilitating diseases.
16. Keep all patented eye-washes out of the eyes, and avoid all quack eye-doctors. The eye is too precious an organ to be trifled with.
17. Keep all soap out of the eyes; be especially careful of children in this respect.
18. When the eyes are inflamed sleep much and thus restore them.
19. In all cases of weak-sight, near-sight, and far-sight, squinting, or cross-eye, have the eyes carefully examined by a competent oculist, and follow his advice implicitly. When glasses are prescribed, procure and wear them.
20. Avoid colored glasses and goggles, unless prescribed by a physician competent to judge of your condition.
21. Have all diseases of the eye treated early and skillfully, and remember that the well eye sympathizes with the diseased one, and you may lose both unless early attention is given to the matter. Diseases of the eyes in which a large amount of matter forms are dangerous, and



patients so affected should be careful to get no matter from the diseased eye into the well one, and they should have a separate basin and towels for washing purposes.

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**A WRONG TO BE RIGHTED.**—The schooner *M. C. Mosley*, of Boston, on the way to Charleston, picked up at sea the captain and crew of the brig *Alphonse*, which had been disabled in a recent storm and abandoned. At Charleston the health authorities learned that the shipwrecked mariners were from the infected port of Cienfuegos, and properly ordered the *Mosley* to quarantine. The chance of yellow fever infection from shipwrecked sailors, who had endured twenty-four hours of severe exposure to storm in open boats, was certainly slight; but the law was specific, and the health officers were constrained to obey it.

It does not seem right, however, that the performance of a meritorious act on the part of the captain of the *Mosley* should meet with no other recompense than the inconvenience and losses incident to quarantine. That would be very like imposing a penalty for doing an act of humanity. The case would seem to be a suitable one for special action on the part of the national government, to recognize and reward appropriately the conduct of the captain and crew of the *Mosley*, and to repay the owner of the vessel for the loss occasioned by the delay in quarantine. The case is not likely to be often repeated; still, it would be a misfortune to have an evil precedent established by means of it.

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**INDUSTRIAL MORTALITY.**—An English statistician has lately brought out the following fact, which, it is claimed, is a discovery and a fit subject of legislation. It appears that 107,000 men, women, and children have lost their lives or been injured in English mines and factories, on railways, and by boiler accidents during the four years preceding 1877, and on this basis, it is estimated that half a million workmen will lose their lives in ten years—300,000 in mines, 70,000 on railways, and 130,000 in factories.

Another writer sets the figures at a full million, or 100,000 persons per annum in England alone, killed from causes in connection with the industrial occupations in which they are engaged. As much as six-tenths are ascribed to mining accidents. This aggregate is sufficiently appalling, and ought to be inquired into in this country as well as in England, but it is difficult to prescribe efficient legislative measures to meet the case.

It is probable that the diffusion of technical knowledge among all classes of laborers and artisans, and especially the foreman and managers of industrial establishments, would do more than laws, not only to decrease the number of violent deaths, but to ameliorate the sanitary condition of all establishments where tools or machines of any kind are used. The well lighted, well aired, and roomy workshop or factory, moreover,

promotes the production of more and better products than can be expected from dark, damp and dingy cellars and crowded, ill-ventilated, dirty shops in densely packed neighborhoods. Even the dismal mine may be much improved by the electric light and more efficient ventilating appliances, and the natural result is more safety, better health, and a greater yield, so that once understood no thoughtful manager will need be driven by law into the adoption of sanitary means.

DIAGNOSTIC IMPORTANCE OF CERTAIN SMELLS IN THE SICK ROOM.—I must say a few words on the *diagnostic importance* of certain smells in the sick-room, which was formerly much insisted upon; indeed, whole treatises have been written on the recognition of disease by sniffing. Dr. Heim, who was the popular physician of the day at Berlin some fifty years ago, recognized measles, scarlet fever, and small-pox by their peculiar smell on first entering a house, and before having seen the patient. Mr. Bernard, of Upton Park, has recently recorded in *The Lancet* two cases of small-pox in which the patients themselves perceived a dreadful smell, apparently just at the moment of being exposed to contagion; and one of them when suffering from the eruption said that his perspiration had the same smell as that which made him sick before. When attending Skoda's clinique in Vienna, twenty-five years ago, I noticed that this celebrated teacher was in the habit of sniffing when approaching the bedside of patients suffering from the last stages of pneumonia, phthisis, typhoid fever, etc.; and he would give a bad prognosis when he perceived what he called the "cadaverous smell." Mr. Crompton, of Birmingham, has noticed a peculiar earthy smell from the body a week or a fortnight before death, which, he says, has never deceived him—an appropriate illustration of the saying, "Earth to earth." Dr. Begbie distinguished typhus and typhoid fevers by the sanguineous (others call it "mousey") smell of the former. Prof. Parks has noticed a peculiar odor in the skin of cholera patients. A pungent smell in the chamber of a lying-in woman shows that lacteal secretion is well established, while an ammoniacal smell has been said to indicate the approach of puerperal fever. Many women emit a peculiar odor while menstruating, which resembles a mixture of blood and chloroform; and this is believed to arise not so much from the discharge as from the more pungent character of the sweat secreted in the axilla. Persons of costive habit have a fecal smell; and this is also often noticed in hypochondriacs and lunatics. In uræmia, whether owing to kidney disease or to severe retention of the urine, a urinous odor is emitted by the body; and the presence of pus in some part of the body has been recognized by a peculiar warm-milky smell of the patient.

Apart from the odor of the sick-room and the body generally, the smell of the sputa, urine, fæces, sweat, ulcers, etc., was carefully noted by

the older practitioners, and utilized for prognosis and treatment. Unquestionably there was much that was fanciful in such ideas; but occupied as we are at the present with the study of more precise and definite symptoms, we have, perhaps, gone to the other extreme in neglecting such signs altogether. Everybody has his own special odor, and this varies according to the circumstances of life, the food taken, and the state of health in which he happens to be. That it should be altered in some disease, and that special diseases should have special odors, is only what one would expect; yet the increase of cleanliness and ventilation has no doubt done away with a large variety of smells which formerly used to assail the nostrils of the physician.

Are odors of any medicinal value? This may well be doubted. The vapor of hellebore has been used for purging, that of crocus and hops for procuring sleep, and the emanations of burnt feathers and wool for combating hysterical fits; but no doubt the imagination was largely influential in the production of any such effects. Chloroform, ether, ammonia, and similar substances, which have a definite physiological action, can hardly be looked upon as odors. On the other hand, it is certain that strong scents may be hurtful, more especially the sweet ones, such as those of lilies, violets, narcissus, nerium, oleander, and lobelia; and these, again, chiefly in nervous and hysterical women, in whom headache, dizziness, fainting and convulsive fits have thereby been caused. Yet we would hardly go so far as Pope, who considered it within the bounds of female delicacy to—

“Die of a rose in aromatic pain”;

or the German poet Friellgrath, who in his beautiful stanzas, “Der Blumen Rache,” makes the spirits of flowers torn from their beds rise in the night and kill the maiden to whom they had been offered :

“Blumenduft hat sie getodtet !”

Indeed, we may safely rely on being able to combat any of the accidents or symptoms just mentioned by a very simple expedient, viz : opening the window.

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FRESH AIR.—Early impressions are very enduring, and can make useful habits as well as evil ones a sort of second nature. In order to forestall the chief danger of in-door life, make your children love-sick after fresh air; make them associate the idea of musty rooms with prison life, punishment and sickness. Open a window whenever they complain of headache or nausea; promise them a woodland excursion as a reward of exceptionally good behavior. Save your best sweetmeats for out-door festivals. By the witchery of associated ideas a boy can come to regard the lonely shade-tree as a primary requisite to the enjoyment of a good story-book. “*Or, mes pensees ne veulent jamais aller qu’ avec mes jambes,*” says Rousseau (“Only the movement of my feet seems to set my brains

a-going"), and it is just as easy to think, debate, rehearse, etc., walking as sitting; the peripatetic philosophers derived their name from their pedestrian proclivities, and the Stoic sect from their master's predilection for an open porch. Children who have been brought up in hygienic homes not rarely "feel as if they were going to be choked" in unventilated rooms, and I would take good care not to cure them of such salutary idiosyncrasies.

Every observant teacher must have noticed the innate hardiness of young boys, their unaffected indifference to wind and weather. They seem to have a delight in braving the extremes of temperature, and, by simply indulging this *penchant* of theirs, children can be made weather-proof to an almost unlimited degree; and in nothing else can they be more safely trusted to the guidance of their protective instincts. Don't be afraid an active boy will hurt himself by voluntary exposure, unless his chances for out-door play are so rare as to tempt him to abuse the first opportunity. Weather-proof people are almost sickness-proof; a merry hunting excursion to the snow-clad highlands will rarely fail to counteract the consequences of repeated surfeits; even girls who have learned to brave the winter storms of our Northwestern prairies will afterwards laugh at "draughts" and "raw March winds."—*Dr. Felix L. Oswald, Popular Science Monthly.*

BIOLOGY.—The Biological Section is that with which I have been most intimately associated, and with which it is, perhaps, natural that I should begin. Fifty years ago it was the general opinion that animals and plants came into existence just as we now see them. We took pleasure in their beauty; their adaptation to their habits and mode of life in many cases could not be overlooked or misunderstood. Nevertheless, the book of Nature was like some richly illuminated missal, written in an unknown tongue; the graceful forms of the letters, the beauty of the coloring, excited our wonder and admiration; but of the true meaning little was known to us; indeed, we scarcely realized that there was any meaning to decipher. Now glimpses of the truth are gradually revealing themselves; we perceive that there is a reason—and in many cases we know what that reason is—for every difference in form, in size, and in color; for every bone and every feather, almost for every hair. Moreover, each problem which is solved opens out vistas, as it were, of others perhaps even more interesting. With this great change the name of our illustrious countryman, Darwin, is intimately associated, and the year 1859 will always be memorable in science as having produced his great work on the "Origin of Species." In the previous year he and Wallace had published short papers, in which they carefully state the theory of natural selection, at which they had simultaneously and independently arrived. We can not wonder that Darwin's views should have at first

excited great opposition. Nevertheless, from the first they met with powerful support, especially in this country, from Hooker, Huxley and Herbert Spencer. The theory is based on four axioms:

"1. That no two animals or plants in nature are identical in all respects. 2. That the offspring tend to inherit the peculiarities of their parents. 3. That of those which come into existence, only a small number reach maturity. 4. That those which are, on the whole, best adapted to the circumstances in which they are placed are most likely to leave descendants."

Darwin commenced his work by discussing the causes and extent of variability in animals, and the origin of domestic varieties; he showed the impossibility of distinguishing between varieties and species, and pointed out the wide differences which man has produced in some cases—as, for instance, in our domestic pigeons, all unquestionably descended from a common stock. He dwelt on the struggle for existence, (which has since become a household word), and which, inevitably resulting in the survival of the fittest, tends gradually to adapt any race of animals to the conditions in which it occurs. While thus, however, showing the great importance of natural selection, he attributed it to no exclusive influence, but fully admitted that other causes—the use and disuse of organs, sexual selection, etc.—had to be taken into consideration.—*Popular Science Monthly*.

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AN APPREHENSION OF THE CREATION.—“Children of a day, how feeble is human conception to grasp the universe. You think you understand science and have soared up into the laws of things, but your highest conceptions reach out but a finger's length into the arcana of the infinite. There are suns far mightier than yours, countless as the sands of the sea, and worlds encircling them compared with which your own is but a mote in the sunbeam! Telescopic vision enters but the periphery of the great circle of things. There are orbs that roll in those depths so advanced in knowledge, science, and invention as to have passed beyond the grade of earthly attainments myriads of ages ago. Steam as a motive power has been superseded by superior agencies, and they in their turn by those far mightier still. Telegraphic communication exists only in the records of the distant past, and systems of thought-transfer, capable of reaching out into both the material and spiritual universe, have been adopted in their place. In social development the people have become as angels, and their sphere like heaven in comparison with your own. The laws of life are so profoundly understood and obeyed that sickness has long ago passed away, and all crime is unknown. All prisons, almshouses, hospitals, battle-fields, and wailings of human hearts have vanished before the light of science. Despotism and systems of wrong-doing have passed away, and love encircles every human being.”

MORE TROUBLE AT ANN ARBOR.—The recent regular meeting of the Regents of the University of Michigan had before it a considerable amount of business of a somewhat unusual nature. The Joy electric device matter came up, and was treated to a heavy coat of whitewash—a treatment of the case which was, by the way, not entirely a surprise—and no steps were taken to counteract the advertising which this most quackish device of recent times adroitly secured from that great institution, the University of Michigan. The Regents mistake the temper of the profession when they think they can allow a matter of this nature to pass without at least a protest in the name of the institution.

Ever since the establishment of the Department of Homœopathy the professors of surgery in that department and in the department of regular medicine have each apparently been the champions of the respective divisions. The two departments apparently impinge at these two points as they do at no other, and there has been, from the date of the miscegenation, an irritated surface at the point of contact. The trouble between Professors Gilchrist and Maclean will be recalled by the readers of the first volume of the *News*, this continued until the former received his conge, and his dismissal was a scalp which proudly dangled from the latter's belt. Professor Gilchrist was succeeded by Professor Franklin, a gentleman from St. Louis, who brought with him a reputation of great ability—surgical, polemical, and physical—which he was prepared to exert in the defense of infinitesimal surgery. For a time after this new gladiator shied his castor into the arena there was an armed neutrality, each foe man cautiously feeling for the other's vulnerable points before making a thrust. Soon, however, the war which for a space did fail, trebly thundering filled the gale, and the atmosphere of the classic town became sulphurous. Language more expressive than elegant was freely exchanged, and on one occasion there was a downright rough-and-tumble, fisticuff encounter on the campus. The Regents, with their well-known capacity for "smoothing things over," succeeded in patching up a peace which, on its surface, was fair and beautiful, but away deep down there rankled the old-time venom. A few months ago premonitory ebullitions appeared, and outsiders were on the *qui vive* for another renewal of hostilities. They had not long to wait, for the pent-up feelings soon had vent, and the dogs of "wah" were again unlashd. The old-time deadly weapons (jawbones) were once more drawn, never again to be sheathed until they had raised another scalp. Professor Maclean, with the scalp of one homœopathic surgeon proudly dangling at his belt, went before the Regents with charges which, properly sustained, should have given him another—even that of Professor Franklin. The honorable Board of Regents "looked into the matter," and practically admitted that all that had been charged against that gentleman was true, but they failed to surprise anyone by visiting any punishment on the transgressor. Not only

did they not do so, but they, in no equivocal terms, gave Professor Maclean to understand that if they should receive any more complaints from him of his homœopathic brother's delinquencies, his (Maclean's) resignation would save him from decapitation. Encouraged by this turn in affairs, Professor Franklin again rushes into the secular print (a favorite medium, by the way, among the Ann Arbor professors), and reiterates many grave charges, which he had previously circulated with his mouth, against Professor Maclean. The latter has been estopped, by the action of the Board of Regents, from seeking redress; and the denial of this privilege, coupled with the insult visited on him by the honorable Board, left before him but one alternative—resignation. This he has resorted to, and the University of Michigan, as soon as the Regents accept the resignation, will want another surgeon; and inasmuch as the bed of surgery at that institution is one of roses, the applicants will doubtless be galore.—*Michigan Medical News*, October 10, 1881.

[The foregoing is a pretty fair representation of matters at the University. It is a mistake to suppose, however, that Professor Franklin was found guilty of anything to his hurt or shame. The department has been tendered the hospitalities of a western college, on the supposition that it was about being turned out into the cold world. The wish may have been father to the thought. Nothing is further from human probabilities than this. The Homœopathic Department of the University was never more sure of its place than it is to-day. With a splendid class and a united faculty, it can stand the storm a while longer without doubt. Malice and envy are powerless to do it harm.]

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### Correspondence.

SHREVEPORT, LA., August 23, 1881.

EDITORS ADVANCE: Without permission from the writer, I inclose you a portion of a letter received from him by me last week. My excuse for thus putting the Doctor in print is twofold, viz: first, I know his numerous friends and classmates will be glad to hear from him and of his brilliant success; and, second, I wish to show what a fair field the south-west opens to capable, energetic homœopathic physicians. It is, of course, entirely unnecessary to say that his statements

can be implicitly relied on.—Yours fraternally, G. E. BLACKBURN.

\* \* \* \* \*

Business for May, \$218; June, \$340; July, \$335; August, to date, \$225. How is that for two weeks less than a year? My business for first year will be nearly \$2,000. I have nearly all the railroad business at this point. My surgery this summer has amounted to over \$450. Have bought a surgical and general operating case—twelve knives, saws, forceps, probes, lithotomy set, catheters, sounds, Esmarch bandage, ivory handles, gold-mounted, and am now ready for anything that turns up. My wife is very well indeed; myself ditto.—Yours, H. C. MORROW, Sherman, Texas, August 16, 1881.

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## Book Notices.

Artificial Anæsthesia and Anæsthetics. By Henry M. Lyman, A. M., M. D. William Wood & Co., New York.

This is the September number of the Medical Library. The author, in his preface, is needlessly modest as to the merits of his work. He has shown excellent literary ability to commence with, and this lends a charm to the entire book. He shows, also, an intimate familiarity with his subject. So far as we are able to judge, his book will take foremost rank with any extant devoted to this ever-interesting subject of Anæsthesia. The historical part of this treatise is specially good, and it shows how, in spite of ignorance and superstition, the use of anæsthetics has won its way to almost universal favor. So generally among all practitioners are *Chloroform* and *Ether* used that the need of a work like this must be an almost universal want. With more careful study of this subject, we may hope to see the mortality attending the use of anæsthetics greatly lessened, and many who now shrink from their use be emboldened to use them. This will necessarily diminish both the anxiety of the operator and the suffering of the patient. We commend this book most heartily to all our readers.



**Homœopathic Therapeutics as Applied to Obstetrics.** By Sheldon Leavitt, M. D. Duncan Brothers, Chicago.

This is a neat little work of 120 pages, well filled with the best the materia medica of our school affords. The arrangement is simple, and the symptoms are presented without needless repetitions, so characteristic of some of our books. We commend Dr. Leavitt's work to students, and hope they may all be led to study it with care. What a boon it would be to both doctors and their patients if practitioners would be guided by such instruction as may be found in these pages. This practical little hand-book should meet with a wide sale. A dollar will perhaps buy it, and it is capable of saving hours of tiresome watching and hours of agonizing pain. This book simply shows what Homœopathy can do for obstetrics; it is a grand showing, and thoroughly practical.

**A Treatise on the Continued Fevers.** By James C. Wilson, M. D. With an Introduction by J. M. DaCosta, M. D. William Wood & Co., New York.

This is one of the most interesting of the present year series. It is a pleasure to read such a work, though we are obliged, on almost every page, to dissent from the views of the writer. He represents the better phase of the modern allopathic school, and from that standpoint gives us a careful and conscientious study of the more prevalent continued fevers that may be found almost everywhere in this country. He treats of simple continued fever, influenza, cerebro-spinal fever, typhoid, typhus and relapsing fever, and dengue. It is thoroughly an American treatise, and students of allopathic practice will find it on all points up to date. The pathology and diagnosis will interest practitioners of all schools, and those who have the entire library for 1881 will count this book a valuable part of it.

RECEIVED.

First Annual Report of the State Board of Health of New York. Thanks to Dr. H. M. Paine, of Albany.

Annual Directory of Homœopathic Physicians, Societies and Institutions of the State of New York. Edited and published by A. P. Hollett, M. D., Havana, N. Y.

MUSIC.—Two charming pieces from the pen of Mr. Fred. H. Putnam entitled, Zetta Waltz and Algonac Waltz. Published by Brainard's Sons, Cleveland.

Popular Science Monthly. The September number is full to the brim. Every article in it should be read and some of them might well be carefully studied. It is unquestionably the most valuable science journal published in the world. The professional man's table and the family circle are alike adorned by it.

## Editor's Table.

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FRANCE has 1,000,000 lunatics.

THERE are 65,000 doctors in the United States.

DR. G. S. BARROWS has moved to Topeka, Kan.

BLISS estimates the value of his services to President Garfield at \$25,000.

DR. EUGENE A. GUILBERT has located at McGregor, Iowa, and been elected Health Officer.

PROF. WM. OWENS has put MS. of his new work on materia medica into the hands of the printer.

DR. B. EHRMAN reports that the popularly named affection, "Pink Eye," of horses, yields promptly to *Rhus tox*. He cured his horse in two days.

THOSE knowing themselves in arrears, will please forward the amount due. The ADVANCE depends upon the subscriptions and not upon advertisements of questionable articles.

J. P. GEPPERT, M. D.: Dear Doctor: \* \* Mr. Marc Cook [author of Wilderness Cure] is not dead, and is not likely to die of phthisis or anything else soon, Wm. H. Watson, M. D.

"Enclosed find \$4.00. I am taking a great many medical journals but I must look some where else to curtail. I can't do without the ADVANCE. Respectfully, D. H. Roberts," Owatoma, Minn.

"MAY the ADVANCE ever continue to occupy its high stand as to Homœopathy, and a more thorough medical education of all who enter her portals. Respectfully, P. B. Hoyt, M. D., Norwalk, O."

THE Pictorial Manikins advertised in this number are really meritorious productions. At a glance they give a good insight into the anatomy of the different parts. Joseph Cristadoro, manufacturer, 93 William st., New York.

"STILL hold the fort here. Have had but one death among three hundred and sixty boys during past twelve months. For past two months have been having a siege of typhoid and typho-malarial fever but no deaths to date. Yours fraternally, J. E. Welliver," Physician to House of Refuge, Plainfield, Ind.

It will be gratifying to his many friends to learn that there is a decided improvement in the condition of Dr. J. P. Dake, who has been exceedingly ill with typho-malarial fever for two weeks past. At a consultation of physicians yesterday, at which Dr. Breyfogle, of Louisville, was present, assurances were given of a speedy recovery.

AN effective surgical operation without design occurred recently. A corneal ulcer which produced a long standing opacity had been treated with unsatisfactory results. While riding the patient had the fortune to get a small piece of cinder in the eye, producing such a degree of irritation as to produce absorption of the old cicatrix, resulting in almost perfect restoration of vision.

FOR SALE.—Good practice, collecting \$5,000 per year; town 4,000 and growing rapidly; healthy; 3,000 feet above sea level; situated at terminus of railroad; climate very mild; good society, churches and schools; patrons pay promptly. Will give up this desirable field without competition to one who will purchase house, office furniture, horse and buggy, and good notes and accounts. Address, E. W. Charles, M. D., Nevada City, Cal.

THE medical profession will never become what it is capable of being made, till the public are prepared to judge of professional character and qualifications—till the people are sufficiently well informed on these subjects, to discriminate between the medical friend who deserves their confidence and co-operation, and those ignorant and unprincipled pretenders who deserve only to be driven from society.

OFFICE HOMŒOPATHY, 24 Oct., '81.

\* \* What is in the way for getting some able old, experienced homœopath to publish a short, to the point, concise treatment for leucorrhœa, without a hundred and one remedies as most authors have—something that can be used in practice? What does the work of Dr. Landis on Forceps and their Use amount to? Is it more than we have in our old works? Speaking of leucorrhœa, just look at Eggert's large work and quit in disgust.—W. C. Leech, M. D.

"THE Examiners and Faculty of the University of Teachemfast, in the City of Medical Lore, do hereby certify that Charles Agustus Oneoftheboys has completed the full course as prescribed by the regulation; that his character and general deportment have merited the approbation of the Faculty; and that he has been found proficient and duly qualified in base ball, foot ball, racket, wrestling, boxing, fencing, pistol and rifle practice, croquet, rowing, bicycling, card playing, and the theory of billiards, betting, drinking and love making, with an unusual aptitude in all professional tricks."

NEW BIOGRAPHICAL DICTIONARY.—An excellent feature of the new edition of Webster's Unabridged Dictionary, just issued, is the New Biographical Dictionary, in which are given the names of nearly ten thousand noted persons of ancient and modern times, with a brief statement of the dates of their birth and death, their nationality, profession, etc. This is designed for purposes of ready reference, to

answer the questions which often arise as to when and where certain persons lived, and the character of their achievements. It contains many names of persons who are still living, and the pronunciation of each name is given.

SOME curious statistics have been published of the cremation furnace erected at Gotha in the autumn of 1878. Thus far it has been in use fifty-seven times—once in 1878, seventeen times in 1879, and sixteen times in 1880. For the present year up to August 17, only, the number has been twenty-three. Of the total of fifty-seven cases only one came from Berlin, one from Breslau, seven from Dresden, one from Frankfort-on-the-Main, one from Hanover, one from Carlarhue, two from Leipsic, three from Munich, one from Vienna, one from Paris, and one from Welmar. Gotha alone contributed twenty-three. Only ten cases were women. Of the forty-seven men, ten belonged to learned professions, four to the army and four to the nobility. There were ten physicians.

THE limitations of human responsibility have never been properly studied, unless it be by the phrenologists. You know, from my lectures, that I consider phrenology as taught a pseudo-science, and not a branch of positive knowledge, but for all that we owe it an immense debt. It has melted the world's conscience in its crucible, and cast it in a new mould with features less those of Moloch and more like those of humanity. If it has failed to demonstrate its system of correspondence, it has proved that there are fixed relations between organization and mind and character. It has brought out that great doctrine of moral insanity, which has done more to make men charitable and soften legal and theological barbarism than any one doctrine I can think of since the message of peace and good will to men.—O. W. Holmes.

THE annual meeting of the American Public Health Association will be held at Savannah, Ga., commencing November 29, 1881, and continuing four days. Full information regarding this meeting can be obtained by addressing the secretary, Dr. Azel Ames, Jr., P. O. box 1198, Boston, Mass. It is very important that there should be at this meeting a large attendance of homœopathists. This association brings together the leading sanitarians of the United States, and affords rare opportunities of gaining information regarding matters pertaining to the public health. Homœopathic physicians who are making a special study of sanitary science should be members of this association.

You will oblige me by considering this circular letter a special appeal to you for help to make homœopathic influences felt in the American Public Health Association—an organization composed largely of allopathic sanitarians, who entertain the most bitter feelings against their fellow homœopathic members of the association, and have not hesitated to embarrass them in every possible way. Fraternaly, Moses T. Runnels, M. D., Indianapolis.



T. P. WILSON, M. D., EDITOR.  
ANN ARBOR, MICH.

J. P. GEPPERT, M. D., Ass't EDITOR.  
CINCINNATI, O.

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ONE of our allopathic exchanges earnestly inquires: "Is it a fact that Homœopathy was more successful in yellow fever in the United States than 'Allopathy'?" and then proceeds to answer the question by quoting a very ancient doggerel, in which some four or five American lakes are used up in making a homœopathic attenuation of rum. Of course that settles the question, but just which way we are at a loss to know. The editor or his correspondent might have helped the matter more by presenting the statistics of the two schools. It could not have harmed much to have allowed these rival professions to say what they did do in the last yellow fever epidemic. The statistics in question have been before the public about three years, and they have not been controverted so far as we know. The difference, as shown by facts and figures, between the two schools is very marked, and is startling to any one save to a thorough-paced allopath, who, when asked a professional question, drops into poetry.

THE editor of the Therapeutic Gazette, in a recent number, attempts to elucidate the doctrine of "The Self-limitation of Disease." He says: "The doctrine that the course of this disturbance is inevitable—in other words, that disease is a time-piece set by nature to run a definite time, and not to be stopped until it has run down—has certain apostles to-day who claim to have derived their inspiration from a study of nature's inflexible laws. Holding these views they regard all effort to check or control disease as not only useless but positively harmful, disturbing, as

they must, the beautiful economy of nature." And further on he adds: "HAHNEMANN practically taught the same thing, and his honest followers [honest as to following HAHNEMANN, not otherwise], to-day, whether they acknowledge the fact or not, withhold medication and allow the patient to fight it out, they themselves looking on and not interfering." This, we suppose, is what might be called a "rational" view of HAHNEMANN'S teachings. It is as near the truth as one might be expected to get until he became acquainted with it. HAHNEMANN was a profound believer in the efficacy of medicines to cure disease. When once he grasped the law of cure and tested its power, he became an enthusiast. He, more than all his contemporaries, had faith in the power of drugs. This faith he did not fail to communicate to his "honest followers." Every true homœopath believes that nothing is better than Allopathy, self-limiting diseases curing themselves far better than they are cured by the allopathic doctor if he "follows the books," and Homœopathy is far better than nature, for it is able to often abort the course of disease and to modify and abbreviate the natural history of disease. This is Hahnemannian Homœopathy.

It is difficult to repress an honest indignation when reading some of the deliverances of the allopathic editors upon the subject of Homœopathy. Almost without exception, when writing upon this subject, they show either a lamentable ignorance of simple facts or a downright want of moral honesty. In many instances there is shown plainly a want of information and a lack of truthfulness combined. There has seldom been a falsehood, however, so large or so small but that it had in it some grain of truth, and upon this small grain the lie will often continue to live in spite of fate. It is a remarkable fact that of late Homœopathy has been more than ever discussed by our allopathic neighbors. It is the one uppermost thought in their minds; it evidently troubles their dreams by night and their thoughts by day. But it is also a curious and painful fact that with considerable unanimity they declare that, first, Homœopathy is unscientific; that it is a humbug, and a system of barefaced quackery; second, that its practitioners are rapidly abandoning the teachings of HAHNEMANN, and, in short, discarding the doctrines and practices that have heretofore distinguished the school; and, thirdly, that the system and organization known as Homœopathy is rapidly becoming extinct. Says the President of the British Medical Association (allopathic) 1881: "Let us hope the faith of the public in a faulty and pernicious system [to-wit: Homœopathy], is fast fading away." Now, without doubt, some of these parties who so villainously misrepresent us are as ignorant as they talk. And there are multitudes to whom their words are law and gospel, and who honestly believe such talk. But there are men who say these things who know better. They are engaged in the work of attempting to destroy Homœopathy; they can not do this by fair means, and

they stoop to means that are foul. That is the plain English of it. It is in no sense an honorable warfare. They grant us such grace in the contest which they carry on as they might grant to outlaws. "O," says one of these Pecksniffian saints, "the homœopaths are not *all* knaves and fools. There are some honest men in their ranks." "Yes," responds another, "there are even some quite scientific men among them; at least they can't all be reckoned ignoramuses." Now, either this sort of warfare has been going on long enough, or it may go on to the end of time without good results. Unfortunately there are men in the homœopathic ranks who lack that self-respect and dignity which should characterize every true man of science. These men are constantly fawning upon the allopathic school for the sole purpose of securing recognition at their hands. They rush into print with garrulous gratitude whenever they receive the slightest nod. In all this they degrade themselves, as well as disgrace the school to which they profess to belong. We may thank them for much of the contempt exhibited toward us by the allopaths. But it may as well be understood here as elsewhere that until the allopathic gentlemen change their manners any professional association with them would be distasteful, if not wholly out of the question. They may take their own time in coming down from their high horse, for we surely can not be in any haste, except to save further scandal to our profession, which has already suffered quite enough at the hands of the allopathic school.

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**Status of Homœopathy.** By S. R. Geiser, M. D., Cincinnati, Ohio.

Never, perhaps, was there a time in the history of Homœopathy when united action upon some matters related to it was more imperative than at the present time.

A great Italian historian, writing on the decline of Rome, said that it was the age of commentators; there were no longer any originals. As we have no more originals in history, so it is, to a considerable extent at least, in medicine. A great many compilations, many reproductions, but few, very few, productions, are the order of the day from homœopathic as well as allopathic physicians.

Certain men will and must make public demonstrations; and when their mental faculties fail to produce, they reproduce certain things at the expense of some cause or person they often know very little about. Physicians, of whatever school of medicine, who have any practice at all, have time to present only facts, and to represent matters pertaining to the healing art as they are in reality.

A professor of one of the "regular" colleges of this city, in a valedictory address, spoke to the graduating class as follows:

You, gentlemen, go out to practice medicine—medicine in its broadest, fullest sense. You are trammled by no theories or systems. You can not affiliate with the practitioners of special schools, because they represent dogmas at variance with the established principles of medicine. The natural bent of the hypothetical doctrines upon which they practice is to narrow the limits of medicine, bar its progress, subvert its purposes. There may be some men of culture who, to reap the advantages of the public whim of an hour, have left the regular ranks to assume the cloak of a system, under cover of which they practice true medicine. These men place no reliance at all in the absurdity they profess. Whatever instrumentalities for good they may exercise in combating disease is due to regular medicine. They take its journals, study its books. The scanty literature of the school to which they claim allegiance, filled with the drivel of all the moonshine bottling asses in the land, they turn away from with disgust. Yet you are not to hold fellowship with these men. For the sake of gain they employ the evidence of rational medicine to debase her, in bolstering up a sham. They are not honest men; they sell one article and deliver another. And these are the individuals who are prating about the illiberality of the regular profession. Let them throw off their masks and come back to the old mother in their proper persons, and they will receive liberal treatment. But until they do they are only entitled to the consideration which is accorded to them.

That there are grounds substantiating some of the assertions made by the valedictorian is beyond a doubt. It has always been said by allopathic physicians that when homœopaths cure they do so with allopathic medicines. They claim that homœopaths always resort to "regular" medicines in severe cases, and only treat such cases homœopathically which would recover without medicines.



These charges are based partly on prejudice and partly on a want of loyalty to the mode of treatment on the part of some who claim to be homœopathists.

It is the duty of the physician to employ such remedial agents which in his opinion will save life and alleviate suffering in the quickest and safest manner. An Egyptian monarch once asked his victorious general to show him his sword; the general reminded the king that the sword was like any other sword, that the virtue lay in the arm that wielded it.

Some so-called homœopaths are in the habit of prescribing in a manner not agreeing with the laws of Hahnemann, perhaps with better success, perhaps not, than those employing homœopathic remedies only. According to sayings of some of the best and most able homœopathic practitioners, whose honesty and integrity no one doubts, it is *not* necessary to resort to allopathic means in preference to drugs acting strictly in accordance with the homœopathic law of cure.

Few mortals have faith in infallibilities, but many drugs certainly fail to produce the desired effect on account of an improper selection of them; hence the prescriber and not the drug is at fault. Some persons of intelligence, who formerly employed Homœopathy, it is said, have again drifted into allopathic hands, because they contend they see very little difference between the two schools of medicine, claiming to receive as much medicine from one as the other. These are, I think, exceptional cases, and such pseudo-homœopaths are unworthy of belonging to any school of practice. The doings of a majority of a society or a school of medicine should not be judged by the doings of a few bungling fossils and conglomerists.

Are the therapeutic agents of the regular school of medicine extant for chronic diseases, such as phthisis, albuminuria, epilepsy, diabetes, cardiac faults, gout, cancer, and others, superior to homœopathic medication?

The history, etiology, pathology and diagnosis of these diseases are usually eloquently and rhetorically given by the allopathic physician, but about ninety per cent. of the cases

treated by their disgusting drugs are as likely to be aggravated as benefited.

Let the learned and dignified "regulars" (?) offer or discover drugs by which the diseases mentioned can be cured, or which at least are superior to those employed by homœopaths, and they will gladly "throw off their masks and come back to the old mother in their proper persons." The extreme opposition toward Homœopathy arises not from a conviction that it is a "humbug," but from fear of a continuous growth of it. First-class "humbuggeries" succeed only for a short time and subsequently die a natural death, without the assistance of several nations of allopathic doctors.

These *savans* are willing to admit that certain influences, imperceptible to either of the senses of man, cause diseases. They prescribe certain drugs in so small quantities as the 1-200 of a grain; nevertheless they deny the efficacy of a drug administered in the third or sixth attenuation to change a dynamic disturbance of the forces of the tissues. Neither school of medicine is, in a therapeutic point of view, what it should be. There is, I venture to say, not one homœopathic physician, even if he be *simon pure*, who is perfectly satisfied with the results obtained from drugs prescribed according to the law of similars, but should successful homœopaths abandon their mode of treatment and resort exclusively to allopathic drugging? Though it be the very best, the results obtained would be far less satisfactory.

If the number of persons actually killed by ignorant allopathic doctors were compared with those allowed to perish from want of medicines by homœopaths, those killed by drugs would exceed those dying from want of them. This difference can be much better appreciated by the great mass of unthinking and unreasoning humanity than objects which, though far more wonderful are less imposing. Humanity naturally is more inspired by quantity than quality. The gigantic and imposing objects of nature appeal more directly to the uneducated senses than do those objects which are comparatively insignificant. "Should the human brain be subjected to the tests of chemistry; it would show that the elements of which it is composed are

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similar to those of which are developed other organized products of nature, hence we must infer that the superiority in function over all other created objects must be due to some mysterious difference of molecular arrangement," which neither the microscope nor chemistry has yet been able to reveal. When it can be positively proven *how* diseases are cured by drugs—if cured at all—then proof can probably also be offered whether or not diseases are or can be cured by infinitesimal doses of medicine.

Again the valedictorian accuses the homœopaths of taking their journals and studying their books. When their obnoxious agents cease to annoy us, probably less of their literature will be read by homœopaths. If homœopaths study allopathic books and their own also they ought thereby be better qualified to practice medicine than they. Although our "scanty literature" is not what it might and should be, some of it nevertheless compares very favorably with theirs.

In the March issue of *MEDICAL ADVANCE*, we find in an editorial the following: "So we say to our allopathic friends that we admit and always have admitted that there are many professed homœopaths who in fact are no better practitioners than their old-school neighbors. On that point we confess judgment at the outset, and we don't deny that these persons are dishonest, and that they bring our school into open shame. They are no more honest than the allopaths who steal from the homœopaths," etc, etc. These words were quoted in an allopathic journal, headed: "*A Homœopathic Confession*," the last line however, viz: "They are no more honest than the allopaths who steal from the homœopaths," was omitted for no other reason than to "subvert its purposes," and to misrepresent the meaning.

Homœopaths are being continually accused of ignorance, etc., and when one happens to make a mistake they have not type and tongue sufficient to condemn him. They should remember that it is "human to err," and that they are subject to the same faults.

They should remember that many homœopathic physicians, who are considered ignoramuses by the regulars, are grad-

uates of "regular" colleges, and were at one time considered able men when in their ranks.

A large part of a physician's practice is made up of cases that can be successfully treated without the aid of allopathic as well as homœopathic therapeutics, by the application of mechanical contrivances and a knowledge of physiology, pathology and hygiene; hence in order to keep up and raise the status of Homœopathy, the homœopathic physician has need of being well versed in these departments of medicine as well as in symptomatology.

If homœopathic physicians will be alive, progressive, thoroughly loyal to Homœopathy, neither too conservative nor too radical, the future of Homœopathy will be bright and eventually overcome triumphantly all obstacles which now seem to hinder its progress.

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## Theory and Practice.

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**Nocturnal Enuresis.** By M. May Howells, M. D. Read before the Cincinnati Homœopathic Medical Society.

No disorder in the department of Pædology has received so little attention from the medical profession as the one we bring before you for consideration this evening. This neglect, no doubt, in times past, has arisen from the contempt or simple tolerance in which the lower organs and functions of the body have been held. Their wondrous physiology so little understood, these servants of our bodies have received cold neglect and little admiration for the beautiful performance of their several duties so necessary for the harmony and happiness of the human microcosm.

Regarding this relative order and fitness of all things in the body of man, Swedenborg says:

“Whoever attentively considers the order of things in the animal body must be seized with admiration and amazement, for nothing can be more consummate. But all things should be examined not only with respect to their situation and connections (this is but an examination with the eye), but also with respect to their particular offices and uses; the true admiration being reserved for those who view all things with the rational or mental sight also. For those things which are superior are also more universal, prior, and more perfect—the nobles of the kingdom, of which the rest are the servants and subjects. All things in the living body are appointed to their respective places with the utmost fitness and propriety. The result is, perpetual relation of all things, mutual regard, everlasting subordination, perfection, beauty—in a word, a form which maintains itself by virtue of the excellence of its order.”

The disorder of the function of micturition, be it viewed as cause or result, is undoubtedly associated with much physical and psychical disturbance. A proper understanding of its physiology with its complicated nerve connection, must make this clear to all students of the body, and universally condemn all pathology and therapeutics classing this as a local affection.

That allopathists make such failure of connection between physiology and therapeutics is not strange, encumbered, as they are, with crude drug action and empirical law. But under the light of the law of similars and infinitesimal dose action, we naturally look for a finer and more perfect understanding of physiological functions, and a proportionately higher degree of success in the restoration of order. If our success be not in proportion to the light given, our failure must fall either upon the old shackles of local vision and massive doses, or the superficial study and observation of existing pathological and therapeutical conditions.

Comparing our results in the treatment of this disorder with that of our old school brethren, we have as yet no great

amount of room for pride or boasting; though we may, perhaps, gain a few crumbs of comfort from a review of the work done by both. Inspecting the medical lore of the old school, we find, among scores of volumes, only here and there a mention of the disease. The earliest mention of this morbid condition where pathology and therapeutics are at all considered, comes from the pen of Lazarus Renerius, physician to the King of France, who considers the subject in a very quaint and curious fashion. He believes the disorder to be often simply the result of "foolish imaginations, which in children may be frequently cured by whipping," though he says it may be in sympathy with other diseases, which must be removed before the urinary disorder can be cured. He adds: "Children usually outgrow this trouble, as the superfluous humidity is by degrees consumed, and the parts that were loose are more knit; but if they be not cured before twenty-five years of age, they are incurable." He recommends the more gentle form of medicine for children. "Purg- ing is always necessary, and later, the use of powders, opi- ates, physick, wine, and the like." He quotes from "Galen's Local Medicines," as a prime remedy, "a snail burnt, with its shell, given to drink;" and from more modern authois such remedies as powders of burnt mice, the hoofs of the hog, burnt, roasted hazelnuts, powders of egg-shell, hens' gizzards, dried and given by themselves or mixed with red wine; while most happy success is recorded of a certain Roman physician "who took the throat of a cock and dried it at the fire till it would powder, mixing this powder in red wine, which he gave to his patients to drink before supper for some days together."

At a much later date we find George B. Wood devoting a very considerable space to this topic. After a somewhat general definition of the term "Nocturnal Enuresis," he dives into the subject in the following incomprehensible fashion: "Though of little importance to the health, it often becomes highly important in its moral influences, sometimes affecting the character and whole future life of the patient." Morbid psychical conditions are here recorded as the result of physi-

cal disorder; and still the physical disorder is to be regarded as a trivial local affair, having no effect upon the general health! A strange view of the economy of nature, savoring of mystery and hopeless confusion! In spite of the few vital connections of this disturbed function, the author nevertheless thinks best to give it a certain degree of medical patronage. He says the discharge frequently occurs in consequence of dreams, and again with no consciousness on the part of the child, being solely dependent upon the relaxation of the sphincter under the stimulus of the urine, which is often acrid, of high color, and loaded with uric acids in solution, or with sediments of the acids and their salts; but he adds: "More frequently the urine is pale and watery, and secreted in normal quantity." He believes the disorder to be hereditary; and the treatment may be summed up as follows: Free use of tonics, sea baths, special diet, and exercise, with such local means as the cold douche applied to sacrum, perineum, and pubis; astringents or stimulants, such as *Buchu*, *Cubebs*, *Turpentine*, *Cantharides*, galvanism, etc. The internal remedies to be most importantly considered are *Bell.* first; next, *Cantharides*—the last drug to be given in doses sufficient to produce symptoms of vesical irritation; while various narcotics and *Rhus rad.* may also be useful in restoring normal order.

Niemeyer, Flint, Hall, Bartholow, and other prominent representatives of the old school give no attention to this morbidity. Many of our homœopathic writers also leave the subject untouched, and very few deem it worthy of any serious consideration. Our most extended and practical therapeutical aid comes from the pens of Guernsey and Lilienthal. Edmonds, in his late work on diseases of children, gives the disorder an unusual degree of thoughtful attention, dwelling particularly on moral sequences and points of hygiene. He gives many most excellent suggestions regarding the care of the child, diet, bathing, etc., but when the question of drug agents is reached we find his reliable list limited to two remedies, viz: *Canth.* and *Bell.*

Raue thinks the disease dependent upon local atony associated with increased sensitiveness of the neck of the bladder. He agrees, with many others, in the belief of spontaneous recovery at time of puberty.

Baehr has little faith in drugs, and none unless combined with proper moral discipline.

Hoyne gives us records of cases cured at the age of eighteen, and that of a girl where nocturnal enuresis developed at time of puberty.

Hughes thinks *Bell.* the remedy most frequently indicated, though not successful in the "ordinary doses."

Jahr, of course, begins the treatment of all cases with *Sulph.*

Ruddock regards the affection not as a disease in itself, but as a symptom dependent upon causes often difficult to detect, clearly indicating the necessity for the closest observation and study to insure success.

Finally, we must agree that nocturnal enuresis is of no physical or medical importance, or acknowledge our ignorance of its physical and psychical associations, and, as a natural sequence, failure in therapeutics.

The points thus to be chiefly considered are: Does or does not this morbidity have aught to do with impaired vital conditions? Does it always cease at puberty? If so, shall we leave it to cure itself? Can a morbid function endure for ten or fifteen years and leave no germ of disease in mind or body? Is the restoration of a local function to be regarded as a re-establishment of health if the various physical and psychical forces of the body do not accord? Lastly, from what source, chiefly, arises our lack of success in the treatment of this disorder? We add the following clinical cases, whose chief interest is the substantiation of the remedial power of drugs in this disease. The cases here recorded being selected from children of poor parents, from whom it is quite impossible to exact any systematic hygienic regime, and also the further illustration of some minor points which may or may not be deemed of therapeutical importance. Observation of cases in the hands of others, as well as of those under our individual control, leads us to believe that

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the disorder as a rule is associated with other morbid symptoms, though, as Ruddock says, "often difficult to detect;" that the disease does not always cease at puberty, but sometimes develops at that age; also, that high potencies are usually more effective than low; and that the condition of the urine is seldom normal in quality or quantity. Further, that we find the disorder prevailing most extensively among the Germans of this country.

Case No. 1.—Eva B., aet. fourteen years; German; has been troubled constantly with nocturnal enuresis since infancy; reports her health good, but has a nervous, frightened air; starts, and cries out in sleep. *Bell.* 30th, and later, *Bell.* 200th, cured the disorder in a few months.

Case No. 2.—Stanly B., aet. three years; diarrhœa of undigested food; abdomen enlarged and hard; cheeks bright red; watery discharge from nose; profuse lacrymation; constant dribbling of urine day and night—the last an old symptom. *Puls.* 30th, given to meet the general condition, removed the urinary difficulty as well.

Case No. 3.—Jacob P., aet. four years; German; discharges at night frequent and profuse; urine, dark brown; very offensive; mother compares the odor to that of the goat. *Benzoic acid* 200th; cured.

Case No. 4.—Katie W., aet. seven years; nocturnal enuresis, with starting and crying out in sleep; face, deep red color, with much heat about head. *Bell.* 200th; cured.

Case No. 5.—Hattie M., aet. seven years and six months; German; urine scanty, high color, acrid, and very offensive. *Nitric acid* 200th.

Case No. 6.—Carrie W., aet. fifteen years and six months; German; menses at thirteen; enuresis diurnal and nocturnal marked ever since appearance of menses, which are irregular, scanty, and of pale color; patient has very fair skin and red hair. Under *Puls.* 30th both functions were restored to a normal condition.

Case No. 7.—Cecelia W., aet. nine years; nocturnal enuresis since infancy; discharges frequent and very profuse, soaking the bed thoroughly; odor so strong it fills the room

and permeates her clothing; child very slight, pale, and of timid, quiet disposition; when younger was subject to frequent attacks of catarrhal conjunctivitis; eyes still remain quite weak, with some photophobia; conjunctiva injected, and edges of lids dry and shiny. *Benzoic acid* failing to give relief, our attention was turned, by the condition of the eyes, to *Euphrasia*. Though we found no record of enuresis in the pathogenesis of the drug, the eye, symptoms, and general appearance of the child decided our prescription. *Euphrasia* zooth was given, morning and evening, for a week. The next time our little patient presented herself she brought a very happy face and an encouraging record. *Euphrasia* was repeated at intervals for five or six weeks; the nightly discharges decreasing, and finally ceasing altogether. Five months have elapsed since the last dose was given, and our patient remains entirely free from her old trouble!

Case No. 8.—Lillie K., aet. eight years; German; a pale, fair-haired child; mother reports health of child good; the discharges of urine at night leave a dark stain on the bed linen, but are neither noticeably profuse or offensive. Being unsuccessful in all attempts to discover characteristic symptoms for any drug, and being equally unsuccessful in our application of the remedies listed as the most reliable "homœopathic specifics," we at last in desperation resolved to test the merits of *Rhus aromatica*, a drug recently used with some success by our Eclectic and old school brethren. We began with the fluid extract, and seeing sufficient change to encourage us, next resorted to the fifteenth dilution, with most happy results!

A friend reports marked success in several cases under *Viola tricolor.*, the characteristic odor of cat's urine leading to the selection of the drug. This symptom we find recorded by Johnson in the proving of *Viola tri.*

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ACCORDING to the Medicinal Zeitung there are in every ten thousand inhabitants in Italy 6.10 doctors, France 2.91, Germany 3.21, Austria 3.41, Hungary 6.10, Switzerland 7.06, England 6, and in North America 16.24.

**Thoughts Occurring after the Use of High Potencies,** By J. P. Geppert, M. D., Cincinnati, O.

During the fore part of June, 1880, was consulted by the mother of patient concerning a case of tubercular phthisis. The patient was a young, single man, aet. 22; much emaciated, pulse accelerated, and temperature raised above normal; hectic fever, night sweats, both lungs showing evidence of serious lesion. Case at time was under charge of a prominent old school physician in this city and had been for months past. His prognosis was death within a month, and I have no doubt the prognosis would have been true had the treatment been continued which he was under previous to a change.

The family history on the mother's side of the family was fair. That on the father's side was exceedingly unfavorable. The parents of father had been induced to place their son in a mercantile house and proper precautions had not been taken to prevent the development of consumption, that disease due to confined life or the breathing of an atmosphere deficient in oxygen. The father died shortly after the birth of the patient, (patient being about two years old at the time of father's death), of consumption, leaving three children. The eldest was a daughter who died of consumption during the middle of the year 1878. The second child, a son, is now living, but troubled with a cough, who is reluctant to any medical treatment or examination, therefore am not able to speak more definitely concerning him.

Observation teaches us that the last children of individuals affected with such diseases as consumption in their progressive development should show their hereditary effects strongest. This we see in the case of the sons and there is no doubt it would have been the case with the daughter but for her changed environment as compared with the sons. The daughter was very domestic, seldom going from the city and generally remaining in the house, thus favoring the development of such hereditary predisposition

From this history we see the unfavorable position the patient was in, and would not unreasonably expect such a person to die without special relief by the ordinary therapeutics. During June the patient was under my care and received principally *Phosphorus* 30 centesimal potency. One or two other remedies were given for special symptoms that presented, but only for a few days. From the bedridden condition in which I found the patient he shortly improved so as to go upon the street and asked my advice concerning a trip to another state that he might visit friends and relatives and secure a change such as that of atmosphere, food and associates. Knowing that the change would be that from a crowded city, with abundance of smoke and an atmosphere containing a high percentage of carbon dioxide like that of Cincinnati, to the advantages possessed by a country habitation, I favored the suggestion and gave him *Phos.* 30 to be taken every second day, with instructions to write me soon after his arrival and with the expectation of continuing the treatment. Like other expectations, however, this one was not realized continuously. Being distant from the patient there was lost that influence which the personal presence of the physician exerts on the patient when the individual is properly adapted to perform the office of healer of the afflicted. The patient passed into the hands of a local celebrity for the treatment of consumption whose prescriptions contained ounces of *Oleum terebinthinae*, irritating local applications, and the indulgence of a quantity of fresh drawn blood of animals daily as food. Under this troublesome, disgusting treatment he did not improve but soon returned to his former low state and home. It did not take more than two months of such treatment to overcome all the good derived from his short homœopathic treatment.

One Sunday night while at church I was sent for at my office. The message left was for me to call that evening and see the patient, not that I could benefit the patient any, as he would die before morning, but that his distant friends and relatives might feel that all was done that could be done for him. I called and found the patient moaning and suffering

greatly. I prescribed for him and promised to return in the morning. The home relatives telegraphed to distant relatives that he was dying. At my second visit I found my patient more comfortable.

From my general observation I was of the opinion that low potencies and alternation would not prevent the patient dying soon. I had had a number of cases in somewhat better condition die under the administration of low potencies and departed from my general practice feeling that a change and trial of the higher potencies could not be injurious and were they as beneficial as represented good only could come of the change. I was, during my first years, only acquainted with the allopathic method of practicing, but circumstances placed me in such a position as to receive my medical education in a homœopathic college. I was therefore a member of the low potency division or class of our school. The much repeated mathematical demonstrations to prove the absence of any quantity of medicines in the higher potencies sufficient to produce therapeutic effects was early presented to me and even exerted an influence upon me after the time our relatives in the Northwest threatened destruction to high potency views with the weapons of Allopathy under the title of the Milwaukee Test. I, too, was taken by the efforts on paper to demonstrate that good results were only psychological and not due to the medicine when administered by high potency men. I came into practice a low potency individual, and previous habit and instruction have prepared the lines of least resistance in the direction that leads to the administration of low potencies. Like an imperfect wheel, or one not properly centered, which produces erratic motions while revolving, I may not be able to avoid the errors which my organic development forces me to pursue when active. The mind of man is a growth and requires as much training as any other organism for its proper structure.

This patient was put upon *Calcarea carb.* and during months it was the only remedy employed. He received at the beginning *Cal. carb.* 30th for some time, then the 200th, afterward the 1000th potency, and the last *Calcarea carb.* administered

was Fincke's 107,000 potency. Medicine was given him at long intervals, sometimes only a single dose a week or fortnight. As some other indications than those for *Cal. carb.* presented after a long use of *Cal. carb.* a few doses were given. The improvement in this case was truly gratifying on the administration of the highly potentized remedies. Other equally satisfactory experience I can recall.

The potency question is one of those questions that are not properly brought into the field of discussion for settlement. Only those who have properly and fairly weighed the merits of potentization in clinical experience are entitled to testify in the matter.

It is not easy to explain the action of the remedies. Neither is it possible to account for the growth and increase in germs. We know that the germs produced by any species of animal organism under favorable circumstances retain the spirit or characteristic quality which they possessed at the beginning. We have all reason to believe that the spirit is also increased in power as the quantity of substance and energy is assimilated by the germs. This quality is also raised to a higher or more advanced development, or in other words there is progressive evolution not only as the age of the organism increases but a more marked development in the after generations. The great improvement in after generations is seen when we compare the organism of this day known as man with prehistoric organisms from which man was developed. Development and growth of the germs can only take place when the proper addition of energy (as heat) and substance as the elements oxygen, carbon and hydrogen are made. If we should present energy in a too concentrated form destruction of the organism follows. Neither could the quantity of matter forming man be assimilated at once, but he is the product and growth of years.

For the formation of the potencies we have the same principles employed that develop germs into perfected beings, and the different generations may not improperly be likened unto different potencies. For forming potencies we have force (or energy) and substance added to the original medica-

ment in measured quantities, and the spirit of the medication is no more lost than that of the germs. Thus we may have the 30th potency or 30th generation, or the 200th generation or the 200th potency. None will doubt the higher development of the organism of the 200th generation over that of the first generation, and the greater power for producing desired changes. There are those who none the less strongly believe the greater effectiveness of the 200th potency over the first or low potencies, and they are only those who have had opportunities for making reliable observations.

In this world there are yet beings who patronize the Indian doctor, or early generation product—*i. e.*, low potency, in preference to the cultured physician and student, the product of the nineteenth century, representing, maybe, the 200th or higher potency, or the 200th generation or greater.

We may differ from Leibnitz concerning the essence of matter always being represented by energy that can not be removed from the material, or "that one body can not receive the power of acting from any other, but that the whole force is pre-existent in itself." We think material substance is constantly receiving and parting with energy, though Herbert Spencer has shown the failure of existing speculations to explain this phenomena. We know the presence of electrical energy is excited by energy that must modify the energy and arrangement of atoms in substance; we know that the carbon dioxide of the air, with a small amount of nitrogen and moisture, are modified by the forces that produce the vegetable kingdom so as to form our most virulent poisons, such as *Prussic* or *Hydrocyanic acid*. In this acid we have a condensation of energy, as all nitrogen compounds illustrate, showing that force must be varied in its relations to matter. The pure physicist, accepting the established theories (we do not mean by theories, speculations) known in the physical and biological world, can not escape the conclusion that our higher potencies require the conditions and substance (or energy and material) for producing effective agents for curing disease.

In our homœopathic literature frequently occurs a word which our lexicographers have not as yet garnered from the great labors of our writers. We refer to dynamization. If not too presumptuous we should like to present our simple definition as to its meaning in the homœopathic sense, it is this: Dynamization is that process employed to develop the highest powers of drug substance by adding energy and material in proper proportion and with care, so as to allow the addition to be assimilated by the original agent and permit the process known as evolution in relation to the animal world, to take place in the continuous preparation of resulting therapeutic agent.



**A Lecture on Mammary Tumors.** Delivered to the Class in the Homœopathic College, University of Michigan, by E. C. Franklin, Professor of Surgery. Part II.

Scirrhus is recognized by a dense, hard, inelastic, irregular, solitary, slowly growing tumor, occurring in prolific married women beyond the period of forty years of age as a rule. There is retraction of the nipple, tissue infiltration, nodulation, fixation, through deep-seated attachments, in which the integument is implicated, painlessness at times, pain lancinating and burning, with aching, especially after manipulation; atrophy follows, with wrinkling and puckering of the surrounding skin, which becomes adherent to the tumor; ulceration takes place, the skin becoming dusky and livid red, glazed, and covered by a fine, vascular net-work; a crack or fissure forms, with softening; a clear, gummy drop exudes, and dries in a small scab upon the surface, which is followed by a sanguineous discharge of a thick and glutinous consistence, the skin sloughs away, leaving a circular ulcer, which



enlarges and becomes ragged and sloughy, with hard, fungus, everted edges, with a constant, sanious discharge and severe, burning pain, with indurated lymphatics. Scirrhus may be confounded with fibrous and chronic glandular tumors if especial attention is not given to a close differentiation of these growths.

**HISTOLOGICAL ELEMENTS.**—In scirrhus we find a zone of small, round cells infiltrating the connective tissue, and is characterized by an excess of the fibrous stroma over the cellular elements, which accounts for its solidity; and its tendency to pucker and depress adjacent tissues is explained as a result of the contraction of its newly formed connective tissue. The cells scattered through the stroma form about equal parts of the growth, and appear in groups, rounded, irregular, spindle-shaped, and elongated tails, which give scirrhus its hard, craggy, and nodulated feel.

Encephaloid begins as a hard growth, but soon has a soft, lobulated, elastic feel. It is comparatively rare as a distinct variety of carcinoma, and has oftentimes been confounded with the various sarcomata. It begins as a distinct growth within the substance of the mammary gland and the overlying skin, being at first pale and loose, with an enlarged network of dilated, tortuous veins spreading over it, which finally becomes œdematous, adherent, discolored of a purplish tint, and terminates in ulceration. As soon as the ulcerative process is established and the tenseness of the fascia and integuments is removed, the growth increases rapidly, and a dark-colored, irregular, rugged, and fungus mass, with frequent and profuse hemorrhages, springs outward. This was known among the older authors as fungus hæmatodes. It seldom occurs before the forty-fifth year, is usually solitary, possesses the same infection of the glands and skin, with retraction, fixation, and it may be, extension, to the opposite breast by cell infection. Constitutional cachexy occurs earlier in encephaloid than in scirrhus.

**HISTOLOGICAL ELEMENTS.**—The tumor is found vascular, and presents a soft, pulpy, white mass, resembling brain substance, stained and blotched with infiltrated spots of blood

deposited through its mass. The structure is essentially the same as scirrhus, viz: an alveolar stroma inclosing groups of free cells of an epithelial type. These free cells are of the same type as those of scirrhus, are sometimes smaller, at other times larger, than scirrhus, but assume the same irregular forms, with like highly refracting nuclei and nucleoli. The cell-bulk is, however, infinitely greater in encephaloid than in scirrhus, and the vascularity is proportionately increased. The tendency to cicatricial contraction is less than in scirrhus, and fatty degeneration more prone to occur.

Colloid begins as a hard, very slowly-growing, small, solitary tumor, occurring about the fifty-fifth year, adherent to the skin, with nodules in its structure, prominence of the veins, and retraction of the nipple. The mamma enlarges to a greater extent than in either of the two preceding varieties, the growth is very apt to affect the opposite breast; fixation and ulceration occur late. True, colloid may be considered as a degenerated scirrhus or encephaloid, and has been frequently confounded with degenerated myxomas, fibromas, and adenomas.

**HISTOLOGICAL ELEMENTS.**—Colloid cancer has its alveolar spaces, of large size, which are filled with a clear, transparent, yellowish, gelatinous or honey-like substance, resembling somewhat the structure of a honeycomb. The intervening septa are distinctly fibrous and regular in their arrangement, with a few cells containing fat granules in the center, surrounded by zones of granules, resulting from degeneration of other cells.

**NON-CARCINOMATOUS TUMORS.**—In this variety of growth there is presented a uniformly hard, perfectly movable, nodular, slowly-growing tumor, strictly local in its development, and is disconnected with constitutional or hereditary cachexy. They closely resemble the normal constituents of the part; are distinctly circumscribed, being as a rule enveloped in a cyst or loose capsule of connective tissue. They manifest no tendency to involve neighboring structures in their own growth, but rather displace or push them aside. They are free from ulceration, alterations in the skin, veins, nipple, and

lymphatic glands, especially if they be seated at the upper and outer part of the mamma, either in impubic subjects or in married women near the twenty-third year. The diagnosis of this tumor is strengthened by the presence of several growths in one or both breasts, and do not return after removal.

**CYSTIC FIBROMA** consists of a hard, lobulated tumor occupying the periphery of the mamma, which having remained stationary or progressed very slowly for a series of years, suddenly and rapidly acquires a large volume, is of unequal consistence, being firm at some portions, soft and fluctuating at others and occurring about the thirty-sixth year, unaccompanied by lymphatic involvement, but attended with discoloration of the skin, flattening of the nipple, dilation of the veins, discharge from the mammalia, slight adhesions and terminating in ulceration and fungus protrusion.

**SARCOMA.**—Both of the round and spindle cell shaped varieties are firm, rapidly growing tumors, of a pinkish or white color, the central parts being yellow from fatty degeneration. They spring from facial and intermuscular spaces and sometimes from gland structure, appearing in prolific married females at about the thirty-fifth year and involve the greater portion of the mamma. They may be distinctly circumscribed and incapsulated and rarely invade adjacent structures; are attended with discoloration of the skin and ulceration, enlargements of veins, limited adhesions, discharge from the nipple. but without deformity of the organ, of soft, apparently fluctuating consistence with stretched skin. If it occurs toward the forty-second year, it is exceedingly apt to be a firm, round-celled sarcoma; if at the thirty-second year it is more likely to be a firm, spindle-celled sarcoma—all spindle-cells, large or small, contain an oval nucleus, with one or more nucleoli. The cells are usually arranged in bands crossing each other in various directions, giving the tumor a fasciculated or fibrous appearance. Their tendency to local recurrence after operation is very great, but they rarely give rise to secondary deposits in internal organs. The spindle-celled sarcomata form a very large and interesting group of

tumors, varying largely in clinical characters and structure, but resembling each other in the predominant element of the spindle-shaped cell. I have observed a peculiar variety of this tumor engrafted upon a tuberculous diathesis that greatly resembles carcinoma in many of its objective and a few of its subjective properties. Two such cases have presented themselves to my surgical clinic the past year and so close is their relation to carcinoma that they have been pronounced such by skilled diagnosticians of the allopathic school. One of these cases involving disease of both breasts, was entirely cured by remedies that are in close rapport with tuberculosis; this, after the patient had been informed by an allopathic surgeon that nothing short of excision would have any curative agency. The other is now under treatment, the diagnosis of carcinoma having also been given and excision recommended as the only means of cure and that of doubtful efficacy. I have seen other cases of mammary tumors resembling these and believe that they are dependent upon a tuberculous dyscrasia, which gives to them the peculiar characteristics that so closely resemble carcinoma, but which may be properly diagnosed if closely and critically differentiated from that disease.

PROGNOSIS.—The more this variety of tumors resemble the structure of the spindle celled growth found in cicatrizing surfaces following wounds, the less liable are they to give rise to general infection of the system. The surgeon therefore should guard well his prognosis, for even the simplest variety of these growths may recur *locally* after removal, but they never infect the system.

MYXOMA.—This tumor formerly described as colloid cancer and by some authors as sarcomata, occurs as a solitary, tense, round, oval or lobulated mass, surrounded by a loose capsule of connected tissue. They are elastic and gelatinous, grow slowly and continuously, possess a firm or possibly soft consistence and appear about the fortieth year. The tumor is not bulky, but they present a limited discoloration of the skin, but are not attached to the chest wall. The adhesions are superficial, attendant with ulceration, deformity of the nipple and enlargement of the auxiliary glands.

They frequently give rise to a sense of fluctuation so distinct as to lead to their being mistaken for cysts—when they occur later in life with nearly the same characteristics it is very likely to be the cystic myxoma. It is surrounded by a distinct capsule of connective tissue.

**ADENOMA.**—Is of frequent occurrence in the mamma and consist of a hard, heavy, nodular, solitary, very slowly and equably growing tumor, and is found lying close to and embracing the structure of the nipple. It is seen in the married female at about the thirty-fifth year, and is accompanied by adhesion, discoloration of the skin and ulceration, sometimes by deformity of the mammalia and enlargement of the glands, but is free from fixation to the chest and dilatation of the veins and is preceded by a discharge from the nipple.

Besides these growths in the mamma, there are found several varieties of cystic formation, such as the *involution* cyst. The *evolution* cyst, the *lacteal* and the *hydatid* cyst, either of which is of easy diagnosis, by their elastic and fluctuating feel—all these cystic growths increase quite rapidly and sometimes acquire enormous dimensions, are firm at some points, soft and fluctuating at others; the skin is discolored and adherent in a large proportion of cases; the superficial veins are enlarged; the mammalia depressed or sunken by the elevation of the surrounding structures; the nipple discharges a thin, mucoid substance, and spontaneous ulceration takes place with fungous protrusion.

In the discrimination between cystic and solid growths, invaluable aid may be derived by introducing the exploring needle into the tumor. If it is solid, nothing comes away but a little blood, but if there is cystic formation the discharge of its watery constituents diminishes the volume of the tumor, and the solid vegetations are then felt which were obscured by the presence of the fluid. From simple cysts of the mamma the diagnosis is clear, from the fact that cystic neoplasms do not entirely disappear after evacuation; while in chronic abscess, which resembles quite closely the cystic formations, the appearance of pus is sufficiently diagnostic. Having enjoyed a considerable experience with these mam-

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mary tumors, and frequently cured them when "regular?" practice gave no more promise of relief than absolute removal, which in the majority of cases only added to the patients' sufferings and shortened life, I feel a deep interest in awakening the homœopathic mind to the beneficent results that follow judicious and well directed medication. I shall mention a few of the more important remedies that in my hands have produced the most satisfactory results in curing the carcinomatous and non-carcinomatous growths that are so frequently mistaken for true cancer.

*Apis mel., Ars., Ars jod., Baryta, Bell., Carbo an., Calc jod., Conium, Cundurango, Iodine, Galium at., Hydrast., Lach., Lapis alb., Nitric ac., Phytol., Silicia., Sulp. iod. and Thuja,* are remedies of the first value in carcinomatous growth and should be closely studied with reference to selecting the proper similimum.

The operation for removal of any tumor of the mamma requires the excision of the whole disease, in order to prevent the tendency to recuperation. In a simple growth this is readily accomplished from the fact that you remove it entire with its capsule. Should it chance to be irregular, you have simply to take the precaution of dissecting away the last particle that remains, to prevent its return. But in malignant tumor, it is not isolated or incapsulated, but it has invaded the neighboring structures and what may *appear* as the limit of the disease is not the limit and the rule therefore is to carry your incision well into the sound tissues. In removing one of these tumors from the mamma, the whole gland should be removed; do not leave a single gland cell, and remember not to permit healing of the wound till microscopical examination shows not a vestige of cancer cell in the discharges. Nor is the treatment to stop here, for you must remember that the constitutional tendency that has been the cause of the malignancy primitively must also be removed and this can only be effected by months of careful and well directed medication. Here is where the homœopathic therapeutics so far excel those of the allopathic school. If there should be any of the neighboring glands enlarged, they must

be removed also, else they act as foci to perpetuate the disease and contaminate the system afresh. The treatment of these hypertrophied glands is to be conducted upon the same general principles as the primitive growth. I have in a few instances where the lymphatics were small, round, hard, and easily moved about with the tissues and before fixation became perceptible, left them to be removed by constitutional remedies which have in a majority of cases succeeded. I do not by any means accept the proposition laid down by some authors that "the general health is usually *wonderfully good* in the early history of malignant tumors of the breast." In my somewhat extensive experience in the treatment of such diseases, I can not remember of a single case of carcinoma where the general health was "*unusually good*" at any time when the diagnosis became positive of the real existence of cancer.

PROGNOSIS.—The natural tendency of carcinomatous growths uncontrolled is manifested in a gradual and persistent tendency to implication and death, and in a majority of cases that have come under my observation there have been manifested an undoubted cachexy long before constitutional infection was fully determined. Coincident with systemic implication the lymphatic glands show participation in the disease, with increase of pain and the beginning of that cachexy which is induced by some modification in the constituents of the blood, due to the effect of the *materies morbi* on the blood current. Sometimes this cachexy is delayed till ulceration, sloughing, and the attendant hemorrhagic discharges are developed, when the countenance assumes that peculiarly pale, drawn and sallow look, the careworn and anxious expression so characteristic of this disease. The skin not only on the face, but throughout the body, acquires an earthy or yellowish tint, and occasionally on the trunk there are seen spots of pityriasis or chloasma developed on various parts. The appetite becomes fitful, sometimes impaired, the voice assumes a husky or enfeebled character, the muscular strength diminishes, the pulse acquires a weak and oftentimes tremulous beat; the general strength is diminished, lassitude and inability for exertion sets in, general pains and emaciation en-

sue and the patient goes on persistently from bad to worse, till exhaustion, the occurrence of cancerous deposits in internal organs and the combined effects of hemorrhagic and suppurative discharges, debility and pain close the scene.

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## General Clinics.

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**STRABISMUS.—Allopathy and Homœopathy in the Balance.**  
—It is not on account of the intrinsic value of the case I intend to relate, but on account of the peculiar circumstances connected with the same, that I think this morceau too good to be lost, especially as there are sceptics even among professed homœopaths about the superiority of the homœopathic therapeutics, and a disposition prevailing among some of them to belittle the benefits that Homœopathy has bestowed on humanity. Now let me relate the case:

Many years ago a servant girl with a child in her arms, which was cross eyed, came to my office. She said that Dr. D. (an allopath) had sent her to me. I immediately comprehended the situation, that he had sent her not to me, but to the ophthalmologist not far from my office, and at once I informed her of her mistake, and directed her where to go. Ascertaining, however, that the child was about a week in this condition, and knowing that the allopathic specialist could not do anything *at present* for the same, and being confident that I could, and feeling as neglecting my duty if I failed to impart this to the parents of the child; therefore I said to the girl: As you have accidentally or providentially come into my office, I will take this opportunity to tell you, for the comfort of the mother and the benefit of the child, that I



may be able to cure the child in a week or two. But first I advised her to call on the eye doctor, where, as I presumed, she was sent.

After a day or two the little patient was again brought to my office, and this time for treatment, accompanied by its father. He was rather dissatisfied with his wife for compelling him to come to me, as he had no faith in Homœopathy. He said that Dr. M. was his own physician, and he was consulted about the child's ailment, but could do nothing. The family doctor was consulted, as mentioned above, and he could do nothing, and sent the child to the special eye doctor, but he also could not do anything just now, but would perform an operation on the eyes in five or six years hence. So the father reasoned, what could a homœopath do when those three doctors could not do anything?

The child received one prescription of *Bell.* high, and in one weeks time the eyes were all right—the cross eyed child looked straight again, and the case was permanently cured, without the knife or external medication.—B. EHRMAN.

CLINICAL NOTES.—*Mercurius sol.* 3 in lame ankles.—I am frequently consulted by old ladies who are troubled with lameness, weakness and swelling of the leg in the region of the ankle joint. I usually prescribe *Merc. sol.* 3x and have never failed so far to cure my cases. This symptom occurs more frequently in fleshy old ladies and is doubtless of a rheumatic nature. I have recently made a cure of such a case of many years duration.

*Rhus tox.* 3x in aching in the arms.—My mother was for many years troubled with aching pains in the fore arms and hands, to obtain relief from which she would hang the arms down and swing them back and forth a few moments. The hands would "go to sleep," the fingers feel very large, numb and prickly when touched; severe aching pains would extend up the bones of the fore arm and arm; pains worse at night, worse on elevating the hands. *Rhus* 3x permanently cured this disorder which had continued twenty years. I have cured this same symptom in other cases with the same remedy.

*Apis mel.* 3*x* in irritable bladder.—I have a patient who for some years has had an irritable bladder and urethra and ovary (left.) A few doses of *Apis* always stops the burning and frequent discharges of scanty, irritating urine, as well as the other accompanying symptoms.—A. C. RICEY, M. D.

THE THERAPEUTIC ACTION OF *Nux vom.*—A gentleman, aet. thirty-five, coal dealer, was taken with very severe cramping pains in the bowels, thin, yellow and very badly smelling stools; extremely offensive breath, sunken countenance, pinched nose; temperature 103; yellow color of the face more around the mouth; tongue broad and soft, with a dirty white coat of a creamy consistence, which was thicker and more solid toward the base, and a very vivid scarlet redness around the edge of the tip.

With the above symptoms the patient had been suffering for five days, not so severe at first, but each day growing worse, until now he had begun to suffer so extremely with the pain that he could not endure it, and he and his friends had become alarmed, and I being called found him in the above described condition, the face having the sunken, cadaverous look I have described.

I took the yellow color about the mouth, and the condition of the tongue as the key note, and gave *Nux vom.* in water. This was 2 p.m. I called again at 4 p.m., and I never saw so rapid improvement in the looks and feelings of a man in my professional experience, and from the complaining, despairing humor in which I first found him, he had changed to a cheerful, happy mood, and the household which had before been thoroughly alarmed, were all happy and smiling. Since then I have twice verified the action of *Nux vom.* with the same condition of the tongue, and once with the marked yellow color around the mouth, one of the first two being a case of severe cramp colic, which had resisted *Colocynth* given by the family before I was called.

We have been having a siege of typho-malarial fever in this locality, and in one case I verified the "map tongue" of *Taraxacum*, and aborted a case of the fever which was as

marked in the beginning as any I had treated, the patient being well on the fourth day.—J. C. KILGOUR, M. D., New Richmond, O.

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## Miscellaneous.

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**Address.** Read before the California State Homœopathic Medical Society. By J. N. Eckel, M. D.

When I first landed in this city, twenty-eight years ago, then a small town, little did I dream that I ever should have the pleasure of presiding over a body of friends and admirers of our great founder, Hahnemann.

It is certainly a great honor, which I will not share alone; in behalf of myself, more so in honor to the memory of those few pioneers of Homœopathy, who are no more in the land of the living, I thank you most heartily. Our meetings have been full of interest scientifically and harmoniously in every way. It is a common custom and usage of a presiding officer of any organization to make annually wise and practical suggestions. This subject I leave to others, nor do I intend to take up your time on the principles or history of Homœopathy. We are all familiar with both. I invite your attention to a subject in which we are all more or less interested. We will take a short stroll along the line of the little ones, the children, and begin our observations with the infant. "Clear is the soul of a child." It always shows itself to us naturally, yet at the same time, unfathomable it remains the greatest problem. "A child more than all other gifts," says Wordsworth, "that earth can offer to declining man, brings

hopes with it and forward looking thoughts." We have here rather a small yet a rich field for our investigation, to watch and observe with a keen eye the infant from the day it is born, its mental and physical development, its ailments. The latter are more complete, more acute, develop and progress more rapidly, and give more anxiety to parents and medical attendant than those in an adult. When born they are helpless and weak, depending entirely on a mother's care, they eat, drink and sleep. Their physiognomy does not betray much intelligence. The system is quiet when in perfect physiological harmony. The cartilaginous bones are very little support to the muscles; the head tosses from side to side, and the little ones remain in the same position wherever placed. All motions are impulsive or automatic, only directed and prompted by present circumstances; the sensibility is not so great as in an adult, their wants are few, and yet how easy do those delicate organs of digestion become disturbed.

The gradual development of the senses has been, at all ages, a very interesting subject; but I do think the problem to be solved was left to the modern scientists. We know when the children are born they are deaf; both ears are obstructed and no air is pressed into the middle ear. According to Professor Pryer, six hours after birth is the earliest when they perceive a strong sound, and sometimes not for several days. No other organ contributes so much to the intellectual development as the ear and eye. The intellectual development of the little ones has puzzled old philosophers, perhaps for want of opportunity. This accounts, perhaps, for the laughable remarks of our great German bachelor philosopher, Kant: "An infant's cry is nothing but bad temper." With all due respect for his great learning, he is perhaps excusable. His mother forgot to inform him of his painful troubles during his childhood. I suppose his dogmas were created while sitting at the writing desk, whilst the little ones were strangers to him, and an occasional visit to the infants' garden (the nursery) was a terra incognita. How, then, could he judge of its good or bad fruits; how, then, discriminate between the relative waking and growing of its

mental faculties? I suppose the yawning, the stretching and the movements of its extremities, etc., were clear to him; he probably reasoned thus: Their forefathers did the same thing, it is common to all the human race; there is nothing peculiar or wonderful in that. That little, innocent, helpless creature, with its bad temper, who gives so much care to its mother, and yet brings so much joy, is in my mind a very instructive lesson, even in health; more so to us when diseases undermine its tender constitution. Here begins another problem to solve—to know when they are in health, to know when their organism is either functionally or organically disturbed, and is it not very interesting to the mother when its bright eyes follow, for the first time, the light or some dazzling color? Is it not interesting when it stretches out its little hands, not automatically nor by instinct, but with understanding, guided by a will, for the first plaything? It may miss it during its first attempt, yet it will try on, until it gets hold of the object. Is there not pleasure to the mother when it shows its delight and happiness of the sound of music? Look at its first attempt to walk; it will very often fall down, yet it will try a number of times, until the will has subjected the muscles to its obedience. What was first a little blossom will develop into a full grown flower. The psycho-genius of infants has only of late given new impulse to scientific men to study the various functions of the child senses in the primitive form, and as weeks, months and years pass the great work of the human mind will be completed. It will then be an open book for us to read its character, to understand its good and bad qualities, to understand its mental wants and also their faults correctly. Thousands of years children have been born, who were loved and cared by their mothers, every abnormal condition noted, and thousands of years have philosophers quarreled about the human mind, not even making critical observations themselves. The nursery has hardly ever been visited. The literature is rich in pedology, but rather poor on the subject of mental development, and poorer still on a sound mental training. The nursery, then, is the first school and invites philosophers and phy-

siologists at large to begin then and there their studies. Here is a sphere for the future governess, or an intelligent nurse, to carry through with understanding, a careful training and cultivation of the mind. Here is a rich fruit, yet how often is this rich fruit plucked, perhaps forever plucked and cast away, to the great destruction of the future mental growth. How many governesses do understand the mental capacities? How many teachers understand the young brain? This ought to be taken into consideration that the brain of the child grows more the first year than the whole of the future years, yet as young as they are, the teacher will load them with heavy mental burdens until they drift faster and faster towards neuropathic diseases. Do they always have consideration for those who are not apt to comprehend easy? Do they always bring the thoughts and feelings of a child to profitable action of the mind? Do they always make a distinction between the naturally intelligent and the one who is not? Not every one has the comprehensive power nor the retentive memory alike. The education, I admit, is a hard task, harder still whether the educator will have success. Not every one can learn alike, and their moulding and cramming system of the nineteenth century in public institutions is a mistake and many diseases wander out of the school room simply because they are taken in school at the tender age when they still should be in the nursery. Is it not wise? Is it not the duty of every physician to impress on the mind of parents the absolute necessity of a good and systematic physical training. We are even willing to assist them in giving their children a sound, mental training. Is our advice always obeyed? The world, does it not learn its lesson slowly and sometimes by sad experience? It will learn wisdom very often when too late. How is it with that little mind when it has grown to that age when it is aware of (the egos) that type of the psychical perfection which is the highest development of the reason and in the supreme domination of the will; the man, who in his most elevated phase is not only a thinking and reflecting, but a self-determining and self-controlling agent. The child's actions, as already remarked, are entirely

automatic, being directed by present sensations. The soul, says Newman, is that side of our nature which is in relation with the Infinite. It is the sensorium, not the cerebrum, with which the will is most related. How is the sensorium treated? The will is the supreme factor and manifests itself in various ways through life; it calls into life and destroys it again, it builds and breaks down, it makes war and peace, wounds and heals, brings happiness and misfortune. Does not the supreme will of one man, take the history of Napoleon I, and the will of a Bismarck, often rule a whole nation? We all were once children with weak mental powers, as we grew older we became men and women, mentally mature, useful to ourselves and the community at large. In England and Germany the average graduation in universities is twenty-six years, in America twenty-two years; this shows that we go ahead a little too fast. Let us teach and warn our patrons to abolish that fashionable way of sending the little ones to school at an unripe age. Let us urge, by all means, first a systematic physical training, be it a daily walk in the open air, be it horseback riding, be it good nourishing food, be it well ventilated and large sleeping chambers, be it sensible garments to protect their tender organisms. How the education of children should be conducted I leave to the educators. I will say with Maudsley: "How vast a revolution remains to be accomplished. How many things are men yet taught which they ought not to be taught, and how many things are they not taught which they ought to be taught."

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Two HOUSES.—The difference between a well-appointed house and the ordinary dwelling is the difference between turning a faucet and walking to the fire to procure hot water, or to the pump-well for cold water, and lifting and carrying it to the apartment where it is needed; the difference between turning the ash-receiver and scraping up the ashes and carrying them out to the ash-barrel; the difference between striking a match to light the gas and washing, trimming, cleaning, polishing lamps and lamp-chimneys, and, it may be, breaking or exploding a lamp occasionally; the difference between raising window sashes by main strength and having them raised by weights and pulleys; the difference between filling and emptying bath-tubs by buckets or by stop-cocks.—*Galveston News*.

**Nervousness.** By J. W. Haines, M. D., Cincinnati, O.

For some reason not altogether clear we find diseases assuming more varied forms or types. Or at least we are lead to believe so, if we accept as correct the history of medicine. Perhaps some of this may be due to closer investigation of disease origin, some to a more careful classification and individualization, and more likely than all to the indefinite and double meaning of some names given to diseases in the past. Yet with all this it is evident that disease types are changing. For instance we may have a clearly marked case of intermittent fever, or otherwise of some disease that is self-limited. Owing to peculiar atmospheric conditions typhoid fever may be prevalent in other neighborhoods, yet not in ours. But still the simple case we have before us, for some unknown reason assumes a typhoid and tedious form, sometimes baffling our skill and often vexing our patience. During the summer and fall that the last yellow fever epidemic occurred in the South, a peculiar form of bilious fever occurred in some sections of the North. Whilst the symptoms were clearly defined, there seemed other symptoms, borrowed as it were from its Southern neighbor, until some were ready to name it the yellow fever of the North. Peculiar types or phases of the same disease have appeared in different ages. Epidemics have come and spread destruction in their course, and vanished; men have doubted they were the same diseases, and yet they have pursued the same course, and seemed the same old scourge, whether small-pox, scarlet fever, cholera or what else. Like truth, the same through the varied ages, only risen in a new form. In some, doubtless, habits of life, courses of thought, atmospheric change or circumstances beyond control, have shaped the form. In the present we seem to be running everything into the nervous types. The prevalent type to-day seems to be the nervous. There are doubtless reasons for this in our mode of life. In almost every disease now the nervous symptoms seem to be unduly intensified, until some of our



pathologists advocate the nervous origin of all our diseases. This is doubtless a correct theory in some of these cases. Now that diseases have assumed this form, we are beginning to hear of nervous diseases, until from the multiplicity of names we have had to make new classification of disease.

Of this class of diseases there is one which presents a wonderful conglomeration of symptoms—that of pure nervousness. If any of you know what that means, to me it is a very indefinite term, for the reason that the phenomena are so varied. I suppose that we will all admit that health is the normal condition of man. That is a condition where every part performs its function properly, without hindering or stimulating to over-action any other part. In other words a condition where there is a perfect equilibrium of the vital force. That when a person is in health he or she should not be cognizant of the existence of any such organ, or if so, only so by pleasant sensations.

Now diseases, excepting the hereditary, come only from over use, abuse of some part, or else the irritation produced by some poison introduced into the system. For instance let a person become severely and suddenly frightened, how quickly they feel a peculiar pricking or burning on the skin. He is suddenly made aware of the existence of nerves. Let him take a drop of a low potency of *Aconite*. How quickly its effects are felt on the end of the tongue and lips.

In both instances there is an unpleasant reminder of the nervous force. Let him suddenly receive some joyful news, how rapidly the heart beats, until the breath becomes short and quick. When there is a normal action of each part, no symptoms are produced. The presence of symptoms indicates abnormal action or disease. Hence every true physician must be a symptomatologist, because each symptom is a voice of nature, pointing definitely to a pathological state. Now the instances above quoted of tingling, etc., are but types of diseased condition in their nature. At first only a slight abnormal action, but if continued and intensified becomes a full fledged disease. The joy a person feels gives a temporary impulse to circulation. Let this be intensified and it produces

a shock and at last collapse, as in the memorable instance of the messenger who carried the news of Cornwallis' surrender to Philadelphia. Similar conditions to these are existing all around, and are producing their wide-spread effects.

For instance in mental symptoms, if jealousy is present, accompanied with cruelty or affected devoutness, we at once think of the abuse of the sexual passions, particularly if the secretions of saliva is largely increased. On the other hand if the saliva is diminished, we think of the paroxysm originating from fear. If the saliva is diminished there will be loss of taste and appetite. If saliva is increased there is a delicate taste and a sense of hunger. If there is a delicate sense of smell there is never found a dryness of the nose.

If we find sluggishness of thought or stupidity, particularly with an appetite for beer, we may expect to find a torpid liver.

If the pupils are mostly dilated and the urine pale and abundant, we find mental imbecility.

If contracted and urine scanty, we find insanity.

If persons are irritable and vexatious, you may expect to find constipation. If anxious and sad, an inclination to diarrhœa.

In mental disturbances, from alcoholic stimulants, optical illusions, from venereal excesses, illusions of hearing and smell.

If you have fluent coryza you will find a moist cough and tendency to diarrhœa. If dry, the opposite.

If there is a delicate looking face with long, fringed eyelashes, and a long neck, lookout for tubercular diathesis.

If thickened alæ of nose and upper lip, scrofula.

If there is a waxy anæmia, chlorosis is present; if pasty, some kidney disease.

If weakness, exhaustion from sleep, looseness or disturbed digestion.

Bright vivid redness of face in nervous diseases, hysteria and tendency to hemorrhage; redness coming and going in spots, in brain diseases; one-sided redness, with coldness of opposite side, in encephalitis, is evidence of pus in that side; sudden fulness, in pregnancy and abortion.

A coating on tip of tongue is found on phthysical cases.  
One sided coating, one sided complaints.

A constantly moist tongue with sopor, indicates exhaustion.  
A great dryness of tongue, cerebral typhus.

Urine, a full stream, health; a divided stream, ulceration, or constriction of urethra or prostatic disease; a feeble stream, paralysis of bladder; a spasmodic stream, spasmodic action of bladder and sphincter. An oblique stream or crooked, in flow of urethra near orifice.

If leucorrhœa is of marked consistency, the woman will menstruate profusely; if fluid, scanty menses and at irregular periods.

If a chill is on one side and heat on the other, the chill is the characteristic symptom, and the remedy chosen should effect the side on which the chill is. The heat is simply reaction

If there is precordial anguish, look out for insanity; if anxious feeling in head or hypochondriac regions, softening of brain.

If a cold breath, moist respiratory sounds and expectoration; if hot breath, dry, etc.

These sufficiently illustrate my idea, and also, further, that there is no mental disease, but that all mental disturbances are the results of abnormal physical states, and can be removed by the proper remedy.

A man goes into the stock market to day and takes a margin. He feels a peculiar strain until he learns the result. To-morrow or next day he makes one, five or ten thousand dollars. In the already strained nerve now comes the stimulus of great joy. For days his heart beats fast, and the blood flows quicker than before. He invests again; it may be gains again and there is a repetition of the physical state. Perhaps he loses—more than all he had. There is a depression. Now, what is at first but temporary becomes the fixed state. He becomes peevish, irritable, sleepless, weak and tremulous, and wonders why he is nervous.

Men are excited by the broils of a political campaign. Everyone is anxious to be on the winning side. Everything

calculated to excite is used. The question is settled at the polls. The stimulus withdrawn, many sink into a nervous prostration, only to be roused again by similar experience. A religious revival sweeps over a community; fear, hope, and every other element likely to touch the emotions is used. Men and women are thus often aroused to wonderful states of ecstasy and excitement. Men think they get religion. The base of the brain, with the sexual instincts, is touched, not the top of the arch, where reason and reverence reign. They find, instead of an inspiration of God given to man in his calmest, deepest and holiest moments, they have received a physical stimulus. It is withdrawn; there is left a nervous excitement of sexual organs; and in the train of the revival follows the seducer, finding a rich harvest ready to be gathered. True, it is but a step from the so-called religious love to one that is sexual.

In all these states children are begotten, upon them is entailed a nervous, excitable organization. They grow up nervous, excitable, passionate, develop into paralytics, insane, imbecile, or afflicted with neuralgia, rheumatism, spinal disease, and other unnumbered woes.

Drunkenness, dissipation, rich food, spices, our artificial habits of life, our systems of education, courses of thought, and the continual straining after wealth, all these contribute to make diseases assume the forms they have. All of these contribute their influence to make men nervous. The result is myriads, we might almost say, are in a state of restlessness and uneasiness, best described as nervousness. You can hardly say they are sick, and yet they are never well. We may moralize as we may as to causes and cures, we may teach them the right, but like sin, here is the condition, and what shall we do with it? As you can not preach profitably to a sinner who has an empty stomach, so moralizing with these people will only be profitable after they are restored to health.

Our remedies for this state are numerous. Prominent among these is *Agaricus*. It is indicated by tremor of whole body, twitching of eyelids, and soreness of spine;

sleeplessness, especially of drunkards. *Agaricus* is not sufficiently used.

*Alumino*, in persons having restless sleep, and awaking with palpitation of the heart.

*Anacardium*, where there is sadness, weakness of memory, sensation of band around the head, driving pains in different muscles.

*Apis*, where there is constant itching of skin.

*Argentum nitr.*, where person looks very old and exhausted, and has periodical trembling.

*Arsenicum*, in exhausted states following convulsive attacks.

*Coffea*, where there is persistent sleeplessness.

*Ignatia*, where caused by grief and person sighs frequently.

*Lycopodium*, where trouble is from bilious derangements, torpid liver, and scrofula.

*Nux vomica*, where there is habitual constipation, irritable, excitable disposition, aching down the spine.

*Gelsemium*, where there is pain, like a circle, on top of head, heaviness at base of brain.

*Pulsatilla*, where caused by rich food and disordered stomach.

*Bromide of lithium*, in doses of ten grains, given every evening, will frequently check attacks of mania, and relieve the fear or dread nervous persons express of becoming insano.

*Phosphide of zinc*, second decimal trituration, every four hours, is one of the best remedies to relieve brain fag and weariness from too much care.

*Valerianate of zinc*, in hysterical complaints.

*Amber grisea*, nervousness following typhoid states.

*Iodoform*, second decimal, for nervousness following syphilitic neuralgia.

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“WHAT acid do we get from *Iodine*?” asked the medical professor. “We get—a—an—usually get idiotic acid,” yawned the student. “Have you been taking some?” quietly asked the professor.

**THE TESTIMONY OF THE INEXPERTS.**—Some time last year we took occasion to remark, in an editorial, that all expert testimony in reference to Homœopathy is in its favor, and that all those who testify against its scientific truth are unacquainted with its principles. Although some may think this an overstatement, yet recent events fully warrant its reiteration, and it seems reasonable to suppose that of the hundreds of thousands of allopathic physicians in the world who deny the truth of Homœopathy, there is absolutely not a single one who could successfully pass an ordinary graduation examination in the institutes of Homœopathy. The recent attempt of Professor Smythe to tell his allopathic readers what Homœopathy is betrays an ignorance of his subject far more pronounced than even his partisanship. The address of Dr. Bristowe before the British Medical Association, liberal and sensible as it may have been in some respects, shows that the speaker's information respecting Homœopathy was crude, superficial, and, in many important particulars, erroneous.

Quite recently we have had still another exhibition of the utter incapacity of even our best allopathic writers to deal with the subject of Homœopathy intelligently. While, as just said, there are none who understand its principles reasonably well, still it seemed fair to presume that there are those who are more or less thoroughly acquainted with its central doctrine, *similia similibus curantur*. Such, at any rate, has been our own private belief; but we are free to confess that this opinion of ours respecting our allopathic brethren has been rudely shaken. If we had been asked to mention the one allopathic physician of America who has probably a better knowledge of Homœopathy than most or all of his fellows, we should doubtless have named the distinguished editor of the Philadelphia Medical Times. From the beginning of his professional career he has been emphatically a student of medicine, and not a mere curiosity hunter in the realm of pathology. He has been engaged in original researches in the physiological action of drugs, in comparisons of drug with drug, and of drug effects with disease effects; but more than all, his writings contain so many and such striking evidences of the operation of the homœopathic law, that more than one of his allopathic readers has been converted to Homœopathy through their teachings. Hence it was to be presumed that he had long ago been literally forced to learn for himself just what the principle of similars is, how it can be applied, and how narrow or far-reaching is its domain. But a perusal of his editorial effectually dispels any such illusion. We quote:

The dogma of the similars is the homœopathic treasure of to-day. Either it is a law of nature, or it is not a law. If it be a law, it can have no exceptions, precisely as the law of gravity has no exceptions. The modern race of homœopaths use *Aconite* in fever, or employ other remedies in ways and for purposes entirely contrary to the great last (*sic*) doctrine of Hahnemann, *similia similibus curantur*. The truth is, that it is no longer possible for a man of any intelligence, if educated, to believe in

Homœopathy any more than it is possible for him to believe in Allopathy. They are both exploded dogmas, easy to be recognized by all men as half truths mistaken for whole truths.

Mustard may cause vomiting; when the vomiting already exists it sometimes cures it, but sometimes makes it worse. Every old woman knows that a tumbler of warm water will sometimes provoke the sick stomach into further action, sometimes "settle it." When vomiting is from irritation, a sedative allays it; when from excessive depression, the sedative makes it worse; while the irritant causes it to cease.

We repeat, both Homœopathy and Allopathy are most dangerous errors.

In other words, if mustard will not relieve every case of vomiting, Homœopathy is not a law, because "a law can have no exceptions." It is a wonder he does not deny that gravitation is a law; because sometimes a balloon goes up and sometimes it comes down, and "a law can have no exceptions." We will not attempt to refute so brilliant an argument; it is "too many for us." Indeed, since reading it, we don't feel very well. Perhaps a little mustard might relieve, allopathically of course, as it seems to be a case of "excessive depression."

Seriously, the Times' conception of Homœopathy is about such as we might expect from a first-course medical student. No! On second thought we take that back, and beg the student's pardon. No person of ordinary intelligence who has given three hours of conscientious study to the law of similars as it is expounded by Hahnemann in his *Organon*, could ever express so woeful a lack of knowledge in so brief a paragraph. Above all, he could by no possibility so misconstrue the principles of Homœopathy as to cite against it the facts which so strongly testify to its truth.

Considering how completely the allopathic profession is under the influence of these "blind leaders of the blind"—these teachers who "darken counsel by words without knowledge"—is it not amazing that the light of Homœopathy has penetrated so many allopathic minds as it has? And how little hope there would be that the present or next generation of physicians would ever know much about scientific therapeutics were it not for the efforts being made to train men in this knowledge ere allopathic prejudices have incapacitated them to receive it!

Our profession may draw a practical lesson from these reflections. The progress of Homœopathy among allopathic physicians must continue to depend largely upon the molding influence of public sentiment. The key to the allopathic fortress is public enlightenment and experience in Homœopathy. We must secure the best of talent among the young men and women of our country, train them thoroughly and comprehensively in medical science, and send them out to occupy all the vacant fields, until the whole people is educated in our principles and shown the benefits of our practice. We must deal directly with the public, and leave Allopathy to follow in the wake of medical progress, or to fall by the wayside and perish.—*Hahnemannian Monthly*.

RACE DEGENERATION.—M. Dally, before the Anthropological Society, gives four classes of causes for this condition, viz: pathological, climatic, sociological, and toxic.

Among the pathological causes, the most frequent are syphilis, rachitis, tuberculosis, leprosy, etc.; conditions which often cause sterility, and always augment the rate of mortality and lower that of birth, to such a degree that, without foreign intermarriages, a race thus afflicted very soon reaches the stage of degeneration.

The climatic causes (high altitude, non-acclimatization, etc.) have also great influence; to them are due goitre, cretinism, and the like.

Sociological causes are important factors: the extreme division of work, voluntary sterility, large aggregations of communities, either rapidly augment the number of descendants, or diminish the number of births.

The last mentioned example favors the development of the fourth class, or toxic causes, among which may be cited as the chief one, alcoholism, and all the alimentary poisons, then *Opium*, etc.

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“WITHIN this tomb hath found a resting-place  
The great physician of the human race,  
Immortal Jenner! whose gigantic mind  
Brought life and health to more than half mankind.  
Let rescued infancy his worth proclaim,  
And lisp out blessings on his honored name;  
And radiant beauty drop one grateful tear,  
For beauty's truest friend lies buried here.

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SODA IN TREATMENT OF BURNS.—Dr. J. Troizki adds his testimony to that already published as to the value of solution of *Bicarbonate of soda* as a dressing for burns. He says that during the previous year he noticed twenty-five cases of burns, mostly of a severe nature. Sixteen of them were received in a fire in a village, during a strong wind, when the inhabitants, in order to save their property, were obliged to work in the flames. In all these twenty-five cases *Bicarbonate of soda* was exclusively applied. The result of this treatment was so favorable that the author considers himself justified in pronouncing this remedy the best and most efficient in burns of all kinds and degrees. Even in extensive burns of the second and third degrees the pain was soon alleviated by the application of compresses soaked in a solution of *Bicarbonate of soda*; and the wounds soon healed, leaving but few scars, and no impairment of the functions of the effected parts. No evil results from this extensive use of *Bicarbonate of soda*, which might suggest the reception of *Carbonic acid* into the blood, were noticed.

As regards the application of *Bicarbonate of soda* in burns, the author distinguishes three methods: (1.) Powdered *Bicarbonate of soda* is strewn



over the burned parts. (2.) Linen rags, sprinkled with a solution of *Bicarbonate of soda* (1 in 50) are laid on; as soon as these rags become dry they are replaced by others, or are moistened again in the solution. (3.) Linen rags are applied in the same manner, but are kept constantly upon the burns, and moistened by pouring the solution over them. The first method suffices only for burns of the first degree. Change of the moistened rags is chiefly adapted for burns of the third degree, attended with much suppuration. In exchanging the dry rags the pus which has accumulated underneath them must be carefully washed off, that it may not be received into the blood; and then a fresh rag soaked with the solution must be placed upon the clean granulating surface. The third method is applied solely in burns of the second degree. Changing the compresses would in these cases only irritate the exposed surface, and, by causing a more copious suppuration, delay the healing process. The beneficent effect upon burns of the solution of *Bicarbonate of soda* the author considers to be due to the anæsthetic, antiseptic, and disinfecting property which the *Bicarbonate* owes to the ready disengagement of *Carbonic acid* from it. Herr Troizki has also made experiments with other antiseptic and disinfectant agents, but has come to the conclusion that none are so useful as the *Soda*.

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MONOPOLIES AND CORRUPTION.—The danger of our times is monopoly. It is a conspiracy of the rich against the poor. Corporations and wealthy men combine their capital, or, as they term it, "pool their money," and get control of something which is a great common want—it may be railroads, or telegraphs, or food, or coal, or petroleum—it is no matter what the thing is, if it is something which must be had by the public. The combination spends its money lavishly to ruin all its competitors, and then, as a monopoly, scourges the public and levies taxes upon the wants of mankind, which no government in Europe would dare to propose. Let the people take a lesson from these men. The secret of their success in their conspiracy against the masses is combination. They know precisely what they wish to accomplish, and they act as a unit. They concentrate their efforts to obtain control of legislative bodies and of courts. They purchase, in various ways, prominent men suitable for their use. Some are sold at the low price of a "free pass;" others cost more. The transaction puts on the thin disguise of being "counsel fees," or money for "election purposes," or "discriminations," "rebates," etc., etc. When a man has been bought he is not required to put on the regulation dress or wear a badge, but he goes to the polls as a straight Republican or Democrat, and canvasses for votes to represent the people.

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DR. CAMERON relates, in the *Dublin Journal of Medical Science*, a case of nearly fatal poisoning, arising from arsenite of copper in the colored

crayons used by school children. The child was taken sick with vomiting, and the matter thrown off was found to contain copper. After three times nearly dying from collapse, the child recovered, after a month's illness. It was ascertained that he had eaten a green-colored crayon, which was found to contain the arsenite of copper.

**DIPHTHERIA IN RUSSIA.**—Diphtheria has raged with great violence in Russia during the last ten years. According to the *Journal de St. Petersburg* not even the cholera carried off so many, while in some villages most of the children under fifteen have died of it. It began in Bessarabia, in 1872, and in the eight years following spread into the centre, then into the eastern and northwestern parts of the empire. The ratio of deaths was very large. It is computed that in Bessarabia, from 1872 to 1880, there were 25,538 cases and 14,949 deaths; in the Department of Poltava, from 1876 to 1879, 45,443 cases and 18,755 deaths; and in the Province of Karkoff, from 1878 to 1880, 28,750 cases and 17,045 deaths.

SYDNEY, Cape Breyton, has suffered severely from diphtheria, and the authorities have adopted regulations to prevent its further spread. They require all cases to be isolated, and dwellings where it exists to be marked by a yellow flag. Physicians are to notify the authorities of any new cases; health wardens and inspectors are to see that premises are cleaned and put into good sanitary condition, and a fine not exceeding \$100 is imposed on any person coming into Sydney from an infected dwelling.

WHOLESALE vaccination was practiced at Chicago recently under rather peculiar circumstances. The health officers visited two churches on Sunday, in thickly populated wards where the disease is prevalent, and vaccinated the entire congregations.

**HEALTH OF MEMPHIS.**—Memphis is an unhealthy city, having had for the last six months a death rate more than double what she ought to have, with a proportionate increase in the number of sick. The causes of this seem to be mainly a foul water supply and insufficient drainage. At the time of the sanitary survey of Memphis the water was declared to be bad by the commission. Nothing has been done to improve the water supply. On the contrary, the recommendations of the commission as to the place for outlet of the sewerage, and the importance of keeping the bayou free from excreta, have been lost sight of, and it seems probable that a certain amount of the sewage of the city is being returned to its unfortunate inhabitants through the water works.

Sewers have been constructed for a large part of the city, but the sub-soil drainage system, which was insisted on as an essential part of the system of sewerage agreed upon, has not been introduced. The Memphis Avalanche says truly: "It is a reasonable proposition that so long as

Bayou Gayoso is an open sewer, and Wolf Creek conglomerate is furnished for drinking water, Memphis will continue to be an unhealthy city. It is clear that a great mistake has been made in calling a halt in the work of sanitary reform before that work was half done. It should have been continued at any cost; it is cheaper to expend a million dollars or so in securing good water and cleaning out the bayou than it is to go on from year to year burying twice as many people as there should be buried. And there can be no considerable growth for Memphis until it can show a better health record." In all of which we believe the Avalanche to be entirely right.—*Sanitary Engineer.*

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EVEN when meters are applied and the water paid for it seems that some people either do not know how to prevent waste or do not try. A meter at the New York Hospital shows that 53,535 gallons are consumed per day for 300 persons, including attendants, making an average of 180 gallons per head per day.

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A CASE is reported of the poisoning of several families by eating head-cheese prepared in a copper kettle. The use of such vessels in preparing food is very objectionable, and should be entirely discontinued.

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THIS is Macauley's description of small-pox in the seventeenth century, when, it has been computed, 300 persons in every 1,000,000 died annually of the disease! "The small-pox was always present, filling the church-yards with corpses, leaving on those whose lives it spared the hideous traces of its power, turning the babe into a changeling at which the mother shuddered, and making the eyes and cheeks of the betrothed maiden objects of horror to the lover."

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THE street department authorities of St. Louis are very indignant because they find that the gasoline used in their street lamps is three-fourths water. Doubtless the contractor, mindful of the dangerous nature of gasoline, hoped to reduce the danger by using water.

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MEMORY IN CHESS PLAYING.—Wonderful as are the feats of chess-players who can work out a game or a series of games without seeing the board, there is nothing really remarkable in them. When once mastered, the trick is not only fairly easy of performance, but the fact that the process is purely mental rather facilitates than impedes the action of the mind. To the "blindfolded" chess-player there is present a mental picture of the board with the pieces in position. He can change the position of the men as easily as he can think, and after he has once mastered the difficulty of fixing the mental picture, it is distinctly before him. Some players, who do not in their common process of memory use picture phantoms, work

out the moves as algebraical propositions are occasionally worked, by phantoms of sound; but as a rule, chess-players are mental-picture-readers, and can at pleasure call up any one of several pictures of boards as they last conceived them. The most difficult feat, and one which very few mental chess-players can accomplish, is to play two or three games simultaneously, the moves made by their opponents being told them in close sequence and their own moves being directed after all the reports of the proceedings of their opponents have been received. Thus, if there be several players against the one mental player, he must be told and remember what each of his adversaries has done before he begins to give the instructions for his several counter-moves. In this exploit the most perfect development of the mental faculty of distinct picturing and the displacement and recall of mental pictures at will is exhibited. The prodigious difficulty of the feat can only be realized in the attempt to perform it. Even the expert, blindfolded chess-player can rarely succeed in accomplishing the performance we have attempted to describe.

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CONSUMPTION.—In summing up the arguments of an interesting article upon this disease, Rollin R. Gregg, M. D., of Buffalo, N. Y. says: "The first departure from health in consumption is marked by a waste of albumen, always from the blood, and the increase in severity of any and all symptoms of the disease is marked by an increasing waste of albumen; the watery condition of the blood is solely due to such waste, and the blood becomes more watery as the waste becomes greater, because of the increasing relative excess of water left in the blood-vessels by it; this excess of water causes the night sweats and dropsy, which get worse as the loss of albumen increases; the blood corpuscles left in excess are decolorized by circulating in the too watery serum and become the so-called tuberculous corpuscles, which also increase in numbers as said loss progresses; the excess of fatty matters causes the fatty livers, etc; the excess of fibrin causes the adhesions of the pleura, which become more and more extended as the cause of all advances; the same general fact holds in regard to the excess of salts producing their characteristic troubles which increase with all else; and finally, the characteristic emaciation of consumption keeps exact pace with the waste of albumen; when this progresses slowly, that progresses slowly, when this goes on rapidly that goes on rapidly, for the simple reason that the muscles are being robbed of a portion of their only food, and must shrivel in the exact ratio that that is taken from them."

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MEDICAL IMBROGLIO.—Some of the members of the St. Louis Homœopathic Colleges are terribly by the ears, and are throwing the dirtiest kind of mud at each other, greatly to the disgust of the lookers-on. It might be better for our cause if both parties should be annihilated in the com-

bat! There are too many colleges in the country, and we sincerely hope there will be less! One College each for the east and west is all that our school can possibly furnish suitable faculties for at present! Who will attempt a consolidation that will serve the profession at large?—*Medical Times*.

THE claim has been made for Paris that notwithstanding its foul sewers' and small water supply, it is the healthiest of the large cities. The death rate is stated by a doctor of the faculty of Paris to be 20 per 1,000 against 22 per 1,000 for London, 24 for Berlin, 30 for Vienna, and 27 for New York. Before the transformation of the city under Napoleon III. the death rate was, in 1856, 25 per 1,000.

RIP VAN WINKLE AROUSED.—On Wednesday, October 19, 1881—memorable day—the Philadelphia County Allopathic Medical Society, startled by the thunderous cannonade at Yorktown, aroused itself from its coma, rubbed open its sleepy eyelids, looked around in dumbfounded amazement, and—voted to admit women to its membership on the same conditions as men. It is ten years and four months since the American Institute of Homœopathy, sitting in Philadelphia, set the wise example which her local allopathic sister has been so slow to follow. But in some other respects Allopathy is more than thrice ten years behind the age. Still, she does move. Dragged at the tail-end of human progress, how can she help it?—*Hahnemannian Monthly*.

THE LAST DITCH.—Few things can more aptly illustrate the direful straits to which Allopathy is being driven than the incessant efforts put forth by prominent journals of that school to delude their readers into the notion that Homœopathy is dying. Of course it is hard for any well-informed physician to suppose that the editors of these journals can believe such stuff even while they are writing it. The most recent exhibition of the kind is furnished by the Philadelphia Medical Times of October 8th, in which it is stated, with all apparent sincerity, that "there can be no doubt that homœopathic belief is dying. Even homœopathic practitioners are growing proportionately fewer in the world," etc. We can not waste our space in an attempt to convince that journal what it already knows, viz: that in every civilized country on the globe homœopathic belief and practice are steadily on the increase, except in those places where the repressive power of law is invoked to prevent its natural and legitimate growth. In order to put the Times to a test, however, we dare it either to publish, without comment, or else to deny pointblank, the truth of the following statement, and in the latter event to open its columns to us for such proof as we may be able to furnish. The statement is as follows: "In 1861 the city of Philadelphia contained about ninety

practitioners of Homœopathy, or, in round figures, one to about 6,000 of her population. In 1881 she contains about 290, or one to about 3,000 of her population—a clear gain of 100 per cent in twenty years.”—*Hahnemannian Monthly*.

**MEDICAL ALCOHOLISM.**—In the science of medicine, as in all other human things, fashion holds absolute sway, so that what was rejected yesterday as absurd is accepted to-day as an undoubted truth. Such is the case in the application of alcohol as a medicinal agent. This mode of treatment originated with English physicians, was imitated by the French, and is now followed with blind zeal by some practitioners in this country, without any regard to the differences of climate, of habits, or of sex. Many instances might be cited in support of this assertion, but we will mention only two cases which have recently fallen under our notice.

The first case is that of a young man who suffered from a simple hemiparalysis. He called a physician, who put him under alcoholic treatment, and made him take, in a short time, an enormous quantity of brandy and *Ether*; and not succeeding in curing him, he applied *Chloroform*, which led to a fatal termination.

The second case occurred soon after, in the person of a lady who was pregnant, and, although she passed safely through her confinement, she succumbed afterward to excessive quantities of alcohol, prescribed by her physicians.

The physicians to whom we here allude unfortunately forgot the excellent aphorism: Alcohol nourishes when it warms; it poisons when it chills the system.

The two examples which we have cited warrant us in denouncing the tendency to follow the fashion even in scientific questions; for, with many unreflecting persons, it has become a sort of monomania.

**BABIES' TROUBLES.**—“A man,” said Rev. Plato Johnson in the course of a very eloquent sermon, “is a very curus animule. He is de only animule dat don't have a good time when he is a baby. Did dat idee ever cur to your mind before? After he is dead he may go to hebben, but after he's born, an' till he gits able to take care of hisself, he has no comfort, an' he don't let nobody else hab any. Look at de dogs, wat a time dey has togedder. Dey is born free or four at a time, so dey needn' be lonely, an' de minute dey gets dere eyes dey begins to play an' fool wid each other an' to 'joy deirselves. Look at de lamb. Well, dat lamb of Mary's had a good deal better time dan Mary had herself before she was big enough to go to school. Whoever heard of a lamb's havin' de toof-ache or de measles or colic? W'en night comes de calf lies down quiet by de side of its mudder, an' dat's de last you hear of it till sunrise nex' mornin'. Did you ever hear of a calf havin' de chicken-pox or de

mumps? Echo answers, 'None of dose tings 'curs in de lower animule world.' Now how is it wid de human baby? He ain't gen'rally in de world mor' half an hour before he begins to let de whole neighborhood know dat he's come at last, an' intends to stay. He's got a immortal soul, which Mary's lamb had to go widout; but it does seem to me, brethren, dat he pays for dat privilege wid a lot of tings dat de lamb and de dog wouldn't have on no consid'ration. He no sooner gits well started before he has to bite a rubber ring all day to get his teeth through, an' w'en dey's comin' through de fader has to tote de baby all nite, an' de baby yellin' all de time loud 'nuff for a town crier. No, de fac' is dat de human animule done have no happiness till he grows big 'nuff to have a home of his own, an' even den his misery has just begun. Brethren, dis complex problem has spiled my sleep a great many times."

CINCINNATI, for the past year, reports: Births registered, 7,945; marriages, 1,781; deaths, 4,808. The chief causes of death were: Consumption, 720; pneumonia and other lung diseases, 697; diarrhoeal diseases 430; typhoid fever, 178; scarlet fever, 134; diphtheria, 103; measles, 103. Total zymotic diseases, 1,281. Of the total number from all causes, 2,192, or 42.35 per cent, were of children under five years of age. Ratio per 1,000 of population (255,708, census of 1880), 18.8—as measured by the mortality one of the healthiest cities of its size in the world; notwithstanding, the proportion of deaths of children, and of deaths from preventable diseases in general, to the whole number, is very large. Conditions accounted for by, and probably attributable to, the impurity of the drinking water, which, under the pressure and energy of the health officers in exposing and remedying it, will doubtless ere long be effectually overcome, and go far toward lessening the proportion of zymotic diseases and premature deaths.

HOW PRINTING AFFECTS THE HEALTH.—Years ago there was a notion prevalent among those who were but partially informed upon the question, that the printing business was essentially detrimental to health. There was a tradition about the absorption of poison from the constituents of which type metal was composed. This was and is true in so far as it asserts the poisonous nature of some of the constituent parts of type metal; but that these poisons should necessarily be absorbed into the system of one who handles type is simply absurd. Printers who have such habits of cleanliness and sobriety, as a decent respect for one's self and the opinion of others might be expected to dictate, may follow their calling for years without experiencing any further damaging effects upon their health than what will result from close application to any sort of hard work. More "poison" is absorbed by the printer when taking observations of his little finger through the bottom of a glass than in any other way.

## Book Notices.

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**Introductory Lecture.** By Wm. Owens, M. D., Prof. Materia Medica, etc., etc., Pulte Medical College.

We can not do better than to quote the opening of this able lecture: "The thoughts contained in this lecture are based upon what has been recently demonstrated by the study of comparative histology, anatomy and physiology, to wit, that life is a unit, organization is according to law, and the cell is its representative, that protoplasm alone is living matter, and as the clay in the hands of the potter. \* \* \* that disease so called is not a thing tangible, but the product of forces in themselves normal." This able exposition is worthy the careful perusal of our readers if they may be so happy as to obtain a copy of the Professor.

**Special Pathology and Diagnostics, with Therapeutic Hints.** By C. G. Raue, M. D. Second edition. Boericke & Tafel.

We are happy in having this superb work laid upon our table, with the compliments of the distinguished author. We welcome it in part for what it is—a grand exponent of our magnificent homœopathic Therapeia—but also as a memento to the name of Constantine Hering, to whose memory the author thoughtfully dedicates it. Nothing has so gladdened our eyes for years as the sight of this long-promised second edition. As we look over its beautiful pages we are satisfied that in most respects it fills the bill. We are willing it should stand as a representative of our homœopathic practice. We do not find upon it the taint of eclecticism, nor the stain of allopathic errors. Dr. Raue is not a man who flaunts the banner of "rational Homœopathy," and under its shadows marches backward into the quagmire of empiricism. All his diseases are treated according to the law of similars. He shows no want of right knowledge, nor does he fail to intelligently apply it. He evidently does not believe in some of the current ideas of modern medical progress. He believes in Homœopathy, and in his estimation that is a sufficient curative agent for all the diseases treated of in his book. We can not too highly commend the work, and if our allopathic and eclectic friends desire to know what homœopathic treatment really is, let them obtain and study Raue. The hearts of our students and teachers will be made glad by the opportune arrival of this much-needed treatise. The publishers, Messrs.



Boericke & Tafel, have spared no pains in the production of the work. We shall place it on our library shelf, at the head of all our treatises on medical practice.

**A Treatise on Diseases of the Joints.** By Richard Barwell, F. R. C. S., etc. Illustrated with numerous engravings. Second edition. William Wood & Co., New York.

In the present series of Wood's Standard Library of Medical Authors, of which this volume is a part, we have not found a book of more intrinsic worth than this. The distinguished author has greatly enlarged and revised his work, and though it is not relatively a large book, being less than 500 pages, it is nevertheless very comprehensive. It treats, in a very lucid and happy manner, of a class of diseases of special interest to the practitioner. We can not indorse the treatment so generally adopted by the author. His surgical treatment is in all respects very superior, and we can easily supplement that with our grand anti-psorics so often called for in these diseases. They are largely strumous, and yield most happily, even in almost hopeless cases, to constitutional remedies. The value of this volume alone should go far toward recommending the series.

**The Homœopathic Physician's Visiting List.** By Robert Faulkner, M. D. Boericke & Tafel, New York and Philadelphia.

This standard work is opportunely presented, for we all want to begin 1882 just right. A careful record of each day's work can here be kept in condensed form, and easily carried in the pocket. It costs but little, and saves many a dollar which otherwise would be lost, because forgotten to be charged. Price, \$2.

**The Medical Record Visiting List for 1882.** Wm. Wood & Co., New York.

The excellence of this little *vade mecum* needs no explanation from us. It speaks for itself, and every one who has used it speaks loudly in its praise. Price for 30 patients a week, \$1.25; for 60 patients, \$1.50

**A Medical Formulary.** By Lawrence Johnson, M. D. Wm. Wood & Co., New York.

We can hardly be expected to enthuse to any great extent over a book like this. We hold to the belief that polypharmacy is the bane

of medical art. The compounding of drugs is on general principles almost universally condemned by intelligent allopaths. But with their present scanty knowledge of the action of drugs, it seems to be a compensating necessity that the allopathic practitioners should mix his medical substances. The various formulæ of this book quite uniformly combine from two to five drugs, some as high as twelve and thirteen substances in one potion. No doubt an allopathic doctor can get a large amount of good out of this work. If his patients can they are to be congratulated. On the whole this is an excellent book of the kind, and this kind will doubtless be needed until our allopathic brethren have wiser grown. Woods Standard Library of Medical Authors.

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## Editor's Table.

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DR. R. HEYN has moved to Cleveland, O.

DR. H. KNAPP has moved to Stockton, Cal.

DR. J. W. MEANS is located now at Troy, O.

DR. G. M. DIXON is raising cattle, with headquarters at Grand Island, Neb.

DRS. A. C. RECKER AND S. J. QUINBY have formed a partnership at Cheyenne, Wyoming.

DR. M. M. EATON has finished his manuscript for a new work on domestic practice. It promises well.

DRS. C. B. CURRIER AND G. H. MARTIN have moved their office to 427 Geary street, San Francisco, Cal.

THE American Institute of Homœopathy will meet in Indianapolis, Ind., June 13, 1882, by order of the Executive Committee.

DR. BEARD, of New York, attended less than one lecture in twelve during his college course, and reflects pleasantly over the fact.

PLEASE find P. O. order for four dollars. Please continue ADVANCE to my address. I want it. Yours truly, W. S. Ruby, Bement, Ill.

A SPLENDID CHANCE!—A two-thousand dollar practice, in a few miles of Cincinnati, can be had for \$200. For particulars, address box 75, Madisonville, Ohio.

HOW A DOCTOR IS CREATED.—*Qu.* Quid est creare? [*What is creating?*] *Ans.* E nihilo facere. [*To make out of nothing.*] *Ref.* Bene; te doctorem nunc creavimus. [*Very well; we now have created you a doctor.*]

THE BIRTH RATE IN FRANCE.—The *Continental Gazette* notes that the birth rate in France is steadily diminishing; so is that of marriage, but in a lesser degree, the number of children resulting from these marriages having declined.

THE late eccentric writer, Geo. Borrow, suffered from what he called "the horrors," which was the nervousness accompanying an overwrought mind brought on by too much metaphysics. "What do you think I do," he said, "when I get bewildered after this fashion? I go out to the sty and listen to the grunting of the pigs till I get back to myself."

THE following we clipped from the Cincinnati *Enquirer*. It shows that the advertiser seeks a distant market for her commodity, or rather her husband's honor, in which to sell:

A WIDOW LADY will sell her late husband's medical diploma. Address MRS. MARY V. BOWMAN, Jersey City, N. J.

THE N. Y. Medical College and Hospital for Women once more comes to the front, this time in a new location and apparently possessed of more than the usual amount of life and vigor. The trustees have been fortunate in securing the building formerly occupied by the Hahnemann Hospital, No. 213 W. 54th st., and here the college will hold its sessions, and the hospital work will be resumed.

\* \* \* "I CAN NOT close this letter without sending you a word of commendation for the able and manly stand you take in the *ADVANCE* in favor of pure Homœopathy. I also wish to thank you for the Parthenian arrows which you throw into the allopathic camp in the form of spicy and telling editorials. I enjoy very much reading them. \* \* Yours fraternally, J. H. KIMBALL, Litchfield, Ill."

THE Sanitary Engineer begins its next volume as a weekly. It originally was a monthly, of small size; then a semi-monthly, greatly enlarged. We are glad to know the very superior results of the enterprising managers' labors encourage them to go so creditably forward. We regard the *Sanitary Engineer* as the best publication relating to its field in the world, and heartily recommend physicians to subscribe for it.

DRS. HAINES AND SARGENT have opened a free dispensary in the eastern part of Cincinnati. We hope their work will be fruitful, and that other young members of the profession will set to work in our community. Cincinnati makes the poorest showing, homœopathically, of any large city north of Mason and Dixon's line. Instead of about thirty practitioners, Cincinnati should have over one hundred homœopaths. We invite intellectual graduates from crowded centers to come and cultivate this field.

AN important conference of representatives of the various repeal associations of Great Britain was held in London, Oct. 25th, called by the Rt. Hon. James Stansfeld, M.P., at which it was unanimously resolved to vigorously support Mr. Stansfeld in a renewed effort in Parliament to effect the repeal of the Contagious Diseases Acts. A large number of public meetings will be held, numerous petitions are to be circulated, and Mr. Stansfeld will introduce a Repeal Bill early in the ensuing session.

THE following excerpt from an exchange is quite severe on those employed in the Milwaukee test: "‘Honest doubt,’ indeed, ‘scientific scepticism’—had I not known these, and met them, as every man must, for myself? Why ask me to tremble before a spectre when I had already grappled with the miserable thing, and tore it in pieces, and found it only rags and straw! And then to be ‘invited’ by a set of suckling Pyrrhonists, who should have been ‘mewling and puking’ in some nurse’s arms, to fight that agonizing conflict over again for their edification."

IN the late International Medical Congress, held in London, in the session of the State Medicine Department, under the presidency of John Simon, LL. D., F. R. S., the preponderance of medical opinion was strongly against Government regulation of prostitution. Among its opponents were several distinguished physicians from Continental cities, who may certainly be presumed to be familiar with the practical workings of the regulation system, and who were earnest and outspoken in their condemnation of it. America would be unwise, indeed, now to undertake to adopt, as a questionable experiment, what the Old World is preparing thus to discard.

\* \* \* AND so, in 1625, appeared the first male soprano, in the Papal chapel in Rome. Such sopranos and contraltos soon appeared in great numbers, and as their organs of singing continued soft and tender, as those of women, and their compass was the same, to them was the education of female voices given over exclusively. Thenceforth women became the richest ornament of the opera. \* \* \* It thus became unnecessary to secure longer duration to the voices of boys. \* \* \* But still, in the first half of the present century, there were many of them living and sought for as teachers of singing. *To the disappearance of this kind of singers Rossini thinks the decline of vocal art is to be mainly ascribed.*—Seiler, the Voice in Singing. (Italics in original.)

AT the Annual Conference of the International Federation for the Abolition of Government Regulation of Prostitution, held in London, June, 1881, delegates were present from France, Italy, Germany, Belgium, Holland, Denmark, Sweden, Switzerland, and America. Mrs. Mary A. Livermore and Mrs. Bruce represented the United States, and delivered eloquent and effective addresses. The testimony of the Continental delegates, including a deputation from the Municipal Council of Paris, was

unanimous and emphatic against the Regulation system. The resolutions confirmed the important declarations of the previous International Congresses of the Federation, held in Geneva, Switzerland, in 1877, and in Genoa, Italy, in 1880. The Annual Conference of 1882 will be held in Berlin, Germany.

**SENTIMENTALITY ABOUT VIVISECTION.**—That pleasant French traveler Henri Harvard, tells us that on his first visit to Holland he used to see quite often the heavy barges dragged along the canal by a big dog and a woman, harnessed to the same rope, while the man steered. On a later voyage he missed the big dogs and saw only the woman, or perhaps two women, tugging at the heavy boat. Informing himself as to why this change in the habits of so conservative a race as the Dutch, he learned that the local Society for the Prevention of Cruelty to Animals had secured the passage of an act prohibiting the harnessing of dogs; so the women had to do it all themselves!

THE following we clip from a daily paper of our city. The death occurred in a low, mongrel tenement house. For diagnosis and therapeutics the old school may take all there is desirable to be obtained from the same. Until Allopathy rids herself of such material we hope no one assuming to be homœopathic will see anything desirable in a union of the schools. Allopathy has filled the country with such practitioners, and let her provide for them or bear the censure. No such mistakes occur in the practice of Homœopathy, and in the nature of our system of practice nothing of the kind can occur:

An inquest was held yesterday in the case of Mary Ann Pauly, who died in the Broadway Hotel, and death was found to have been caused by small-pox. The rumors as to foul play were shown to be unfounded by the post mortem held by Dr. W. W. Knox. According to the evidence, Dr. Tanner, when first called in, asked what ailed the girl, and on replying that her back hurt, he gave her a dose of *Castor oil*. On Saturday he announced that she had a cold, and ordered some powders. The ensuing day, finding her vomiting, he cast the horoscope and rubbed her spine with *Hartshorn* liniment. No improvement manifesting itself on Wednesday, the medical expert expressed the belief that she had the scarlet fever. She died that night, and he called to remark that she had died of small-pox.

**TO THE HOMŒOPATHIC PHYSICIANS OF THE SOUTH.**—*Brethren*: From interviews that I have had during the past few months with physicians of our school in the South, it has seemed advisable that we should have an organization similar in character to the Western Academy of Homœopathy, to bring together those of our school in this section. So far as my knowledge extends, there are only one or two homœopathic societies of any kind south of Mason and Dixon's line, and it is high time we were more thoroughly organized. In this way our beloved science can be more effectively placed before the public, and we can be brought together for mutual improvement and encouragement. There are many homœopaths who are completely isolated, and who do not have an opportunity to meet one of their own school from one year's end to the other, and to them especially such an organization would be of the greatest value. The

meetings of this association could be held yearly, in the cities that would be most central to all, and May or June would probably be the best months to hold them. The American Institute holds its next meeting in Indianapolis, for the purpose of giving more prominence to Homœopathy in the West, and the meeting for the organization of this proposed association might be held at such time and place, that those who wished could continue on to the Institute, or the organization might take place in Richmond at a different time as the meeting of the Institute. I have made bold to act as secretary *pro tem.* to bring this matter before you, and I would respectfully urge upon every homœopathic physician in the South to send me his name to attach to a call, and also any suggestions as to time and place of meeting, etc. I will see that this call is issued at the proper time, and will do all in my power to perfect arrangements for the meeting. Fraternaly yours, H. R. STOUT, M. D., Jacksonville, Fla.

THE article entitled Oxygen, Physically and Therapeutically Considered, elicited a number of questions from different writers and sections of the country. The use of this agent for the treatment of chronic diseases has been highly satisfactory in all cases coming under the care of the writer. For the continuous development of oxygen for therapeutical purposes, the best method we know of is to have a good-sized perforated apartment (5x5x5) filled with carbon (charcoal), and draw the enriched atmosphere from this apartment over a bed of *Barium oxide*, which at one temperature absorbs oxygen, and at a higher releases it for collection. The literature on the subject is somewhat scattered through medical treatises, from the dispensatory to simple monographs, and, like other agents, it has its detractors and exalters. *Materia Medica and Therapeutics*, by Dr. Bartholow, gives a short article on its use; and the best work with which we are acquainted is "On the Action, Use and Value of Oxygen in the Treatment of Various Diseases, Otherwise Incurable or Very Intractable, by S. B. Birch, M. D., etc. Second edition. London, 1868." We believe S. and P. have done with their treatment what could not have been done so well without it. Veritable cases of phthisis have been cured by the administration of this agent. It is used by inhalation from a small gasometer, drawn from larger reservoirs holding it for storage. When preparing it we produce hundreds of gallons, and give patients from five to fifteen gallons at a sitting two or more times a week. Hydrogen peroxide, in solution, gives off oxygen at a very moderate temperature, and is the agent used for home treatment. J. P. GEPPERT, M. D.

AFTER referring to the article, The Attenuation of Virus, in November number of ADVANCE, Dr. J. C. Cummings presented to the St. Louis Society of Homœopathic Physicians and Surgeons a paper, from which we extract the following:

If these investigations of M. Pasteur are true as regards chicken cholera and splenic fever, are we not justifiable in carrying his experiments further? For instance, taking the blood from cholera and yellow fever patients and attenuating it—culturing it, if that is a more scientific term—and use it to prevent these diseases, as we now use vaccine virus to prevent small-pox. Every disease germ produces its own specific disease as certainly as every seed its own kind. And if these experiments prove true with cholera and yellow fever, so they will in scarlet fever, measles and every other epidemic disease. Furthermore, it is now said, that if we give attenuated variola virus in the suppurative stage of small-pox, that the pustules dry up at

once and no pitting ensues. It is also said if we exclude the light from small-pox patients we shorten the disease and prevent pox-marks. And further, if "cultured" chicken cholera and cultured anthrax cure these diseases, and cultured variola virus will cure small-pox, then will the cultured virus of every other epidemic disease come under the same general law. Nature has no exception to her rules. So each specific disease is its own antidote.

This may be isopathy—nosodes—what if it is? If such practice prevents and cures epidemics, it will not be long before all physicians will be compelled to keep step to the music of advanced science, or fall out of the ranks altogether.

It is said that tuberculosis is produced by eating rare steak from tuberculous cattle; but consumption is far more likely to be introduced into the human system by drinking the milk of diseased cows than by eating the beef so affected. And here is where the work of the humane society can most effectually assist the board of health. By compelling dairymen to give their cows plenty of fresh air and light, compel them not only to limit the quantity of swill they give, but to keep their stables clean and well ventilated.

I will close this paper by calling the attention of the members of this society to a disease that is following in the wake of the so-called pink eye. It comes on with a chill, followed by high fever, inflamed fauces and tonsils, painful deglutition, pains all over the body, much like those of dengue, and a yellow-coated tongue.

Veterinary Surgeon Crowley calls pink eye a catarrhal fever—he says the yellow tongue was a marked feature in every case; stiffness of the fore or hind quarters—sometimes pleurisy—and the kidneys are nearly always affected. The disease to which I allude is not diphtheria—there is no deposit—no offensive breath.

**AMERICAN INSTITUTE OF HOMŒOPATHY.**—The following circular has been sent to each member of the Bureau of Clinical Medicine. It is confidently expected that a speedy response to its requests will be forwarded to its chairman, in order to insure promptness and completeness in making up the report of the bureau. The members of the bureau are as follows: Drs. David Thayer, Boston; N. F. Cooke, Chicago; J. C. Morgan, Philadelphia; P. G. Valentine, St. Louis; S. Lilienthal, New York; William M. Cate, Washington; Edward Rushmore, Plainfield, N. J.; John W. Dowling, New York; Adolph Lippe, Philadelphia; J. S. Mitchell, Chicago; N. R. Morse, Salem, Mass.; E. A. Farington, Philadelphia; A. R. Barrett, Richmond, Va.; T. F. Pomeroy, Jersey City, chairman.

547 BRAMHALL AVENUE, JERSEY CITY, November 1, 1881.

*My Dear Doctor:*

Section 1 of Article 8 of our By-laws provides that a Bureau of Clinical Medicine shall be appointed annually, whose duty it is to report on "Diagnosis and General and Special Therapeutics." The papers constituting the report of this bureau are thus restricted to those subjects, and can not include others that are assigned to other bureaus of the Institute; and, as under our law of cure and system of practice, diagnosis relates to remedies as well as to pathological states, the symptomatic phenomena both of disease and of drugs in their relations to each other, constitute our therapeutics. The results, therefore, of our observation and experience in the adaptation of drug symptoms, objective and subjective, to those of disease, comprehend the legitimate sphere of action of this bureau, as its title plainly indicates.

In the selection of its members I have sought to embrace the largest field of observation possible in the use of the proved drugs of our materia medica, both in their single and concurrent use, and in all attenuations (with the reasons for the selection both of the drug and of the attenuation), and the results of their action, that our report may be both comprehensive and complete.

You will please, therefore, select the subject of your paper accordingly, and at the earliest possible date report the same to me, to the end that all such adjustments of subjects as may be requisite may be made without unnecessary delay, and in order to prevent confusion and needless repetition.

Fraternally and cordially yours, T. F. POMEROY,  
*Chairman Bureau Clinical Medicine American Institute of Homœopathy.*

FOR THE FOLLOWING from a Minneapolis paper we are indebted to Dr. A. A. Camp: Vital Statistics—An Interesting Report on Typhoid and Diphtheria—Two Systems Compared—Pellets vs. Pills.—At the regular monthly meeting of the Homœopathic Medical Society last evening, among other routine business, the following summary of deaths from typhoid fever and diphtheria, compiled at the request of the society from the city records, was presented by the secretary:

The city records from July 1 to December 1 for the current year, disclose the startling fact that in those five months 191 persons died from typhoid fever and 31 from diphtheria, up to November 1, in Minneapolis. Laying aside all questions of hygiene and sanitary regulations, the candid observer must be led to question the ability of the medical profession to cope with the disease. But let the responsibility be placed where it properly belongs.

The Hennepin County Medical Society has a membership of thirty-six in the city. The Homœopathic County Society numbers eighteen. The city directory also contains the names of fifty-one practitioners outside of these societies—not counting transient frauds, most of whom are so-called "regular" graduates, and all of whom are liable to report deaths to the health officer. The total of practitioners thus noted—the law making no distinctions for the protection of the public—is 107.

The following summary will show how the losses are divided among the three classes of physicians:

		Total.	Homœopathic.	Allopathic.	Others.
July	{ Typhoid .....	5		2	3
	{ Diphtheria .....	4		3	1
Aug.	{ Typhoid .....	46	3	30	13
	{ Diphtheria .....	6	2	4	
Sept.	{ Typhoid .....	41		26	15
	{ Diphtheria .....	8	1	3	4
Oct.	{ Typhoid .....	60	1	37	22
	{ Diphtheria .....	12	1	5	6
Nov.	Typhoid .....	39	3	17	19

From these tables it will be seen that the Homœopathic Society (eighteen members) lost seven cases of typhoid fever and four of diphtheria; and the Allopathic Society (thirty-six members) lost 112 cases of typhoid fever and fifteen of diphtheria; and that the remainder is divided up among the outsiders. It may be objected to this exposition of the facts that the allopathic losses include those of the city physician and coroner, both of whom are members of the Hennepin County Medical Society. But during the month in which the most deaths are chronicled (October) only five are credited to these officers—less than one-eighth of the society's total loss!

If any one believes that a personal inspection of the records would show some discrepancy in these facts, we presume the books are open to any citizen at either the health office or the office of the city clerk.





T. P. WILSON, M. D., EDITOR.  
ANN ARBOR, MICH.

J. P. GEPPERT, M. D., Ass't EDITOR.  
CINCINNATI, O.

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1882.

A HAPPY NEW YEAR to all our readers. How short a time ago we were repeating these glad words for the year that has just gone by!

NOW FOR ANOTHER YEAR of solid work for Homœopathy! Can any one doubt that we are gaining ground? Have we lost anything anywhere the world over? Let this year see our standard carried still further forward. Let not faint or coward hearts encumber our front or hang upon our rear. Conscious of the right let us pursue it and let no one falter. Up guards and at them.

WANTED.—A young practitioner writes us thus plaintively: "I find my worst trouble in the application of *materia medica*. And while I thank Prof. A— for his lectures, which are mighty good, what I want to know is, *why* this or that drug produces such and such symptoms, so that when I find two drugs which to me seem equally indicated I can differentiate between them, not by some little symptom, but by a *similia* in the pathology of the disease and the affinity of the drug for irritating the parts involved. This may be of no good to my patients, but I would be better pleased. Can you tell me what I had better study?" Our sympathies go out to this young man, and we hasten to get him out of his dilemma. This will be easy enough; though, if we get him into a dozen other dilemmas in consequence, the fault is not ours. How do drugs act? This is the problem of

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ages past. HAHNEMANN's method of determining this is well known to this gentleman, for he has been a faithful student of Homœopathy. But it appears this does not prove satisfactory to him. He has still an aching void which a drug carefully proven does not fill. The pathogenesis of a drug does not reveal to him all its capabilities. Well, then, he must enquire further. There is, however, none to whom he may go but the pathologico-physiological school. Toxicology can reveal to him many wonderful effect of drugs. He can find plenty of tissue changes, especially post mortem, produced by these agents. The physiological school can help him still further on in the mysteries of drug action. Functions are modified in at least two ways—they are increased or decreased. This pretty much exhausts the case under this head. But it is an all absorbing question whether the heart and liver, the vaso-motors, the kidneys, the solar-plexus or the pneumogastric nerve are in a given case stimulated or depressed. Of course the physiological school can tell this gentleman all about it. WOOD & STILLE, and RINGER and BARTHOLOW understand these things and they do not conceal their knowledge. That they do not always agree is not a matter perhaps of much moment; or that being contemporaneous they do agree upon many points and wholly disagree with their predecessors is also not a matter of much moment. Says Prof. NICKELS of the Ohio Medical College, under date of October last, of *Digitalis*: "This substance has been used medicinally for about two hundred years. At first it was employed in divers forms of disease in which, however, it is now known to be useless. After it had been employed for more than a century, we may suppose that its action was as perfectly understood as was possible from clinical observation. And perhaps we may assume that G. B. WOOD and JONATHAN PEREIRA, the highest authorities on materia medica of Great Britain and the United States about twenty years ago fully represented in their descriptions the prevalent knowledge and opinions of its actions and uses. The action on the heart was properly regarded as its principal action, and hence they called it a cardiac sedative. \* \* But since the physiological action of *Digitalis* has been carefully investigated the views as to its action and uses have been almost entirely reversed. \* \* *Digitalis*, while it slows the heart's action, increases the force of the heart's contraction." So much for Prof. NICKLES. We turn now to the December number of the London Lancet, and to an article on the "Modern Theory of the Action of *Digitalis*," by EDWARD T. TIBBITS, M. D., London, and we find the following: "Nearly half a century ago the action of *Digitalis* was thus described by Dr. SIGMOND: 'It is upon the heart and arterial system that *Digitalis* acts; it diminishes the irritability of the constitution and the frequency of the heart's action, etc., and so produces diuresis.' Much has been

written about it since that time, but it is extremely doubtful whether at the present day anything more is known with certainty concerning its action than is there set forth. At present it is regarded as a cardiac tonic, and by some authorities it is even classed with *Ammonia*, *Alcohol*, etc., and designated a cardiac stimulant. Moreover it is said to increase arterial tension, and thus by virtue of this indefinite and very variable vascular condition to favor the flow of urine. In spite of numerous modern authors its action as a depressant or sedative (if the latter term be preferred) antiquated though it is, appears to me to be the only which can be decidedly sustained." Here is what you might call a pretty kettle of fish, and a mighty small chance of success to the fisherman who casts his hook into it. We quote again from TIBBITS: "TRAUBE and ACKERMAN both say that *Digitalis* in large doses lessens the tension of the aortic system in fevers to an important extent. Dr. M. FOSTER says arterial tension is increased by *Digitalis* when it produces diuresis. Dr. LANDER BRUNTON says exactly the reverse." This sad state of physiologico-pathological knowledge is not peculiar in relation to *Digitalis*. Take the whole range of their teachings of materia medica and we find the same conflict and uncertainty. Our correspondent can find plenty of these speculations among the writers of the allopathic school. Not a few of our professed teachers of homœopathic materia medica have accepted and adopted them, and they are to be found woven in with the pure materia medica of our school at almost every point. But it does not in the least alter the character of the speculations. If a student is willing to turn aside from a well proven drug to feed upon such husks he will find his path a hard one to travel which can lead only into the quicksands on which the allopathic materia medica holds an uncertain footing.

THE ASSASSINATION OF PRESIDENT GARFIELD has been a fruitful theme in all our exchanges. We have forbore to enter the list, preferring to await the final issue. We make no apology for bringing up the subject at this hour. It will never be too late to discuss the facts and principles involved in that celebrated case. As the smoke arises from the field, the truth will come more and more clearly into view. Never before in the history of this nation has the medical profession filled so large a space in the eyes of the public. Death and the doctors have fought for supremacy in an arena upon which were turned the eyes of fifty millions of people. It was a long and hotly contested struggle. The issue was finally reached, and Death proclaimed victor. At present there is a very decided difference of opinion as to the merits of the contest. That it was an open and honest contest, will hardly be asserted at this day. Professional prevarication and concealment are now known to have entered

largely into the work. The intelligence of the American people and the solicitude of the world were shamefully trifled with. We had bulletins in abundance, but they were not always truthful. In more ways than one the moral standing of the medical profession suffered at the hands of its representatives. The medical contributions to this case were derived from what is technically known as surgery and medicine, and in common parlance from what is called the allopathic and homœopathic schools. Drs. HAMILTON and AGNEW furnished especially the surgical skill employed; Drs. BLISS and REYBURN contributed chiefly the medical aids, and Drs. BOYNTON and EDSON, (the latter a lady graduate) both pronounced homœopaths, were the leading nurses. The surgical and medical procedurs employed are now pretty well understood. For these the allopathic school must alone stand responsible. It is well known that the allopathic gentlemen referred to have been unsparingly criticised and condemned by members of their own school. That they have also been loudly praised may be said, but this does not relieve them altogether. Even the exalted reputations of the surgeons did not save them from adverse criticism. The medical management, however, has suffered most severely at the hands of the critics. Precisely how much *Morphine*, *Quinine* and *Whiskey* were employed is not known, but the quantity of each employed is known to be great. It is by some thought that a well man who should take like quantities of these substances would be seriously injured if not killed outright. It is idle to talk of such things prolonging life. They possess nothing in common with the physiological needs of the body. But the medical gentlemen who prescribed them were fully warranted in doing so by the best authorities of their school. If their work is to be repudiated, then that is tantamount to a repudiation of modern Allopathy. If there be a fault anywhere, it lies in the system they represent and not in them. This much we are bound to say in their behalf. Upon the allopathic school must rest the entire condemnation. And this is clear as the noon day sun: In this justly celebrated case the allopathic school has been put upon trial. Before the whole civilized world it has stood up to show what it could do in a case like this. It poured into its distinguished patient all that its materia medica could furnish as likely to be useful. With *Quinine*, *Morphine* and *Whiskey* it exhausted the list. And with what childish simplicity it employed these powerful agents! Pain demanded *Morphine*, and there was abundance of both. Fever demanded *Quinine*, to prevent as well as control, and for exhaustion *Whiskey* was the sovereign remedy. If Allopathy offers anything better, the gentlemen in charge were ignorant of it. It is safe to say that in the allopathic materia medica there is nothing better. We do not hesitate to say that the medical

gentlemen did the best they could do with the knowledge they possessed. Their school, their literature, and the teachers of their adopted mode of practice afford nothing better than the things they employed. But for all that it was worse than a failure. The course pursued was an injurious one. It matters not that the wound was mortal. *Whiskey, Quinine and Morphine* could only make it more surely fatal. But that the wound was *per se* mortal has never been proven and never will be. The illustrious patient succumbed to blood poison. This was for a long time imminent, and yet, if we may trust the bulletins, the parties in charge for a long time saw it not, and so neither prevented nor opposed its progress. Dr. BOYNTON, however, it will be remembered, expressed himself freely upon this subject, pointing out the existence of this danger for weeks before the bulletins showed any consciousness of its presence. The bullet which penetrated the body quietly encysted itself, and the path along which it traveled healed in excellent order, save a short distance from where it entered the body. What followed is well known and need not be repeated here. To a rational mind it is not possible to connect the previous events with the latter by a link of necessity. The character and standing of the allopathic school could be saved only by that assumption and others of like character. It is true that right royal fees may be paid these medical men, and under this semi-official endorsement of their work they may hide and escape further adverse criticism. We hope they may, but it will not relieve their medical system of the just judgment of condemnation that must now be written against it. *Morphine, Quinine and Whiskey* are not the agents with which in the future the surgeon and the physician will combat the evils which surround a case like that of President GARFIELD. These agents so popular in the modern allopathic text books had been roundly condemned long before GARFIELD'S ASSASSINATION. They must now be relegated with *Calomel* and the lancet to the shades that hold things past and rejected. With this event secured we may not look upon the death of our beloved President as wholly in vain. The blunders of the diagnosis, the blunders of the prognosis, the blunders of the treatment, and the blunders of the post-mortem, which so marked and disfigured this world renowned case, will not soon be forgotten; nor should they be forgotten, lest others, however great or humble, should be sacrificed in like manner. Could Homœopathy have done better? Ask the faithful nurses who watched at the bedside of the suffering President. Ask them as practitioners of this art what better they could have done. Ask them what they did do in a quiet unostentatious way to give that relief which the practitioners of a false and irrational system of

medicine could not do. Ask the homœopathic *materia medica* and the principles and practice of the homœopathic art what they could have done had they been applied.

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**Inside Sources of Disease.** By Dr. J. J. Speed, of Kentucky.

To make the old familiar and the familiar new is said to be a triumph in writing or in public speech. Old and very familiar ideas may be placed in new relationship, and truths may be evolved from them which enter into and become a part of our philosophy of life.

As sanitarians we dwell with especial emphasis upon all the conditions *outside* of the man—what we call his surroundings. Earth and air, light and drainage and cleanliness, are words which we find everywhere, in books, in pamphlets, in public address, and in private speech, and they are not *words* merely. They are the words which are things. No respectable sanitation without them—infinite disaster without proper attention to them—not single disease only, but pestilence comes in the wake of persistent disregard of them. But are there no other factors that enter into the conditions of man's best being? Is there nothing on the inside of a man the out-crop of which tells upon his physical weal or woe? Are there no central fires quite as destructive, aye, infinitely more destructive than the miasms which spring from August suns upon putrescent swamps? What say you to the appetites and passions? How shall we exclude them from our consideration of the sanitary influences which build up or pull down—enrich or pauperize human organization—and thus shorten or prolong human life? While we assign all proper importance, then, to facts of man's surroundings, let us not forget that on the inside of him there are forces which tend largely to shape his destiny as a physical being, lifting him

from better up to best, or poisoning and blighting the very sources of his vitality and blotching him with a curse as deadly and more far reaching than the Egyptian leprosy—and these diseases are preventable.

Let us look for a little at the eater—the human anaconda who eats to repletion and stupefies through digestion. Has he done a hygienic thing? Has he not done a very unhygienic thing?—a thing which, repeated, lays the foundation for more troubles than Pandora loosed from her fatal box.

What consideration has such an eater ever given to the fact that hunger and appetite are very different states; that hunger is natural and appetite is artificial; that hunger is nature's demand for fresh building material; that appetite is a craving for the fripperies and gewgaws of society life; that hunger is physiological and appetite is pathological—the one easily appeased, the other well nigh insatiate; that the one sustains and buoys and carries you through the years—that the other depresses and overwhelms you with a burden which you can not bear; the one gives you renewed vitality and physical satisfaction, the other gives you a morbid stimulation which, like the daughters of the horse leech, constantly cries, "Give, give."

It is not necessary in a presence like this to make a picture of the dyspeptic—the doomed, the despondent, the pitiable spectacle of him whose stomach is forever crying "Remorse, remorse;" nor of the gouty man whose feet tell of his table debauch, nor of the heart-troubled man who dies daily and is afraid of everything except his dining room. All doctors are familiar with these miserable existences. Where are the Pontine marshes more disastrous than these feeding halls which pander to stimulated appetites,

By drainage you prevent the deadly emanations of the one; what prophylaxes do your sanitary tracts suggest for the other? You drain your marshes to prevent fever, you vaccinate your child to prevent small pox, you quarantine the ship to prevent yellow fever—what do you do for the man whose stimulated appetite demands all the products of all the continents? You save to the family and to the State

the vigorous young man and the beautiful girl by your speck of vaccine, and all men give you thanks. What do you offer to the insane eater who rushes headlong toward the precipice, over which he drops into dyspepsia or gout, and then totters through life, a driveler and a show, a whining burden to himself and a tax upon society? We talk about the remorse of the stomach. Why should the stomach feel remorse? Remorse implies a consciousness of wrong-doing. *It* has done no wrong. Indeed, it has labored very faithfully to do exactly right. It has poured out its gastric juice and held steadily to its true motions month after month and year after year, grinding every grist brought to it as long as the power lasted. It has prepared all conceivable things for enriching the blood which went to brain and heart and lungs, but now the power to turn all this confused mass into nutriment ceases, and you charge remorse upon the overworked old mill. It is the artificially stimulated palate, not the natural demand of the stomach; it is the love of high seasoned dishes, the morbid appetite, not the healthful hunger of the man. Let the worm bite there, and it does bite there. The impoverished blood, the palpitating heart, prove it; and the disordered mental visions, the morbid conceptions, the vague apprehensions, the inability to think, the cowardly dread of unseen dangers, all show where remorse is. The vulgar habit of much eating, driven by stimulated appetite, stands as the criminal before the bar of hygiene, and under law receives its punishment. Sanitation can't abrogate the law, but with absolute certainty can prevent the crime. Infinitely simple is the advice; rather hard perhaps the acceptance and the practice of it. Satisfy your hunger, but don't sit an hour at home to gratify your appetite.

Dr. Beaumont has very clearly shown in his experiments upon the soldier, Alexis St. Martin, the distinction I make between hunger and appetite.

After an abstinence of longer than ordinary duration, when the demands of the organization had set up that peculiar sensation called hunger, Beaumont introduced through the other external opening in his stomach the simplest form



of food, and the sensation was allayed. No particle of food touched the palate. The appetite was not consulted, and yet hunger was appeased and the organism was satisfied. Leaving out altogether the multiplied experiences of medical men all over the world, this soldier experiment alone is enough to establish the physiological fact that hunger is easily satisfied. Let sanitarians stick a pin there. The artificial appetite goes on in its cravings—dish after dish, each more highly seasoned than the last—peppers and mustards, and Worcestershire sauces, horse raddish and cayenne pepper, each hotter than the other, till the whole organization is ablaze, which the victim attempts to put out by wine and spirits, which only add to the flame. Tell me this is rational? Is there sanitary law for this? Physiological law for this? Three hundred and sixty-five times in a year repeat this, and live? Is it not a monstrous perversion of all reason—a square infraction of all law, and leading rapidly, and with absolute certainty, to disaster and overthrow? The reckless floater above Niagara is no more certainly nearing the fatal plunge than the lawless feeder whose whetted appetite drives him to his destiny. Is there no room here for sanitary law? No room here for preventive measures? Of all other sources of disease this fronts us most directly, and most constantly. Those of us who attempt to teach health laws to the people have ground here for very emphatic speech.

The pained faces of personal friends crowd upon every medical man who hears these words—friends who laughed an incredulous laugh years ago when cautioned against much eating. They were younger then, and thought that their stomachs would last forever. Just as the young spendthrift, who has inherited a few thousands imagines that no possible lifetime can exhaust his fortune, and yet who by a few years of riotous living has become a bankrupt. So this splendid digestive apparatus at twenty-five feels all sound, and capable of standing any sort of draught—any sort of imposition—finds the sad mistake disclosing itself slowly but very surely. The clouds gather, the winds come from their secret hiding places, the storm bursts upon the appetite victim, and he is

overwhelmed and helpless—helpless and miserable—miserable beyond the reach of medicine. Don't we all recognize the pitiable creature? Insatiate desire for food with no ability to manage and no resolution to resist it. Like the young spendthrift he is a bankrupt—a spectacle to be pitied—a driveler and a show. It is the necessary result of violated law. Law is inexorable, and its infraction brings punishment with the certainty of destiny, and that destiny is not far to seek and not at all uncertain is the highway leading toward it; bowed and haggard and weary is the crowd which presses on and on, driven by a Nemesis pitiless and unrelenting. Melancholy spectacle to Health Congresses and State Boards and common sense men! Blind infatuation drives him to deeper depths and lays up a keener remorse. "Lucullus sups with Lucullus to-night." The markets of the Eternal City had been searched for all that was rare—the culinary art was taxed to its utmost—the banquet was spread in the gorgeous hall, and the liveried servants announced that all was ready—but where are the guests? "Lucullus sups with Lucullus to-night," said the old Roman gourmand. That race is not extinct. The world's markets are taxed and the tables groan under an exuberance which would have astonished the Roman debauches; and these tables are sought by men who are recognized gentlemen. If they were not known as gentlemen the outside world would call them gluttons. Money and markets and cooks and rich condiments pander to their orgies in public restaurants and gilded saloons. Lucullus' habits have seized upon this continent, and foreign writers brand us as we deserve. May we not erase the brand? May not sanitarians put down dyspepsia and gout among preventable diseases? Unquestionably if any diseases are preventable by hygienic usage, these two, in all scientific and in all common sense view, must take high rank on the list.

There is another aspect of this question which I wish to emphasize before this Health Association.

Whatever organ may be involved, if the malady is at all grave, we all look to a good digestion for hope. Thus the

stomach becomes the best therapeutic agent we have, while all other organs are in their place supreme. It is to the digestive functions that we look for continued and healthful action.

Take a case of phthisis—pulmonary consumption. You do not medicate the lungs ; all your remedies and your regimen are addressed to the stomach. Suppose it revolts. What is your oil and whisky and beef worth if the stomach fails to furnish the building material in such shape that the lacteals take it up and the organism appropriates it? With all the two thousand drugs of the pharmacopea, and all the skill of the most accomplished doctor, your case of phthisis goes steadily down where the digestive powers have failed. Tubercular consumption is so intimately associated with the status of the stomach that it would not be far wrong to reduce to an axiom this—given a good digestion, and tubercle is impossible.

Take a case of scrofulous ulcer. Do you doctor the ulcer? The hoi poloi do. But do educated physicians? Do you prescribe patent and neighborhood salves or powders to heal up a sore, back of which stands and works a vitiated organization? Isn't there a force back of the visible morbid result which is constantly spending itself upon glands and joints and tissues—a force which first makes the ulcer and afterwards keeps it open? A healthy wound you may rapidly close up by adhesives, inflammation or granulation, but this is a healthy wound—all the forces tend to restoration—but an ulcer which is the result of blood vitiation you don't expect to close by local interference. You want to make good blood, and good blood will carry material for repair, and that reparative material is the only salve which closes up your scrofulous trouble. Now, in order to thus better blood you must depend upon digestion and assimilation, and here you see coming to the front the stomach as a therapeutic agent. Very surely, if you have not a good digestive apparatus, your case of knee joint or glandular swelling or other scrofulous development is not in the way of recovery.

I think we may safely claim that the stomach at last is the great builder of broken down organization. If the stomach is also broken down, where is the hope for your dilapidated structure? It is a wreck, and presently goes to dust. Let us adopt preventive measures, then—preserve digestion at its best and take off from the list of causes this habit of over use.

Let us look for a moment at another force on the inside of the man—a terrific force, which, misdirected, not only vitiates and brands the man, but pollutes and poisons the generation which comes after him.

No philosophy, no morals, no medicine, no sanitation is at all complete which does not recognize and give prominence to sexual passion. We can not ignore it, if we would. It is among the great modifying influences of human character; it is sometimes the dominant influence in both man and woman. As medical men and as personal friends we all know what disaster is wrought in the life over which it exercises supreme control. Now, as medical man, sanitary counsellor, what are you going to do with your young friend? Have you any preventive measures by which to ward off blood poisoning and a blotched skin and bones full of a rheumatic torture? You talk about drainage to fight off malaria, and you are right. What do you say to this hideous spectre? Spectre, did I say? No, this terrific reality. Unquestionably the answer is, subdue the passion—fight it as an enemy to health—fight it by all hygienic appliances, physical and moral—fight in its earliest assaults upon your strongholds and drive it into submission. Make no compromise. You must conquer it or be conquered by it, and when it *has* conquered it will write upon you in letters of fire the one word libertine, and the nemesis of violated law will stalk beside you with a very pitiless revenge.

The remedy is within you. You must recognize this great evil as preventable. Don't attempt to ignore it or dodge it, meet it squarely, grapple, or throttle it.

I know how glibly the debauchee talks about Providence as the giver of his appetites and passions. Yes, I know all

that. Passion is an original implantation and its exercise perpetuates the race ; but while this world is God-governed it is also law-governed, and the law is, that undue use of natural and God-given power sets up a fire which shall consume you. Obedience to law rests with you ; and this is the sanitarian's preventive.

Morals, do you say ? I say, yes, sir. We can not dodge responsibility by claiming that it is not our business to teach morality. I tell you as a hygienist we are bound to teach it. There is no complete sanitation without a moral life. It is as much a part of hygienic living as exercise or cleanliness or sleep.

If the nettled skeptic with his morbid life-burden chooses to regard it as a terrific philosophy putting moral restraint upon his personal freedom, I tell him yes, that is exactly true, and if you reject the restraint you do it at your peril. The debauchee who has vitiated his organization by unphysiological living, must come under a higher law than that of animal passions, and so long as he is in sanitary hands the sanitarian is his lawgiver. He may call it transcendental morals. I call it philosophic hygiene. It may require at times some nerve to do it, but this is not the only occasion in life where it requires some nerve to do the right thing. But would the professional hygienist feel like a man if, with clear convictions, he had failed to do the right thing, and by reason of his cowardice has suffered the wrong to triumph. Very much less than a man I think, if in our own chosen field we should suffer brutal passion to beat back and put to rout our high and true professional convictions. To stand still, and dumb, and let life in its wildest debauchery run riot is not by any means a part of hygiene philosophy. Sanitarians do not propose to put off their armor and surrender at will to the skeptic who scouts all moral teaching and flings defiance in the face of physiology and experience, and the common decencies of a high civilization.

Now, sir, I claim that there are diseases within the purview of preventive medicine, and as legitimately the subject of consideration by this association as malaria or small-pox ;

that they are more certainly under man's control than any of the generally accepted preventable diseases about which we write, and about which people read.

Captious criticism is asking through the public press for something practical, something we can understand. I tell you two of the most formidable diseases which blight humanity are directly under your own control. Can unguarded and impassioned humanity understand that? Will carping skepticism deny that this is practical? Proof do you say? Hold your own nature up by the side of the facts which present themselves every day, and under the glare of such facts read the law which says thou shalt *not*, with quite as much emphasis as that other which says thou shalt—laws which are older than Parliaments and Congresses. Congresses and Parliaments are themselves the products of law law as old as human nature and inground in human organization—not practical? Is the conflagration which follows tinder under flint and steel practical? Something to understand: Can you understand the disaster to your Mississippi coast which comes from inundation at its source and along the whole line of its turbulent flow? Anything practical in that?

Sanitarians are essentially practical. I am not claiming any impossible things. I do not endorse any human perfection. Humanity is essentially imperfect, and through all this life walks with faltering step. The great mistake made by Chateaubriand and Madame De Stæel and Fontanes, who taught the perfectability of man, lies in the fact that man is *finite*—to be finite forbids perfection—but so far as imperfect humanity *can*, we propose to forbid the causes of disease, and just so far make disease impossible. The idle critic who imagines that hygiene proposes to bring human life back to a thousand years is more visionary and irrational than the wildest hygienist who has written or spoken outside of insane asylums.

The hypocriticism which taunts us with Utopian schemes and sneers at incomprehensible diagrams can not fail to recognize these as preventable diseases, nor can it ignore the

preventability of that crowning infamy of human habits, the habit of strong drink—the source of more disease than all the Pontine marshes of the world. Skepticism will surely stand dumb in the presence of such a practical fact as that. Then stand side by side with us to *prevent that*, and peans will go up from all the earth in praise for a plague stayed, and the heart of humanity will invoke a blessing on those who stay the desolation. The spirit of him who doubts in the face of all that sanitation has accomplished in the last fifty years is a regular transmigrator of him who repudiated Jenner and his vaccine ; who sneered at Franklin and scouted his philosophy and his kite ; who, coming down through the generations, scouted Stephenson and his locomotive, and, later still, who doubted Morse and his telegraph ; who only the other day scouted Bell and his telephone. What are these powers now ? Chief factors in the commerce and social life of the world. This embodied metempsychosis is still sitting by the roadside of the world's civilization, crying, wo ! wo ! and for its persistent fogyism gets itself covered with dust from the wheels of progress. There it sits waiting for the grave digger and the last sad words, dust to dust !

Skepticism will have its day, and in the exercise of the highest gifts we have in furthering the best interests of humanity, we are not exempt from the infidel's sneer. The world, leaving out the infidel, is beginning to see that the introduction of sanitary science has opened up a new chapter in human history. That history will be read in after times with admiration and amazement—admiration for the wise forethought of a brave doctorhood—amazement at the possibility of opposition to a measure so beneficent and so far-reaching.

Those who are making history here to-day are not reaching out with underground enthusiasm toward any physical millennium. They do look toward a lessened mortality and a stronger life for man.

To this end the people must join with doctors in a persistent work. When Mr. Jefferson said that "Eternal vigilance was the price of Liberty," he uttered a truth wider than

he knew. Eternal vigilance is the price of health as well. The great cypress tree of Sparta, in the pride of its strength before the Christian era, and perfect in its age at the end of 2,500 years, was destroyed in a day by the recklessness of a gypsy camp and the want of vigilance in the people of Sparta. So, however vigorous your health, and however perfect your surroundings, a recklessness like the gypsy's and a carelessness like that of Sparta may compromise it all in a day.

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## Theory and Practice.

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**Trichinæ Spiralis.** By Dr. J. M. Partridge, of Indiana.  
Read at the Meeting of the American Public Health Association.

The ancient Romans sought to improve their race in physical vigor by destroying their feeble and deformed offspring. And the Greeks, in their admiration of the human form in the beauty of its perfect and healthy development, deified and worshipped the goddess Hygea. But the sanitarian of to-day, by the aid of medicine and surgery, not only seeks to develop the feeble into the full strength of vigor and manhood, and to restore the deformed and unsightly to perfect forms of health and beauty, but he does more and better for humanity. He goes without, and, by the aid of the laboratory and the microscope, he discovers and brings to the light the deep hidden and hitherto mysterious *causes* of disease, deformity and death. Pursuing these investigations the subject of parasites and parasitic diseases demands at least some



portion of our attention. Parasites infest both the vegetable and animal kingdoms and are doubtless transmissible from one to the other. It is well understood and susceptible of proof that carnivorous animals obtain their parasites from their food, that is, from the flesh of their victims, and in the absence of proof to the contrary, it is fair to infer that herbivorous animals obtain parasites from the vegetable food on which they subsist, and it appears that diseased or blighted vegetation is most likely to be infested with parasites, and moreover, that the "blight" in plants is a parasitic disease. It is universally observed that famine and pestilence go hand in hand, and it is evident that the pestilential diseases which famines engender, are due, not so much to an actual scarcity of food as to the unhealthy or diseased condition of the same. The law of migration and development of parasites, although as yet but partially understood, is certainly full of the deepest interest and worthy of the most profound investigation; and that student of nature who shall penetrate the unexplored regions of the vegetable parasites, with such satisfactory results as have attended Cobbold, Leuckhart and Zenker in their researches among animal parasites, shall not only like them bring treasures of knowledge of inestimable value into the storehouse of science, but shall also write his name high on the immortal tablet of fame.

But the department of medicine and sanitary science is most interested in investigating the origin, history and destiny of those parasites affecting animals, and especially the human race.

Of these there are thirty-one distinct species found in man alone; some very numerous, and others but seldom seen; some are monsters in size, and others invisible to the eye unaided by a powerful microscope. There are also different species, and different varieties of the same species in different countries and different races of men. One variety of the tape worm (*tænia echinococcus*) is found among the islanders; another (*tænia mediocanellata*) has a partiality for the Russian stomach; the long tape worm (*tænia solium*) is found most commonly in Great Britain; and the broad tape

worm (*bothriocephalus latus*) prevails on the continent of Europe; and these last two varieties are found to some extent this side of the Atlantic, while the ascaride inhabits infantile intestines and tortures infant nerves in all lands and among all nations.

In the development and migration of parasites, we notice that they have different forms of existence in different habitations.

They become sexually mature only in the open cavities of the body, as the alimentary canal; but in their immature condition they exist as larvæ in the substance of the tissues; and these larvæ have not the power of further developing into maturity until carried into the stomach of some other animal. It is also true that if the ova of some mature parasite are carried into the stomach of different species of animals, these same ova will in the different animals develop different species of larvæ. If a section of the serrated tape worm of the dog is introduced into the stomach of the rabbit, it will produce in the muscles of the rabbit the encysted parasitic larvæ *cysticercus pisiformis*. And conversely if the flesh of the rabbit containing these encysted parasites be fed to a dog, these encysted larvæ will be transformed or rather developed into the mature tape worm.

It is also true that if a section of the aforesaid tape worm containing ova is carried into the stomach of the ox, it will produce in his muscles a different species of larvæ, the *cysticercus tenuicollis*. In the stomach of the hog the same ova produces the *cysticercus cellulosæ*, while in the sheep is produced the *coenurus cerebralis*; and any or all of these different species of larvæ or encysted parasites, the *pisiformis*, *tenuicollis*, *cellulosæ* or *coenurus*, will, in the stomach of the dog, be developed into one and the same parasite, the mature *tænia serrata*.

But from this general reference to parasites and parasitic development, we pass to the discussion of one particular species, and that, although in size one of the least of its race, it is in its effects the most terrible and deadly foe to man—the *trichinæ spiralis*. The venomous rattlesnake sounds the

battle cry as he attacks his victim, but this accursed foe gives no note of warning, until by stealth he has gained the citadel of life, and we are powerless for a defense.

This parasite is introduced into the human system by eating flesh containing its immature larvæ. It is found occasionally in most warm blooded animals, but chiefly in the hog, and from this source man is universally infected.

The immature parasite, as discovered by the aid of the microscope, is a serpent-shaped worm about one twenty-fifth of an inch in length, and lies spirally coiled up within oval-shaped cysts.

When flesh containing these immature encysted larvæ is taken into the stomach the parasites are liberated from their cysts by the process of digestion, and in two days' time have reached their adult or sexually mature condition.

In two or three days more the female brings forth an innumerable brood of hair-like larvæ, which immediately commence their work of destruction by penetrating the intestinal walls, and seeking their destination in the muscles, which they probably reach through the circulation of the blood. Here their presence is most certainly and sadly manifested. Lacerating the fibers and penetrating the muscles they gorge themselves with flesh, so that in two weeks' time, or about three weeks from the time they were taken into the stomach, they have attained their first form of development, and now become encysted larvæ. Here they must remain forever dormant, unless at some time taken into some unfortunate stomach, there to be liberated and permitted to repeat the work of destruction and death.

This parasite was observed as early as 1828, but it was not until a later date that Professor Owen gave it a scientific description and the name, *trichinæ spiralis*. In 1860 Professor Zenker first discovered the dire and deadly malady which this parasite induces, and gave the first description of the disease, *trichinosis*.

This terrible disease, trichinosis, has heretofore been very difficult of diagnosis, from a general lack of knowledge on the subject ; but the development of the disease, as indicated

by the different stages and locations of the parasite, should enable the careful observer to determine its existence with great certainty.

DaCosta believes that in most cases there is no certainty of diagnosis short of vivisection and actual microscopic examination of the flesh of our patients; but if we bear in mind that this disease has its different and distinct stages of development, and having in any case a *suspicion* of trichinosis in its first stage, and in due time there follow definitely marked characteristic symptoms of the second stage, our suspicion of a *possibility* has now advanced to a *probability*. And moreover, if there supervene in their appointed time and order prominently characteristic symptoms of the third and fourth stage, we may be as positive and unerring in our diagnosis as in most other diseases. From these general observations in trichinosis, I proceed to state as concisely as possible my views of its pathology and diagnosis. 1. When by eating infected and imperfectly cooked meat the parasite is taken into the living stomach in its encysted and dormant state, and by the process of digestion it is liberated from its cell and restored to active life, it immediately attacks and attaches itself to the mucous membrane of the stomach and bowels with which it is brought in contact. For about two days it lacerates and gorges itself with this mucous surface, and when becoming sexually mature, it deposits thousands of young hair-like larvæ, which immediately attack and for two days more greatly exaggerate this *mucous irritation* and *inflammation*, which is the characteristic pathological condition of the first stage. The diagnostic symptoms of the first stage are manifestly "frequent, uncontrollable and long continued vomiting and purging of mucous, with terrible nausea and loathing of food and drink." Beyond the first stage or period of mucous irritation, the original or parent parasite is not recognized.

2. In the second stage the young parasite pierces the stomach and intestines, and invades the adjacent glandular structures, causing irritation and inflammation of these organs, and producing a pathological condition similar to that of

typhoid fever in its earliest stages. The symptoms of the second stage are "pain and soreness of the bowels, with tympanites, low continual fever, diarrhœa, debility, loss of appetite and of sleep, the symptoms closely resembling those of typhoid fever."

3. The parasite next manifests itself in the muscular system, the method of reaching which has hitherto been a disputed point, whether by continuously perforating and traversing the solid tissues, or by the circulation system. The probabilities, however, seem to favor the latter opinion. Indeed, I have a case in point that seems to demonstrate it. Among my patients was a nursing child of whom the mother affirmed that it had not tasted the infected meat, and yet this child had the same symptoms as other members of the family of trichinosis in the third and fourth stages. Evidently this child received its parasites through the lacteal circulation. It is fair to infer, therefore, that the parasites are carried from the lacteal into the general circulation, thence distributed by the capillaries through all the muscular structures. Here their presence is soon painfully realized, penetrating and lacerating the tissues, they gorge themselves therewith until in a few days they have attained their growth and first form of development. This mutilating and consequent inflammation and weakening of the muscles constitute the characteristic pathological condition of the third stage. The diagnostic symptoms in the third stage are "excessive swelling, soreness and weakness of the muscles with fever, great anxiety and dyspnœa, the symptoms closely resembling those of inflammatory rheumatism."

In the fourth stage the parasite has weakened the muscles of respiration and invaded the lung tissues, inducing active inflammation and disorganization. The symptoms of the fourth stage are "greatly increased dyspnœa, frequent coughing, with sanguino-purulent expectoration, excessive bloating of the face and extremities, anxiety, sleeplessness and utter prostration." And if these different stages in their order have been severe, the patient dies, certainly and speedily, with symptoms of typhoid pneumonia.

In a recent epidemic which has come under my observation, fourteen persons were sick. Two died and four more barely escaped the same fate. The survivors were from six to fourteen months in regaining their strength and vigor.

This epidemic was caused by eating raw or partially cooked meat from a hog which had been culled from a car load of live hogs, as not being in good condition for shipping. The case which Professor Zenker observed so carefully, and to which we have before referred, he found to have been caused by eating sausage made from a pig which the owner considered to have been in poor condition. It is manifestly the duty of physicians to warn their patients against the danger of eating raw or imperfectly cooked pork. It may come within the province of this board to suggest, and may be the duty of State Boards of Health to demand, such legislation as shall prohibit, under severe penalty, the sale of any animal, or the flesh thereof, which does manifest, or has at any time manifested, symptoms of being diseased, without having such flesh properly examined by the microscope and proven to be not infected.

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**GREAT MORTALITY FROM SNAKES AND TIGERS IN INDIA.**—It may be startling to learn that no fewer than 21,990 persons were killed in India during the year 1880 by snakes and tigers. It is, too, at first sight, eminently unsatisfactory to hear that this loss of life, instead of decreasing with the advance of civilization, has actually increased during the past five years; the number of victims in 1876 did not exceed 19,273. This statement appears almost incredible, and requires explanation, which will probably be found in the greater accuracy with which causes of death have been returned in India in recent years. The largest fatality from snakes and wild beasts occurs in the Bengal Presidency, where during last year 10,064 persons are said to have died from snake bites, and 359 to have been killed by tigers. It appears from the weekly returns issued by the Sanitary Commissioner of the Punjab that during the fortnight ending August 27 last no fewer than 113 deaths resulted from snake bites in fifty-two of the largest cities of that province—equal to nearly 3,000 per annum. As the fatality from this cause is probably larger in the rural than in the town districts, it is evident that the province of Punjab must be responsible for a very large proportion of the excessive fatality from this cause in the Bengal Presidency.

**Malaria and its Treatment. With Cases. By C. Hoyt, M. D.,  
Chillicothe, Ohio.**

The subject of malaria in its various phases has been discussed a good deal of late by our medical journals, and possibly the subject has been worn somewhat threadbare. But since I have been living in this valley I have had an opportunity to see and treat a good many cases of intermittent fever and other malarial affections, and have been obliged to give the subject a good deal of thought and study, and therefore naturally prefer it as a subject to write about, and in this paper I will try to give what seems to me in my limited experience to be the best treatment of malaria in its various forms, without discussing the various theories maintained by different physicians as to its cause, as that seems to be a very unsettled question among different members of the profession. In the first place I am emphatically in favor of the higher potencies (the thirtieth or higher) and the single remedy, for this reason: when you have cured your patient in this manner you can feel reasonably sure there will be no return of the trouble in any form, and by using the single remedy you know just what has cured your patient and the knowledge thus acquired will aid you materially in future cases of a similar nature. While on the other hand if you have been giving remedies in large doses, and frequently repeated, and after some time have succeeded in apparently curing your patient, you can feel reasonably sure you will in a short time have them for patients again, (unless they employ some other doctor next time), as there will almost surely be a return of the trouble in some form, and probably more troublesome to cure than the original attack. I have demonstrated this in my own practice many times, for it is often very difficult, to say the least, to select the true similitum the first time, as the symptoms are often very vague, and the physician in his anxiety to relieve his patient as speedily as possible, resorts to large doses frequently repeated, and the result is a tardy convalescence, and a prob-

able return of the trouble in two or three weeks, and he soon finds it is very bad policy to try to make the size of the dose compensate for an improper selection of the remedy, as the result in most cases is a miserable failure. It is much better to give the remedy you think best indicated in each case, and in a high potency, and if it does not cure the case entirely, it will certainly not cover up the true symptoms in the case and leave you in the dark about what to do next. But will in most instances clear up the case and enable you to better interpret the symptoms and select the proper remedy, and a speedy cure will be the result, and you will feel richly rewarded for your careful treatment and patient study of the case.

Allopaths say they would sooner treat ague than any other disease, as *Quinine* is the almost universal remedy. But the honest homœopath feels he would sooner treat almost anything else than ague, as there is no disease with which I am acquainted where careful prescribing is more needed, and at the same time more richly rewarded.

A large proportion of the cases of illness in this vicinity partake more or less of a malarial character, sometimes making the case quite troublesome to treat, as well as many times giving valuable indications for the selection of the proper remedy.

I think there is no disease where a larger number of remedies have been employed successfully than has been in intermittent fever and malarial troubles generally, showing us that we should not confine ourselves to a few so called specifics, but always be governed in the selection of our remedy for each and every case by the totality of the symptoms.

I will give two or three illustrative cases from a large number that have occurred in my practice since I have been here.

Case I. Miss W., aet. twenty-two, school teacher; nervo-sanguine temperament. Had been troubled with diarrhœa more or less for three years, and in a peculiar manner: every evening about nine o'clock the diarrhœa would come on



and the stools would be very frequent till after midnight, leaving her very much prostrated; then she would have no more trouble till about the same time the next evening, and would seem very well, though of course weak during the interval; was very nervous all the time; appetite poor; complexion sallow; no special thirst at any time. Gave her *China* 30, once in three hours, which cured her entirely in a few days, and there has been no return of the trouble, now nearly two years.

Case II. Mrs. E., aet. about sixty years. Had neuralgia affecting right temple and eye, coming on every forenoon from nine to eleven o'clock, and lasting until after midnight, when it would go away entirely till about the same time the next a.m. Pain was very severe, causing a good deal of lachrymation and dread of light; she seemed restless and almost frantic with the pain; was thirsty while pain lasted, and thought she had fever at times; appetite fair and bowels pretty regular. Had been under allopathic treatment for two weeks and had taken a good deal of *Quinine* and *Ars.*, but without any relief. Not being sure what remedy was best indicated in her case, and as she had been under allopathic treatment so long, I gave her *Nux vom.* 3, in water, a teaspoonful once in two hours. Called again in two days and found her no better, and more discouraged than ever. In the mean time I had studied her case and concluded that *Nat. mur.* was her remedy, and so gave her a few powders of the thirtieth to be taken once in two hours, and it cured her entirely in two days.

Case III. Mr. S., aet. forty-five, nervo-bilious temperament. Had been having chills for about one week; chills came on every afternoon about two o'clock, beginning in the back between the shoulders; very thirsty for half an hour or more before chill came on and could always tell he was going to have a chill because he would get so thirsty; great deal of aching about back and legs, and severe headache; always vomited during the chill, and sometimes two or three times; always complained of the terrible coldness between shoulders, and wanted something hot put to his back, and it

seemed to give him a good deal of relief ; chill lasted about one hour, followed by fever and very profuse perspiration ; no thirst during fever or sweat ; appetite good, bowels loose. Gave him *Capsicum* 30, once in two hours. Next day slight chill and no more trouble since, now about one year.

I could give many more similar cases, but will let this suffice for this time, and I sincerely hope these few hints may help to give some tired and weary practitioner new faith and strength to aid him in seeking the right remedy in some troublesome case, and never forsake the only true law of cure, "similia similibus curantur."

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DARWIN acknowledged himself matched when his little niece asked him, seriously, what a cat has that no other animal has? He gave it up, after mature deliberation, and then the sly puss answered, "Kittens."

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A WOMAN who carries around milk in Paris said a naive thing the other day. One of the cooks to whom she brought milk looked in to the can, and remarked with surprise; "Why, there is actually nothing there but water." The woman, having satisfied herself of the truth of the statement, said: "Well if I didn't forget to put in the milk!"

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"THE average school child is liable to be subjected to a greater or less number of the following approved educational practices or incidentals of school management: A long enforcement of constrained or 'military' attitudes, and the compelling girls, in particular, to stand for protracted periods of time; the prolonged sitting at desks, whose height or relation to the seat forces the child into a cramped position; a lack of supervision over the play grounds; crowded rooms; dusty or impure air and poorly regulated temperature; insufficient or improper lighting of the rooms; a lack of care to prevent the increase of myopia and deafness. Few teachers understand that the 'myopic eye is always a sick eye.' Excessive studying out of school, irregularity in meals, insufficient recreation, the excitement and worry of examinations, the struggling for high marks, steady mental application without reference to changes in bodily functions of physical strength—all these unite to impair the health and often prematurely break down the constitution of growing children. That these are not imaginary evils it is unnecessary to argue. Actual observation long ago established their facts."

## Miscellaneous.

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### The Nostrum Fallacy.

Dr. Felix Oswald has written a remarkable series of articles in the Popular Science Monthly on Hygiene. These articles should have wide circulation. From the December number we clip the following, thanking our stars that these hot blows do not fall upon the homœopathic school, whose practitioners have done all they could do to save both grown people and babies from drugging. The allopathic and eclectic gentlemen are Dr. Oswald's objective point. They are a fair mark, and he hits them fairly in the center.—[ED.]

When a child complains of headache, lassitude, or want of appetite, the nurse concludes that he must "take something." If the complexion of a young lady grows every day paler and pastier, her mother will insist that she must "get something" to purify her blood. If the baby squeals day and night, a doctor is sent for, and is expected to "prescribe something." What that something should be, the parents would be unable to define, but they have a vague idea that it should come from the drug-store, and that it can not be good for much unless it is bitter or nauseous. Traced to its principles their theory would be about this: "Sickness and depravity are the normal conditons of our nature; salvation can come only through abnormal agencies; and a remedy, in order to be effective, should be as anti-natural as possible." Perfectly logical from a Scriptural point of view. But Nature still persists in following her own laws. Her physiological laws she announces by means of the instincts which man shares with the humblest of his fellow-creatures, and health is her free gift to all who trust themselves to the guidance of those instincts. Health is not lost by accident, nor can it be repurchased at the drug store. It is lost by physiological sins, and can be regained only by sinning no more. Disease is Nature's protest against a gross violation of her laws. Suppressing the symptoms of a disease with drugs means to silence that protest instead of removing the cause. We might as well try to extinguish a fire by silencing the fire-bells; the alarm will soon be sounded from another quarter, though the first bells may not ring again till the belfry breaks down in a general conflagration. For the laws of health, though liberal enough to be apparently plastic, are in reality as inexorable as time and gravitation. We can not bully Nature, we can not defy her resentment by a fresh provocation. Drugs may change the form of the disease—i. e., modify

the terms of the protest—but the law can not be baffled by complicating the offense: before the drugged patient can recover, he has to expiate a double sin—the medicine and the original cause of the disease. But shall parents look on and let a sick child ask in vain for help? By no means. Something is certainly wrong, and has to be righted. The disease itself is a cry for help. But not for drugs. Instead of “*taking something*,” something ought to be *done*, and oftener something habitually done ought to be *omitted*. If the baby’s stomach has been tormented with ten nursings a day, omit six of them; omit tea and coffee from the young lady’s *menu*; stop the dyspeptic’s meat-rations, and the youngster’s grammar-lessons after dinner. But open the bedroom windows, open the door and let your children take a romp in the garden, or on the street, even on a snow-covered street. Let them spend their Sundays with an uncle who has a good orchard; or, send for a barrel of apples. Send for the carpenter and let him turn the nursery or the wood-shed into a *gymnasium*. In case you have nothing but your bedroom and kitchen, there will still be room for a grapple swing; the Boston Hygienic Institute has patented a kind that can be fastened without visible damage to the ceiling. If the baby won’t stop crying, something ought to be done about it. Yes, and as soon as possible; remove the straight jacket apparatus, swaddling clothes, petticoat, and all, spread a couple of rugs in a comfortable corner, and give the poor little martyr a chance to move his cramped limbs; let him roll, tumble and kick to his heart’s content, and complete his happiness by throwing the paregoric bottle out of the window.

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**Health, the True Nobility.** By Dr. Gibon, U. S. N. Read before the American Public Health Association.

Which is the fairest of babes? What man the manliest?  
Who, among women, the queenliest woman?

Is it the infant ushered into the world amid a nation’s plaudits, cradled in damask, and surrounded by all the luxury of wealth, whose dull eye and feeble wail betokens its dire inheritance from generations of royal sinners; or the rosy child, without spot or blemish, feeding at a mother’s breast, which has never ached with pain?

Is it the man who daily wakes from restless slumber to battle with one or another of the body's ills which have pursued him from birth or are the fruits of his own reckless living; or he whose sound body domiciles a sound mind, and whose nerves thrill with ecstatic pleasure to the harmonious tunings of his senses?

Is it she whose existence has been one long plaint of suffering, who hides ill-shaped, attenuated limbs and shrunken bosom beneath rich garments, and by cunning artifices makes that seem which is not, braiding her thin short hair with other women's tresses, tinting her sallow cheeks, and filling unsightly gaps until they counterfeit nature's rounded outlines; or she, whose warm blood courses unchecked throughout her faultless form, mantling her cheeks with rosy hue, moistening her lips with dewy softness, and brightening her eye with lustrous fire, whom time fails to disfigure, and who passes out of the loveliness of youth into the eternal beauty of perfect womanhood?

What is it thus beautifies the babe, ennobles the man and glorifies the woman—which no wealth can purchase, no ancient lineage nor exalted station secure? Health! Health is the priceless talisman of beauty. Health is the patent of nature's own nobility. Health is the crowning glory of womanhood, and of all humanity the source of all earthly happiness—the mainspring of every human pleasure.

The Greeks deified health, typifying it like every other good and blessing known to man in the guise of woman. She was legendized as the daughter of *Æsculapius*, the god of medicine, and was worshiped with him. She sat by the side of *Apollo*, the type of manly vigor, and herself the impersonation of female loveliness, was the companion of *Pallas*, the Goddess of Wisdom, and of *Cytherea*, Queen of Love. Among the sisterhood of deities none was more fair and honored than the divine *Hygiea*. Young and old crowded her temples, rejoicing that through her favor the world was so bright and joyous, and life such sweet lingering on earth. Alas! how has she fared in modern times! Her statues have fallen from their pedestals, her beautiful temples

have crumbled into ruins, her faith discarded and her precepts scorned. A few votaries of the sweet goddess have preserved the secrets of her culte, and with encouraging success have sought to re-establish her fanes and light once more the sacred fire upon her altars.

Foremost among the new propaganda of this old faith is the American Public Health Association. The seven gentlemen who assembled in the rooms of the New York Board of Health on the 18th of April, 1872, have good reason to be satisfied with their preaching of the gospel of health. At Long Branch, at Cincinnati, at New York, at Philadelphia, at Baltimore, at Boston, at Chicago, at Richmond, at Nashville, and at New Orleans, they and their zealous coadjutors found multitudes of willing converts, as it is hoped they will, this year, succeed in doing at Savannah.

Are the rites this deity's service imposes solemn hyperdulia, recondite mysteries only to be mastered by a trained priesthood? Far from it. Health is nature's simplest faith. Its liturgy can be written in the prattle of children and the commonplaces of the peasant. Its laws are fixed, irrevocable, eternal. This do, and thou shalt live and be happy. Do that, and thou shalt surely suffer and die.

health is but the outcome of self-evident truth ; if long life, unalloyed happiness, ecstatic pleasure, are but the recompenses for simply walking in its broad paths, and premature decay, pain and sorrow, and ungratified desire the certain penalties for wandering in the tangled by-ways that stretch away far from it in unknown lines, why should any need be taught that wherein their interest lies? This is the great mystery of humanity. Why, having ears they hear not, and eyes they see not, in every age men have rushed where angels have not sought to tread. While the sanitarian begins his teachings abashed at the simplicity of the lessons he has to inculcate, knowing, on the other hand, the stubborn incredulity of the world, he realizes the magnitude of his undertaking.

A perverted religious sentiment is responsible for this disregard of the body's welfare. A system which teaches that

the physical man is the enemy of an independent, immaterial personality, called soul or spirit—that the flesh is inherently rotten, vile and sinful—that the more beautiful its contour the more sensitive and delicate its organization, the more surely it leads its psychic prisoner towards the gates of hell and eternal damnation, had but one corollary, that it were good to despise, degrade and mortify this earthly thing, which is all we know as self—which we call father, mother, brother, sister, child. Naturally these earnest strivers after spiritual salvation, immured this carnal foe, of which they could not rid themselves and live in convents, monasteries and hermit cells, and passed their lives in a long crusade against the pleadings of their senses. They welcomed pain, the protest of outraged nerves ; they endured hunger, the cry of the thin blood for food ; they suffered cold, because it antagonized every sense of pleasure ; they wallowed in filth in defiance of their educated humanity. The modern Christian, like the older Buddhist, waxed in self-complacent holiness as he tortured, deformed and degraded his body, preparing the way for fiendish inquisitors, who, in the name of God and Saviour, tore off the sin-cased flesh of gentle maidens with red-hot pincers, and sought to appease the vengeance of a Heavenly Father by impaling unbelieving babes. Rather the pagan's homage to that Maker, in whose image he has been fashioned, by glorifying that masterpiece of creative power, the human body—that marvelous mechanism called man. What mortal handiwork can rival this, in the mysterious intricacy of its parts? What other object on earth or in the heavens approaches in beauty that culmination of grace and loveliness—the female form? Grant the soul a distinct identity, can it have a grander temple than this house not made by hands, and should not this be guarded from pollution with jealous care—its avenues closed to every unclean thing—the slimy reptile of disease allowed no hiding corner in its secret chambers—the sacred fires of health kept burning on its altars, daily decked with fresh thank-offerings?

It is only my present purpose to ask your attention to the culpable neglect which has been the natural consequence of

Will we not have to live and move, eat and sleep and dress by rigid rules, so irksome that one would welcome the pangs of pain as penalty for untrammelled pleasure? By no means. It is not a question of a short life and a merry one, without restraint, in contrast with the tedious drawing of years of cheerless asceticism. The song and dance—the music and the flowers—the joyous laugh and sounds of jovial frolicking are heard and seen among Hygeia's followers. The cry of pain, the wailing of the sorrow stricken—tears, agony, despair, the gloom of death among those who have denied her. Let the child learn the simple laws of health and the man will live responsive to them as automatically as the musician obeys the laws of harmony. Inculcate in the youth that his ambition should be the possession of a healthy physique—on the maiden that no art can rival the charms with which nature will deck her unblemished form—that however lowly the station or humble the home, he and she may proudly vie with the scions of the richest aristocracy in that vigor of body, that strength of mind, that exquisite refinement of the emotional nature which constitutes the perfect thinking, feeling, loving, living man and woman—that the blue blood which is derived from titled progenitors, however many their quarterings, is cold and sluggish in the veins beside the red blood, which has been transmitted from ancestors who have known no stain of disease.

What are these simple laws of health? The first and greatest, and that which comprehends all others, is Hygeia's mandate to be clean. It is not an idle saying that cleanliness is next to Godliness. It is its nearest kin—as filth is the parent of disease and sinfulness. Let us see what it means to be clean, and first realize that one-half\* the mortality of the

\*The report of Dr. John T. Nagle, Registrar of Vital Statistics, shows that during the three months ending September 30, 1881, there were 10,967 deaths in the city of New York, being equivalent to an annual death rate of between 35 and 36 in every 1,000 inhabitants, the population being estimated at 1,242,533. The mortality from zymotic diseases alone amounted to 5,079, a death rate of over 16 individuals in every 1,000 from diseases for which bad ventilation and bad drainage are mainly responsible.



very centers of civilization—the great cities of the world—wherein are gathered the wise and learned, is due to preventable disease. One-half the deaths that are at this moment being mourned throughout the land, need not, ought not, would not have happened had this law of cleanliness been obeyed—for preventable diseases are expressively, if coarsely, named filth diseases, and filth is all that which defiles, not merely the outward surface, the person and attire, the dwelling place and sleeping apartment, but penetrates within, entering the body as food and drink, and befouling the air, which fills the lungs, poisons the blood, permeates the tissues and carries its noxious influences to the minutest cell in the remotest organs. The unclean skin, the unkept hair, the sordid garment, the bestial den and disgusting viands, offend the senses of all but those whom ignorance and want have made lower than brutes. But the foulest of all foul things, and that which is more insidiously deadly than them all—foul air—because unseen, is breathed by gentle lady and learned pundit without a shudder and without fear. The clean and the unclean sit side by side, the delicate woman drawing into her lungs the disease laden emanation of some unfortunate honeycombed by disease. Could these curling clouds of noxious fumes be made visible, what horror would we have of them? An idea of it may be obtained in a public conveyance on a frosty winter's day, when the condensed vapor of the passenger's breaths may be seen circling out of one's mouth and nostrils to be drawn into another's, and what is there feebly illustrated, takes place in every badly ventilated theater, church and school house. Go upon the densely populated berth-deck of a passenger ship, or man of war, and what the eye can not distinguish is soon made manifest by the other senses—by the sickening odor, the mawkish taste, which indicates the saturation of the air with products of human waste, the poison of Ochlesis, the poison of overcrowding, which, intensified, destroys life quickly—which in every railroad car, in every crowded vessel, in every place where human beings are congregated, here in this very hall, is present in a more or less diluted, but always dangerous, form.

Among the myriads of travelers who are hourly being transported about this country, how seldom will one be found to scan the ventilators and other air apertures provided in our railway cars, and if one there be hardy enough to open the window beside him to feed his famished blood with fresh air, how generally will be the malediction of his neighbors at his endangering their lives by draughts. Through fear of draughts, every window of the confined apartment is closed, and the would-be guardian of his health deliberately poisons himself and his neighbors, befouling them with an indescribable nastiness that the stomach resents until it becomes paralyzed into insensibility, and against which the aching head makes indignant and persistent protest. Few of us would care to enter the bath which had already served a predecessor, yet the water possibly were less offensively soiled than the air of the apartment into which we plunge with reckless indifference. The nausea which assails you in the confined cabin below the water line or in the musty pestiferous sleeping holes of a Pullman car, disappears when you have access to the free air, as does the drowsiness which possesses you in church, and which you have ascribed to the prosy sermon. When the public can be made to realize that one-half the men, women and children who are falling dead around us, have died before their time from preventable diseases, and that most of these are directly or indirectly due to impure air, they will appreciate how momentous is this problem of keeping clean the atmosphere we breathe. Yet air as deadly may be found in the sumptuous palaces of princes and millionaires. Men build costly mansions and heedlessly fit them with contrivances designed to aid that indolence of luxury which spares the flaccid muscles the slightest effort, and which, through their unsanitary construction, destroy their children and themselves. The victims of typhoid and diphtheria sleep without waking on satin cushions in rosewood coffins. Our own children go to ill-ventilated schools by day and sleep in ill-ventilated rooms by night. The invalid teacher, fretted by the cares of her vocation, enfeebled by her sedentary life and cheerless solitude, tries to supplant

her failing heat-producing power by closing windows and doors and building fires, until the crimson which the sunlight had stamped on the child's cheek fades, and she too shivers at the fresh air's touch. You, too, suffer headache from foul air—you are tired and listless from foul air—you sleep disturbed and awaken unrefreshed from foul air—ten in every thousand of you die yearly from foul air. Happier by far to sleep on a rude pallet in a garret, through whose thatched roof the stars twinkle, than on the downiest couch in the alcoved recess of a palace chamber, whose heavy hangings stifle the still air, which curtained windows have imprisoned and fire and sewer have poisoned! Better shiver as they do in Europe around a porcelain calorifeie than drowse in lethargic stupor from breathing the mephitic atmosphere of an apartment overheated by the furnaces and flues by which modern ingenuity contributes to the defilement of the air, accomplished by coal gas, illuminating gas, sewer gas, and human exhalations. The one gift of which nature has been so munificent that peasant and prince alike can boast of a boundless wealth of it—the one whose purity she has so carefully provided that it can only be polluted by confining it—that of all others most essential to the healthy maintenance of the body is fresh air. Chief food of the well—most potent of remedies for the sick. Place the convalescent where the bright sun-warm air can kiss her pallid cheeks; lead the careworn man from the murky recesses of his office to the seashore, where the fresh breeze comes skipping over the waves; send the swarm of feeble, emaciated children from the dark, damp courts and cellars of the city into the green fields, with their air perfumed by wild flowers, if you would witness the magic that can be wrought by this invisible agent. But, is health only possible in the sunshine, on the seashore, or upon the open fields? No! The air of the city may be as pure as that of the mountain top if it be given scope to free itself of impurities. The nursery and school-room, the chamber and the office, the court room, the theater and the church can all be habitable, if human intelligence will lend itself to this one problem of cleansing the air—if

the mass will realize that invisible, impalpable filth is as noxious as that filth which offends the sight and smell, and infinitely more to be dreaded. Learn to shun this and the great victory of sanitary science will have been won.

It is almost superogatory to do more than suggest that the law of cleanliness involves cleanliness of the body itself as of the habiliments with which it is clothed and the domicile it inhabits. One need not be a physiologist to understand what wondrous influence a clean skin has upon the harmony of the functions, how many pounds of effete material are cast off it during the day, and how necessary that this human refuse should be removed. The dry and grimy skin is neither healthful, comfortable nor beautiful. If the prize of health be not incentive enough nor the sense of comfort be an inducement to frequent bathing, the clear complexion and soft, smooth velvet surface of the clean man and clean woman should induce every human being to avail himself or herself of this cheap balm of beauty. Man breathes through the skin as well as lungs, and if I have succeeded in convincing you that the airy aliments with which the inner man is fed must be innocuous, I would have you not forget that the outward man can not wallow indolently in the human waste, which the processes of life accumulate about and upon him, without falling from that high caste of physical manhood to which his superior development entitles him. Time will not permit me to enter into the details of the toilet beyond insisting that a matutinal washing of the face and hands and an occasional ablution of the feet are not all the care of person that health requires. The undergarments freighted with their load of organic debris must be changed and cleansed, and the porous surface of the body freed from the dry, horn-like coating of epithelial scales, which neglected allows to form, and interfere with the cutaneous exhalation. Man is pre-eminently the creature of habit. The child trained to be clean from birth will look upon sponge and bath and tooth brush as indispensable, and will walk all its days on the cleanly path on which its mother first taught it to pick its footsteps. The sordid reeth and fetor-tainted

breath are not only disfigurements of the fairest face, but shameful evidences of maternal neglect and incapacity.

With this I might cease to claim your attention. When the lungs are hourly filled with pure air and the clean body is bathed in its sunlit ocean, the enlivened blood will crave its proper food, and the awakened appetite may be safely trusted to select it. Food has hitherto engrossed the attention of hygienists to the exclusion of this weightier matter of fresh air. Eat what you please of the good things of this life, only be sure to eat enough. Renounce the heresy that it is wise to rise from the table with hunger unappeased, and above all do not send the little helpless dependents on your bounty supperless to bed, to have their empty stomachs rack them with unquiet slumber? The gaunt eyed gaze of the poor, underfed shop girl is a sadder sight than her scantily clad form, but saddest sight of all is the spectacle of the poverty stricken mother spending her little stock of hardearned pennies for drugs for the feeble child, which, like herself, needs only abundant food to be well. The discussion of dietaries is a matter of secondary importance. Accustom the child to be omniverous. The eccentricities of the palate of later life are often the results of caprices gratified during childhood. Let the food be good and wholesome, plentiful in quantity, and not ruined by the cooking. National and sectional habits become idiocratic, and are not easily eradicated. The Yankee stomach delights in pies and baked beans, while hog and hominy are in equal favor in Dixie. Banish the pie board from the North and the frying pan from the South, and thousands will live who now perish. The cook is a mighty power. Amid the smoke and vermin of the kitchen he wages war on the people who despise him. He sugars the venomed pill and sweetens the poisoned draught, and with disdainful contumely bids you eat, drink and die. Dignify his calling, and expound its mysteries to the ruler of the drawing room. Let the young mistress of the house know that culinary chemistry is as elevated a study as the physiological chemistry by her brother, and that the changes to be rung in flour and butter and sugar, and milk and eggs, are

not mere panderings to taste, but the foundations on which are reared races of valiant men and lovely women.

The sanitarian who has invaded the penetralia of the household, who has fought his way from kitchen to dining room and salon, may pause before he seeks to peer beyond the curtained entrance of the dressing room. Though he disclaim a purpose to assail the æsthetics of the boudoir, and invoke the womanhood of hygeia, as his authority for pointing out wherein they have failed to obey her laws, mother and daughter, grandmother and grandchild, will bar the portal against him, and, in spite of the goddess' precepts and his warnings, will clothe the future woman as they were clothed, and flock around the gaudy shrine where fickle fashion holds her sway. He may unveil the ample waisted Venus, but they will turn admiringly to the costumed world in the modiste's window. He may point to the index of the spirometer, which proves unerringly that no woman who wears a corset can fully inflate her lungs, and they will contemptuously lift the edge and ask if that be tight. He demonstrates how the loosest stays prevent the rising of the ribs and flatten the bust, and summons the full-formed Andalusian, Moorish Jewess and Manillian to bear him witness. He shows by diagrams how the French heeled boot paralyzes the muscles of the leg, attenuates the calf and deforms the foot; and argues in vain that a ring in the nose is no more barbaric than rings piercing the pink lobed ear, and that a mountain of hair, robbed from some victim of the morgue, and piled on oval, flat, elongated heads, without regard to symmetry, is both hideous and unhealthful. The corset maker waxes rich, and her hour glass shaped abomination, fitly like the grim symbol of time, the destroyer, continues to distort, deform and destroy the beautiful outlines of nature's grandest masterpiece.

It is not my purpose to discuss the thousand sinnings against the divine Hygeia's laws which we all commit daily. Our children, as soon as born, are thwarted in their natural instincts by grandmas and doting fathers and anxious mothers, who either starve them through fear of overfeeding,

or gorge them into dyspeptic surfeits. The breast that should nurture them is unfitted for its office or denied them, and stalwart boys and girls are sought to be built up of farina and its thousand starchy congeners. The little child toddles to school to have its brain prematurely stimulated by mental alimnt as indigestible as the viands put into its stomach—by day cheated of its outdoor life—and burdened with nightly tasks, sits blearing its eyesight over illegible print by flickering lights. It enters upon adolescence with fallow face, bent form, round shoulders flat chest and their frail limbs. If a boy, the weakly semblance of a man learns to smoke cigars or cigarettes, arresting development, obtunding his brain, and impairing his vital powers, until he is only fit to be the father of one or two puny, whining, suffering little repetitions of himself. If a girl, her shrunken chest, disguised into an absurd imitation of the shape of woman, her cheeks untiuted, save by cosmetic art, defying the elements in mid-winter, in their stockings, papersoled shoes and phantom underclothing, she lives in the foul overheated atmosphere of the ball room, spurring her feeble energies by the stimulus of excitement and beef tea to spurts of muscular effort, or saving herself when about to fall gasping by rushing to the open windows, she survives by chance to become a mother, a mother unfit for maternity. If parents thus idly witness the immolation of their children, they are not more tolerant to themselves. They labor to amass riches, to attain position, to require power, spurning the heed health counsels, the man withering and moulding under the pleasureless monotony of office routine, the woman bending and breaking beneath the servile drudgery of domestic burdens, her feminine charms and soft attractions vanishing to give place to the slattern's grime and wrinkled coarseness, they shamble along life's highway to fall before they reach their goal, or reaching it, to find the crown and laurel mirrored on a death's head, the scepter in skeleton hands, and the gaudy trappings shrouding a living corpse.

Oh! men and women, who listen to me, if you would not yourselves, nor have your children meet this fate, give ear in

time to the words of warning that we of this association utter. If you would taste the sweets of this bright, beautiful, glorious world, and live happy lives unmarred by pain and sorrow, see that the greed of gain, the ignorance of the truth, the blindness of unreasoning gratification, do not swerve you from that course of right living, which can alone make you hale, hearty, vigorous, godlike men and women. Do not wait until disease stalks into your homes, and then rush to summon the physician, in the hope that he will in a day undo the evil you have wrought in years. Oh! monstrous incredulity of this enlightened age! The learned lawyer and divine, statesmen and merchant prince, are heedless of sanitary teachings till their loved ones are stricken by the scourge they might have prevented. They, as well as their less gifted fellow beings, hasten to swallow drugs and nostrums to relieve the bodily afflictions they have deliberately invited. Hamlet and city are ablaze with the colored lights of the apothecary's shop, whose bottle-burdened shelves find eager patrons. Public nuisances exist in the great cities under the very eyes of the magistrates. The noisome refuse of the streets lies decomposing in the sun, sending its poisonous emanations into every house. A few decrepit laborers, with brooms they can scarcely wield, brush off the surface into little heaps, to be scattered by passing vehicles, and the miserable farce is unconcernedly witnessed by the intelligence of the age—the same intelligence which commits to an ignorant mechanic the sanitary construction of a house, whose defects make it a more dangerous habitation than the widely creviced log cabin of the frontiersman. The details of the midnight murder are carefully perused, while the health officer's solemn utterance—thirty, forty men women and children in every thousand have died—fifteen, twenty of these from preventable disease—fifteen, twenty murdered by ignorance that is unpardonable, by indifference that is culpable, by neglect that is criminal—falls on unlistening ears.

Is it a harsh law, "Thou shalt be clean?" Is it an arduous duty for the parent to instruct the child that the nobility of health is that to which it should aspire—that only the cul-



tured body can be fit residence of the sound mind—that though the garb be humble and the station obscure, the manhood of the man and the womanhood of the woman will be manifest in the bright eye, the blood mantled cheek, the robust form and the vigorous life shown in every movement? Every woman may not have symmetrical outlines of face and figure, but she need be marred by no sickly hue, emaciated frame and faltering gait. Her heart should send a current of healthful blood to animate a form that knows no ailing. The center of a bright and joyous existence, she should be fit helpmeet, companion, friend and lover, equally participating and reciprocating all the joys of sense and understanding of one, who like herself, without blemish, stands proudly peer of all his fellows, a nature's nobleman—an Adam worshiping his Eve in this ceaseless, changeless creed. Living I love thee, and loving thee I live, eternally.

**Denver (Col.) Poor House. Report of the County Physician.**

Dr. Ambrose S. Everett, a well known physician of our school, makes a lengthy and most interesting report, from which we take pleasure in making the following extract:

RECAPITULATION.

		1881.
Number patients on hand January 1st.....	54	77
“ admitted.....	689	798
“ discharged.....	579	720
“ born.....	8	13
“ died.....	95	68
“ remaining.....	77	100
Average daily attendance.....	58*	75*
Number of jail and outside patients .....	219	286
Total number treated.....	970	1,174
Mortality rate at hospital, with the number discharged from the hospital as a basis.....	.14*	.08*
Cost of drugs and surgical supplies in hospital...	\$2,745 07	\$1,144 42

	1880.	1881.
Hospital druggist's salary.....	600 00	150 00
Cost of prescriptions for jail and outside patients	355 56	75 63
Total cost of drugs and surgical supplies and druggist's salary.....	2,700 63	1,370 05

This recapitulation shows a great increase, both of hospital and outside patients and a great decrease in the number of deaths and the cost of medical supplies. It also shows that the county with an increased number of patients, saved in medical and surgical supplies, during the year 1881, the sum of \$1,329.58.

In 1880 it cost \$2.78 for each patient. Had the number been 1,174, as it was in 1881, the total cost would have been \$3,263.72. The real saving to the county, therefore, is \$1,893 67, as compared with the year 1880.

The first three months of the year, the hospital was in the hands of the allopathic school of medicine, and shows an increase of sixty-seven patients, four less deaths, and a decreased expenditure of \$36.86 over the corresponding months of the previous year.

The saving to the county, when taking into consideration the increased number of patients, is \$183 22 for this period.

Since April 1, 1881, the last nine months of the year, the hospital has been under homœopathic management.

It is during this period that you will notice the great reduction in expenses, and the great saving of human life.

The following recapitulation compares the nine months of 1881, when the hospital was under homœopathic management, with the corresponding months of 1880, when the hospital was under allopathic control:

	1880.	1881.
Number on hand January 1st.....	49	82
“ admitted.....	562	649
“ discharged.....	463	586
“ born.....	5	8
“ died.....	76	53
“ remaining.....	77	100
Average daily attendance.....	60*	72
Number of jail and outside patients.....	161	235
Total number treated.....	777	974
Mortality rate at hospital, with the number dis- charged as a basis.....	14*	.08*

	1880.	1881.
Cost of drugs and surgical supplies in hospital...	\$1,383 16	\$780 71
Hospital druggist's salary.....	450 00	0 00
Cost of prescriptions for jail and outside patients	241 27	0 00
Total cost of drugs and surgical supplies, and druggist's salary.....	2,074 43	780 71
Cost per patient from the above figures.....	2 66	80*

This recapitulation shows for the nine months compared, a reduction in the money expended for drugs and surgical supplies, and druggist's salary, of \$1,293,72 in favor of the year 1881. This, however, does not represent the actual saving, inasmuch as the attendance at the hospital was greatly increased.

For these nine months of 1880, it cost the county \$2.66 per patient. If during this period of 1880, there had been 974 patients as there was in 1881, the cost would have been \$2,580.84, instead of \$2,074.43.

Inasmuch as in 1881 the cost was \$780.71, the actual saving is \$1,810.13. On adding together the actual savings for the three months, and for the nine months, their sum will be found not to tally with the actual savings given for the whole year.

This apparent discrepancy is owing to the fact that the number of patients on hand April 1st, appear twice, once in figuring the total number treated by the previous management during the first three months of the year, and again by the present management in figuring the total number treated in the following nine months, whereas, in figuring the entire year they only appear once.

This apparent discrepancy is unavoidable, as in no other way could both managements get full credit for the total number each treated.

The fifty-three deaths reported during the nine months of 1881 are all that occurred in the hospital here compared, and includes all of my Coroner's cases. The seventy-six deaths reported for 1880 all occurred in the hospital according to the records.

I refer to this fact because the previous management of the hospital stated to your honorable board that the present

management did not report its Coroner's cases, while it did theirs. If the previous management had any outside deaths the hospital records fail to show them.

Under the present management two deaths have occurred outside of the hospital, making our total deaths fifty-five. But I see no justice in our reporting outside deaths while we do not report theirs.

On the supposition that the number of patients of 1880 were equal in number to those of 1881, this shows a saving of twenty-one lives. The real saving of human life, however, is represented by the difference between the number we did lose and the number we could have lost without increasing the death rate. This difference shows a saving of a fraction over forty lives.

It is claimed that this has been an unusual year, and that there has not been as much sickness nor as many deaths in the city of Denver and Arapahoe county as there was in 1880. It is claimed that this is the explanation of the decrease in the death rate of this hospital.

Inasmuch as the statistics of this hospital are based upon the number of patients within the hospital, and not on the sickness or deaths in the city of Denver or Arapahoe county, this explanation might be valid if they could show that there was a less attendance at the hospital during 1881. This they can not do, for the number of patients in the hospital exceed those of 1880 by 204.

The facts are that the sickness and deaths in the city of Denver and Arapahoe county bear very little relation, if any, to the amount and severity of the sickness in the hospital.

The inmates of this hospital come not only from every part of the State, but from Eastern Kansas and from the Territories of Wyoming and New Mexico.

The various railroad and ditching camps within the State have also contributed largely to swell the numbers of this hospital.

While there has been very little typhoid fever in the city of Denver, yet in this hospital, during the present management there have been 105 cases. Some of these cases have come

from New Mexico, Leadville, Buena Vista Park, Jefferson and Elbert counties.

They were transported hither by the various railroads running into the city, and my first notification of their presence would be a telephonic message from the Union depot, stating that there was a very sick man there that needed immediate attention. The disease was so far advanced and of such a serious nature that they could not be returned to the places from which they came, and every principle of humanity demanded their admission to the hospital. Others have come from the construction camps of the new railroads being built throughout the State, and from the camp of the English Ditching Company.

The great majority of these cases were among persons who had but recently come to the State, and were imported for the purpose of working on the construction of these new railroads, and were strangers to the Colorado climate.

The most of them were foreign-born, the Swedish nationality leading and the Italian following. Very few of them could understand or speak a word of English.

Out of this number of 105 cases of typhoid fever, we only lost 15, while during the corresponding months of 1880 there were but 94 cases of typhoid fever in the hospital, and out of this number 21 died.

This shows a death rate in typhoid fever, under allopathic management, of a fraction over 22 per cent., while under homœopathic management the death rate is reduced to a fraction over 13 per cent.

The cases of typhoid fever in this hospital during 1881 were of the severest type, many of them resulting from exposure and hardships in a new country.

In one case the temperature ran as high as 106 $\frac{1}{4}$  and remained there for two or three days, and yet the patient ultimately recovered.

It is a fact well known that the building of new railroads, the making of extensive excavations and the uncovering of vast tracts of land, always greatly increases the sickness in the neighborhood of these operations. This is the real solu-

tion of the great increase in the number of patients in this hospital.

In this hospital the accommodations were as ample and the nursing as skillful in 1880 as in 1881; so that none of the conditions which operated to decrease the death rate in Leadville existed here.

In fact, when I took charge of this hospital, April 1, 1881, it was in as good a condition as any hospital I ever saw. It was scrupulously clean and had nearly every comfort enjoyed by well-regulated hospitals. The building is situated in a very healthy locality and is fairly ventilated.

It had the best corps of trained nurses I ever saw, and my inability to retain them all, by reason of the small wages paid by the county, has undoubtedly, to some extent, impaired my success.

The previous management had the advantage over the present management in having had the hospital uninterruptedly for nearly four years, in having a less crowded condition in the hospital, and a better corps of nurses.

I do not claim that my success in the hospital is due to a better management, but to a better and more efficient system of medicine.

I have no doubt that any of my colleagues of the same school of medicine could have done as well, and some of them claim that they could have done very much better. I am only sorry that it is not the disposition of your honorable Board to afford them the opportunity.—AMBROSE S. EVERETT, M. D., County Physician.

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ADVERTISING AS A FINE ART.—An amusing illustration is related in a Western medical journal. It is the case of a man who is said to have made his appearance at a well-known spring in Missouri. He went round to the different places and took his hat off, showing that his head was perfectly bald. He drank the water and stayed there several weeks; the hair commenced to come out, and before long a good crop of red hair had appeared. A few weeks afterwards the man got drunk in Springfield, and told how he had been paid five dollars a day to have his head shaved clean and stay long enough to have the hair grow out.

**MORTALITY RATES.**—The National Board of Health Bulletin for Dec. 10 contains a tabular report of the mortality in the principal cities of the United States for the thirteen weeks ending April 2, 1881, which presents some facts of interest.

The total population of the cities from which reports are given is 8,315,100, and the total number of deaths, 48,144, representing an annual death rate per thousand of 23.2. The highest death-rate belongs to Memphis, being at the rate of 41.5 per thousand; the mortality among the whites being at the rate of 33.7, and among the colored 51.1. The principal causes of this mortality in the various cities is consumption, which gives a death-rate of 3.38 per thousand, and the next is pneumonia, giving a death-rate of 2.35 per thousand.

Taking the cities of over one hundred thousand inhabitants the annual death-rate per thousand represented by the mortality of these thirteen weeks is as follows:

The number immediately following names of cities represent the mortality for 13 weeks ending April 2, and the second number that for 13 weeks ending Nov. 26, 1881. Buffalo, 17.3, 34.6; San Francisco, 17.7, 17.4; Cleveland, 17.9, 26.8; Detroit, 18.9; Providence, 26.2, 17.7; Louisville, 28.7; Cincinnati, 20.9, 21.4; Milwaukee, 20.9, 23.1; St. Louis, 21.64; Pittsburg, 22.8, 30.1; Philadelphia, 23.8, 21.7; Brooklyn, 23.9, 26.3; District Columbia, 24.1, 26.4; Boston, 26.1, 25.4; Chicago, 29.5, 26; New Orleans, 29.6, 25.1; New York, 30.6, 29.9.—*Sanitary Engineer.*

THE New York Society for Improving the Condition of the Poor have objected to the method of dispensing the appropriation asked for by the Commissioners of Charity and Correction, for the relief of the out-door poor. They desire that, if the the appropriation of \$50,000 asked for by the Commissioners for this purpose is granted, "one or more charitable associations, who will make a wise and systematic distribution of the funds, rather than the indiscriminate use now made of the money," may be entrusted with the disposal of it. The fund is expended chiefly in supplying coal to the needy; and the investigations by the Society have shown the existence of some gross abuses. Among the applicants for assistance in ten wards of the city, last winter, 11 per cent. could not be found by the visitors, and six and a half per cent. were disallowed. A very large proportion also admitted that they had received assistance before; out of about 5,000, only 450 claimed that they were being assisted for the first time, while some ancient pensioners who had been receiving coal for 15, 20, or even 30 years were discovered. Furthermore the Society says that through various influences the coal is sent to persons wholly unworthy, and is used by different individuals from those to whom it is sent, and inmates of houses of prostitution were among the regular beneficiaries. In some of these cases applications were made by

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friends; that is to say by "healers and strikers; who had some influence with the powers that be." The existing system of relief is believed by the Society to be degrading in its influence on the recipients, who tend to become pauperized, and "look upon their moiety of coals as something the city owes them annually." That abuses exist which should be checked is quite clear. To select one or two societies, however, to distribute this sum, without an outcry from those who may be ignored, seems to us out of the question. In fact, we should like to see some more definite proposition from the Association for Improving the Condition of the Poor.—*Sanitary Engineer.*

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NEW METHOD OF COMPULSORY ALIMENTATION.—When insane patients refuse to take food, Keppelmayer advises the following: The patient, being placed on a perfectly horizontal couch without pillow, one nurse holds the head, another the outstretched arms, and a third the legs. A soft rubber Jacques catheter No. 10, with a large lateral opening near the tip, is well oiled, introduced through one nostril, and slowly and gently pushed onward as far as the pharynx. Here it usually meets with an obstruction. Without using any force, very gentle pressure is now exerted until an act of deglutition is excited by which the catheter is propelled into the stomach. These catheters are of such a length that, when the tip has entered the cardiac orifice, the other end hangs from four to six centimeters outside of the nostrils. A hard rubber canula having now been fixed in the projecting extremity, a syringe with a capacity of about half a liter, and filled with fluid food, is fastened to the canula and the contents slowly injected into the stomach, after which the apparatus is withdrawn. Should the manipulator lose patience when the catheter is obstructed at the entrance of the pharynx, and use undue force, the tip of the instrument is liable to deviate from the proper course, and suddenly make its appearance between the teeth. This maneuver once acquired by a patient, subsequent attempts at catheterization will require particular patience and care in order to succeed. The chief recommendations of this method of forced alimentation are its simplicity and the impossibility of causing an injury during its execution. Keppelmayer also recommends the employment of large-sized soft rubber catheters, provided with a large, smooth opening at the tip for administering enemata.—*Med. Chirurg. Rundschau.*

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WHY SAN FRANCISCO NEEDS THE STEAM BUGGY.—*To the Editor of the Scientific American:* Your correspondent, W. C. K., under the heading, "Steam Buggies," in the *Scientific American* of November 26, calls attention to a subject of special interest to the inhabitants of large cities. Everybody is aware of the intolerable horse nuisance, caused by keeping



carriages, wagons, etc., standing in the public streets. It is safe to say that at least half the death rate of cities is attributable to this nuisance.

Here in San Francisco the stench arising from neglected filthy streets is simply awful. And this is for the most part caused by horses. There are only three streets in this city that are kept in anything like a decent condition; these are Market, Kearny and Montgomery streets.

Were the streets of an Eastern city allowed to remain in the same condition as those of San Francisco the population would soon be decimated by smallpox and other epidemics. But here, owing to a constant strong breeze blowing from the ocean, the noxious vapors are carried off as fast as they rise. To this alone is owing the freedom of this city from epidemics, as the members of the Board of Health—if such a body exists here—seem to take no interest in the matter. Between the horses and the Chinese, San Francisco is fast assuming the characteristics of an Asiatic city. The man who will invent a motor substitute for horses will be a benefactor to the human race.—SANITARIAN, San Francisco, December, 1881.

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**THE TENURE OF LIFE.**—An industrious German, Baron G. F. Kolb, has lately compiled a book of universal statistics which furnishes much food for thought. His figures show that every advance made by a people in morality, in profitable and healthy employment, and useful knowledge brings it nearer to the ideal—the greatest natural tenure of life. Domestic virtue also tells favorably on the health and wealth of a population. Thus in Bavaria, out of 1,000 children born alive there died of legitimate children, 248 boys and 212 girls; of illegitimate 361 boys and 342 girls. Out of 100 children suckled by their mothers, only 18.2 died during the first year; of those nursed by wet nurses, 29.33 died; of those artificially fed, 60 died; of those brought up in institutions, 80 died in the 100. The influence of prosperity or poverty on mortality is also shown by Baron Kolb. Taking 1,000 well-to-do persons and another 1,000 of poor persons—after five years there remained alive of the prosperous, 94; of the poor, only 655. After fifty years there remained of the prosperous, 557; of the poor, 283; at seventy years of age there remained 235 of the prosperous, and of the poor, 65. The average length of life among the well-to-do was 50 years, and among the poor 32 years.

One of the most potent shorteners of life is the anxiety of providing for bare subsistence. The lack of sanitary conditions also shortens man's years. Idleness, as compared to intense industry, outweighs—prejudicially outweighs—all the advantages of ease and abundance.

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**PERIODS OF INFECTIOUS DISEASES.**—Dr. Richardson, of London, has been giving the Sanitary Institute some of the results of his recent researches as to the periods of the incubation of infectious diseases which the sanitarian had to combat. He said there were twenty-six diseases of

this kind, with periods which might fairly be called regular. Incubation was the time which intervened between the acceptance of the poison that caused the disease and the first manifestation of its effect. Diseases might thus be grouped, according to their stages of incubation, into five classes—shortest, short, medium, long, longest. The shortest period was one to four days; under this head came plague, cholera, malignant pustule and dissection poison. The second period was from two to six days, and under this head came scarlet fever, diphtheria, croup, erysipelas, whooping-cough, influenza, glanders and anæmia. The medium period was from four to eight days, and in it are included cow-pox and relapsing fever. The long period had ten to fifteen days, and included in it measles, mumps, typhus and typhoid. The longest period, forty days, included syphilis, and might include hydrophobia. Dr. Richardson pointed out important practical sanitary lessons that were connected with a correct knowledge of these periods of incubation.

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THE VALUE OF VIVISECTION.—But human vivisection pursued for its beneficent purpose is a difficult and dangerous practice. It requires the most accurate and thorough knowledge of the organization of the human body, and extensive experience in working upon it. In its early stages, when little was known of the living system, it was a dreadful barbarism, a manipulation of torture, and, in serious cases, more liable to injure than benefit. The province of surgery has ever depended upon knowledge and experience, and it has become successful in proportion as knowledge has increased and the opportunities of practice have been enlarged. Modern surgery has advanced with the most rapid strides, and at every step has made humanity its debtor. And this, also, everybody knows.

Yet, from the beginning, men have combined to hinder the development of this art upon which so much of human welfare depends. For thousands of years the dissection of the dead human body—the only source of knowledge to the surgeon—was held a horrible thing by the multitude, was denounced as sacrilege by the Church, and was forbidden by the State.

In recent times it has been discovered that there is a unity of method and law running through all forms of organic life, such as was never suspected in former ages. This was a great step in the progress of science, and a great opening for the physician and surgeon, as the whole realm of inferior life was at once made tributary to the development of the physician's art—that is, the human vivisector, who had been hitherto greatly cramped and embarrassed by the difficulties and limited scope of his operations, could now carry on his inquiries more thoroughly and comprehensively by experiments upon the lower animals. It was a grand possibility,

and, broadly considered, forms the most important step in the progress of medical and surgical science and art.

But, here again, ignorance and prejudice have, even in our day, combined to hinder the use and extension of knowledge vital to human benefit. As the human body was once forbidden to be dissected, so now it is forbidden to vivisect the lower animals. Anti-vivisection societies are formed, and anti-vivisection legislation is sought and has been obtained to defeat the work of the experimental physiologist. The anti-vivisectionists express great sympathy for the poor dumb animals, and assume to be their protectors. The sympathy is commendable, the function assumed a most proper one, and the field for the exercise of both boundless, so that these friends of the suffering animals can exhaust all their energies in protective work, without meddling with the physiologists.—PROF. E. L. YOUMANS, in *Popular Science Monthly* for July.

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## Book Notices.

**Minor Surgical Gynæcology.** A Manual of Uterine Diagnosis, etc., etc.  
By Paul F. Munde, M. D. With three hundred illustrations.  
Wm. Wood & Co., New York

After many years of comparatively fair experience in treating diseases of females, we turn from a perusal of this book with a feeling akin to a bewilderment. Our earlier studies in gynæcology discovered no such book as this in medical literature. Surely, so far as books are concerned, the subject has vastly grown within the last quarter of a century. The subject, as we follow it by Dr. Munde, is fascinating in the extreme, and we can believe that by many an earnest and conscientious student the writer would be implicitly believed and followed, and all that he has said be taken without a grain of salt. Dr. Munde belongs to a vigorous, we might say heroic, order of gynæcologists. The three hundred illustrations show at a glance what can be done with a woman's uterus when one sets earnestly about it. It is without doubt an excellent showing for this kind of work, and whatever a man might think of it he could not fail to be profited as well as interested in it. It is not our sort of gynæcology,

but then we did n't expect to find our sort in Dr. Munde's book, and so are not at all disappointed.

**Photographic Illustrations of Cutaneous Syphilis.** By Geo. Henry Fox, M. D. E. B. Treat, New York.

We have received numbers ten, eleven and twelve, with which the author closes the second series of photographic illustrations of skin diseases. We have spoken in the highest terms of the first series, and the bound volume of the total twenty-four makes, in the first place, one of the most beautiful of all books that may be added to a physician's library, and in the second place it is in every way unique, while of its value to the physician there need nothing be said. It will be simply indispensable to the student who studies and the practitioner who treats these diseases. We have here a refined art aiding one of the noblest of sciences, and the two, hand in hand, have given us an invaluable addition to medical literature. Price of each part \$2.

**Address.** Delivered before the Homœopathic Medical Society of Pennsylvania, at West Chester, Sept., 1881, by the President, J. H. McClelland, M. D., Pittsburgh.

In most respects this address is first class. The author has a happy way of putting things. He makes even common things interesting. Upon one point the Doctor seems weak. He stands ready to trade off Homœopathy for "the title, 'Doctor of Medicine.'" Just a little more backbone would help a good many more besides Dr. McClelland. He speaks of "Homœopathy as a part of medical science." Well that depends upon what we consider "medical science." If it be Allopathy, Homœopathy Isopathy, Hydropathy, Eclecticism and what not combined, that's one thing. If it be the true art of healing, then will the good Doctor tell us how Homœopathy is a part only?

**Prof. Pasteur's Experiments. Bacteria in Various Diseases.** By Rollin R. Gregg, M. D., Buffalo.

This is a reprint from the Physicians' and Surgeons' Investigator. In it the author attacks the "bacteria theory" with his well known vigor, and succeeds in placing the onus of proof upon Prof. Pastuer, and the followers of that school. Dr. Gregg's energy and persistence are admirable, and if any one can overthrow the present popular theory of disease germs and all that implies, he can do it. We believe he is in the right by a large majority at least. Meantime it will pay to follow Dr. Gregg's gallant fight.

**Transactions of American Institute of Homœopathy. Session 1881.  
Brighton Beach.**

We are gratified to find this volume reaching our table so promptly. A careful study of the papers presented shows that a steady progress is accomplished in the work of the Institute. Some of the members by long familiarity with the work are able to secure in the several bureaus a high degree of excellence. These are the men who should have charge of the bureau work. The secretary, Dr. Burgher, has our thanks.

**A Journal of Travels in Europe during the summer of 1881. By C. Pearson, M. D., Washington, D. C.**

Thanks to the author for his diary which is to us most pleasant reading, as it calls up familiar scenes. The Doctor was glad he went, and glad to get home, though he found himself fourteen pounds lighter, and we do n't know how many pounds poorer.

THE London Lancet may now be had for four dollars a year. We advise you to invest some money in it. Address, Industrial Publication Co., 14 Dey st., New York.

OTIS CLAPP & SON, Homœopathic Pharmacutists, Boston, Mass., send us a beautiful Visiting List which is so arranged as to be perpetual. It is just the thing.

WE have unintentionally neglected to speak of Hoynes Annual Directory of Homœopathic Physicians for 1881. We do so now with pleasure.

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## Editor's Table.

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CHICAGO's hospital is equally under charge of homœopaths and allopaths.

"Only keep your head, Mr. Smith, and you are sure to have a soft thing."

DR. G. E. GRAY, class of '80, U. of M., has settled in South Pueblo, Colorado.

DR. F. PARKE LEWIS, of Buffalo, has returned from Europe and reopened his office at 230 Pearl street.

DR. DAVID HAGGART, of Indianapolis, comes out flat footed against vaccination. He opposes it on scientific grounds.

MRS. DR. C. T. CANFIELD has removed from Titusville, Pa., to Indianapolis, Ind. Address, 10 East Michigan street.

DR. L. B. RICHARDS, class '81, University of Michigan, Stafford Springs, Conn. Dr. Addison Morgan, class '81, Waterbury, Vt.

WE are indebted to Dr. M. T. Runnels for daily papers containing reports of American Health Association at its Savannah meeting.

DR. S. R. BECKWITH and family are spending the winter in Europe, and private advices warrant us in saying they are having a good time.

"The Health of Washington!" exclaimed old Mrs. Pinaphor, reading the head-line of the newspaper. "Why, I thought Washington was dead."

AN Oil City man, whose wife presented him with twins, thoughtfully remarked: "Well, well; I should smile to utter; that is a little too two."

A CORONER's verdict lately read thus: "The deceased came to his death by excessive drinking, producing apoplexy in the minds of the jury."

IT was wrong in Peg, the shoemaker, to say to the doctor who complained that he had made a poor job of that last pair of boots, "Physician, heel thyself."

CINCINNATI is the healthiest city in the country containing over a quarter of a million inhabitants, excepting San Francisco, which is probably the healthiest large city in the world.

There were 13,000 more deaths than births in the city of New York during the year 1881. This is so contrary to the law of natural increase in population as to need special investigation.

LIKE A BRASS BAND FOR THE DEAF.—A Vermont man has willed his picture gallery to a blind asylum. The patients are supposed to be the only persons who can really appreciate the collection.

MARRIED.—Dr. D. A. McLachlan, of Holly, Mich., class '79, U. of M., and Miss Bertha M. Hadley. Dr. J. C. Wood, of Monroe, Mich., class '80, U. of M., and Miss Julia K. Bulkley, Dec. 28, 1881.

IT is announced that baldness can be cured by skin-grafting, but by married men the assertion is regarded as mere balderdash. They say the only sure cure lies in the amputation of the arms of the female.

M. LABOUCHERE says that the late Baron James de Rothschild incurred losses on the Bourse in October amounting to 80,000,000 francs (\$16,000,000), and that his anxiety caused the bursting of an aneurism.

THE Alumni of the Homœopathic Department of the University of Michigan are requested to send their addresses and present locations to A. R. Wheeler, M. D., President Alumni Association, Ann Arbor, Mich.

**DR. M. T. RUNNELS**, of Indianapolis, delegate to the American Health Association, at its recent meeting in Savannah, Ga., secured his own city as the chosen place for the next meeting of the Association. This is a matter for congratulation both to the Doctor and the city and state which he so ably represented.

**CINCINNATI MEDICAL ADVANCE**: By express I send you four dollars, my indebtedness for the valuable **ADVANCE**. I admire a progressive homœopathic journal, and the **ADVANCE** seems to fill the bill. Continue to send it along, and when I owe draw on me. Respectfully, **J. N. REYNOLDS**, Grand Haven, Mich.

**MR. WM. MULLEN**, Newark, O., the humbug rheumatism cure all, is plying his little game here in this city and in Pittsburg. From appearances he must be quite successful in "gulling" physicians. I heard from **A. C. Cowperthwait** that he is a great humbug, and that his remedies are worse than useless. \* \* **S. F. SHANNON**, Alleghany, Pa.

**DRS. HOWELLS AND KIRK** have done so much good work at their Dispensary as to impress their many friends favorably. These friends have come to their aid handsomely, and have enabled them to secure a charter for a hospital, with the promise of abundant pecuniary assistance to maintain it. We wish them continued success in their efforts.

A **RESIDENT** physician, who was making his rounds in a lunatic asylum found an adult patient riding a hobby-horse. "Riding your hobby, are you?" he said. "No," said the lunatic, "I am riding my hobby-horse." "What is the difference?" said the doctor. "Any one who is riding a hobby-horse can stop when he chooses; but any one who is riding a hobby can't."

A **NEW DEPARTURE** is at last secured in St. Louis. The old Homœopathic Medical College of Missouri after a long and painful transmigration that would have done honor to **Buddah**, is at last laid to its final rest. And this is the new departure, for Missouri having in it fighting qualities to die. Strange to say, it killed itself. However, peace to its ashes say we.

**HERING MEDICAL COLLEGE OF ST. LOUIS**: This is also a new departure—another **Richmond** in the field. At its head is our gallant friend, **Dr. J. T. Kent**, Dean. It is a school organized on a new base, and one we trust which will do honor to the noble name inscribed on its banner. It will, we are assured, be representative of Homœopathy. If so, then we give it hearty welcome and bid it **God speed**.

**ADELINA PATTI**, while in Cincinnati, received a handsome case of homœopathic medicines, presented to her by **Signor Brignoli**. **Sig. Brignoli** purchased it and also one for himself, of **Mr. G. W. Smith**, homœopathic pharmacist, 143 W. Fourth st. These artists are very particular

about the remedies put in the cases, and object to *Ipecac* and all forms of *Mercury*. Both use homœopathic medicines when ill.

THIS IS GENUINE: "Sept. 28, 81 Dear Sir Dr.—I thought it proper to let you know how Mr. B——'s eyes was getting along. The Inf— is less and the dread of lite is less and exerything is faverbel now. Dr. pleass te l me if this treatment would Doe in eyes left weak from preavus illness, cronick sorness as every other symalar cases. Also tell me the best treaty on the eye and ear. Yours —— M. D.

WATER! WATER!—Indianapolis and Boston, at least, are in a fair way to get something fit to drink. Dr. M. T. Runnels has been studying the water supplies of the Hoosier Capital during the past summer, and finds an alarming state of affairs. His account of the condition of the wells in that city is actually sickening. He shows conclusively that disease and foul water are closely connected. In Boston, Dr. I. T. Talbot has evidently stirred up a mare's nest. He declares the celebrated Chochituate no better than it should be. He is for reform, and we heartily applaud his humane and scientific endeavors.

DAYTON, O., January 12, 1882.—January 24 Dr. Rickey will lecture on The Pathology and Morbid Anatomy of Insanity. January 31, The Causes of Insanity and the Symptomatology of Insanity. February 7, The Symptomatology of Insanity. February 7, Diagnosis and Treatment. Two lectures will be given each day, one at 11 and one at 2 o'clock. I should be pleased to have any members of the profession from Cincinnati or other cities attend these lectures.

EDITOR MEDICAL ADVANCE: We forward you by mail for review, parts x, xi and xii, of "Cutaneous Syphilis," which complete the series. First series, Photo Illustrations Skin Disease. Second Series, Photo Illustrations Cutaneous Syphilis. We would here express our gratitude to the American and foreign medical press for kindly notices which have appeared from time to time during its course of publication. The value of the work in the estimation of the profession has been shown by its large and unprecedented sale, and the rank which it has taken among the medical publications of its class in England, France and Germany. We are pleased to announce that at an early day we shall be prepared to fill orders for the work in the French and German language, editions of which are in course of publication in Paris and Leipsic. I remain, yours truly, E. B. TREAT.

SMALL POX IN THE UNITED STATES.—Reports received to December 17 show that small pox now prevails to a greater or less extent in sixteen States and two Territories, as follows: In Boston, Holyoke and New Bedford, Mass.; New York City, N. Y.; Hudson county, N. J.; Philadelphia, Pittsburgh, Allegheny, and Midway, Pa.; Wilmington, Del.; Baltimore, Md.; Richmond, Lynchburg, and Winchester, Va.; New Orleans, La. (1



case reported); Little Rock, Ark.; Cincinnati, Ohio; Madison, Ind.; Chicago and Elgin, Ill.; in Antrim, Berrien, Grand Rapids, Leenawa, Travers, and Van Buren counties, Michigan; St. Louis, Mo.; San Francisco, Cal.; in Oregon and in the Territories of Washington and Montana. The number of deaths from small pox reported during the week was 105.

REPORT NEW YORK STATE HOMOEOPATHIC ASYLUM FOR THE INSANE, Dr. Talcott, Superintendent.—The report shows that the Asylum is in a very excellent condition, and is doing its work successfully, curing a goodly proportion of its patients, caring for all comfortably, and paying the current expenses of management from its own earnings. It is well equipped for the purpose, thanks to the generosity of the Empire State, whose trust in this case has been amply justified by the good results shown to have been accomplished.

The Trustees' report states that the past year, which is the eleventh in the history of the institution, has been a prosperous and progressive one. The original design of the institution has been completed by the erection of the third building which is the second pavilion structure, one of which stands on either side and slightly to the rear of the first or administrative building. The sum of \$150,000 was asked for and granted to build it. Not only was the building erected complete and perfect for the purpose, but the necessary corridor and sub-way connecting it with the main building and boiler-house have been constructed, all within the appropriation. The pavilion, which is 204 by 40 feet with a wing of 70 feet, adds 175 to the capacity of the Asylum, which can now accommodate 400 patients, all of whom can be classified to the best advantage among its seventeen different wards.

The farm, which is conducted on business principles and is steadily being improved and enriched, produced crops during the year valued at about \$6,000, while the labor and board amounted to a little over \$2,000. In addition to regular farm crops, field and garden vegetables are raised in large quantities, and small fruits of every variety are cultivated and produced every year in increasing quantity for the Asylum tables. In the farm and garden work, as well as in the improvement of the lawns and the cultivation of flowers, the labor of the patients is utilized to their benefit and the advantage of the institution.

The Treasurer's report shows that the receipts for the board and care of patients have paid current expenses of management and more, leaving a surplus in its treasury rather than a deficiency for the State to make up.

The report of Dr. Talcott, the Medical Superintendent, gives the record of his fifth year at the head of the institution, and it proves to be a very successful one as regards the treatment of the insane. The percentage of recoveries is larger than during any year of his management, and the death rate low to a marked degree.

Dr. Talcott states: November 30th, there were 180 patients in the Asylum, and during the twelve month 160 more were admitted, making 340 that were treated. Of these, 61 were discharged recovered, 17 improved, 29 unimproved and 15 died. The percentage of recoveries on the number discharged is 49.11, and the percentage of deaths on the whole number treated 4.41. Considering the fact that among the number treated are many hopelessly chronic cases, and some who are taken there for the sake of the extra care and comforts they have in their last days, the death rate is very low. Though in every asylum treating acute cases there are always some with the suicidal mania strongly upon them, there has been no

case of suicide in this institution during the past year, and very few in its history. On the 30th of November last there were 108 male and 108 female patients in the institution.

Superintendent Talcott pays unusual attention in his report to the question of employment for the insane, considering how far it may be useful to them as a help towards recovery and under what circumstances harmful. While no general rule can be laid down it seems to be settled that acute cases require rest rather than work, and especially when the disease is newly upon them. During recovery light employment suited to the capacity and taste of the patient may be useful. In chronic cases where there is the strength and disposition to work it can be furnished in most instances without harm. The question of whether work will be beneficial or not has to be decided in each individual case upon its merits.

The beneficial results of homœopathic medical treatment of the insane are declared to be more and more apparent, as experience multiplies and the rule of *similia* is strictly adhered to, though it is the purpose of the management to reap the fruit of every hygienic, sanitary and moral remedy that is available in the treatment of diseases of mind or body.

The majority of recoveries were reached during the first year's treatment. The length of the period of treatment in the 61 recoveries of the year is stated as follows; under three months, 14; from three to six months, 16; from six to twelve months, 20; from twelve to eighteen months, 2; from one and a half years to two, 2; two to four years, 6; from four to six years, 1. Of the deaths all but two were over forty. One was over 25, one was over 30, 4 over 40, two over 50, 5 over 60, 1 over 70, and 1 over 80. The causes of death were dementia from old age 6, from paralysis 1, dementia and exhaustion 2, general paresis 3, chronic mania and exhaustion 1, phthisis 2.

Of the 160 admitted during the year 62 were single, 75 married, 20 widows, 1 divorced and one unknown. As to births, 94 were in New York State, 33 in the United States at large, 16 in Ireland, 11 in Germany, 3 in England, 1 in Canada, 1 in France and 1 in Bavaria. 94 were pay patients and 66 county charges.

As to the occupations, 33 of the women were housekeepers, 15 had no occupation, 5 were servants, 4 teachers, 1 cook and 1 tailoress. Among the men, 21 were farmers, 9 laborers, 6 merchants, 4 clerks, 3 brokers, 3 boatmen, and 3 with no occupation, 2 were reporters, 2 real estate agents, and 2 machinists; 38 occupations had each one representative.

The causes of insanity in these one hundred and sixty cases, are stated as follows: Predisposition 27, overwork 20, hereditary 17, domestic trouble 8, old age 7, and 4 from each of these: irregular liver, child birth, physical disease, loss of property, intemperance, sexual excess, financial trouble; 3 each from loss of family, injury of head, masturbation; 2 each from fright, opium eating, loss of friends, religious excitement and dissipation. There was one from each of the following causes: excessive smoking, excessive use of tobacco, suppressed eruption, malaria, temperance excitement, physical injury, syphilis, miscarriage, lactation, climaxis, steamboat explosion.

The total number of patients treated in the Asylum from its organization to the 1st of December, 1881, was 1,832. Of these 362 were discharged recovered, 128 improved, 208 unimproved, 101 died, and 3 proved not insane.

The percentage of recoveries to the whole number discharged has never been below 40 per cent, and has averaged 48 per cent.



T. P. WILSON, M. D., EDITOR.  
ANN ARBOR, MICH.

J. P. GEPPERT, M. D., ASS'T EDITOR.  
CINCINNATI, O.

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"PARVULES. To the medical profession only."—A Chicago friend sends us a little pamphlet, which, if it is widely distributed, has not before chanced to light in our sanctum. It is not only a pamphlet, but it is a "straw" as well, and shows quite conclusively which way the "trade wind" is blowing. The well-known house of Wm. R. WARNER & Co., of Philadelphia, Wholesale Druggists, etc., etc., have something new to offer in the way of pharmaceutical preparations. They have invented an improved method of preparing drugs. We quote from their circular: "The term Parvule from *Parvum* (small) is applied to a new class of remedies in the form of minute pills, containing minimum doses for frequent repetition in cases of children and adults [patients, neither children nor adults, have to take O. S. most likely]. It is claimed by some [over 6,000 homœopathic] practitioners that small doses given at short intervals exert a more salutary effect. SIDNEY RINGER, [who has wrung his information out of his homœopathic neighbors] in his recent work on Therapeutics, sustains this theory in a great variety of cases without catering to Homœopathy. [To cater is to provide food for. The idea of SIDNEY RINGER providing Homœopathy with anything but half-sucked eggshells, the remains of honest meat he stole from it, is absurd.] As medicine advances from the domain of empiricism and becomes more of an exact science, all of its lateral branches must assume new forms. The modern teachings of physiological therapeutics inculcate

a change in the manner and matter of dosage that shall meet the varying indications of disease and the peculiar susceptibility of different individuals. The large, and oftentimes nauseating compounds of our ancestry, have lived their day, and died, let us hope without regret. [How near dead they are, please consult the latest book on 'Formularies']. The elegant preparations of the pharmacy of the present day have met a well recognized need, and have added lustre to the physician who could disguise from his patient the unpalatable or unsavory nature of his medicaments. But there was still something lacking. There was a growing demand for accurate, graduated, tasteless preparations, which might be easy of administration to children and adults, and which should subserve a useful purpose in the treatment of many diseases. [In other words, the homœopathic doctors have taught the people better things, and Allopathy is obliged to come to time.] It is a well received fact in medicine that a small dose frequently repeated, will very often be crowned with more brilliant success than a single large dose. This is peculiarly well illustrated in the treatment of certain forms of diarrhœa. [It would be difficult to find this fact so much as hinted at in the ordinary allopathic text-book.] RINGER, in his treatise, lays great stress upon the efficacy of minimum doses of *Corrosive sublimate* in the treatment of this disease, whether the stools contain blood or not. [Parvules of *Corrosive sublimate*, 1-100 gr., are made by WM. R. WARNER & Co.] A large experience of professional men indorses the certain action of the Parvules of *Podophyllin* in constipation due to a torpid action of the liver, with deficient biliary secretion, and in persons in whom there is manifest want of tonicity in the muscular fibres of the intestines. This is due, unquestionably, to the permanency of the stimulation induced by frequent repetition. A single large dose produces an ephemeral impression, more or less profound, and ceases to exercise any effect whatever after the impression so induced has been lost in the increased peristalsis. The intelligent use of the Parvule first creates the desired condition, which may be continued for as long a time as the practitioner may deem expedient. [An allopathic journal on our table, says of RINGER's writings, that they contain not a little clandestine Homœopathy. It would be a mistake to suppose the above ideas in any respect represented Homœopathy. No sensible homœopath ever taught or believed such absurd therapeutic notions. And yet they are something far better than the ideas followed by the ordinary allopath. They show progress especially in the direction of smaller doses.] Drs. PETERS, of Paris, RINGER, BARTHOLOW, DESSAU and others, equally well known in the literary arena, have cited numerous cases of almost every variety of disease, wherein they brought about a desired result by the adop-

tion of minimum doses when all other plans of treatment had failed," It would be hard to find anything more suggestive than this little circular; and it will do more to revolutionize the allopathic practice than all the medical colleges and journals and text books put together. Here, for almost the first time medicines are prepared by an allopathic wholesale pharmacist in an uncombined form and in—for that school—remarkably small doses. Here are more than fifty of the leading drugs used by that school prepared in doses of one-twentieth, one-fortieth, one-fiftieth, one one-hundredth and one two-hundredth of a grain.

Can such things be  
And overcome us like a summer's cloud  
Without our special wonder?

It is amusing to find in this pamphlet a vigorous protest against the supposition that this new departure in pharmaceuticals and therapeutics has anything to do with Homœopathy. More than a score of times the writer declares that these small doses "are in no sense Homœopathic." Well no intelligent person would suppose they were. Such anxiety is needless. But we can see in it an open door out of which the intelligent allopath may step into the light and liberty of Homœopathy. When he finds these small doses doing improved work, he will try some homœopathic attenuations. WARNER & Co. are doing good work. We heartily applaud their endeavors to improve the crude and often barbarous methods of the allopathic school. In closing we can not resist a quotation from the Southern Medical (Allopathic) Record: "The efficiency of these Parvules we attribute not to Homœopathy, but to the thoroughness of preparation and the purity of the articles used. In so far as Homœopathy advocates thorough trituration as enhancing solubility and neatness of preparation as more likely to agree with delicate stomachs we make no issue, and we think that often much good results from the avoidance of those disagreeable antipathies which not unfrequently prevent the administration of medicines to delicate persons by reason of the nauseous form in which medicines are ordinarily administered."

DR. CHARLES ADAMS, surgeon, homœopathic staff, Cook County Hospital, at his clinic yesterday successfully removed a large carcinomatous—cancerous—growth, involving the entire mammary gland of the left breast. On account of the want of time an operation for necrosis of the lower jaw and another for necrosis of the bone of the left thigh were unavoidably postponed. The clinics thus inaugurated will be continued not only for the benefit of the students of the homœopathic, but for all students of medicine, whether of the regular or homœopathic schools.—*Chicago Daily.*

apeutic law is not all that should claim the attention of the physician; for it is no less imperative for him to keep mankind from sickness, than to cure, prolong and perfect life.

He should be an educator as well as a healer. So long as men lean towards the grave, and the cradle of our little ones rock that way, it is our duty as physicians to teach prevention as well as cure. Propylactics are as valuable as therapeutics.

There is an old proverb—and it is as true to-day as ever, and as applicable in connection with our theme as any other, “that an ounce of prevention is better than a pound of cure,” and hence the doctor who does most to impart knowledge concerning the laws of health in the sanitary and hygienic departments, and cures the most patients, is he who gives to a sickly humanity “The oil of joy for mourning, and the garment of praise for the spirit of heaviness.”

Our mission is not always to act on the defensive, but at times assume the aggressive, meet every subtle foe in its hiding place, whatever its form or purpose. Deliver man, as far as may be, from the fear of hostility and bondage, or from habitations and habits that produce seed and soil for disease and death, then you will increase their joys, as well as rescue from suffering.

Such a physician will not only annihilate pain, but he will prepare the heart fertile for the indwelling of pleasure.

The physician is not only to be fortified with a knowledge of his materia medica in its most sanguine possibility, but he must carry with him the safety lamp, the life boat; and that is not all, he must ring the fog bell, whose tongue shall speak life amidst the shadows of death.

If he would prevent sickness and perpetuate life then, as far as he knows the haunts of vice, or pitfalls of death, let him warn unwary feet against approach, and with the spirit of the missionary of the cross, bear tidings to save from, as well as medicine to cure, maladies of body or mind.

While human life is frugal, it has an abundance of wealth to promote longevity, peace and happiness. Still the emissaries that abridge life's journey, and hasten the innocent on

to suffering and to death, are not a few. Like invisible foes, and subtle as witchcraft, they prowl incessantly to destroy.

So many lives are mortgaged to ignorance, imprudence and excesses, it is often in the ability of the physician to prevent a speedy foreclosure, by ministering to the moral as well as to the physical—not only with material substances, but with spiritual forces.

Lord Bacon, in commending his “History of Life and Death” to the readers, expresses the hope “that the nobler sort of physicians will *advance* their thoughts, and not employ their time wholly in the sordidness of cures, neither for necessity only, but that they will become coadjutors and instruments of the divine omnipotence and clemency in prolonging and renewing the life of man.”

These thoughts and suggestions are the outcome of the fact that the gift of healing does not proceed wholly from a knowledge of the *materia medica*; but the animus of the physician, as well as adjuvants, are a part of the means to accomplish one of the noblest purposes of life.

The means and measures that are healthful to the patient under homœopathic medication, are as numerous as under other modes of treatment.

I am, however, a disclaimer against the interlopation of expedients, as many practice.

To say that *China*, however, 500 potency, is as effectual and opportune in arresting uterine hemorrhage as an injection of hot water, or that a dose of *Cantharides* in stranguary is as efficient as catheterism, or the external application of cold or hot water to the seat of pain in acute cellulitis, does not accord with my experience. Others may differ. Dr. Guernsey, of Philadelphia, says, “*China* is worth infinitely more than tens of thousands of transfusions, or any quantity of brandy and water, or any other possible means of saving life in uterine hemorrhage.” With all due respect to such a peer in Homœopathy, I do not believe many dare accept his theory, or follow his lead.

I believe in Homœopathy as a science, founded upon a law; a law which claims a supremacy; a law before which all col-

lateral medicine, or adjuvants must bow in subjection; and that hygiene, and all other expedients, or auxiliaries, merit our encomiums only which are in an agreement with the law of similitude.

It is the immutable law of therapeutics—the similia—that legislates to the practitioner the choice of his remedy, and not pathology.

While many a champion has done battle for similia, and stood boldly and fearlessly for the purity and simplicity of the truth of Homœopathy, there are some among us who are not quite ready to discard entirely the use of adjuvants; and in so doing, feel that they do not dishonor the integrity of the materia medica, or bring reproach upon the therapeutic law of Homœopathy. In this age of thought, however scholarly, or versed in science, it is not in the law of mind for all to see or think alike; hence, not all students in medicine are capable of arranging or retaining in memory truth and facts so eminent in character as are connected with our pharmacodynamics.

The classifications of drugs by the old school has been ignored by the new school of medicine.

We have no number of medicines grouped as cathartics, emetics, expectorants, etc.; no formulas combining medicines for certain or uncertain pathological conditions; but each drug in our materia medica must stand or fall upon its own merits, in its sphere of symptomatology.

When the student of medicine undertakes to master the homœopathic materia medica, he soon learns that it is no diminutive branch of medical science, but one of the greatest and grandest the mind of man ever undertook.

The homœopathic materia medica to-day is no manual, but an encyclopædia.

The component parts are like so many bright orbs in the constellation of the heavenly bodies.

The collecting of the hundreds of material substances, so carefully analyzed for medicinal purposes, comprises one of the grandest results connected with the scientific world.



The production of such a masterpiece of literature has an auspicious beginning.

It is now less than a century since the proclamation of the doctrine *similia* was announced to the world; and instead of completing the *materia medica*, we are justified in saying it has hardly commenced. The opposition to the revelation of the law *similia* has been fuel for the flames, instead of water to quench it.

The contest, to professional issues, is a device of the enemy to destroy the confidence of the people—as a practice of choice, and to prevent honest and earnest students of medical research from adopting measures that will change the formulated use of drugs, which for centuries have been the bane of mankind.

Although our *materia medica* is a work of almost unlimited dimensions; yea, so vast it may be, that it is well-nigh being unwieldy in the ordinary period of a lifetime.

I know a disciple of Hahnemann who has been a close student of the homœopathic *materia medica*, and a faithful and happy practitioner for upwards of thirty years, and it is said with an enviable success; and his testimony to-day is, that he discovers more to learn than he has yet been able to accomplish with all diligence.

I would not speak prejudicially against the cumulative mass of matter in our *materia medica*; doubtless the coming generations will abridge it. Still, the many numerous volumes presented to the student of medicine, touching our theme, may be so many vehicles fraught with valuable suggestions and experience, and with them our libraries and our minds may be greatly enriched.

With so much to learn like astronomers, mathematicians, etc., it is not strange that some dare not grapple with it, or never master it, however studious and untiring in their research; and still, the mineral, vegetable and animal kingdoms are full of unknown medical substances, which, doubtless, will be as varied in adaptation and virtuous in choice, as any remedy now at our command. The *materia medica* of our school to-day is not without its defects any more than other

branches of science in its primary stage. The work of digest is winnowing or clearing away whatever may be compared to hay, wood or stubble, as in the figure, retaining the "lively stones" only. In order to preserve the good name of our school of medicine, its devotees must be as faithful and honest in pointing out mistakes or errors connected with the *materia medica*, as in other departments of education.

It might not be misspent time to re-prove many of the drugs already embraced in the homœopathic literature. It is not quite possible that the same noble results will follow, with less verbal forms of expressions, denoting symptoms, from which we get the *similia*. For instance, *Aconite* has something like seventy-six characteristic symptoms; *Arsenicum*, one hundred and thirty-eight; *Belladonna*, ninety-two; *Bryonia*, eighty-two; *China*, fifty; *Nux vomica*, eighty; *Phosphorus*, fifty-seven; *Rhus tox.*, forty-nine; and so on, with more or less to the end of the chapter.

Is it not well said, that it is no small undertaking to memorize the characteristic symptoms of over three hundred drugs?

A mind of less calibre than that of the venerable Hahnemann, or our Guernsey, would hardly ever think of doing it: yet, there is no possible way of appreciating, or appropriating the results of the powers of drugs, except by constant and untiring study, in conjunction with the art of cure. In carefully re-proving our drugs, I venture to say, by reducing the number of characteristic symptoms to anywhere from three to twenty, as many believe should and can be done, such a book or *materia medica* would soon find its way to the library of medical men in every school of practice.

It may not be unjust criticism to assert, that in some respect the work of our *materia medica* seems to be overdone, for the effort required in comprehending it, augments perplexity, rather than lucidness; and to many, symptomatology is more difficult to command than pathology; and may there not be another fact, that in some special instances, symptoms may have been recorded in our *materia medica*, which clinical observation will not verify?

With a materia medica, like a store house full of rich fruitage of great variety, it is not always easy for the busy practitioner to discriminate in the choice of remedies; for when we study *Aconite*, or read Professor Hempel's several lectures on this drug, we are almost persuaded that this polycrest remedy will cure every malady akin to man.

And again, when we study *Bryonia*, *Arsenicum*, *Sulphur*, and many others, we may, in our great haste, think in them we have found the similia. And yet in our disappointment we may find the reason of our defeat in ourselves, and not for want of wealth in the materia medica.

Based upon the law similia, the medica of our school, with the ponderosity of matter, is the Alps of medicine. The underlying principle is what makes it great.

It may not be strange, for some men, with their idiosyncrasy, to have a feeling of distrust respecting the certainty of the curative action of *not a few* of the drugs occupying a place in the catalogue of remedies; and in consequence of this fact, resort to analogical reasonings and clinical experience, which savor somewhat of the so-called physiological school of medicine.

The question is often asked—What objection is there in proving drugs, to continue the work until not only a decided toxicological effect is produced, but a pathological change is experienced? In my judgment, the proving of any drug should be made upon the lower order of animals, as well as men and women, scores of times, under the most favorable circumstances, with appreciable doses of the medicine on trial.

Is it not the conviction of the majority of the members of the Homœopathic fraternity, that in the law of drugs there is affinity for certain parts of the body, either fibre, fluid, function or organ, with a marked differential importance?

Drugs are divided into two classes, *irritative* and *deadly*, each substance possessing qualities of an individual import.

It is a known certainty that drugs classed under the head of emetics, act upon the stomach; those under the head of

cathartics, act specifically upon different sections of the alimentary canal, and equally true is it of all other medicines.

One of my first lessons in my departure from the Allopathic practice was, that *Aconite* was *the lance* in the hand of a Homœopathic practitioner; that it acted potentially upon the circulation of the blood, affecting its momentum, as well as changing its quality.

While *Bryonia* has an affinity for serous tissues, thereby possessing great value in pleuritis, arachnitis, etc., *Belladonna* acts forcibly upon the mucous and dermoid tissues, *Lycopodium* upon the lymphatic or smaller glands, and *Mercurius* upon the larger glands of the body.

When the pulse is bounding, face reddening, head aching, limbs tossing, skin burning, and death fearing, there is no mistake that *Aconite* is the similia.

With marked debility, burning, œdema, emaciation, intermittence, irritation or inflammation of the mucous membrane, with burning thirst, and little sips of water is all the stomach will retain, nausea, watery diarrhœa with hippocratic expression, the similia is *Arsenicum album* the world over.

While our medicine has been a system of theories for ages, in our materia medica we have direct agencies—a necessity—as a means to an end, embracing grand essentials, having a place, a meaning, a range and a possibility.

The saving of life and the recovery of health so frequently come from this source—the Homœopathic Materia Medica, with all its defects, is the unfurled banner, yea, the beacon light, for every disciple of medicine.

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CAPACITIES OF LUNGS.—Dr. Nagorsky, having measured the capacities of lungs of 630 boys and 314 girls has found that the capacity of lungs, in relation to the weight of the body, is 65 cubic centimetres for each kilogramme of weight in boys, and 57 cubic centimetres for girls. The law of Quetelet being that, with children below fifteen years of age, the weight of the body is proportionate to the square of the height, Dr. Nagorsky has found that it is proportional to 2.15 of the same; while the capacity of lungs is proportional to 2.4 of the height for boys, and to the square of the height for girls. As to the relation between the weight of man and the capacity of lungs, it is tolerably permanent, and its variations are mostly due to differences in the amount of fat in the bodies of different men.

# Theory and Practice.

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**Deranged Innervation.** By R. F. Buchanan, M. D., Cincinnati.

Mr. President and Members of the Society:—I invite your attention to the consideration of *deranged innervation* as the cause and origin of that condition known as disease, and which is defined to be “a change in the position and character of parts, or in the exercise of one or more of their functions.”

From the study of histology and physiology we learn of the intricate mechanism of the body, its arrangement of tissues, the functions of its various organs and the manner in which they are brought about. But as to the nature of that cause, or power, that gives rise to the phenomena of life, philosophical, as well as theological, speculation still leaves us uninformed.

The body we observe in health: all is activity, life—constant motion. The state of inertia following death occurs, and a cumbersome mass is the result. We subject this to chemical analysis, and what was but a moment ago the living organism becomes reduced to  $C + H + O + N$ , i.e., the same lifeless, inorganic elements which compose the material structures everywhere about us. What then has been lost, and what constituted life? In nature there is nothing *lost* and, yet we answer *organic force*.

The ultimate division of matter is into atoms, no two of which touch each other, and which, through the influence of *forces* peculiar to them and called “chemical affinity,” always combine with dissimilar atoms in fixed proportion. A group of two or more atoms forms a molecule. The condition of molecules is that of constant vibration, their position being retained by virtue of certain conditions of force termed “molecular force.” The same force that causes the atom to combine in fixed proportion (called “chemical affinity”) and that constitutes the “molecular force” of inorganic ele-

ments in the elevation of matter from the elementary to the complex, becomes transmuted into the "organizing force" of the vegetable, and finally that of the animal. So that life may be defined to be the phenomena of organized matter, dependent upon organic force.

Wherever life, all activity, and consequently organic force, is found, there are always present the elements of what constitute the ganglia and filaments of a nervous system. In orders allowing of experiment, it is observed that the irritation or destruction of this system results in various changes of function and structure, or incomplete disintegration and death.

Every phenomenon, we know, is the result of some distinctive cause; and force being the antecedent of all change or motion, we arrive at the conclusion that all nutritive changes are the result of changed conditions of organic force, and corresponding altered states of a nervous system that presides over function.

In animal life, the evidence of this system and the part it plays in the economy of functional activity, is somewhat more easily demonstrated than in plants. Still, we have conclusive proofs that such a system does exist from the zoophyte, which can be called neither plant nor animal, through all types of the vegetable and animal kingdoms. There grows in stagnant pools a plant having minute translucent bladders attached to its leaves, each of which is provided with a little trap door that opens upon the approach of of larvæ thereabout, and after their entrance tightly closes until a process of digestion consumes them. The familiar instance of the "pitcher plant" is of interest in the fact that it secretes an acid similar to the gastric juice of animals, and that serves the same purpose in the process of digestion. It is said of the "sundew," a little plant that grows in low marshy lands, that if an insect happens to come a little near it, its tentacles and leaves will move upward and catch it. And a very remarkable trait in the "Venus fly-trap" is the fact that its leaves will not close upon a piece of wood, cotton, or anything else than that which is suitable animal food for it. This system of nerves, which we find is present in all

the lower orders of life, receives in man, from analogy, the name of the *vegetative* or *organic nervous system*. In the formation of the embryo, it is the first structure to appear—what was formerly mistaken for rudimentary vertebræ, being, indeed, the spinal ganglia of this system. Developing afterwards is seen the cerebro-spinal nervous system, and the various organs of the body. Those remarkable products of conception, known as amyencephalous have neither brain nor spinal cord, but simply the ganglia and nerves of the organic system; and yet the functions of the body, respiration, circulation, digestion, secretion, and nutrition, proceed equally well as in the perfectly formed fœtus. It is evident, then, that the performance of the functions of the body depends upon the influence of the organic or vegetative nervous system in co-ordinating and maintaining an equilibrium in that nervous stimulus to which the body owes its phenomena of life, and which is termed innervation.

The organs of which the organism is composed are subject to irritation from various stimuli; to the influence of which in exciting nervous reaction the performance of their functions is due. Some of these stimuli are essential to life, and are known as "general stimuli," viz: light, heat, electricity, air, moisture, and aliment. If these be much altered in quantity or quality, sickness and disease follow; and if entirely suspended, arrest of function, and death. Besides the influence of altered states of these stimuli in the origin of disease, there are, also, traumatic causes, or mechanical agents, specific irritants, or the various miasms, poisons, etc., and violent disturbances of vital force from emotional states. The sympathy existing between the brain and organic nervous system being such that reflex action of the encephalic centers exerts a profound influence upon the performance of function. The sight of luscious fruit, or the remembrance of some savory dish, starts a copious secretion from the salivary glands. Pleasurable emotions are accompanied by an increase of the gastric secretions, and accelerated digestion. While the opposite conditions result from depressing emotions. If the mind labors continuously, or until it become

overworked, the secretions of the liver become interfered with, and as the result of abnormal action we have the "bilious headaches" of students, or perhaps an incurable jaundice. The influence of the mind on the kidneys is familiar to all. The exercise of thought is followed by an increase in the amount of urea and alkaline phosphates; and in those predisposed is a frequent cause of diabetes. Constant worry, or apprehension in the mind of the mother, so alters the secretion of the mammary glands that the babe which she nurses sickens and dies. And if she becomes enraged and suckle her child, her milk often acts as speedily in causing convulsions and death as would a potion of *Strychnia*. To this same peculiar power of the nervous system, the viper owes the secretion of its deadly venom; and all poisonous insects their virus. The bitter saliva that froths upon the lips of one excited by anger shows man's relation to the lower orders. In dogs the salivary secretion from the influence of continued vexation, or anger, becomes perverted into the dreaded poison of rabies. Nor is such a result possible only in the canine species, but is sometimes seen in man, as is shown by the case of a boy, who, having been bitten by another boy when enraged, died with all the symptoms of hydrophobia. No less authority than Malpighi states that his own mother died of hydrophobia a few days after having been bitten by an angry epileptic. So powerful, indeed, is the effect of emotional states upon innervation that there is not a tissue which may not become more or less modified by such influence. So that it becomes *possible* by establishing in this manner a deranged state of the nervous energies, to set up any disease the nervous derangement of which corresponds to the peculiar and abnormal condition of force induced. As far as the symptoms of a disease are concerned, it matters not whether the exciting cause be some specific poison acting as an irritant from without, or an emotion from within, if that deranged state of innervation which characterizes the disease be present, the same result follows. In this manner arise from the effect of the imagination in hypochondriacs and melancholy tem-



peraments the actual sensations of pain which they suffer, and which are in turn accompanied by pathological changes more or less extensive. "There is no sensation," says Tuke, "whether general or special, excited by agents acting upon the body from without, which can not be excited also from within by emotional states affecting the sensory ganglia; such sensation being referred by the mind to the point at which the nerve terminates in the body." It is not an uncommon thing to find in a class of medical students those suffering from all manner of imaginary ills, and which can plainly be traced to the subjects they have been studying. The case, indeed, is recorded of a student who, while attentively listening to a lecturer on intermittent fever was, simply as the result of close attention, suddenly taken with a paroxysm of chill followed by the usual febrile reaction. The same peculiar influence of the mind is seen in the effects of fear in every severe and dreaded epidemic. Not only does it prostrate the system and thus permit the specific poison, when present, to affect the constitution, but in those of lively imagination without doubt often, by directing the attention to the usual seat of the disease and exciting the expectation of symptoms, acts as the primary irritation that gives rise to the morbid process. There are not wanting numerous instances which admit of no other explanation than that such was the primary cause that gave rise to cholera, typhoid fever, yellow fever, and smallpox; this primary cause being the excitant of strong emotional influences sufficient to set up that condition of deranged vital force characteristic of the prevailing disease.

From the above facts, we determine the essential condition of disease to be that of deranged innervation, and that following as the result of abnormal conditions of vital force, are both the pathological conditions which characterize disease in all its forms, and the specific poisonous secretions which are capable in a healthy subject of setting up the same abnormal conditions. Every change in energy implying a corresponding change in nutrition and secretion, there follows as the result of inimical influence and peculiar conditions of irritation, glandular secretions perverted into specific poisons.

Life, as we have defined it to be, is molecular motion tending to the organization of matter; and whether studied in the plant or the animal, is essentially the same. Secretion, excretion, and exhalation are processes peculiar to both plant and animal, and are means whereby they cast off those matters that are inimical to life. For which reason we conclude that the specific poisons which give rise to the miasmatic and infectious diseases are the products of *living* matter, and not that of decay or decomposition. Repeated experiment and careful observation prove conclusively that the products of putrid and decomposing organic matters, in which the poison of disease is not already present are perfectly powerless to produce any of the so-called zymotic diseases. Following those occupations which are most filthy, and when subjected to the foulest of gases, are found men who, as a class, are exceptionally healthy. While from the history of epidemics we learn of cities whose inhabitants lived in perfect squalor, and yet were remarkably free from disease until a few cases of the plague were introduced. Then the disease was seen to spread in every direction, and from the infected district. At the same time other cities, with no better observance of the principles of hygiene, but from hostility effectually quarantined, entirely escaped.

The "germ theory," which teaches that the zymotic diseases are due to the presence of microscopical animal or vegetable germs, we think lacking the evidence worthy of extensive consideration. It is moreover, completely overthrown by the evidence we have that infectious diseases have manifested themselves in constitutions where there absolutely could have been no contagion.

Our conclusions are, therefore:

First. The various phenomena of life are the result of an organized condition of that force which is inherent in all matter; and which in the plant and the animal is known as "organizing force."

Second. In all forms of life there is present, either as "irritable matter" or as an organized structure, a nervous system, whose office it is to transmit and regulate this force; and

which in man is represented by the "vegetative" or "organic nervous system."

Third. That health is due to a normal condition of this system maintaining an equilibrium in nervous force; and disease the result of an abnormal state leading to deranged innervation.

Fourth, and lastly. All contagious, infectious and miasmatic diseases are due to the effect upon the nervous system of specific poisons acting as irritants, and which primarily originated in the products of unhealthy or diseased conditions of plant and animal life.



**Is Tracheotomy Justifiable?** By Geo. Clinton Jeffery, M. D.,  
Brooklyn, N. Y.

The question of the propriety of this operation with that of ovariectomy has been often discussed, and while with competence answered, yet with different results, one side saying *yes*, the other *no*. In my own judgment I say both *yes* and *no*. Yes, provided that the case has not gone to the point of toxication of the blood as indicated by turgescence of the venous circulation, as evidenced through the veins of the forehead and fingers, together with the dark blue appearance of the sclerotica.

*Second.* If the patient during crying or speaking appears hoarse and the voice is husky with a marked rasping during the inspiratory action, because this condition indicates the likelihood of a larger deposit in the laryngeal and upper tracheal region.

*Third.* If the operation is for simple membranous croup, rather than the diphtheritic form, because if the condition is of the first nature and there are evidences of the larger branches of the bronchi being principally involved, the

chances are much greater of success than if the voice is clear and unaffected in tone and strength, which would indicate the almost exclusive development of the exudation in the finer ramifications of the tubes. When the operation will not avail as the interchange of gases can not be assisted if the tube is introduced so far above the obstruction as must occur in the ordinary operation as universally performed. While for obvious reasons there is a chance of success if the exudation gives evidence of being developed principally in the immediate vicinity of the larynx.

*Fourth.* If the parents of the child insist upon it being tried as a last resort. I have never known of but two cases of the diphtheritic variety to be successful, so that in cases of this complex nature, I say *no*. I do not think that it is justifiable. I also think that for some reasons it is of importance to consider the kind of patients we operate for. In the midst of intelligent people, who beforehand understand the extremity that demands the operation, will appreciate our efforts whether they are followed by success or not; but among the ignorant the surgeon will receive "curses for his pains." It is but a few months ago that I indirectly heard that a child had died because "Dr. Jeffery had cut its throat," and excused thereby a most malignant form of diphtheria of any responsibility in the matter. During the past five years I have performed this operation probably twenty times, during which I can recall but two successful cases of the diphtheritic form, while in cases of purely a membranous character the percentage has been very much better. Therefore, as before recited, I say *yes*, if the symptoms of decarbonization of the blood is not excessive and the condition is principally laryngeal, and is not diphtheritic. Under other circumstances I believe the prognosis to be always unfavorable and the operation should not be performed.

**Septicæmia vs. Pyæmia.** By J. G. Gilchrist, M. D., Detroit, Michigan.

The controversies growing out of the death of President Garfield, if they have had no other effect, have served the good purpose of directing attention to the difference between septicæmia and pyæmia. There are many excellent authorities who use the terms synonymously, or, at most, as indicating different stages in one and the same form of morbid action. Fortunately there are others, equally as good, who readily recognize the wide difference existing, and are so exact in their description that it is a never-ceasing cause of wonder that *any* will to-day deny what seems so plain and demonstrable, even to the most careless observer. It may be admitted that both conditions *may* exist at one and the same time in the same individual, and that one may succeed or follow each other. This does not carry the admission that the processes are identical, any more than that vaccinia and variola are so. Let us, in a few words, see if we can find a rational scheme of differentiation. Should some ask, Why *seek* to differentiate, when *Arsen.* and *Lach.* are equally indicated in both states? We might answer, that it is worth *something* to be in a position to construct a rational prognosis, to say nothing of the benefits to be derived from being well informed in one's calling.

In brief, whilst toxæmia, sooner or later, is a characteristic feature in both conditions, in septicæmia, it is secondary, and in pyæmia, primary. That is, pyæmia has its origin in the vascular system, it begins in changes in the blood; septicæmia commences in the absorbents, and only reaches the blood secondarily. Yet while this distinction is exact enough, we are enabled to go much further, and point out the most radical differences in etiology, symptomatology, pathology, and prognosis or termination. For this purpose let me give a brief resume of the natural history of each condition separately.

*Septicæmia*, liberally translated, means "putridity of the blood," or the introduction of "septic" (or putrid) material into the circulation. It is a condition produced by the absorption of putrifiable substances, which not only fail to support the forces of life, but materially counteract them. In the early stages there is no venous implication, and the trouble is distinctly referable to the lymphatics. The absorbent vessels from the point of entrance are seen to be engorged and inflamed, the glands enlarged and tumefied; the pulse will be quicker, and there will be all the usual indications of irritative fever. Should it chance that the morbid material becomes localized in a single gland, suppuration will occur, the morbid agent be eliminated, and, in the absence of a continuance of the initial condition, a cure results. The fever will be intermittent or remittent, there will be no visceral abscesses, and few, if any, distinct chills. The amount of absorption being considerable, and the primary causes continuing in operation, the venous tissues may become implicated, and pyæmia result. There will be general symptoms of disturbed nutrition, such as emaciation, diarrhœa, anorexia, and the like, and the patient finally succumb, in fatal cases, to exhaustion.

*Pyæmia*, literally "pus in the blood," commences in changes in the blood in its venous circulation. Some writers treat of it as a suppurative phlebitis of the venous endothelium; but this seems doubtful from the low vascularity of this tissue, the chief characteristic being the formation of thrombi. Callender and others prefer the term "thrombollosis" to pyæmia. The prime essential is the formation of a thrombus, irrespective of the method of formation. In so-called idiopathic cases, there is undoubtedly some change in the blood, or the lining of the veins, that predisposes to coagulation; in traumatic or symptomatic cases, the introduction of foreign material in the blood answers the purpose of a nucleus. Under either circumstances, the clot once formed is carried to the lungs or liver, perhaps the kidneys, and becoming lodged forms the focus of suppuration. The pus thus formed, acts as so many additional thrombus nuclei, and

we have, as a characteristic feature, numerous abscesses, known as metastatic, in the more prominent vascular organs. The symptoms are equally *sui generis*: There is a low asthenic form of fever, distinct rigors, at times as regular as ordinary intermittent fever; dryness of the tongue, sordes on the teeth, emaciation, prostration, physical and mental; and the whole aspect of the case resembles typhus or ship-fever. The characteristic symptoms are the peculiar sweetish odor of the breath and exhalations, and the brownish tinge of the skin. The absorbents may take up some of the products of suppuration, and septicæmia occur, but the lesser state is covered up by the greater.

Of course such a *resume* must be very incomplete, and afford a very imperfect picture, but the salient features are surely sufficient to enable a careful practitioner to differentiate. That there are radical differences, the above paragraphs are designed to emphasize, and the hope may be indulged that more attention may be given to the subject than has hitherto been the case, that we may be spared the loose use of terms that have hitherto disfigured the pages of some of our periodical literature.

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## Miscellaneous.

Old Time Medicine. By R. Southey.

\* \* That "sovereign water" which was invented by Dr. Stephens was composed of almost all known spices, and all savory and odorous herbs, distilled in claret. With this Dr. Stephens "preserved his own life until such extreme old age that he could neither go nor ride; and he did continue

his life, being bedrid five years, when other physicians did judge he could not live one year; and he confessed a little before his death, that if he were sick at any time, he never used anything but this water only. And also the Archbishop of Canterbury used it, and found such goodness in it that he lived till he was not able to drink out of a cup, but sucked his drink through a hollow pipe of silver."

Twenty-nine plants were used in the composition of Dr. Adrian Gilbert's most sovereign cordial water, besides harts-horn, figs, raisins, gillyflowers, cowslips, marygolds, blue violets, red rose buds, ambergris, bezoar stone, sugar, aniseed, liquorice, and to crown all, "what else you please." But then it was sovereign against all fevers; and one who in time of plague should take two spoonfuls of it in good beer, or white wine, "he might walk safely from danger, by the leave of God." The water of life was distilled from nearly as many ingredients, to which were added a fleshy running capon, the loins and legs of an old coney, the red flesh of the sinews of a leg of mutton, four young chickens, twelve larks, the yolks of twelve eggs, and a loaf of white bread, all to be distilled in white wine.

For consumption there were pills in which powder of pearls, of white amber and of coral, were the potential ingredients; there was cock water, the cock being to be chased and beaten before he was killed, or else plucked alive! and there was a special water procured by distillation, from a peck of garden shell snails and a quart of earth worms, besides other things; this was prescribed, not for consumption alone, but for dropsy and all obstructions. For all faintness, hot agues, heavy fantasies, and imaginations, a cordial was prepared in tabulates, which were called *Manus Christy*; the true receipt required one ounce of prepared pearls to twelve of fine sugar, boiled with rose water, violet water, cinnamon water, "or howsoever one would have them." But apothecaries seldom used more than a drachm of pearls to a pound of sugar, because men would not go to the cost thereof; and the *Manus Christi simplex* was made without any pearl at all. For broken bones, bones out of joint, or any grief in the



bones or sinews, oil of swallows was pronounced exceedingly sovereign, and this was to be procured by pounding twenty live swallows in a mortar with about as many different herbs! A mole, male or female according to the sex of the patient, was to be dried in an oven whole as taken out of the earth, and administered in powder for the falling evil. A gray eel with a white belly was to be closed in an earthen pot, and buried alive in a dunghill, and at the end of a fortnight its oil might be collected to "help hearing." A mixture of rose leaves and pigeon's dung quilted in a bag, and laid hot upon the parts affected, was thought to help a stitch in the side; and for the quinsy, "give the party to drink," says Markham, "the herb mouse-ear steeped in ale or beer; and look when you see a swine rub himself, and there upon the same place rub a slick stone, and then with it slick all the swelling, and it will cure it."

To make hair grow on a bald part of the head, garden snails were to be plucked out of their houses, and pounded with horse leeches, bees, wasps, and salt, an equal quantity of each; and the baldness was to be anointed with the moisture from this mixture after it had been buried eight days in a hotbed. For the removal and extirpation of superfluous hairs, a depilatory was to be made by drowning in a pint of wine as many green frogs as it would cover, (about twenty was the number,) setting the pot forty days in the sun, and then straining it for use.

A water specially good against gravel or dropsy might be distilled from the dried and pulverized blood of a black buck or he goat, three or four years old. The animal was to be kept by himself, in the summertime when the sun was in Leo, and dieted for three weeks upon certain herbs given in prescribed order, and to drink nothing but red wine, if you would have the best preparation, though some persons allowed him his fill of water every third day. But there was a water of man's blood which in Queen Elizabeth's days was a new invention, "whercof some princes had very great estimation, and used it for to remain thereby in their force, and, as they thought, to live long." A strong man was to be

chosen, in his flourishing youth, and of twenty-five years, and somewhat choleric by nature. He was to be well dieted for one month with light and healthy meats, and with all kinds of spices, and with good strong wine, and moreover to be kept with mirth; at the month's end, veins in both arms were to be opened, and as much blood to be let out as he could "tolerate and abide." One handful of salt was to be added to six pounds of this blood, and this was to be seven times distilled, pouring the water upon the residuum after every distillation, till the last. This was to be taken three or four times a year, an ounce at a time. One has sight of a theory here; the life was thought to be in the blood, and to be made transferable when thus extracted.

Richard Brathwait, more famous since Mr. Haslewood has identified him with Drunken Barnaby, than as author of "The English Gentleman and the English Gentlewoman, presented to present times for ornaments, and commended to posterity for precedents," says of this gentlewoman "Herbals she peruseth, which she seconds with conference; and by degrees so improves her knowledge, as her cautelous care perfits many a dangerous cure." But herbals were not better guides than the medical books of which specimens have just been set before the reader, except that they did not lead the practitioner so widely and perilously astray. "Had Solomon," says the author of Adam in Eden, or the Paradise of Plants, "that great proficient in all sublunary experiments, preserved those many volumes that he wrote in this kind, for the instruction of future ages, so great was that spaciousness of mind that God had bestowed on him, that he had immediately under the Deity been the greatest of doctors for the preservation of mankind; but with the loss of his books, so much lamented by the rabbins and others, the best part of this herbarary art hath since groaned under the defects of many unworthy authors, and still remains under divers clouds and imperfections." This writer, "the ingeniously learned and excellent herbarist Mr. William Coles," professing as near as possible to acquaint all sorts of people with the very

pith and marrow of herbarism, arranges his work according to the anatomical application of plants, "appropriating," says he, "to every part of the body (from the crown of the head, with which I begin, and proceed till I come to the sole of the foot) such herbs and plants whose grand uses and virtues do most specifically, and by signature thereunto belong, not only for strengthening the same, but also for curing the evil effects whereunto they are subjected: the signatures being as it were the books out of which the ancients first learned the virtue of herbs; nature, or rather the God of nature having stamped on divers of them legible characters to discover their uses, though he hath left others without any, that after he had showed them the way, they, by their labor and industry, which renders everything more acceptable, might find out the rest." It was an opinion often expressed by a physician of great and deserved celebrity, that in course of time, specifics would be discovered for every malady to which the human frame is liable.

Walnuts are said to have the perfect signature of the head; the outer husk or green covering represents the *pericranium*, or outward skin of the skull, whereon the hair groweth; and therefore salt made of those husks is exceedingly good for wounds in the head. The inner woody shell hath the signature of the skull, and the little yellow skin or peel, that of the *dura* and *pia mater* which are the thin scarfs that envelope the brain. The kernel hath "the very figure of the brain; and therefore it is very profitable for the brain, and resists poisons." So, too, the piony, being not yet blown, was thought to have "some signature and proportion with the head of man, having sutures and little veins dispersed up and down, like unto those which environ the brain; when the flowers blow they open an outward little skin representing the skull;" the piony, therefore, besides its other virtues, was very available against the falling sickness. Poppy heads with their crowns somewhat represent the head and brain, and therefore decoctions of them were used with good success in several diseases of the head. And lilies of the valley, which in Coles' days grew plentifully upon Hampstead

heath, were known by signature to cure the appoplexy; "for as that disease is caused by the dropping of humours into the principal ventricles of the brain, so the flowers of this lily hanging on the plants as if they were drops, are of wonderful use herein."

All capillary herbs were of course sovereign in diseases of the hair; and because the purple and yellow spots and stripes upon the flowers of eyebright very much resemble the appearance of diseased eyes, it was found out by that signature that this herb was very effectual "for curing of the same." The small stonecrop hath the signature of the gums, and is therefore good for scurvy. The exquisite Crolius observed that the woody scales of which the cones of the pine tree are composed, resemble the fore teeth; and therefore pine leaves boiled in vinegar make a gargle which relieves the toothache. The pomegranate has a like virtue for a like reason. Thistles and holly leaves signify by their prickles that they are excellent for pleurisy and stitches in the side. Sexifrage manifesteth in its growth its power of breaking the stone. It had been found experimentally that all roots, barks, and flowers which were yellow, cured the yellow jaundice; and though kidney beans as yet were only used for food, having so perfect a signature, practitioners in physic were exhorted to take it into consideration, and try whether there were not in this plant some excellent faculty to cure nephritic diseases.

A few years later, "Langham, an Irish footman of this lord, upon the sickness of the Lady Catherine, this lord's wife, carried a letter from Callowdon to old Dr. Fryer, a physician dwelling in Little Britain in London; and returned with a glass bottle in his hand, compounded by the doctor for the recovery of her health, a journey of a hundred and forty-eight miles, performed by him in less than forty-two hours, notwithstanding his stay of one night at the physician's and apothecary's houses, which no one horse could have so well and safely performed." No doubt it was for the safer conveyance of the bottle, that a footman was sent on this special errand, for which, the historian of that noble family adds, "the lady shall after give him a new suit of clothes."

His remedy for the colic was a pebble posset; white pebbles were preferred, and of these what was deemed a reasonable quantity was taken in some sort of milk porridge. Upon the same theory he sometimes swallowed a pebble large enough, as he said, to clear all before it; and for that purpose they have been administered of larger calibre than any bolus that ever came from the hands of the most merciless apothecary, as large, indeed, sometimes, as a common sized walnut. Does the reader hesitate at believing this of an ignorant man, living in a remote part of the country? Well might William Dove be excused, for a generation later than his, John Wesley in his primitive physic prescribed quicksilver, to be taken ounce by ounce, to the amount of one, two or three pounds till the desired effect was produced. And a generation earlier, Richard Baxter, of happy memory and unhappy digestion, having read in Dr. Gerhard "the admirable effects of the swallowing of a gold bullet upon his father," in a case which Baxter supposed to be like his own, got a gold bullet of between twenty and thirty shillings weight, and swallowed it. "Having taken it," says he, "I knew not how to be delivered of it again. I took clysters and purges for about three weeks, but nothing stirred it; and a gentleman having done the like, the bullet never came from him till he died, and it was cut out. But at last my neighbors set a day apart to fast and pray for me, and I was freed from my danger in the beginning of that day."

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### **Verbena hastata.**

In Hales' *New Remedies—Therapeutics*, page 782, *Verbena hastata*, he says: "This plant, commonly known as Iron Weed, is a popular remedy for ague—especially when chronic, etc." *Verbena hastata* is commonly known as *Vervain*, and is commonly used for dysmenorrhœa and post

partum pains—said to be specific in domestic practice—for such disorders. *Verbena hastata*, or *Blue vervain*, belongs to Nat. Ord. 76, *Verbenacæ*—has a blue flower on densely flowered, long, slender terminal spikes.—*Gray's Manual*, College edition, page 298.

Iron Weed—*Vervania fasciculata* has purple flowers in panicles—and is a much taller and coarser plant than *V. hastata*, and belongs to Nat. Ord. 59, *Compositæ*. *Gray's Man.*, p. 183. The only similarity is that they grow in the same field and bloom at the same time. In Scudder's *Specific Medication*, page 265, the technic name is right, but he prints the common name, *Iron wood*. Iron wood is a tree, belonging to Nat. Ord. 107, *Cupuliferæ* or oak family.—*Gray's Man.*, p. 409.

Iron weed is the *Ague weed*—see Dr. Gunn—which weed or tree cures *Rhus tox.* poisoning. Book makers should be careful how they throw common and technic names about promiscuously, lest *pharmacists*, who are not *all* botanists, get the wrong (weeds) plants to make tinctures. The doctors using them might be sadly puzzled to know why the similitum did not remove the simile. Would it be a good plan for some of these book makers to prove the remedies just a little before writing of them so glibly?

It may be news to them to know that the mistletoe—*Viscum album*—has so great a reputation for curing abdominal pains (?) and cramps among Bezeze Creoles as to have earned the sobriquet of God Almighty. A good indication for the use of *Viscum alb.* in the Hale school. And that a Creole woman (they are all doctors) informed me as a secret that she had great success in curing diarrhœa in an epidemic at Tuerta Cortez, when all other remedies failed and deaths were numerous, with a tea made from the inner bark of *Tamarind tree* (*Tamarindus indicus*). I was reminded of her information recently by having a chronic diarrhœa, which I was curing with *Arsen.*, “freshed up” by a drink made from the tamarind fruit which my patient used without consulting me. The bark may be much more potent.

Pereira says Tamarind is refrigerant and laxative. Also, "It is said, though I know not with what truth, that the addition of tamarinds to senna and resinous cathartics diminishes the operation of the latter." Possibly it is antidotal, or it may be homœopathic to the *kind* of diarrhœa caused by senna or resinous cathartics? (*a la* Hempel). The new remedy men should put this in the next edition.—D. B. MORROW, M. D.

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**A Case of Accidental Poisoning by Stramonium.** By H. E. Beebe, M. D.

I was called in haste, September 26th, 7 p.m., to see Edna B., æt. three yrs. Parents said she had acted strangely for two or three hours, and was growing worse. They feared, from her symptoms, that she was paralyzed, although she was delirious. The right side seemed affected, as she was unable to stand and would reel and fall to the right; wild delirium, eyes glistened, pupils dilated, partially insensible to light; face red and bloated. She caught at things in the air and picked at the bed clothes. Her knees gave way and she acted like one intoxicated; difficult deglutition, almost went into spasms when given water. The sight of it seemed to disturb her. Pulse somewhat accelerated and inclined to intermit. She would sing, whistle, and imitate a band of music by blowing in her hands. The next moment she would scream and be frightened, afraid she would fall. I thought the child intoxicated. This not being the case, I inquired if the child had not been in the yard and eaten the berries from Nightshade, as the symptoms resembled so nearly *Belladonna*. This reminded the mother that in the afternoon she, with her sister, one and a half years older,

were in the back yard eating dried Stramonium seeds. This was the key. I now administered an emetic, and she threw up a quantity of the seeds. I followed this with sour *Lemonade* and *Belladonna* as an antidote. During the night she was very stupid, with occasional restless spells for only a short time breathing stentorous, body and limbs rigid, great opisthotonos, so much so that she could not bend the neck to drink. Bowels tympanitic, symptom of convulsions several times during the night. Very little change until after large watery stool next morning. The urine was high colored and passed with difficulty.

During this and the next day the symptoms gradually subsided, yet she has not been as well since as before. She is restless at night, peevish and fretful. Inclined to fever. Subject to diarrhoea ever since. All of which is attributed to the poison.

The other child we observed no symptoms except a flushed face, with pupils slightly dilated, and inclined to be quite nervous for several hours. She probably had eaten fewer of the seeds. We gave her *Belladonna*, omitting the emetic, as she had so few symptoms of the poison. This case, you will observe, confirmed a number of the prominent pathogenetic symptoms of *Stramonium*.

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**Bill Mullen, M. D.(?)** Who signs his name with an X and claims Newark, Ohio, as his residence. A short and interesting sketch of this *Distinguished Dead Beat and Masher*.

For some time past the *ADVANCE* has warned its readers of a man who styles himself as *Bill Mullen, M. D.*, of Newark, Ohio. This man has been heard from in the West, and



of late in the East, in and around Pittsburgh, Pa., defrauding physicians on a "formula" for the cure of rheumatism. Your correspondent, after frequent information through our medical journals, concluded that he would look up this man, and called to his aid a writer who is connected with one of the best papers in this city.

After making diligent inquiry of some of our citizens who have made Newark their home for years, none of them could place this man Bill Mullen, M. D.

An inquiry at the post-office elicited the fact that numerous letters had been received here for one William Mullen, M. D., but they were never called for, and in most cases were returned to the senders. It was also learned that Mullen had a wife here, who had received letters from him, but here the trail was lost, as the wife had disappeared also. Not discouraged in the least, the hunt was renewed, and a search over the marriage records revealed the fact that William Mullen had married Priscilla Dowling on February 2d, 1878. Rev. James Hill performed the rite. It seems William's early education must have been neglected, for he signs the marriage license record with an X (his mark). This will explain to Dr. E. A. Guilbert, of McGregor, Ia., the fact that when Mullen was handed the *ADVANCE* to read, Mullen "had left his glasses at home." A call was made to where Mrs. Mullen was supposed to live, but it was learned that the lady in question was in New Philadelphia, visiting her mother. It was learned that after marrying Miss Dowling, the pair started out on a tour. At Bucyrus their funds ran out, and after getting all the money Mrs. Mullen had, he pawned her gold watch to liquidate a board-bill. The lady only lived with the fraud about three months after marriage. It is supposed she had learned his character as a beat by this time, and returned to the city. This fraud has been published so often for his defrauding propensities, that he should take a tumble and be a good lesson to some of our M. D.s, and it is through our journals that these imposters must come to grief and land in the penitentiary. It has been learned that Mullen has a wife and five children living somewhere in the

Feb-3

West. Capt. Lyons, our post-master, states that he has received at least half a dozen letters from different parties, asking as to Mullen's standing, and stating he had matrimonial intentions. The last letter was from Indiana, with information that Mullen was engaged to the writer's sister. I am informed that Mullen has played his game on quite a number of physicians at Pittsburgh and paid handsome sums of money in cash and their notes for the royalty of using his high concoctive compound cure-all for rheumatism. Strange to say, his victims are among the most prominent physicians of that city and Alleghaney. But can it be that a homœopath can be taken in by this oily-tongued Englishman and fraud?

NEWARK, OHIO, Feb. 1, 1882.

OPTIC.

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### **On the Use of Bandages in Sciatica.**

On Jan. 1st I was called to see a Mr. B., aet. 47 years, who was suffering intensely from sciatica of right side. The attack was brought on by exposure in a damp, cold warehouse, in which the patient was obliged to spend twelve or fifteen hours daily. Found pain continuous and centering in the calf of the leg. Aggravated by motion and pain subsiding somewhat on elevation of foot.

After having tried the most noted remedies in general repute for ten days without alleviation of symptoms in the least, and in consulting with Dr. S. W. Beall, of this city, we concluded to apply a roller bandage, commencing, of course, at the toes and extending up to the middle of the femur. Relief was almost instantaneous. Before the application of the bandage, the pain was so severe along the line of the nerve, that it was impossible for him to stand or even place himself in a reclining position. After the bandage was

adjusted an erect position could be maintained for some time, and, in fact, the pain never returned, only occasionally and with diminished intensity and at long intervals.

In conjunction with bandage *Colo.* and *Phyto.* were prescribed. In five days the bandage was removed, when it was found that the pain did not return, only in a slight degree. By the use of electricity the wantoned vitality of the part was restored, and the case is almost well.

In similar cases would advise the use of the bandage for two reasons:

First. It serves as a stay to the parts.

Second. The blood pressure is diminished, consequently the hyperæsthesia of the neurilemma is not impinged upon the vascular distension.

J. W. MEANS, M. D.

TROY, O.



### Diphtheria in Hastings, Michigan.

During the past fall diphtheria has been prevailing to a large extent in the town of Hastings, Michigan, a place of 3,000 inhabitants. Knowing, as we did, that in that place they had an efficient board of health, and that the statistics of the epidemic would most likely be carefully gathered, we wrote for a report and received the following interesting letter from Dr. F. R. Timmerman:

HASTINGS, Dec. 2, 1881.

MY DEAR DOCTOR:—Yours received this morning, and will hasten to reply. Through the kindness of Dr. Dever I can give you a statement signed by the city physician, or, at least, a copy of a statement which he furnished me.

Doctors Burton, Lathrop, Dever and myself treating 70 cases, with 8 deaths. The remaining 69 cases were treated by regulars and eclectics, with 24 deaths. Dr. Dever used principally *Lac caninum*, *Apis*, *Cyanuret of merc.*, and *Lachesis*. I used *Merc. biniol* or *Cyanuret* in most of

my cases. *Kalibich* and *Lachesis* each once. At one time nearly everybody had a sore throat. *Bell.* relieved all my cases of this character. I used from the 3x to the 30. Dr. Dever from the 30 to the cc. The treatment of Drs. Burton and Lathrop was very much the same. A word in regard to the three cases treated by Dr. Burton and myself. There were six children in one family down with diphtheria. A "regular" physician was dealing out the universal "regular" panacea (*Quinine* and *Whiskey*)—two children were dead, and one more beyond hope, as the membrane had invaded the larynx, the parents begged for a homœopath, and we finally took the cases, and the three recovered. Perhaps it was on account of the scarcity of *Quinine* and *Whiskey* after the departure of the "regular," but anything to save them.—Fraternally yours,—F. R. TIMMERMAN.

COPY.

DEAR DOCTOR:—I herewith present you with a statement of the number of cases of diphtheria, as reported to me by the several physicians of Hastings, with results, from June 1, to Dec. 2, 1881.

	No. cases.	Deaths.		No. cases.	Deaths.
C. S. Burton	18	3	F. R. Timmerman	13	0
J. C. Lampman	20	4	Burton and Timmerman	3	0
R. B. Rawson	10	7	Dr. Fuller	2	2
E. H. Lathrop	18	3	Dr. Herrick	8	1
W. E. Upjohn	10	4	Dr. Woodmancie	3	1
I. Dever	18	2	Woodburn	4	1
A. M. Blazo	9	3	A. P. Drake	3	1
Total				139	32

I. DEVER, M. D., City Physician.

HASTINGS, Dec. 2, 1881.

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**The Limitation of Offspring.** A clinical lecture by A. C. Rickey, M. D., Professor Clinical Medicine, Pulte Medical College.

Mrs. M. brings before us to-day her babe of seven months, which, as you see, is very puny and delicate looking, to ask our advice as to what she can do to improve its condition. This babe is the seventh child which this mother has born, in between eight and nine years of married life. The mother is but twenty-seven years of age, and in addition to seven living children, has had several abortions.

Notwithstanding this rapid child bearing this mother is, as you see, a well nourished, healthy looking woman.

Where successive pregnancies follow one another with great rapidity, not allowing time for the constitution of the mother to recuperate its exhausted energies, one of two things generally happens—either the mother is greatly reduced in flesh, strength and spirits, or else the child is but feebly endowed, constitutionally.

In the case before us, the latter result is seen. The mother is vigorous, the child a mere skeleton. This lady has come to us asking what we can do for her babe.

Before I make suggestions to you as to the proper care and medication which this little child should receive, I can not refrain from following out a train of thought suggested by this interesting, but by no means isolated case.

We have here a case of excessive child bearing. This woman, in her fidelity to the duties of the marriage relation, is over burdened with children. She has been led to inquire a thousand times, Why must this be so? Is there not some means by which the lawful instincts of human nature can be satisfied without this undue tax upon human strength and the evils of super-fecundity?

How often has this question been asked! Its answer contains the unsolved riddle of the ages.

It has been the study of centuries, how the sexual appetite could be gratified, satisfactorily, without the risk of offspring. As we look at this poor woman and think of the care and anxiety, which have been brought upon her in the path of duty, we are led to feel that there ought to be some such method of controlling or limiting offspring.

And how many thousands of sincere, upright men and women have felt that in their case there ought to be a safe, yet satisfactory means of limiting offspring.

Having given this subject a great deal of study, and having strong convictions that the truth is not known, and facts considered by the masses of mankind, and that a comprehensive view of this question would be beneficial to every man and woman, I wish to calmly and seriously call your attention to

some sound reasoning upon this question, which is second in importance to none that agitate the public mind.

You, ladies and gentlemen, in the practice of your profession, will be applied to, and appealed to, and plead with, by scores of thoughtless, wicked men and women, married and unmarried, "to help them to keep and to get out of their troubles." Shall you do what they ask at your hands, or what you can and ought to do, compel them to sit calmly down and look facts squarely in the face and see the folly of their ways?

Every thoughtful person knows that without reproduction, our race would soon become extinct, and that reproduction can only be accomplished by the united action of the sexes.

Man was created male and female for a purpose, that purpose being not only reproduction of species, but the establishment of social and family relations between men. The proper union of the sexes constitutes the condition called marriage. While it would be degrading the motives of all pure minded men and women to say that the sexual appetite was the sole motive which actuated them in seeking this estate, it can not be denied that with the average man and woman, this was a leading incentive which caused them to choose marriage.

In order to secure this union of the sexes it was necessary to implant, in man at least, an instinct that was practically ungovernable. Some women, and particularly the over fruitful, are disposed to complain of the strength of the sexual appetite in man.

Now while I would not for a moment sanction animality or the intemperate gratification of the sexual instinct, who ever will reason upon the matter correctly will agree with me that it is imperative that for the perpetuation of the race the sexual appetite must be so strong as to in a manner compel its gratification, or render its possessor uncomfortable and unsatisfied. Suppose the average man could restrain this appetite, without inconvenience, for one month, why not two, or twelve, or altogether? And if this appetite were reduced to a mere sentiment which might be indulged at pleasure, or

restrained altogether, how many who now seek marriage would remain single.

That marriage is the proper estate of all naturally organized men and women I need not stop to prove. Aside from all that pertains to reproduction, the moral and social influences of the sexes upon one another are most salutary. So true is this that every thoughtful person looks with grave apprehension upon the growing tendency to celibacy in our country. Young men who do not marry seldom make or save as much money as they who do. They do not as a rule lead as pure a life, and run greater risk of falling into dissolute and degrading habits. There could be no better way to make a man pure, upright, industrious and honorable than to bind him to a woman that he can love, and compel him to father, not only his children, but all that he does, with its consequences. When a man knows he must reap his own harvest, just as he sows and what kind of seed.

Admitting that this appetite exists and is ungovernable save within certain limits, it must be further agreed that marriage is the only safeguard to society. It was never meant that the sexual instinct should be gratified outside of marriage and without incurring the risk of offspring.

Many persons have never stopped to think that if it were possible for married persons to copulate, with satisfaction, without risk of conception, that it would be just as possible for the unmarried to do so, and that such a liberty of indulgence would result most disastrously to society. To woman, virtue is her all. That marred and she had better be dead, and yet, notwithstanding this is true, how many, many a young woman takes her all in her hand and risks it for the momentary gratification of this appetite. If all risk or restriction could be removed by a sure preventive of fruitful coitus, who could tell how many fold such practices would be increased?

There is a growing tendency for married persons to object to having children, and it is terrible to contemplate the criminal measures that are resorted to to destroy the helpless fruit of the womb. None can ever know, save the guilty parties,

how many a confirmed invalid must blame nothing else but herself for incurable diseases; neither can the world ever know how many a woman has sacrificed her own life in her determined efforts to destroy her unborn offspring. Now, if ungodly men and women will engage in such hazzardous proceedings to thwart nature's designs, who can say what the result would be were such persons in possession of a safe and satisfactory means of preventing conception.

Five things must be said of all known measures used to prevent conception.

- 1st. They are unnatural:
- 2d. They are unsatisfactory.
- 3d. They are very often unsuccessful.
- 4th. They are injurious to health.
- 5th. Some are positively criminal.

The first and second of these propositions need no elaboration. The third has found confirmation in the experience of all who have given them a trial.

That such measures are injurious to health can be proved by any physician of experience and by thousands of living witnesses on every hand.

No fact is more easily demonstrated than the degeneracy of our American women. Compared with their great grandmothers, where are they? Instead of bearing their children as their grandmothers did, in these days after one or two births, how many mothers suddenly become barren (?) and almost invariably in such cases health declines. I know of no one thing which so largely accounts for the degeneracy of our women as their tampering so freely with the fruit of their wombs.

I have not time to follow out in detail this topic, but will state that the effects not only on women, but on men, of all these efforts to thwart the early expressed design of the Creator to "Be fruitful," are exceedingly pernicious, and lead to insanity, nervous debility, paralysis, and a great variety of female diseases. That many of them are criminal is plainly written on the consciences of every child murderer.



If the unclean hands, stained with the innocent blood of their helpless victims were held up that all men could see, oh! how many who are now looked up to and respected, would appear in their true light—child-murderers!

I am free to confess myself among the number who believe in a judgement after death, and I shall be surprised if many a man and woman is not met in that day by children whom they had never seen, and who will there be tormented by the recollection of the damnable means resorted to by themselves to prevent those children seeing the light, "For there is nothing covered that shall not be revealed, and hid, that shall not be known."

Married people make a good many mistakes. None are more frequent than the views many hold about having a family of children. How many would postpone the arrival of their first born two, five, or ten years, or indefinitely.

Now I will lay down three propositions which are not difficult to prove.

1st. There is no source of enjoyment so great as that which comes from a well raised family of children:

2nd. There is no monument a man can raise to his memory that can compare with well endowed and educated sons and daughters.

3d. There is no source of personal discipline equal to that which is gained in the training of children.

Much could be said in proof of these three propositions. For confirmation of the first and last I appeal to the individual experience of all well disposed parents, who have endeavored to train up their children in the way they should go—I think they will agree with me in these statements. And, as for my second statement, public opinion everywhere honors the man and woman who have spent their time and money to give to the world children who would bless it with true manhood and womanhood.

In considering the momentous question it must be remembered, that in establishing the sexual relations of mankind, the individual interests of no one man could be consulted. The whole race lives under, and must be governed by one

law. The good, the bad, the wise, the ignorant, the strong, the weak, the married, the single, the young, the old, all alike, must come under, and obey the one law which regulates the relations of the sexes; must be endowed with the same sexual appetite, and seek legitimate or illegitimate opportunity for its gratification. It would indeed be strange if, in establishing a relationship so deeply penetrating, so far reaching in its results, there should be no friction anywhere.

Here in the case of this woman we see the friction or evils of a system which, as a whole, runs smoothly and noiselessly. We do well know that if all men would follow the laws of nature, and of God, if they, who possess this appetite, would seek the only legitimate opportunity for its exercise, viz., a lawful marriage, that that which to-day is the cause of more wretchedness than any other one thing, would become a source of universal happiness.

And now, while we admit that over child-bearing is an evil which rests heavily upon some homes, not many, when we contrast these evils with those which would result to society by giving to mankind immunity from inevitable propagation as a result of coition, *they are as nothing.*

I contend that these evils are by no means wide-spread. The great machinery of nature which runs so smoothly elsewhere, does not break down here. The average man and woman, who live together as man and wife during all their adult years, will not have more children than they can love and care for; and if my observation is of any value upon this point, I have usually observed that those women, who in a natural way have their children, have better health, live longer, are happier, and have easier consciences than those who do otherwise.

Every practitioner of medicine, as well as every person who occupies a position to be an observer of such things, is familiar with the spirit of rebellion and fretfulness, with which so many women enter upon the period of gestation. This may not be wondered at in some cases, since some women are great sufferers during this whole period. We can do two things to mitigate the sufferings of such. In the

first place by proper medication we can almost invariably arrest, or at least greatly relieve, all the ailments of pregnancy; and we can present such a view of facts, as above mentioned, as will produce a more satisfied state of mind, causing the expectant mother to look upon her condition with satisfaction and rejoicing, rather than lamentation and regret.

In concluding these remarks, let me say again, that I do not wish what I have said to be understood as a license for the unrestrained indulgence of this propensity, or that the foremost object of every married pair should be to have as large a family as possible. I insist upon the golden medium here as everywhere. Temperance in all things is indispensable. While I freely state that a temperate gratification of this appetite is conducive to health and happiness, I very positively affirm that over indulgence is physically injurious and morally degrading.

Let those who do not want families remain unmarried, or be willing to gratify this propensity only at such times as conception is not likely to result.

It is astonishing what loose notions many hold as to the criminality of destroying a fœtus under one to three months old. We have good reasons for believing that the immortal spirit enters into and presides over embryonic development from the day of conception, and whoever destroys a conceived child destroys life.

We need to have our minds and consciences quickened upon this point, and whenever we are brought face to face with our patients upon this great question, show them the enormity of such crimes. It is not for us to ask "will such advice do any good?" If after men and women have been shown the right and truth, they still sin, it is their crime, not ours.

Ungodly men and women are everywhere to be found who think they can indefinitely live in total defiance of the laws of nature and of nature's God. But one thing is certain: their sin will find them out.

(The remaining suggestions as to the regimen of this child are omitted from this report).

**A Change of Occupation Suggested.**

Dr. Leech's wants in regard to leucorrhœa (November ADVANCE) might be met by Professor (?) Taylor, of Crawfordsville, Indiana, who has reduced the cure of intermittent fever to *one* remedy. If Professor (?) Taylor should disappoint him, as probably he will, and as Dr. Leech is disgusted with Eggert's royal work—though I fear he has not carefully read the introduction to that work—and as he wishes to succeed in some way less laborious than that taught by Samuel Hahnemann, I would suggest a change of occupation—wood-sawing, for instance.

A. F. R.

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**Microscopical Notes.** By John C. Morgan, M. D., Philadelphia.

EDITORS MEDICAL ADVANCE:—The reference of our friend, Dr. Samuel Swan, to the supposed fungus of hay-fever, the so-called *Asthmatos ciliaris*, and its potentization, makes it necessary to remind your readers that the conclusions of Prof. Leiby, (See *Am. Journ. of Med. Sci.*, 1879, p. 85)—are adverse to the existence of the newly-found (?) parasite. In a recent note to Prof. Phin, he adheres to the opinion, already published, that these bodies are “nothing else than the ciliated epithelial cells of the air-passages.” (*Am. Journ. of Mic.*, June, 1881).

That these cells may yet constitute a “nosode” in Dr. Swan's preparation, is quite possible; only, let the facts be *understood*.

From the following observations we may note that a similar question arises concerning another nosode, viz., *Syphilitinum*.

*Syphilitic Micrococci and Fungi.*—Dr. J. Bermann, of Baltimore, furnishes an article to the *Archives of Medicine*, showing that Prof. Klebs and himself have been able to demonstrate these bodies; the former having cultivated them in Pasteur's Fluid, and from this culture, inoculated a monkey with complete development of syphilis, primary and secondary

Dr. Bermann notes the following as the principal facts, viz., that the lumen of the lymphatic vessels, at a little distance from the sclerosed primary lesion, reveals the spores, or micrococci in greatest number, the valves of these vessels, especially; the developed fungi, at greater distances from the sore. These, he regards as having gained admission through a cutaneous abrasion, to the (superficial system of the) lymphatics, and thence going every where. Inflammation and thickening of their tissue, with obstruction; and introduction into the arterial system, with capillary obstruction, slight hemorrhages, and hence, later, pigmentation; these explain the secondary eruptions. Mercurials, in hypodermic injection, are his chosen treatment.

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### Care of the Eyes.

MED. ADVANCE:—On page 292, paragraph 4, I read, "do not work with the microscope at night." The experience of an old worker is that if the manipulator understands the proper illumination of his object, work with the microscope at night is less tiresome or injurious to the eyes than reading by artificial light. Do not put the sins of faulty manipulation at the door of the microscope itself. Very truly, GRAY BEARD, in the Swamps of La.

**Arnica in "Seeing Eyes." (?)** By J. F. Edgar, M. D., Lexington, Ky.

Having a patient (boy, aet. 16) whose disturbed innervation would be nosologically termed epileptic attacks, and with the special symptom of *seeing eyes* all around him for from ten hours to several days before the attack culminated, and for a day or two afterwards wearing off into the next attack, which was irregular—two, seven, ten days apart.

From Allopathy he came into our hands; *Sulphur*, also *Spigelia*, seemed to relieve, or rather extend the attacks—then coming under my individual observation, I gave *Cina* 4x upon these two special symptoms—1st, "felt so tired;" 2d. "conscious during the whole paroxysm." *Cina* seemed to hold the attack in abeyance, but the "*seeing eyes*" was now continuous when awake, eyelids opened or closed. *Cina* 200 made no further headway, neither *Bell.* 30x and 200.

Having in the meantime searched Lippe's and Hempel-Jahr's repertoires, and Allen's index for this special symptom of "*seeing eyes*," under head of illusions, vision, epilepsy, and failing to find it, I determined to try and differentiate the concomitant symptoms more carefully, and found out the aching, tired feeling was more of a soreness when sitting, especially when lying, as in bed, and that the upper chest and head and face felt flushed and hot, while extremities were cold; anxious, wild expression of countenance. *Arnica* 200, one powder 2 p.m.; another at bedtime. Says he felt better that evening. Slept comfortable that night and ever since; no more illusions since the next morning. Five days afterward, feeling "that another spell was coming on," I gave him one more dose of *Arn.* 200. Now, nearly two months afterwards, he stops in my office to say "he has not had any sign of a spell since, and feels splendid."

I present this to the profession for further verification.

### Homœopathy in the Allopathic Camp.

At a recent meeting of the Allopathic Medical Society of Detroit, Dr. Devendorf read a paper on "Consultation and Affiliation with Homœopaths." He took the ground that as regular physicians we are bound down by no dogma, but that with the whole field of nature before us, it is our privilege, with perfect consistency, to choose whatsoever is of value in the treatment of disease. We acknowledge no universal law of cure any more than we recognize the existence of any universal panacea, but profiting by the labors of our professional brethren, in the laboratory or in the sick room, accepting nothing on any one's *ipse dixit*, it is our duty to submit all to the test of our own experience, and then to accept or reject according to the result of such test. Let us in this process avoid bigotry and not wrap ourselves in a garment of exclusiveness and cry out to those who differ from us, "stand afar off; thou art unclean."

Homœopathy was the outgrowth of a reaction in medicine, When it came to us a few years ago its supposed novelty attracted a certain class of people, who afterwards became its allies and champions in consequence of the fierce and bitter warfare waged against it by the so called old school physicians. The ranks of its practitioners were filled, firstly by those, who, though few in number, were honest in their opinions and educated in their profession. Secondly, by those, who, devoid of honesty, were shrewd enough to recognize a partial drift of public opinion and avail themselves of the current to achieve success. Thirdly, and most largely by the ignorant, who discover here new fields of labor. But the years which have passed have wrought a change in all this. There is in the universe of mind a law analogous to the grand law of gravitation, which rules and controls the physical world. In obedience to this law eccentric movements are corrected, and the pendulum which marks the oscillation of public opinion, from one extreme to the other, tends at last to fall and rest at the center of gravity—which is truth.

And so with Homœopathy, after the first few years in which ignorance and irregularity in its practitioners were overlooked and condoned on account of the attractiveness of a new doctrine, there came a change; its followers, the charm of novelty having worn away, discerned the faults of their leaders, and demanded physicians of a better class, men of more honesty, better education and higher culture. In response to this demand, better men have come to the front, and ignorance and dishonesty are being crowded back.

The educated homœopathist differs in no material respect from the educated regular physician. He recognizes the fact that there is a truth in the dictum *similia similibus curantur* but scouts the universal applicability of the dogma as a law of cure. The thoughtful and observant physician of any considerable experience can not but have recognized a truth in the dogma, and in so far as it is true it is his duty and privilege to accept it. This truth should form a common ground on which homœopath and regular should meet. As educated men there can be no difference between them except on the question of therapeutics, and this is not the only question involved in a consultation.

Dr. Devendorf would advocate the meeting of homœopaths in counsel and go with them as far as possible, reserving the right in such consultation as in consultation with a "regular," to differ and to give his reasons for so doing when his views are at variance with those of the consultant, and thus throw the case into the hands of the patient for decision as to who should take charge of the case. In this way, he thought, Homœopathy would soonest be brought to its proper level. This course would deprive the system of the pabulum, on which it thrives, viz., persecution, "Let us," he said in concluding his interesting paper, "hold firmly those things whose truth has been established; let us be ready to give up and cast aside all theories, however dear they may be to us, if proven false. We are yet groping in the dark; facts, which long years of experience have placed in our possession, clues that we have laid hold upon, seem oftentimes to leads us in different and even contrary directions; but I am confident



that in the future they will all be reconciled, for I believe, that back and beyond them all, there is one grand therapeutic law, which will be revealed to us when life and its processes are no longer a mystery."

Dr. Klein endorsed the sentiment of the paper. There is truth in Homœopathy but it is only half truth. He objects to homœopaths rather than to Homœopathy, inasmuch as they sail under false colors. Not one in a hundred of them practices what he professes. They raise *similia similibus curantur* as their watchword but follow it only in so far as it leads them aright. Were they honest they would practice as well as proclaim the universality of this law. He believed that the extension of the right hand of fellowship to them would, if they accept it, rob their so called system of its strength.

Dr. Lyster would consult with homœopaths but for a different reason to that given in the paper. They have surrendered their dogma and retain its name only for expediency. He would consult them only for expediency. Let the law exact a state license guaranteeing proficiency in all branches on which there is no difference of opinion, as between homœopaths and regulars, and then let all be classed as physicians and each meet the other regardless of views in regard to the manner of the action of drugs. The uncertainties of therapeutics should beget great charity on this question. In his opinion Homœopathy would suffer were the regular profession to withhold its persecution, direct and indirect.

Dr. Gustin would meet any honest and scientific practitioner in consultation, but was of the opinion that this rule strictly lived up to would prevent him from meeting the homœopath, so-called. He did not believe that an educated man could be honest and sail under the homœopathic flag. Unless the homœopath, so-called, adopts *similia similibus curanter* as a universal law of cure he is not honest, and if he does thus adopt it he is not an educated physician.

Dr. Rouse: As a class homœopaths are unworthy, and while they number some estimable and educated men, the re-

removal of the dividing line which the regular profession has erected between it and them, would create a condition of affairs which reputable practitioners could not but deplore.

Dr. Book: Homœopaths are such, very largely, rather from expediency than principle, and as such are unworthy. The question hinges rather on the character of the practitioners who profess the dogma than on the dogma itself. Homœopathy, as taught, is easily understood, and hence it attracts those who lack either the industry or the ability to lay that foundation which regular medicine requires. It commends itself to the laity because of its simplicity. We are not yet ready to consult with homœopaths. To do so would give them the respectability and standing in the scientific world which they now lack and which unaided they can never acquire. When they discard their distinctive name and announce themselves simply as physicians he will meet them regardless of their dogma.

Dr. Noyes endorsed the paper in so far as it was philanthropic but no further. An examination of Homœopathy, pure and simple (Hahnemannism), shows it to be a fraud and nonsense, and he could not receive into fellowship its adherents. One homœopathic author talks of patient's having vomited urine, and as an illustration of the ignorance that pervades the ranks this is not an exaggeration. When the law shall exact a proper foundation in the theory of medicine and in anatomy, physiology, etc., he will meet all practitioners regardless of their views as to the action of drugs.

Dr. Clark stated that as a student he raised the shibboleth "No compromise with Homœopathy," and as a graduate and practitioner these were still his sentiments. Homœopathy is unscientific. It practically denies the atomic theory. Matter can not be divided as minutely as the 3000th dilution contemplates, and the statement that a drug shall be taken in such dilution proclaims him who makes it an unscientific man.

Dr. Wiley: Homœopathy is a humbug. It has been demonstrated to be such beyond all doubt, and its adherents are, therefore, either knaves or fools, and as far as he is concerned

he does not believe in recognizing such either in medicine or out of it.

Dr. Wyman; The question involved in the proposition to consult and affiliate with homœopaths is one as to the proper method of ridding the public of the baneful system. He believed that to meet them would result in their ultimate discomfiture. Whether the means would justify the ends each must answer for himself. As for his part he had not been able to take such a position on the question as he should feel sure he might not want to retract.

Dr. Mulheron: The question of consultation with homœopaths is to be viewed from two standpoints, viz., the ethical and the scientific. Ethics is something very intangible and varies with the variability in mental and moral perceptions. He feared, however, that far as Homœopathy was concerned the views of its relations to regular practitioners were too much affected by prejudice. Dr. Clark's shibboleth of "no compromise," raised when he was still an undergraduate, and presumably but indifferently versed in the essentials of even scientific medicine, illustrated the frame of mind in which Homœopathy is too often regarded. Homœopathy is too often condemned at sight, and without a previous inquiry into its nature. He had taken some pains to look into it, and was convinced that it contained a very important law of cure—one of the laws of cure, for there are several. There is not a physician who does not daily unwittingly treat disease according to this law. He instanced the protective influence of vaccinia against variola, the local application of the mitigated stick to granular lids, the injection of a solution of *Nitrate of silver* in dysentery, and the application of a blister to an old, ill-conditioned ulcer as indisputable illustrations of the working of the law of *similia similibus curantur*. There is a truth in Homœopathy and it is the duty of the regular physician to utilize it. He had no sympathy with those who profess but do not practice Homœopathy, but he should not object to an affiliation with them simply because of the fact that they believe in the possibility of developing a substitutive process which

running its course shall overcome the susceptibility of the system to the idiopathic disturbing cause. He believed that to do so is frequently, though not always, possible.

Dr. Lyster objected to the illustrations cited by Dr. Mulheron to establish the existence of the law of similars. It is the difference between the effects of the remedy and the condition induced by disease that works the cure, and Homœopathy, so-called, when minutely analyzed will be found to be "Allopathy" in the etymological signification of the term.

Dr. Brodie would not meet a homœopath as such, although were he to abandon his distinctive title he would meet him as a physician, provided he could furnish the necessary credentials as to qualifications. He, as a member of the regular profession, was governed by the Code of Ethics of the American Medical Association and until that Code is so modified as to permit consultation and affiliation with the homœopath, as such, he would refuse to meet him. The system is losing ground and has died out in the place of its birth. It lives and thrives in this country through the patronage of a class from whom most of the other plausible vagaries receive their support, viz., the shoddy—people with means with which they seek to supply the deficiency due to a lack of proper education or breeding. Those who either honestly acknowledge their failure to comprehend the science of medicine, or being able to comprehend it look deeper into the matter than its surface, are seldom patrons of Homœopathy.

Dr. Bissel's experience with homœopathic practitioners had convinced him that there is among them a lack of such a knowledge of the fundamentals of medicine as would lead him to reject the proposition to grant them such recognition as would follow consultation and affiliation with them.

Dr. Devendorf, in closing the remarks, said he was much pleased by the discussion which the papers had elicited, and was especially pleased by the moderation exhibited. One speaker had said that he did not know what is meant by the term "Homœopathy" at the present time. He (Dr. D.)

thought this admission but gave expression to the fact that the school is in a state of transition. Another says that "homœopathic physicians are not honest (professionally) in pretending to practice Homœopathy." Homœopathy to-day exists only in a vague form in the minds of the laity, and its practitioners, though pretending to cling to the old faith, have cut loose and are drifting in search of a new anchorage. We find a similar condition in another profession—there are many men filling our pulpits who can not conscientiously subscribe to all the "articles of faith" — they, too, have drifted away from their old faith. In any case we can but say, that as long as the drift is in the direction of progress, no fault should be found, and dishonesty should not be too freely charged.

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## Book Notices.

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A Treatise on Diseases Peculiar to Children. By W. A. Edmonds, M. D., Professor of Pædology, etc., etc. Boericke & Tafel, New York. 1881.

The volume is not pretentious in size or scope. A matter of three hundred pages suffices for the wants of the author. Into these he has compressed no small amount of information. Of the exact value of that information there will undoubtedly be some difference of opinion, even among practitioners of the author's own school. Our knowledge of Dr. Edmonds led us to look for a work somewhat unlike the one now before us. It relieves the case somewhat to find it dedicated "to the mothers of America." The author's method of treatment is probably well suited to those who want in any given case but few remedies and want them dogmatically stated. The in-

roduction informs us that "the object of the contemplated work will be to be a suitable text-book for students, and a convenient reference book for practitioners." This can not well be of all classes of students and practitioners of medicine. It is far too elementary for one who understands the homœopathic materia medica and the full scope of the law similia. The author is given to the use of "favorite remedies." We hesitate to charge him with "routinism," but what is it but that? This is well enough for "the mothers" who need to have things cut and dried, but the practitioners seeking for references will hardly be satisfied in numerous instances. Dr. Edmonds is a pleasing writer and gifted in the matter of brevity. He is a studious pathologist, and a physician of large experience and successful in his practice. This, he says, is his maiden effort. We think he could greatly improve it, but like Teste he has his hobbies, and he rides them without special harm to any one. This is not, in our estimation, the best showing for homœopathic therapeutics in diseases of children. It does not claim to be. It is Dr. Edmond's method, and as such we need not specially criticise it. A more strict application of the law would give us a better book in the matter of treatment. In other respects and in many ways the book is admirable, and it will undoubtedly find many readers.

**Transactions of the Homœopathic Medical Society of the State of New York for the years of 1880 and 1881.**

This volume represents a large amount of literary work, and that Homœopathy is prospering finely in the Empire State. The volume has 494 pages, and gives a fair idea of what is being done in the east. We wish the printers had done their work better; it does not please citizens of towns to have the names improperly spelled, as this work has in some instances, and it is not the most convenient arrangement that pages follow in this order: 160, 165, 162, 163, 168, 161, 166, 167, 164, 173, 170, 171, 176, 169, 174, 175, 172, 177. There are many excellent papers, and the volume contains new thoughts. It can be obtained of E. S. Coburn, M. D., Troy, N. Y.

**Report of the Bureau of General Sanitary Science, Climatology and Hygiene, to the American Institute, Session of 1881.**

This comes to us with the compliments of Bushrod W. James, M. D., chairman. It is a reprint from the Transactions. So much of the success of the bureau's work for the year is due to the industry and perseverance of the chairman, that he doubtless feels a just pride in presenting the fruits of its labors to the profession. Some

of the most important problems at present engaging the attention of sanitarians are discussed in these pages. The matter of personal hygiene, including medication, dwellings, soil, occupation, habits, food, clothing, and sewage constitute the topics to which this large report is devoted.

**The Popular Science Monthly for January, 1882.**

The "Popular Science Monthly" for January, 1882, is unusually varied in its contents. None of its articles are long, and four of them are freely illustrated, viz., "The Earth-Worm and its Wonderful Works," "New Guinea and its People," "Volcanic Products," and "Time-keeping in Paris." The people of that city have got ahead of the world in keeping time. The clocks in private houses are all kept running by the city government, all are exactly accurate, and nobody has any trouble about it. How all this is done Mr. Engler's article clearly explains. Professor Pettenkofer's lecture on "The Sanitary Relations of the Soil" is a most important contribution to hygiene, of universal interest, and in the last degree practical. Another article that everybody will read with interest and profit is Prof. Prescott's on "The Chemistry of Coffee and Tea." "What is Transcendental Physics?" may seem a not very promising problem for common people to attack; but in the hands of Mr. Paul R. Shipman it turns out to be a very interesting question. "The Anatomy of an Old Anecdote," by William W. Billson, is a striking and instructive essay on the condition of law in primitive societies and the progress of judicial practice, as illustrated by Shakespeare's delineation of Shylock and his trial in "The Merchant of Venice." "The Colorado Desert," by Joseph F. James, is a graphic account of one of the most curious regions of the earth's surface. There are a portrait and sketch of Prof. John W. Powell, the present Director of the United States Geological Survey, and one of our leading American ethnologists. We notice a new department of "Entertaining Varieties," made up of scientific and semi-scientific odds and ends, which the readers of the "Popular Science Monthly" will be sure to find refreshing. Recent charges against "The Monthly" are made the subject of a trenchant editorial in this number, in which the loose accusation that the teachings of the magazine are atheistic is squarely met and severely handled, and it is conclusively shown that the course of the periodical has been simply what it must be if it fairly and fully represents the progress of scientific thought. Literary Notices, Popular Miscellany, and Notes, are all unusually full, and of more than average interest. New York: D. Appleton & Co. Fifty cents per number, \$5 per year

## Editor's Table.

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DR. W. G. HIER has located at Madisonville, O.

DR. J. W. HUFFAKER has moved to Denver Col.

DR. T. J. SUTPHIN has resumed practice at Middletown, O.

DR. D. E. SPOOR has moved from Holly to Johnsburg, N. Y.

DR. O. Q. JONES has formed a copartnership with Dr. R. B. House, at Tecumseh, Mich.

DIED.—Mrs. Ella, wife of Dr. R. B. House, of Tecumseh, Mich., Jan. 4, 1882, of consumption.

MARRIED.—A. McNeil, M. D., and Miss Maggie Swanston, Jeffersonville, Ind., Jan. 17. Congratulations.

A GOOD practice in splendid location for sale to a properly qualified physician. Address T. E. W., care Dr. Geppert, Cincinnati, O.

DR. A. M. COUNTRYMAN has located at Columbia, Cincinnati, taking the field formerly occupied by Dr. H. K. Harker, retired from practice.

DR. R. F. BUCHANAN has severed his connection with Dr. Wm. Owens and opened an office at 65 w. 7th st. The Doctor has our best wishes for success.

DR. H. K. HARKER has quit the practice of medicine and entered the die sinking business; a more profitable if not so attractive a calling as medicine.

DR. O. C. LINK, County Physician and Secretary of the Jasper County (Ind.) Board of Health, sends us a report of the Board, which shows them to be wide awake on public sanitary affairs.

A CONTINUED TRIAL—A sufferer recently wrote: "I have tried all the liniments I could hear of, have used over one hundred bottles of St. Jacob's Oil, \* \* \* endeavoring to obtain relief."

THE Homœopathic Life Insurance Co., of New York, makes a splendid showing of its work for 1881. The company also publishes a large number of interesting pamphlets for gratuitous circulation. Send for them.

THE New York Ophthalmic Hospital, Corner 3rd Avenue and 23rd street, report for the month ending December 31, 1881. Number of prescriptions, 4,153; number of new patients, 443; number of patients resident in the hospital, 16; average daily attendance, 160; largest daily attendance, 210. CHAS. DEADY, M. D., Resident Surgeon.

THE 15th Annual Report of the Indiana House of Refuge is before us. It shows excellent management. The Assistant Superintendent, Dr. J. E. Welliver, has charge of the hospital. Under treatment, there were 310



cases with but one death during the year; a very favorable showing indeed for 343 persons taken from the positions they occupy in society.

**PRACTICE FOR SALE.**—A \$4,000 practice for sale in the city of Cheyenne, for \$200 cash, including office furniture and most of my medicines. Reasons for selling, going out of practice into stock raising exclusively. I want to leave a first class man here in my place. No mongrel or half-way homœopath need apply; have seen too many of them.

E. B. GRAHAM, M. D.

**THE POPULAR SCIENCE MONTHLY FOR FEBRUARY, 1882.**—There is a varied and thoroughly popular interest in the February "Popular Science Monthly" which has not been surpassed in any former number. Nowhere else does the sensible reader get his monthly money's worth as in this periodical. And that is not all; he will find in these papers matter of the highest value which he can not get in any other American monthly.

THE next meeting of the Homœopathic Medical Society of Ohio will be held at Springfield, O., May 9th and 10th, 1882. The profession will generally be present. Now is the time to write your paper if you have not yet done so. Let this be the best meeting of the society, and if you do your individual part well, your pleasure will be enhanced. Communicate with the secretary or chairman of the bureau in which you are expected to assist in making it what it ought to be. Every member of the society is appointed to write a paper on some subject. Homœopathy is gaining ground rapidly in other states, let not Ohio fall behind. Don't come to the society with nothing to offer but growls—give something creditable.

H. E. BEEBE, M. D., Sec'y, Sidney, O.

THE following table shows the total number of deaths, births and marriages reported in New York city since 1870 by years:

<i>Year.</i>	<i>Deaths.</i>	<i>Births.</i>	<i>Marriages.</i>
1870.....	27,175	14,524	7,985
1871.....	26,976	20,821	8,646
1872.....	32,647	22,068	9,008
1873.....	29,084	22,683	8,871
1874.....	28,727	25,747	8,397
1875.....	30,708	23,813	7,565
1876.....	29,152	23,744	7,099
1877.....	26,203	25,567	7,129
1878.....	27,008	25,729	7,629
1879.....	28,342	25,573	8,446
1880.....	31,866	27,536	9,002
1881.....	38,609	26,130	10,076

THE earlier instalments of the yearly 3,000 medical graduates of the United States schools will soon be among the contestants for the small average portions of pecuniary receipts allotted to the medical world. With the profession in a present non-sustaining condition, what will become of it if we continue to thus add to its numbers, not considering quality or

struction of the entire so-called medical profession. Upon one side we have the homœopathic school following a system, in other words, a law; upon the other side we have the eclectics, allopaths, *et id*, who profess to follow no system, but it appears from numerous testimony drawn from that heterogeneous class that they do not know why they employ a remedy. That they pretend to know why is readily acknowledged. But at a glance it must be seen that saying why and knowing why are two very different things. The Indian medicine man and the equally uninstructed root and herb doctor claim to know why they employ remedies. The allopathic doctor gives his remedies also and has reasons therefor, but in almost all respects they are reasons without any better foundation than the reasons of the Indian doctor. A negro doctor, called to attend a man who had been injured by a blow, prescribed *Alum* and *Burgundy pitch* in combination. When asked why he did so, replied: "The man has bust his frying pan (meaning his diaphragm), and I give him de *Alum* to pucker up de hole and *Burgundy pitch* to stick 'em together." This man was no quack unless he chanced to have a "system" in his possession. But what is this dreadful thing called "a system"? Good reader, it is the law by which homœopaths select and prescribe their remedies. But what objection is there to the law? Perhaps the majority of the allopathic profession will say the law is false. But the London *Lancet* is too well informed to assert that. The *Lancet* knows that in numerous instances the law holds good. The editor in the number for July, 1881, says: A small quantity of *Alcohol* will stimulate the cerebral functions and quicken the intellectual and nervous functions, while a large dose will depress and stupefy. A large dose of *Ipecacuanha* will produce vomiting, while a small dose will act gently and restore the tone of the organ, thus allaying vomiting. A small dose of *Opium* will excite, a large one act as a sedative. In the same way large doses of 'cathartic medicine' act as aperient; while small—or relatively small—doses produce constipation; or conversely drugs which may be cathartic in small and moderate doses—as *Colonel*—are distinctly sedative or constipative when given in large quantities." And he precedes this by saying "we might follow out the list of the *materia medica* in the same way." So it appears that the law stands approved by this high authority. The trouble is, however, in the application of this law. If a physician should go about giving all cases of nausea and vomiting "small doses" of *Ipecacuanha* or all cases of constipation some cathartic producing drug in "small doses," he would probably, in the estimation of the *Lancet*, be following a "system." We are willing to grant it; but it would not be Homœopathy. Homœopathy does indeed follow a system. Why? Simply

because it understands the nature of drugs and administers them intelligently. Not to understand drugs is to administer them "without knowing why." It is the special province of science to systematize knowledge. Science without system is an absurdity. As diseases are systematically studied so they must be systematically treated. The homœopathic law is an intelligent recognition of the relationship existing between diseases and drugs. That that relationship is constant and uniform we believe; and we believe also that that relationship is expressed by *similia*. We agree that the man "who employs a remedy without knowing why," is a quack, but we further assert that the man who says that he knows and is yet ignorant of the reason, or assumes to know, is a dangerous fraud. Better than either of these is the man who knows nothing about either drugs or disease and who prescribes the former to cure the latter as an act of humanity, and because experience has shown them to be useful. But the true physician is the man who understands the pathogenesis of his drugs and can give them by their indications. To call him "a quack" is to reverse the true meaning of words or to slander the good name of science.

"SYSTEMS.—The great practical question before the scientific profession as presented in the 'systems,' which, like unsightly excrescences, disfigure its fair form, is how to get rid of them. \* \* \* The question is one which must be viewed with the stern, cold mind which characterizes the explorer in the fields of science; and all appeals to prejudice are out of place in its consideration. Its only solution, to our mind, consists in giving the principles on which the various dogmas on which the "systems" are based a proper place in the orthodox fold. To this end, these dogmas must be investigated, regardless of the objectionable associations in which we now find them. If *similia similibus curantur*, for instance, has a scintilla of truth in it (and it has) let us discover it, and dovetail it into the noble fabric which it is the aim of scientific medicine to rear. By thus giving it a place, we believe it possible for us to entice it entirely from the associations which now detract from its fair name." The foregoing we clip from an editorial in the *Therapeutic Gazette*. We say nibble away, gentlemen. Mice never know what's in the cheese until they have tried their teeth upon it. Dr. BRODIE is on the right track. He is undoubtedly well qualified for a leader, but we don't believe that just now, he will have a large following. There are too many Prof. PALMERS and Dr. NOYSES in that school to allow it to progress. Scarecrows are more potent than enlightened argument, and these irreducible fossils will, for a long time in the future, as they have always in the past,

dam the current that should carry the allopathic school on to higher and more scientific ground. Yes, there's more than "a scintilla of truth in it." There's a flood of light in *similia*; and the homœopathic school has been following it with remarkable success for more than three-quarters of a century. There no doubt remains much to be discovered in connection with that law or fact. It reveals an important relationship between drugs and disease. The followers of HAHNEMANN have delved in this mine with most praiseworthy assiduity. The result has been that some things beside the bare *similia* have been discovered. No law in nature stands unsupported by auxiliaries. What an application of this law requires, no original investigator can tell until he has pursued his studies and experiments over wide and varied fields. So we welcome Bro. BRODIE and all who are as enlightened and progressive as he. HAHNEMANN did not discover everything. If the allopathic gentlemen can add to the sum of true knowledge, who is ungenerous enough to prevent them? If *similia* is true, it should be applied; and if that application does not require "proving," "the single remedy" and "the minimum dose," will Dr. BRODIE and his friends tell us just what is required? But they will find, if they do not already know it, that new wine can not with success be put into old bottles.

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**Trichina Spiralis** (Pork-worm or Flesh-worm). By John Phin, Ed. "Am. Journal of Microscopy." Cuts furnished by Bausch & Lomb Optical Co., Rochester, N. Y.

There is probably no country in which the pig serves a more important purpose than in the United States. The ease with which the animal is raised; the facility which it affords for converting corn, clover and similar bulky articles into a concentrated form of food, and the ease with which its flesh is cured for storage and transportation, all combine to render it a source of immense income to the country. Consequently, anything which tends to injure it as a food product, lessens the amount produced, interferes with the market for it, and thus becomes a great national evil, as well as a source of disease and death to thousands.

That the *Trichina spiralis*, or, as it is sometimes called, the "pork worm" or "flesh worm," does decrease the market value of the "hog crop," is a fact too well known to require elaborate proof at our hands. Of the many undoubted cases of trichinosis which have occurred in this country, several have been caused by native pork, and the elaborate investigations of Dr. Balfield and Mr. Attwood showed that during a certain period the astonishing amount of 8 per cent. of hogs slaughtered in Chicago were infested with this parasite! And so deeply has this been impressed upon foreign governments, that in many European countries the importation of American pork is permitted only under the most stringent regulations. These facts show the importance of a general diffusion of information in regard to the best means that have been discovered for detecting this pest where it exists, and on avoiding its effects, as well as of preventing its increase, if not of stamping it out altogether. To do this, however, it will be necessary, first of all, to give a brief account of what is called the "life history" of the parasite—that is to say, of its changes and modes of growth, from its first appearance as an embryo, to the death which overtakes it when it has finished its career according to natural laws.

LIFE HISTORY OF THE TRICHINA.—In the case of most animals, we trace the individual from its birth upwards, but we shall find it more convenient to begin the history of the trichina with the closing period of the life of its parents.

If we find a piece of meat which has caused death, or even serious sickness in those who have eaten of it, we may possibly find, if this sickness is due to trichinæ, that a slice of it, when cut lengthwise of the fibres has a specked appearance even to the naked eye. Such appearance is well represented in Figure 1, taken from Harley's "Histological Demonstrations."

In this case the trichinæ have been in the flesh for some time, and have become surrounded with hardened (calcified) capsules, or coatings, which render their presence and position visible. But if it had happened that the animal from which the meat was taken had become infected but a short time before being butchered, the capsules, or "cysts," as they are called, would have been transparent, and the parasites invisible to the naked eye. To detect them under such conditions we must cut a very thin slice, so thin as to be transparent;

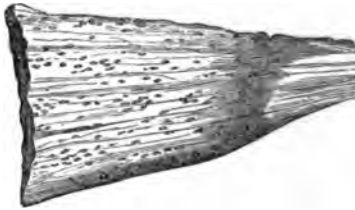


Fig. 1.

this slice, or as microscopists call it, "section," must be placed between two pieces of glass, and moistened with water, glycerine, or, better still, acetic acid. The plates of glass are then squeezed together, and when the piece of meat has become so thin that it is quite transparent, it may

be viewed by means of a strong magnifier, by holding it up to the light and looking through it. Ordinary pocket magnifiers are not quite strong enough; one magnifying at least 25 diameters should be used, and then, if trichinæ are present, the flesh will present the appearance shown in Fig. 2, which has been accurately drawn from a piece of trichinous flesh seen under a common lens.

Such a magnifying power, although abundantly strong enough for the detection of trichinæ, is not always quite sufficient to enable us to make a satisfactory examination of the worms themselves, but this is a matter of no consequence, so far as the ordinary requirements of practice are concerned. But with a good clear lens, even this power enables us to distinguish the coiled-up form of the worm, from which they derive their

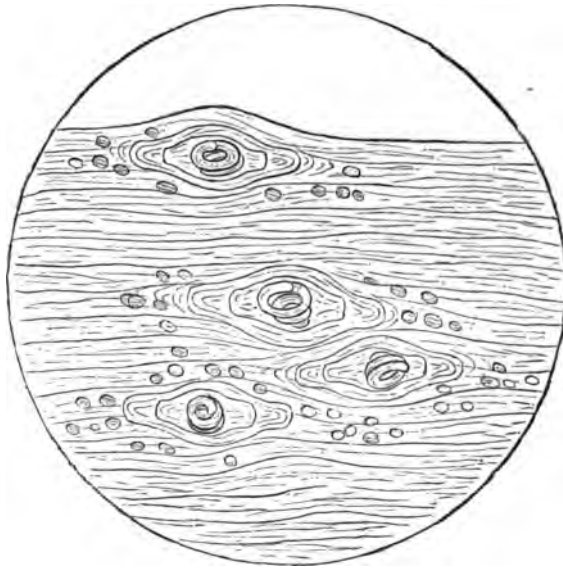


Fig. 2.

specific name *spiralis*. Let us now follow the changes which take place when such a piece of meat is eaten. As seen in the flesh shown in Figure 2, the living worms are enclosed in bags or cysts, one of which is shown more highly magnified in Fig. 3. In time these cysts become coated with a calcareous deposit, so that the worms are literally entombed in marble coffins. At first this probably serves to protect them. Worms in this condition, therefore, are incapable of doing further harm; their career of mischief, so far as themselves are concerned, is ended. But when the



• Fig. 3.

But when the

flesh in which they are imbedded is eaten and digested, the capsules are dissolved, and the worms are set free to move about in the stomach and intestines like so many diminutive eels. They now increase in size, and another and far more important change takes place. The males and females become mature sexually, and unite to perpetuate their species. At this stage of their existence they present the appearance shown in Figures 4 and 5, Fig. 4 showing the male trichina and Fig. 5 the female. As in

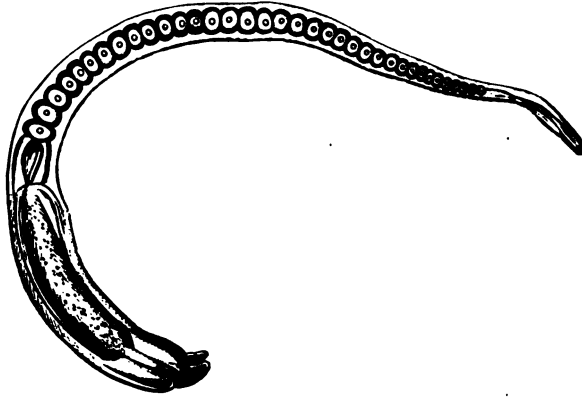


Fig. 4.

the case of other worms of their class the small end is the head. In a few days the females give birth to living young, and shortly after that they die and are expelled with the refuse food. Each female produces a number of young, which has been variously estimated at from two thousand to twenty thousand. Leuckart, one of the very highest authorities, says not less than from ten to fifteen thousand. The young are born alive, and it is these embryos which cause the disease known as *trichinosis* or *trichiniasis*.

As soon as they are born, they proceed at once to bore through the walls of the intestines, and enter the muscles. Through the connective tissues of the muscles they mine their way, absorbing the juices of the flesh, and growing larger and larger, until their progress is arrested, either by their inability to bore through the tendons, or by the fact that they have reached their full size and it is time for them to curl up and go to rest. When this period arrives, the worm coils itself as shown in Fig. 3, and a cyst or bag is formed around it. At first this cyst is perfectly transparent, but after a time a deposition of calcareous matter takes place, and it presents a whitish appearance, which renders it visible to the naked eye, as shown in Fig. 1.

Once safely enclosed within its cyst or capsule, the trichina is powerless for mischief. It does not multiply; it does not consume the substance of the muscle in which it is imbedded, and the unconscious "host"\* may

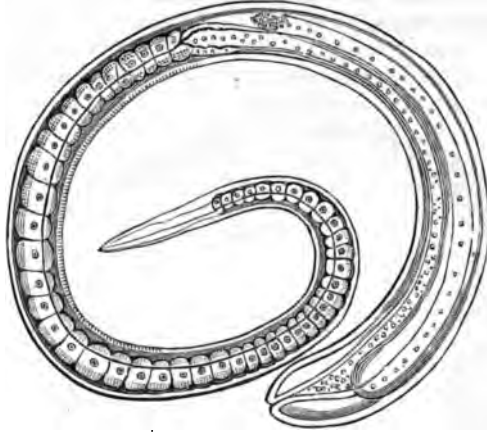


Fig. 5.

harbor it for years without being aware of the fact. The life history of the trichina is thus contained in a cycle which includes at least two animals—the first being that in which the parasite is born, partially matured, and then enclosed in a living tomb, and the second that in which it is set free, and in which it becomes fully mature, propagates its species, and dies.

Such being the life history of the trichinæ, we are now prepared to consider their origin and the modes of their distribution, together with the most effective methods of avoiding and destroying them.

OF THE ORIGIN OF TRICHINÆ.—There has been a great deal of speculation in regard to the *origin* of the trichina, but, as was to have been expected with very unsatisfactory results. We know just as much of the *origin* of trichinæ as we do of the origin of the pig, the cow, or the goat, and *no more*. That they may change their habits and some of their characteristics when placed under new conditions is possible; but like every other animal, all the trichinæ now infest man and the domestic animals, are the direct descendants of others whose ancestry leads back in unbroken series to a point far beyond the reach of human knowledge or reason. Nor does it require any special hypothesis to account for the enormous num-

\*In the language of writers on this subject, the "host" or "bearer" is the animal (human or other) that harbors the parasite. The parasite is called a "guest" when it lives at the expense of the host, and a "messmate" when it merely shares its dwelling without devouring its substance.



bers of trichinæ which confessedly exist, if we give due consideration to known possible methods of distribution, and to the extraordinary fecundity of this parasite.

**MODE OF DISTRIBUTION OF TRICHINÆ.**—Unless when man interferes with the processes of nature, the animals which are infested with trichinæ, are chiefly those which are wholly or partially carnivorous, like the pig, the dog, the cat, the rat, and man himself. And since trichinæ are dangerous only when present in any given animal in very large numbers, it is only the flesh of carnivorous animals that we have to fear. Of the carnivora with which man comes in contact, the pig is the only one whose flesh is employed for food by civilized nations, so that the rat, the cat, and the dog, must be left out of the *direct* sources of human trichinosis, although as propagators and distributors of the past, they can not be safely neglected.

It would seem that some animals, even when exposed to infection, do not readily harbor those objectionable guests; thus, even when birds and sheep have been liberally fed with trichinous meat, these parasites can not be detected in their flesh. But, in the ox, the rabbit, and the guinea pig, they multiply freely, and become encysted in the flesh of these animals, ready, under suitable conditions, to again begin the cycle of their life history. Fortunately, however, the sources from which oxen and other strictly herbivorous animals obtain trichinæ are so limited that but little danger ever arises to humanity directly from this source, and it is only when other agencies come into play that the flesh of the ox demands our attention in this regard. To understand these conditions it is necessary to examine the means by which trichinæ are transferred from one animal to another. These are:

1. *By eating trichinous meat.*—This is by far the most common method, and is, undoubtedly, the way in which pigs and rats generally become infected. And as it happens that the parts which are generally thrown aside as offal (the diaphragm, the head and the parts at which muscles and tendon join), are those which are specially liable to contain trichinæ, it follows that the pigs which are reared on offal, and the rats which infest slaughter houses, are very liable to contain trichinæ.

2. *By eating the excrements of animals that have recently been infected with trichinæ.*—The dog, the pig and the rat are all ravenously fond of excrementitious matter—eating it greedily, when they can get at it. Now, when an animal has recently had a dose of trichinous flesh, there will always be found in the feces, not only young trichinæ, but mature females which have not yet got rid of their burden of young. When taken into the stomach of another animal, these young trichinæ develop and bore their way through the intestines and muscles of their new host, and the females complete their functions in their new abode. Hence it is a well-known fact that one trichinous hog will infect a whole herd, and it

was, doubtless, from the excrements of rats, mingled with its food and water, that the hippopotamus in the Zoological Gardens of London, obtained the trichinæ which were found to infest its muscles.

3. *By drinking water in which trichinous flesh has putrefied or decomposed.*—One of the most remarkable characteristics of the trichina is its power to resist the action of agents, which are destructive to most other animals. The gastric juices of the stomach, the influence of putrefaction, and even soaking in strong chemicals, such as chloride of zinc, all fail to destroy it. The Vienna Committee reported that "after remaining for months in putrefied flesh, they (trichinæ) did not lose their vitality." And Goujon succeeded in infecting with trichinous meat 80 to 100 days after it became putrid. The obvious result of this is that if a trichinous rat, cat, dog, or pig should die by the side of a stream, or be drowned in it, and the flesh should putrefy, any animal that drinks of the water in the immediate neighborhood may pick up quite a number of trichinæ, and these, when introduced into the stomach, will soon be multiplied by thousands. In this way oxen and horses, though strictly herbivorous, may, under perfectly natural conditions, become infected with trichinæ.

4. *By eating vegetables (grass, clover, lettuce, cabbage, celery, etc.), which have been manured with the offal or excrements of trichinous animals.*—We have already stated that the excrements of animals recently infested with trichinæ, contain large numbers of these pests. And since the trichinæ are not destroyed by the putrefaction of the flesh in which they are found, plants manured with trichinous offal may very readily communicate the trichinæ to herbivorous animals, or even to man himself.

Some of these sources of infection would seem at first sight to be very trivial—indeed, scarcely worthy of consideration, in view of the fact, previously stated, that it is only when present in large numbers, (many millions), that trichinæ are dangerous. In arriving at such a conclusion, however, we leave out of consideration the cumulative character of this parasite.

This feature has not hitherto received the consideration which we think its importance demands. We can all understand how a pig, after eating a pound or so of the offal of a trichinous pig, should become dangerous to any human beings that might eat its flesh without having it first thoroughly cooked, but we do not as readily realize that successive minute doses of strongly trichinous flesh, or larger quantities of flesh that is very slightly infected with trichinæ, may, after a time, bring a pig into a condition quite as dangerous as that of the first. This arises from the fact that trichinæ which have become encysted or encapsuled in the muscles, may remain there living and ready for the next stage of their life history for long periods—some say as much as ten to twenty years. The progeny of each successive dose are, therefore, added to those that precede them, and the accumulation may, in time, become quite formidable. For ex-

ample, a pig that is fed on slaughter house offal, will, in all probability, occasionally eat some flesh containing trichinæ. Each dose may be too small to affect the animal to such an extent as to produce evident sickness, and yet may add a hundred thousand or so of encysted trichinæ to its muscles. After a few repetitions of this operation the flesh of the animal will become so full of the parasites as to cause severe disease or even death in those that consume it, while at the same time the animal has all the time maintained a fair degree of health.

In the case of pigs, which are generally killed while comparatively young, this may not be such an efficient cause, but in the case of a rat, which may inhabit a slaughter house for many years, and ultimately fall a prey to some ravenous porker, there can be no doubt that it plays a most important part. And, as from the comparatively small size of the rat, the animal is almost always entirely consumed by the pig that happens to catch it, it acts as a concentrator as well as a gatherer.

It is chiefly from this point of view that the omnivorous rat becomes such a dangerous trichina gatherer, especially when associated with the equally omnivorous pig.

That pigs catch, kill and eat rats, has been denied, but only by those who are ignorant of the habits of the hog.

One author says that he does not believe that pigs are sufficiently active to catch a rat,\* but it is well known to farmers that pigs which are not very fat, such as brood sows and those that are kept over from one season to another, frequently capture these vermin. Nor is it necessary to this theory that the pig should be able to catch the living rat. Almost every butcher and drover has one or more dogs; these animals enjoy no fun better than that of killing rats, but they never eat them.† The rats, if killed in or near a pig pen, are left for the pigs who soon make away with them.

Moreover, when turned into the fields and forests, the pig is a most assiduous hunter of rats, mice, and such like vermin, which he roots out of their underground nests and eagerly devours. Of this we ourselves have had ocular proof; and as these animals are known to be migratory, it is easy to suppose that rats, which have become infected in slaughter houses and elsewhere, may be thus caught and eaten by pigs. And it is most probably in this way that the wild swine of the European forests obtained the trichinæ which have been found in them. The same is also the way in which the wild boar, whose flesh recently occasioned an epidemic of

\* We have it on good authority that the horse has been known to kill with its teeth the rats that annoyed him in the manger. Of course he did not eat them.

† It is a curious fact that dogs are not so liable to harbor trichinæ as cats. We have frequently found trichinæ in cats, but never in dogs, although it might be supposed that the dog, feeding more than the cat upon butcher's offal, would be more liable to pick up trichinæ. We believe that the cause of this lies in the fact that cats eat rats, while dogs never eat them. Dr. Seller informs us that almost all the cats that he has examined in Philadelphia, have been infected with trichinæ.

trichinosis in the village of Khiam, near the sources of the Jordan, obtained its trichinæ.

These facts, combined with the extraordinary fecundity of the trichinæ themselves, readily explain the occurrence of epidemics of trichiniasis. Indeed, when we consider the very small number of encysted trichinæ, which, after passing through two or three animals, may give rise to a brood of many millions of embryos, the wonder is that, under our present system, trichinosis is not a more common disease than it is.

Let us suppose that a rat, feeding on the offal of a slaughter house, picks up two dozen trichinæ in a piece of meat—a very small number. Cobbold, one of the most thorough and careful authorities, in his calculations, claims for each trichina an average progeny of about 3,000.\* We will take, therefore, half this number, and assume that after the regular time our rat has 36,000 encysted trichinæ in its muscles. If, now, this rat be eaten by a pig, the latter animal will become the host of 54,000,000 trichinæ, and its flesh, in quantities of half a pound or so, would be fatal to any human being that might eat it without having it properly cooked.

DESTRUCTION OF TRICHINÆ.—We have already stated that the trichina is exceedingly tenacious of life, resisting the effect of powerful chemical agents, and the destroying influence of putrefaction in the meat in which it is imbedded. Cobbold fed a dog with a small piece of trichinous human flesh which had been saturated with a solution of chloride of zinc, and afterwards, on killing the animal, he found it infested with trichinæ. Indeed, the trichinæ were seen to be alive in the flesh before it was fed to the dog. Ordinary salting and smoking do not destroy this parasite, though long continued exposure to smoke does kill them. It has been found that some chemical agents cause their speedy death, but we do not regard such methods of destruction as of any great value.

Fortunately, we have, in the simple process of *thorough cooking*, a perfectly efficient means of killing trichinæ and all other parasites. But in order to be effectual, the cooking must be *thorough*; no mere surface scorching on the one hand, or brief dipping in boiling water on the other. It has long been known that a lump of flesh, placed in boiling water, may be very thoroughly cooked on the outside, while the interior has not reached a temperature high enough to destroy any parasite that may be present. Prof. Perroncito, of Turin, has shown that when trichinæ are exposed to a temperature of 50° C. (122° Fahr.) for five minutes they are killed. Leuckart, however, claims that a temperature of 65° to 70° C. (149° to 158° Fahr.) is necessary to destroy them. A most interesting and important fact, however, is that large masses of meat may be brought to the temperature of boiling water at the surface, and yet remain at a

\* This estimate makes allowance for the fact that half of the trichinæ are males, and also for the loss incurred by the expulsion of embryos and mature females with the *feces*.

comparatively low heat in the interior. Thus Prof. Perroncito found that a ham weighing twelve pounds, put into cold water, and heated, had attained only 25° C. (77° Fahr.) at the centre, when the surrounding water had reached the boiling point. And even after thirty minutes the thermometer indicated at different parts of the interior only 35° and 40° C. (95° to 104° Fahr.)—a temperature far below the death point of trichinæ in the state in which they are usually found in flesh. Larger hams, as might have been expected, showed still more marked results.

Great care must therefore be taken to secure *thorough* cooking, but if this can be done no fear need be entertained in regard to trichina, no matter how many of these parasites may be present in the meat.

But it is not enough that we should be able to protect *ourselves* from occasional exposure to these pests; the interests of our commerce, of our agriculture, and the health of our domestic animals, all demand our most serious efforts to stamp out this enemy. How shall this be accomplished?

It is probable that there are modes of propagation and distribution of which we are still ignorant, but we feel tolerably certain that the four modes which we have already described are those by which almost all the mischief is done. And if it were not for the rat, trichina could be easily stamped out of the country in a few years. As it is, however, much may be done towards getting rid of this pest, even in the presence of rats, but to accomplish this, certain practices, at present in vogue, must be abandoned. And so important do we regard this battle against what Dr. Kratz calls "man's most dangerous enemy," that the most stringent legislation should be adopted on the subject. This legislation should look to the prevention and destruction of trichina, rather than to the mere detection of these pests, and the confiscation of the meat containing them.

The appointment of thousands of meat inspectors will do no good unless the sources of the trichinæ are removed. Therefore, let sufficient regulations be enforced, and cause every butcher to become his own inspector by imposing severe penalties upon the man that offers trichinous meat for sale.

As at present conducted, the small, private slaughter houses which abound in this country could not be more effectively arranged and managed if the propagation of trichinæ were their chief object. The offal is used for feeding pigs and for top-dressing land, and the omnipresent rat is always on hand to contribute his share to the general evil—liberal arrangements being made for his maintainance, and for furnishing him with a proper supply of parasites. All this must be reformed, and the commission of the following acts should be declared a penal offence, punishable by fine, and, on a second offence, by imprisonment:

1. Feeding pigs on raw offal of any kind. All flesh and animal matter fed to pigs must be chopped into pieces not larger than a cubic

inch, and thoroughly cooked. This would not only destroy the parasites, but so improve the food that the extra expense would be more than made up.

2. Manuring with slaughter house manure or offal, grass lands or lands on which is grown vegetables that are to be eaten in a raw state by man or beast.

This of course leaves the rat as a free rover to pick up trichina where he can, and in turn yield them to the pig. To destroy all the rats, or even so keep them away from our slaughter houses and pig pens, would manifestly be impossible. The only way to prevent them from being propagators of trichina is to remove all uncooked offal from their reach. All offal should therefore be either at once thoroughly cooked or destroyed, and if this is not done immediately, it should be securely kept in places lined with sheet iron.

DETECTION OF TRICHINÆ.—The following directions have not been written for the use of experts or professional microscopists. We therefore describe the simplest methods capable of securing trustworthy results.

The microscope affords the only reliable means of detecting trichinæ, and fortunately its employment is by no means difficult. Any good microscope will answer, care being taken to employ low powers. When high magnifying powers are used, it requires great skill to find and show these parasites. With the ordinary compound microscope, the one-inch or two-inch objective gives power enough; where a simple microscope is used, one magnifying not less than 25 diameters should be selected.

The first thing that the beginner should do is to familiarize himself with the appearance of the worm as it is found in flesh. To this end it is well to procure a specimen properly mounted as a microscopic object. Such specimens may be procured at a very trifling cost from almost any dealer in microscopes. The specimen should be such that the worms can be distinctly seen in the cyst, so that the learner may be able to recognize it without possibility of mistake or doubt. Writers on this subject describe several objects which may be mistaken for trichinæ, but for our purposes they are of no consequence whatever. If, after proper preparation, no worms can be seen, it does not matter what dark or oval specks we may find.\*

\* This must be taken, however, as applying only to cases in which the number of such objects is comparatively small. M. Megnin, in a paper read before the Society de Biologie, points out that many minute encysted worms are met with which are not trichinæ, although so closely resembling them as to have deceived many observers. The supposed discovery of trichinæ in the rootlets of beet-root, proved by Virchow and Kuhn to be a mistake, is a striking instance of this sort. Langenbeck described trichinæ in the intestines of earth worms, but Kuhn showed that the parasite is quite distinct from the *trichina spiralis*. Merlan and Tigri thought they had found trichinæ in the lungs of sheep, but Delpsch showed that these were merely the embryos of *strongylus filaria*. Cobbold has stated that the trichinæ is common in the hedgehog. Megnin is convinced that this is an error, and that the worms described

Let us suppose, now, that we have a suitable microscope at our command, and that we wish to examine a piece of flesh for the purpose of determining if trichinæ be present. If we have the whole animal at our command, the parts that should be selected as being the most likely to harbor this parasite are the diaphragm, the tenderloin, and the muscles about the head and throat. In a ham the most likely place is that part at which the muscle ends in the tendon. From any of these parts take a very thin slice, lengthwise of the fibre, with a very sharp knife, or, which is better still, a razor. Others use a pair of scissors, *curved on the flat*, as it is called. By means of such scissors, it is easy for the most inexperienced person to cut a piece which shall taper off to a very thin edge. Where the operator has plenty of time at command, this thin section may be soaked for some minutes in acetic acid. After a lapse of five to ten minutes, place the flesh on a slip of glass, spread it out as much as possible, and cover it with another piece of glass, which should be quite thin. The two slips of glass are then pressed closely together and placed on the stage of the microscope. Those who are provided with one of those well-known compressoriums, in which the two plates of glass are forced together by means of a lever and a screw, will find this little piece of apparatus just the thing for the purpose.



Fig. 6.

are merely the encysted larvæ of the *spiroptera clausa*. He showed preparations of an encysted nematoid worm, which might easily be mistaken for the trichina, but pointed out that the former differs in having a preilla at its mouth, and the anus is not terminal. Siebold described as a trichina a worm found in cysts in the peritoneum of the grey lizard and other creatures, but Megnin asserts that this also is the larva of a spiroptera (*S. abbreviata*) the adult individuals of which are abundant in the intestines of the same animal. An encysted spiroptera still more strikingly resembling the trichina has been found in the muscles of the frog. Very similar, but larger encysted worms of the same genus have also been discovered in the subcutaneous tissues of a bird, the *Manchetus pugnax*. It will in general be found, however, that these parasites exist in the flesh in but small numbers.

To those who are not provided with a microscope, or who wish to procure a cheap apparatus, combining both microscope and compressorium, we would recommend the trichinoscope, recently brought out by the Bausch & Lomb Optical Company, of Rochester, N. Y., and shown in the accompanying engravings. The instrument is made of two forms, of which Figures 6 and 9 give a clear idea. In Figure 6 the plates of glass between which the flesh is compressed are the ordinary glass slips (3 inches by 1 inch) used by microscopists. In the other form the glass plates are round discs. Otherwise the instruments are similar in all

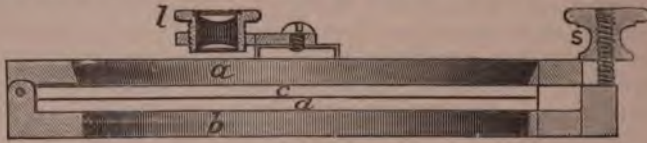


Fig. 7.

respects, and therefore we shall confine our description to that shown in Figs. 6, 7 and 8.

Here we have two metal plates hinged together at one end, and so arranged that they may be powerfully forced together by means of the



Fig. 8.

screw at the other end. In the section, Fig. 7, *a* and *b* are the metal plates, out of the center of which a large space has been cut, so as to permit the



observer to look through the glass plates, *c* and *d*. The screw *s*, serves to force the plates together, and the microscope, *l*, may be moved from end to end and also across the plates, so as to command a view of every part. The microscope is adjusted for focus by being screwed up or down in the socket at the end of the arm which carries it.

When desired, a compound microscope may be used in connection with the plates, as shown in Fig. 9, instead of the doublet shown in Fig. 7. Our own preference is for a doublet.

The method of using the instrument is very simple. A thin slice of flesh having been moistened with a mixture of equal parts of acetic acid\* and glycerine is placed on the lower plate and spread by means of needles, fixed in wooden handles, or by means of a camel-hair pencil or brush.



Fig. 9.

The upper plate is then brought down upon the lower one, and the screw is turned into the slot in which it fits. By turning the nut, *s*, Fig. 7, any degree of pressure may be brought to bear on the flesh, which may thus be rendered so thin and transparent that any trichinæ present will be readily visible. We have tried several of these instruments, and find them not only all that can be desired for this work, but so simple in their use that any butcher's boy can learn to use one.

With such appliances at command, and with the knowledge which we have of the life history of the trichina, it seems to us that there can no

\* Great care must be taken to see that strong vinegar, containing vinegar eels, (*anguilula aceti*) is not used. There are cases on record where these vinegar eels, derived from the liquid used to moisten the specimen, have been mistaken for trichinæ.

longer be any excuse for a case of trichinosis in the human subject, and very stringent enactments should be passed looking to the utter stamping out of this pest.

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## Theory and Practice.

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**Ear Complications of the Exanthemata.** By A. C. Rickey,  
M. D., Dayton, O.

During the past year measles prevailed in our city as an epidemic. During the course of the disease or following it, there arose in a large number of cases inflammation in the mucous lining of the middle ear, which went on to suppuration and perforation of the membrana tympani. The same complication is of frequent occurrence during epidemics of scarlatina.

Unless rightly managed, such cases result in chronic suppuration of the middle ear, with greater or less impairment of hearing. These considerations render these affections of great importance, and demand of the general practitioner an amount of attention which hitherto they have not generally received.

The limits of this paper forbid an extended discussion of the important symptoms and phases of acute catarrhal and purulent inflammation of the middle ear, but shall aim only to present the most practical points and then refer to the proper management of these cases.

Inflammation of the middle ear may arise during the stage of eruption, but is more frequent later on, during desquamation, or after this stage has passed some days or weeks.

The first symptom which calls our attention to this complication is pain in the ear. The severity of this symptom

varies according to the grade of the inflammatory process and the form which it assumes. If it does not extend beyond a simple catarrh the pain is not so great as when purulent inflammation ensues; in the former the pain may occur at night and subside during the day, while in the purulent form the pain quickly assumes a violent character and continues unabated. Tinnitus aurium occurs, the ear feels stuffed, and the hearing in the affected ear is impaired.

The termination of the two forms of inflammation are quite different and should always be borne in mind. The catarrhal form does not result in perforation of the membrana tympani, but inclosure of the eustachian tube, mucous accumulation, with thickening and later, induration of the tissues. While purulent or suppurative inflammation results in the breaking down of tissue, perforation of the membrane of the tympanum, with the escape of pus. This destruction of tissue may involve the ossicles of the ear, the petrous portion of the temporal bone or the mastoid cells.

This disease occurring in scrofulous constitutions is most likely to end in chronic otorrhœa and permanent deafness.

While the former variety of ear troubles may arise and terminate as such, purulent inflammation in the mucous lining membrane of the ear is a sequence of the catarrhal form. Inspection in the catarrhal form reveals congestion about the periphery of the membrane of the tympanum, with no bulging. In the purulent form we shall observe the same with bulging of the membrane at the posterior inferior segment. This is the point at which in most cases the pus ulcerates its way through the membrane. Early and frequent inspection of the condition of the membrane is all important, as we shall see in speaking of treatment.

In the suppurative form of inflammation of the ear, all the symptoms are more severe and rapid in their course. The pain which, in most cases, is very severe, continues until exit is given to the pus by perforation of the membrane of the tympanum, either artificially or by the ulcerative process. The deep seated pain, itching and fullness are greatly increased by coughing, sneezing or talking. There is vertigo, tinnitus and impaired hearing.

When this complication occurs in children too young to communicate their symptoms, a discharge of pus from the ear is sometimes the first evidence which directs our attention to the true cause of their suffering.

Convulsions sometimes occur in children, together with other symptoms which might lead us to suspect brain disease.

These facts render it all important that we be on the alert and daily inspect the parts involved and where bulging of the drum of the ear is found, release the imprisoned pus by paracentesis. The utility of this operation can not be questioned by any one familiar with its simple nature, and the advantages gained by giving vent to the pent up secretions before destructive changes in the parts has occurred. The evacuation of the pus gives relief to pain and other symptoms unless the inflammatory process has extended to the mastoid cells or meninges of the brain.

The subsequent history of the case varies much, and is determined by the general condition of the system. In the scrofulous or poorly nourished it is by no means uncommon for the catarrhal form to end in chronic catarrh of the middle ear, and the purulent form in chronic suppuration of these parts with progressing destruction of the delicate organs of hearing and consequent permanent impairment of this most important function.

The prognosis is much more favorable, however, in vigorous subjects with suitable treatment. It is my practice to forewarn all parents of children who have had an attack of measles or scarlatina, of the liability of such a complication, and the great importance of preventive measures or prompt treatment of the earliest indication of ear trouble.

The laity are unaware of the grave nature of such complications and should be apprised of the same by the medical attendant.

It is not going too far to say that very many general practitioners are uninformed as to the right management of such cases. I have frequently met cases where the doctor from first to last had simply advised *Sweet oil* and *Laudanum*

dropped in the ear, in suppurative inflammation in the middle ear. No wonder, if the child were left hard of hearing for life.

I know not what may be my future experience, but so far, out of the many cases of this kind I have treated during the first attack, not one has been left with impaired hearing.

A few words are perhaps necessary to the cause of this complication in exanthemata.

In a general way it may be said inflammation of the mucous membrane of the middle ear may arise from colds—cold bathing and cold winds. But in these eruptive diseases two elements render the patient susceptible to such a complication. There is always more or less inflammation of the nasopharyngeal mucous membrane, extension of which process up the eustachian tube to the ear is but a short step. This may account for the cases which arise during the height of the original disease.

Then during the process of disquamation, the epidermis is deprived of its normal secretions and is peculiarly susceptible to atmospheric changes. A slight cold at this time locates itself in the already susceptible ear and we have the train of symptoms which have been described above.

To obviate this it is advisable to use due precaution to guard against chilling the surface of the body, and most gratifying results have been obtained from a daily ablution of the entire body in boiled milk. The effect of this is to supply the absent protecting power of the epidermis during its disquamation. The same result is accomplished by daily inunctions with lard or oil.

Treatment.—Our aim in treatment is to reduce the inflammation and keep the eustachian tube open, to allow the secreted matter to escape in this manner, rather than by ulcerating a passage through the tympani. To accomplish the first result we should resort at once to *Aconite*, in cases where there is any fever of an aconite type.

This remedy will assist us to cut short the catarrhal process, if given in time. Some cases may call for *Gelsemium* or *Veratrum vir.* instead of *Aconite*.

Following these drugs, we may select from *Mercurias sol.*, *Pulsatilla*, *Belladonna*, or *Chamomilla*, according to the symptoms. If, after the acute symptoms have subsided, there remains a purulent discharge, it may be met by *Iodide of arsenic*, *Arum met.*, *Calcarea carb.*, *Hepar sulph.*, *Calc.*, *Lycopodium*, *Silicea*, *Sulphur* or *Tellurium*.

Inflation.—Our second indication, is met by keeping the tympanic cavity permeable by inflation. This is one of the first measures to be employed from the earliest symptoms. This may easily be accomplished, even in the youngest children, by using either the Politzer air bag or other form of inflator.

Tumefaction of the mucous membrane quickly closes the tube at its narrowest point, where its normal diameter is only 1.5 to 2 m. m., or  $\frac{1}{8}$  inch.

This continues from first to last, even after the perforation of the membrana tympani. After this accident it is necessary to close the external meatus firmly with the patient's finger to prevent the air rushing out at the opening, enlarging it and preventing its contraction and closure.

If on our first inspection we find the membrane congested and bulging from pent up secretions, we must resort at once to the paracentesis, choosing that portion of the membrane which bulges most; these artificial rents relieve the parts and quickly heal, much more readily than those made by natural suppuration.

The opening thus made may heal before the matter is discharged, thus necessitating more than a single operation.

Another measure of great value is the irrigation of the naso-pharyngeal cavity with warm water, and the instillation of warm water or milk in the meatus externus. Great relief from pain is sometimes obtained by a similar use of a solution of *Morphia* or *Atropia*. Two to six grains of *Morphia* or one to four grains *Atropia* to the ounce distilled water.

Avoid the use of poultices to the external ear. They do no good, and promote the formation of granulations and excessive suppuration.

Where suppuration takes place before we see the case, or in spite of our efforts to avoid it, it is all important that we at once facilitate the efforts of nature to get rid of the offending matter by careful syringing with lukewarm water, plain or medicated with a weak solution of *Hydrastis*, *Carbolic acid*, *Permanganate of potash*, *Salicylic acid* or *Zinc sulphate*.

These are all valuable agents, as is also *Carbolized hydrastia*, and should be employed in treating the otorrhea which follows. The best of these is perhaps a 2 to 5 grain to the ounce solution of *Sulphate of zinc*, used twice a day after syringing with warm water. The *Carbolized hydrastia* is highly lauded, and is thus preferred:

℞. *Hydrastia mur.* gr. x.

*Carbolic acid* q. s. to dissolve, of this one part, *Aqua* and *Glycerine aa* 9 parts.

Reduce further as required.

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**The Ovarian Theory Controverted.** By Mary Nichols-Street,  
M. D., Cincinnati.

From a paper published a few months ago, in a leading medical journal, on "Battey's Operation," I take the liberty of quoting the closing paragraph. "A minute portion of the ovary was unavoidably allowed to remain attached to the stump—so minute as scarcely to be noticed; yet *that* has sufficed to keep up menstruation until the present time without pain or inconvenience." It is not quite clear what idea the writer intended to convey. He evidently ascribed the source of the menstrual flow to the ovaries, yet it seems hardly possible that he would assume that so "minute a portion of the ovary as scarcely to be noticed" could continue to develop the primordial follicles existent in the stroma *after* so capita

an operation as ovariectomy. The idea embodied in the phraseology is obviously the outcome of the doctrine that the periodic discharge of menstruation is the consequence of the bursting of the Graafian vesicle and the extrusion of the ovule. Such doctrine, however, is not in accordance with the latest views on the physiology of generation. The ovular theory was first advanced by Kerkringius in 1672, Home, Power, Baer, Negrier, Gendrin, Raciborski and Bischoff all contributed evidence to the literature of their day in support of this plausible and ingenious speculation. But notwithstanding the very respectable array of names found supporting the proposition that ovulation and menstruation were interdependent processes, there were those who maintained that the projectors and supporters of the ovular theory were reasoning from false premises, confounding the *post hoc* with the *propter hoc*.

The onus of recapitulating the claims of the adherents to the ovular theory may rest upon those who even now uphold that side of this *quaestio vexata*. The design of this paper is merely to argue that ovulation may occur without menstruation and *vice versa*, the former being the irregular function of the ovaries, taking place at all periods of female life—the latter the regular function of the uterus, from puberty to the menopause.

That ovulation does occur without menstruation was shown by Malpighi, who found fully developed Graafian follicles even in the fœtus. Foulis estimated that at birth the ovaria contained no less than 35,000 ova, in all stages of progressive change. By ten dissections Ritchie demonstrated the presence of matured vesicles in the newborn and in very young children, and, at every period of life, he found them penetrating the surface of the ovaries which bore marks of cicatrices in all degrees of atrophic degeneration. His observations were confirmed by Haussmann, who made eighty-four dissections of infants, finding perfected Graafian vesicles in ten per cent. of these cases, and further confirmed by Dr. Sinety, who asserted that not only the Graafian vesicle itself, but the cicatrix whose origin was indubitable, might be seen with



the naked eye upon the ovary of the neonatus. Slavjanski taught that these vesicles were constantly developing from the primordial follicles, in the stroma, and, though tending toward maturity, the larger number of them do not mature, nor rupture, but pass over into a condition of atrophy, analogous to the formation of the corpus luteum. He farther maintained that neither the development nor ripening of these follicles were periodic phenomena, nor did menstruation necessarily occur synchronously with the ovipont.

So also, Lawson Tait, pointed out that ovulation continued after the menopause, and cited cases in substantiation of his claim, where recent corpora lutea were found fifteen and twenty years after that time. During college life, the writer saw an undoubted cicatrix of a recently ruptured follicle on an ovary taken from a cadaver, in whom the inferior maxilla had resumed the infantile shape, a condition obtaining only in very advanced age.

That ovulation is the necessary condition of impregnation, all observers freely admit; but our literature abounds in instances where pregnancy has taken place prior to the menophania, and subsequent to the menopause. During lactation, when the menses are held in abeyance, conception not infrequently takes place, indicating as Cazeaux observes, that menstruation plays but a secondary, if any, part in the phenomena of ovulation.

Allowing, for the nonce, that the ovular theory be true—then conception could only take place at or near the menstrual molinen, but abundant evidence proves it occurs frequently during the intermenstrual period. Tilt reports a case where pregnancy ensued seventeen days after the flow ceased, and Hale furnishes a number of instances where insemination was impossible until a fortnight or more after.

Dr. Studley, alluding to the popular theory that conception is more likely to take place shortly after the menses, than any other time, suggests in explanation, the unusual amount of flow at that time having washed away the secretions of the cervical canal; which secretions so often are a cause of sterility because of their chemical incompatibility with the

vitalizing fluid. Another unanswerable argument against the ovular theory appears in the notable fecundity of the Hebrew race, whose law requires twelve days abstinence from sexual intercourse after the menses appear—and this law is universally observed.

The recent students of comparative physiology having shown conclusively the œstruation of the mammalia to be a process so wholly dissimilar from the menstruation of the human female, destroys one of the strongest pillars upon which this theory is based.

Montrose Pallen defined menstruation to be “a neurosis indicating anatomical changes, hyperplastic action, degeneration of tissue and reparative process.” That this phenomenon, menstruation, occurs independent of ovulation, the observations after double ovariectomy on women under forty-five years of age, give probability almost equivalent to proof. Of twenty-seven cases reported, in nearly one-half menstruation was not affected by the operation, neither as to quantity, quality or regularity. In one case it was largely increased, in one diminished, and in the residue a sanguineous discharge at irregular intervals obtained. One anomalous case, operated on by Baker Brown, from which the fundus of the uterus was removed with the ovaries, menstruated regularly from the cervix which remained *in situ*. In three cases of double ovariectomy by “Battey’s operation,” two menstruated regularly after, and the third having performed this function vicariously some years prior to the operation, still continued to do so.

Besides the evidence of the ovariectomists, which, by the adherents to the ovular theory, might be termed negative evidence, there is abundance of positive testimony proving menstruation to be not *necessarily* contemporaneous with ovulation. Autopsies upon those who died during, or immediately after the flow, have revealed the fact that the ovaries had undergone structural change, some being simple serous cysts, others multilocular, caseous or dermoid; some bodies were found to be lacking one or both ovaries, and in still others the ovaries were so diseased as to entirely preclude

the idea that they could have performed their function normally, if at all.

Instances of ovarian hernia, where the ovary had luxated into the labia or into the inguinal region, where it could be readily outlined and the enlargement due to the ripening of a follicle easily detected, have shown no regular time for vascular activity. Sometimes once in three weeks, sometimes not for as many months would there be these periods of turgescence and sensitiveness of the ovary, yet the regularity of menstruation had suffered no interruption.

Again, other cases are cited where the ovaria were perfectly smooth, showing no trace of either cicatrix or vesicle and yet others, in whom the ovaries were perfectly normal, exhibiting unruptured follicles, old rents filled with decolorized clots and corpora lutea of some month's date, but no recent scar to correspond to the last flow. Paget mentions a case of a woman who was executed for some crime, who began to menstruate twelve hours before her execution. The ovaria were perfectly normal, and presented numerous, cicatrices upon their surfaces. In the right ovary were four prominent vesicles, one especially so. In the left, one follicle was perfected, but in neither was there any appearance of a recent rupture. Dalton calls attention to two cases coming under his observation, in one of which death supervened during the flow and in the other just after. In neither of these had a follicle recently ruptured.

Illustrative cases could be arrayed *ad infinitum*, but passing to another phase of positive evidence against the ovular theory, it is found that menstruation is frequently superinduced by a fit of anger, the hearing of bad news, or any over-exertion or unusual fatigue, and further, these disturbing causes may completely change the periodicity of the menses, for the next flow will take place after the usual interim of twenty-eight days, thus shifting the regular period to correspond with the irregularity caused by the nervous influence. In the pathogenesis of Moschus in Hale's *New Remedies*, may be found the statement, "menses appear even when smelling of the drug." Does any one regard ovulation as a

process that could be affected by mental influence or the consciousness of a certain odor?

Again, what shall be said about remittent menstruation, where the intermenstrual period is of shorter duration than usual, or can cases of superfecundation and superfetation in any way be reconciled with the ovulatory theory?

Is it not more rational to assume that these two processes, ovulation and menstruation are independent of each other, both the concomitants of procreation, the one furnishing the necessary conditions of impregnation, the other taking place to supply the possible needs of an impregnated ovum, but failing of its appointed mission, appears only as the retrograde metamorphosis of the process of "nidation," (phenomenon occurring monthly from puberty to the menopause), and analogous to the lochial discharge, which follows the puerperal state?



### **About Intermittent Fever.**

On perusing the pages of the *American Observer* I find our friend S. A. J. (whose spicy articles I generally enjoy very much), complaining very earnestly about the difficulty of curing acute chills—and that the books on intermittent fever fail to meet the wants of doctors and patients; and also about the "cussedness" of patients for having just such a fever that the books have not provided for. And therefore he has concluded to treat his acute cases in the future with—*Quinine*.

Now this reminds me of a singular incident in the beginning of my practice, of converting an allopathic friend to Homœopathy just through the better success I had in the curing of acute, as well as chronic, ague, than he had with his *Quinine*.

This friend of mine (whose acquaintance I had formed some years before, when yet of the same faith), could not be induced to read the *Organon*, nor was he susceptible to arguments about Homœopathy; but seeing that I could cure my cases of ague without *Quinine* and without relapses, he got tired of his continual stopping chills without curing his patients. Therefore he requested me to prescribe for some of his cases, which I did repeatedly, according to the symptoms stated. This was entirely satisfactory, so much so, that when he was once in my presence approached by another colleague with the remarks that he could tell him where to get *Quinine* cheap — he at once replied that he did not need any more *Quinine*, as he would in the future practice homœopathically.

Now I think this a good offset to our friend S. A. J.'s case.

However, I am far from criticising the Doctor for his failing to cure acute chills, etc., knowing very well that it is sometime a very difficult task to find the true specific; nevertheless Homœopathy should not be blamed for our own deficiency. But in consideration that he had brains enough to know that he failed, and honesty enough to acknowledge it, he deserves some credit. There are some of our fraternity who are ever ready to abuse and defame their colleagues, but when we look for the results of their labor, we find them very often in the graveyard.

While endeavoring to advocate the claims of Homœopathy, I hope it will not be deemed a breach of modesty if I show what Homœopathy accomplished at an early period in my practice when I first located in the city of Chillicothe, O.

Solicited by friends to settle in that place where intermittent fevers is endemic, I arrived just in good time, for I was hardly an hour there, when a patient called on me. He expected to have a chill the next morning. I prescribed for him, and after one day's treatment the effect was so gratifying that he sent me more cases, which also got well very soon.

This made such an impression on the community that I had a very good practice in a few weeks. Even country folks, who came to market, called on me for medicine for their sick relatives at home, just because they had heard that I was the doctor that could cure the chills.

I relate this experience in order to encourage the younger of the profession to go and do likewise, and not to desert their flag and give up their principles on account of occasional failures. If these failures will lead to a better knowledge of our remedies, and to more careful prescribing, it may prove a very useful lesson for future success.—E. B.

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## Miscellaneous.

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### Homœopathy and Allopathy.

We clip the following from the *Therapeutic Gazette* for Jan., 1882: The question of the propriety as well as the possibility of regular practitioners of medicine, so-called, holding consultation with homœopathic physicians at the bedside of the patient is one which has recently come prominently to the front in England, particularly, during the past year. And although circumstances have favored this prominence in that country, the question is one in which the profession of this country are not less interested, notwithstanding the fact that it has received comparatively little attention on this side of the Atlantic. Our British brethren are anything but liable to be easily disturbed by trivial causes, and the fact that there has been a very general discussion on this subject, pro and con, in their medical societies and medical journals, in-

dicates a deep under-current of interest in the matter. This discussion indicates a very marked change in sentiment from that which obtained even a decade ago, when to have entertained the proposition of consultation and affiliation with the homœopaths would have cost the physician most exalted in his profession, his rank and even recognition as a respectable practitioner. But the world moves, and to-day we find those high in authority in England—men who for a full generation have been bright particular stars in the medical firmament—not only entertaining such a proposition but actually meeting at the bedside those who pin their faith to the law of similars in therapeutics, and their standing is not perceptibly affected by the act.

We in this country, notwithstanding our claims to independence, are still largely dominated by European authority, and the fact that the movement indicated is on foot across the sea makes it advisable for us, much as we may dislike to do so, to cast about for an easy place on which to drop from the high position we have assumed on the question of the recognition of, and affiliation with, Homœopathy. Individually the pill would be as yet a bitter one for us to swallow, but the past few years have vested it with several layers of sugar-coating, and we can not close our eyes to the possibility of the addition of such layers in the comparatively near future as will render it far from distasteful. The fact of the matter is there is a change going on, and the conditions which rendered the proposition to consult with a homœopath, a few years ago repulsive to every sense of ethical and scientific propriety, have been very largely eliminated from the question. We can remember when the term "homœopath" was practically synonymous with ignorance of the fundamentals and essentials of medicine in him who sailed under that color. We can remember, too, when among "regulars" methods which are now regarded as crude were held in high favor, and when the success of the dose was apparently largely conditioned in its nauseousness. The past quarter of a century, however, has wrought a very material change in these regards. The homœopath

has found that something more than the mere palatability of his medicine is necessary to successful therapeutics, and the "regular" that palatability is in itself not only an objectionable property of a dose but that it is one which should be positively cultivated. The homœopath has found that a little more than a tincture of moonshine is necessary to therapeutics, and the "regular" that a little less than forked lightning will, in a majority of instances, answer all practical purposes. Thus the two have been gradually approaching each other from opposite directions, and it is not beyond the bounds of the possible—it is, indeed, within those of the probable—that they may, in the not distant future, get near enough to clasp hands and laugh together over the consummate idiocy of their grand-daddies.

The fact that there is a truth in Homœopathy will scarcely be denied by any one who has taken pains to investigate its claims. Such will also scarcely deny the fact that its former claim of the universal applicability of the law of *similia similibus curantur* is untenable. It is, furthermore, we believe, an indisputable fact that nine-tenths of those who to-day style themselves "homœopaths" are such only in name, that is, that they do not practice what the name under which they sail implies, viz., that they prescribe, under all circumstances, on the theory that the drug given produces in the patient a modified form of the existing disease which, running its course, exhausts the susceptibility of the system to the original disturbing cause. In so far as they do not do this they are inconsistent, if not actually dishonest, and herein lies the chief objection to our affiliation with them. Assuming the distinctive name of homœopath, honesty demands that they should follow such practice as the name implies, to its legitimate conclusions. It is our privilege, not being bound down by any tradition or name, to prescribe homœopathically should we conclude that, in a given case, such prescription be proper, but the homœopath as such, must travel in the narrow rut of his dogma. Let him who now claims to be a homœopath, but who is only partially such, strike from his sign the distinctive appella-



tion, and if he be an educated man, that is in such essentials of medicine as constitute common ground between all "schools" of therapeutics, the day of the affiliation with those now yecept homœopaths will be brought quite near.

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### Was it Small Pox ?

On Wednesday, Jan. 18, 1882, I was called to see J. A. D. He had been exposed to small pox two weeks before his illness. I found him sitting up, able to attend to his regular duties. His face was flushed, pulse 110, temperature normal. He complained of pain in head and back, and said his face and head were sore. I told him I thought he had small pox, prescribed for him, and promised to call next day. On my next visit, the following day, I found his pulse 100, temperature normal, and he was free from pain. He was still attending to his daily duties, and said he felt much better, but he could not eat anything and had considerable thirst. His face and head were still sore. I prescribed again and promised to call next day. On Friday I found him feeling still better than on Thursday, with no signs of eruption about his face, though there was still a flushed countenance. I did not change his medicine, *Bell.*, which I had prescribed on Thursday. On Saturday I found him very comfortable, but he reported that he had had some epistaxis during the previous night and that morning previous to my calling. He complained of great weakness and complete loss of appetite. His temperature was still normal, his pulse 96 ; there was very little thirst, and had slept pretty well during the previous night. I prescribed *Secale* and told him I would see him on Sunday. During Saturday night the bleeding from the nose was considerable, and this continued at in-

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tervals through Sunday and Sunday night. No increase of temperature, pulse 120 and weak. His face still showed some redness, but no signs of an eruption were visible, nor upon his hands or wrists. He was visibly weaker and kept his bed. I told him if he were not better in the morning I would ask for counsel. On Monday morning I sent for counsel. I found the hemorrhage from the nose now quite profuse and the pulse very rapid. I plugged the left nostril with dried, smoked beef, grated very fine, which stopped the bleeding. There was no eruption to be seen upon the exposed parts. I did not examine the body. He died at 1 p.m. on Monday. After death his body was found to be covered with suggillations and a tolerably thick eruption, but there was nothing of the kind upon the face or hands. There was none of the peculiar odor of smallpox about him at any time during his illness such as I had perceived in the two cases I have this year treated.

Now I wish some of your contributors or yourself would give me an explanation of the peculiar symptoms of this case. His exposure to the small pox was through his wife, who died of that disease two weeks before, after an illness of seven days, the first four of which she was at home, but was afterwards removed to another house.—INQUIRER.

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**Resolutions** passed on the death of Dr. A. H. Schulze, February 13, 1882.

WHEREAS, In view of the loss which we, as members of the class of Pulte Medical College, have sustained in the death of Dr. A. H. Schulze, late one of our number, and, in view of the greater loss to his family, and,

WHEREAS, We deem it proper that we, as a class, should make an expression of our feelings in regard to the loss of

one of such estimable qualities, and toward those who are nearer to him.

*Resolved*, That in the death of Dr. A. H. Shulze our class and the medical profession lose a valuable and promising member; one respected and admired by all his fellows; and that his wife and children are bereft of a kind husband and loving father.

*Resolved*, That to the bereaved family we extended a most kindly feeling and our deepest sympathy.

*Resolved*, That, as a slight token of esteem and respect for our lamented classmate and fellow student, we have on the evening of our Commencement exercises, a vacant chair suitably draped.

*Resolved*, That a copy of these resolutions be forwarded to the family of the deceased, and that the MEDICAL ADVANCE, of this city, and the press of Columbus be requested to print them in one of their issues.

JAS. W. OVERPECK, Pres.

W. A. R. TENNEY, Sec'y.

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### Vaccination and Small Pox.

In spite of the combined wisdom and experience of the medical profession of the various schools, and their united efforts to stamp out this loathsome disease, it is still raging all over the land. Cities are spending thousands of dollars for vaccination and revaccination, and yet it fails too often to afford the expected safety; and thousands for nursing and treating their poor, and still many succumb. What is the cause of this state of affairs? Why is it, that while physicians of all schools are consulting and debating about the

best means of preventing and treating this disease, so many fall victims to the destroyer? Why does the vaccination not prevent the disease, or why does it fail in so many instances? There is no question but that vaccination has been a great benefit to humanity; but in consideration of its many failures I think there is room for improvement.

Vaccination, as it is practiced with the crude virus, is, in the light of Homoeopathy, an allopathic mode of applying a homoeopathic remedy in its crude state—as a prophylactic: in the same manner as *Belladonna* is recommended and used by some allopaths (Eberle and Rush) in allopathic doses as a prophylactic against scarlatina. Such practice will fail very often, or will rather incite the disease which it was intended to prevent.

Now all homoeopaths know, or ought to know, that the best developed medicines will prevent more certainly the diseases to which such medicines correspond, therefore I would suggest to the consideration of the profession, and we, as homoeopaths, should use vaccine in the good preparation instead of as by the crude virus. I would advise giving a dose of vaccine preparation a week during an epidemic, and during the winter months, and is exposed to the disease.

I have seen a case of scarlatina when attending a patient with the disease, and although I had been vaccinated, and had been vaccinated several times, I did not contract the disease.

I have also seen a case of scarlatina when attending a patient with the disease, and although I had been vaccinated, and had been vaccinated several times, I did not contract the disease.

To relate many other cases where the *Vaccine 30* proved entirely successful, at least for the time being, would be monotonous, but one case I think is of sufficient interest to notice here.

Visiting one morning a patient whose father lived with him, I found them in great distress. On inquiry I was told that a brother of my patient had come home to his family that morning "sick with the small pox in him," as indicated by all the ordinary premonitory symptoms, as he had nursed his friend and partner in business for eight or nine days and nights, until he died, which was that very morning, with the "black small pox." Sympathising with them, and always ready to help where I can, I said that I might perhaps be able to prevent the disease, or check its further progress. On hearing this the father of the patient insisted on my visiting his son with him, immediately, in spite of my protest. I prescribed *Vaccine 30*, one dose every three or four hours, and I had the satisfaction of seeing him able to be at his place of business on the fourth day. Well, if that was not of much benefit to the doctor, it was certainly to the patient.

Treatment.—Hygiene plays a very important part in the treatment of this disease. About a hundred years ago the victims were kept so warm that nearly all of them perished. Now, I believe, nearly all physicians agree, that free ventilation, while the patient is amply protected by coverings, is very necessary. Keeping the skin clean by washing with tepid water and soap daily, though under cover, is also advisable. Cold water or rather cold lemonade as a drink should be freely indulged in.

As regards medical treatment, I will merely give some hints: *Vaccine 30* should be the principle remedy all through the course of the disease, far apart and not continued longer than necessary. If, however, some of the following conditions should appear, then a few doses of the remedy indicated below should be given: 1. For nausea and vomiting, *Antim. tart.* 2. For pains in head, back, etc., *Bell., Actear ac.* 3. If eruption is slow in developing, *Bry., Sulph.* 4. If delirious, insane, disposed to jump from the window, *Stram.*

5. If tending to a typhoid state, languid, drowsy, dry tongue, restless, etc., *Rhus tox.*, *Baptista*. 6. If in further advanced cases the patient should, instead of becoming convalescent, complain of burning in the brain, should sleep continually into a complete stupor, not so much from active congestion but rather from exhaustion or prostration, then *Phos. 30* may help. But if too late, and two or three doses of it should fail, then *Phos. 2* and *Zincum 2*, according to Schweigert's advice is the only hope for the patient.

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**Vaccination.** By W. C. Leach, M. D., Marion, O.

In the last number of the *ADVANCE* I notice that Dr. Huggart of Indianapolis, has written an article against vaccination. Will you please send me the article, or tell me where or how I can get it, for it does me good to know that some honest physicians are bold enough to come out, as did the physicians of Cleveland, and denounce the dirty, pernicious practice of vaccination, which is after all a humbug, a relic of barbarism. For fifteen years I have fought the inhuman practice, believing that the ingrafting or replanting of cow, hog, dog or human scab was too dirty a business for intelligent beings to accept with any degree of good faith in this age of improvements. Why do not the homœopaths come down upon it as did our Cleveland neighbors? Simply because there is money in it is the only explanation.

People like to be humbugged and like to pay for it. Doctors see this, and as the "love of money is the root of all evil," we must expect to find its roots here. "Filthy lucre" is an appropriate name for all money thus obtained. But what an extensive business it is! Whole stock yards kept up for the purpose of procuring cow pox scab. But

after all, is small pox on the decrease? No, not at all, but on the increase in spite of all attempts to stay its ravages upon the unsound and unreasonable theory of vaccination. I know that this is not the popular side of this question, but what of it! No old and long standing humbug was ever routed until some one took the pressure and dared to speak his convictions, so here I go; along the line of martyrs. How many too are the sad and bad effects of vaccination. The corner drug stores and scab factories and small pox as a disease all flourish? And so will they all flourish until the human family learn better ways of living, such as Drs. Bellows, Jackson and a host of other eminent men recommend. Not many years hence, and the wonder of wonders will be that intelligent men ever thought of or practiced compulsory vaccination. It will then read well in its history side by side with the "burning of witches at Salem." Let people learn to keep the inside clean and right by healthy living, and if a bad tenant gets within, get him out as soon as possible. If he comes out in the shape of small pox let him come out in a dark room, with good ventilation, give no animal diet, but keep up good animal heat; use freely of *Olive oil* over the whole surface of the body, while in the fever stage of the disease give hot baths, cold drinks and black cohosh (*Actea rac.*) and *Rhus tox.* For sore throat give *Sub. cor. mer.* and *Caust.* Give later in the disease *Sulph.* If brain symptoms intervene give *Bell.* and *Zincum.*

In an experience of twenty-five years in Cincinnati, I treated many cases of small pox; all except three had been vaccinated, and some had been revaccinated, and those who had been vaccinated were the worst cases, while the three that had not been vaccinated were the most mild. This, I believe, is the honest experience of most men having had anything to do with small pox.

**Glucose.** By E. S. Wayne, M. D., Cincinnati.

Glucose has of late been the subject of several communications from Washington, commenting upon the article as one of serious danger to the health of the people, and besides a substance mainly, or to a great extent, used with fraudulent intent. The above are very grave charges, to make against a substance so harmless as glucose, and emanating from Washington, and published in the papers in the land, are well calculated to injure and cripple an industry that has grown to be a very large one.

Glucose is simply starch changed by chemical agency into a variety of sugar; starch made soluble and saccharine in taste, a change which to digest in the stomach it must undergo. Through chemical agency this change is made by the chemist outside of the stomach, and the starchy matter converted, so to speak, into a new, palatable, nutritious food, comparable to that of ordinary cane sugar, and as harmless. The charges made above against an article that has been so long in use in France and Germany, nations famous for the strict scrutiny with which they examine and test all articles sold for food, that they have not discovered the unhealthy character of it and forbidden its sale. But I am not aware of any such restraint upon the sale of it either in France or Germany. Nor have I read of any acute or chronic ailment resulting from its use in this country. I read and have access to most of the medical, chemical and pharmaceutical journals published abroad as well as in the United States, but do not remember of having read of the deleterious effects of glucose in any of them.

In regard to the use of it as an adulterant of cane sugar and syrup, that is no reason why the manufacture should be crippled by special taxation, for the sugar so mixed is sold at a price, and the buyer is aware of the fact, and if ignorant people are deceived by it a tax on adulteration of food should be the remedy. The charge also is made that it is used largely in the manufacture of imitation wines. So is sugar,



and sugar for the same reason should be placed in the same category.

It is charged that it contains a large per cent, of *Sulphuric acid*, *Lime* and *Salts of tin*—the latter used as a bleaching agent—and that it is poisonous in consequence of containing these. I find that it contains no free *Sulphuric acid*; it does contain a small amount of it combined with *Lime*, *Magnesia* and *Iron*, but a careful examination fails to detect tin in samples. I have examined it and found the quantity of *Sulphate of lime*, *Magnesia* and *Iron* exist in it in not much larger quantity than in the large number of spring waters we use and in the food we consume.

Such being the character of glucose, composed of organic matter as with sugar, and a substance that we have partaken of all our lives in the fruits we eat, the jellies, pies and tarts, to say nothing of the starchy food we eat, and is changed to glucose during digestion, it can not be the dangerous substance we are tried to make believe it is. I have analyzed two specimens of glucose from goods on sale in the market here, and find that they both contain an exceedingly small part of substances other than glucose, and these I find upon analysis to be very harmless substances, such as *Sulphate of lime*, *Sulphate of magnesia*, *Oxide of iron* and traces of *Phosphate of lime*. In 10,000 parts of one sample of glucose I find .0032 per cent. of *Ash*, and in the other sample made in same quantity .0018 per cent. *Ash*, a quantity too small to have the slightest injurious effect upon any one. And all of these in articles we partake of daily in our food.

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### "Systems" of Medicine.

Under this title a recent writer in the *Popular Science Monthly* serves up a specimen of literature so nearly gone out of use that we beg to reproduce an extract as it may help

to link the advancing present to a past that but for the survival of such rudimentary forms might be forgotten.

**SYSTEMS OF MEDICINE.**—The profession is probably unaware of the progress steadily made by medical quackery in its diverse forms and disguises. Quackery which is not medical—in the sense of being practiced by duly qualified men—is undoubtedly an evil, but its consequences are not comparable with the effects of such quackery as is growing apace within our own ranks, and slowly it may be, but surely, undermining the respect and confidence which the profession has hitherto deserved and received from the public. We sometimes wonder that our calling does not command the warm recognition in certain quarters to which it seems entitled. For a sufficient explanation of this default in the estimation of society, let us look to the prevailing and almost daily increasing popularity of “systems” and “cures” tacitly, if not avowedly, supported or countenanced by the profession. There is a sentimental and mock-heroic spirit abroad which burlesques the candor of “truth-seeking,” and even mimics the impulses of chivalry. We hesitate to condemn any system, “lest there should be some good in it,” and we are too tender-hearted and polite to deal honestly by its promoters, even though we recognize the fallacy of their pretensions, and more than suspect their motives. This is not a faithful line of conduct in reference to our profession, nor is it loyal to science, which is one of the many constituent parts and aspects of truth. We know, or ought to know, that a perfectly just and truthful conception of the science of medicine must bar the recognition of *systems* and *cures* of any class or description. The art of healing is not a system, and can never be made one. It is simply an intelligent application of the laws of health in the remedy of disease. We study the “symptoms of a malady with a view to the acquisition of precise knowledge as to its nature, course, and rational treatment. We pursue the investigation of disease over the boundary-line of death, and explore the cadaver with a view to ascertain the effect of the morbid state on the organism and to elicit its organic causes, albeit we too commonly confound effects with causes. We test the powers and analyze the constitution of drugs, and we scrutinize and make careful trial of methods of treatment, to obtain a reasonable acquaintance with their natures and actions. In brief, we take any amount of trouble and resort to every means at our disposal to render the principles and practice of our art *rational*. This is our duty, and it is the only method consistent with self-respect and professional integrity; but, if side by side with this policy, we cherish a spirit of credulity which renders us ever ready to countenance systems of which we can know nothing—because there is nothing to know—and take a false pride in showing friendliness to quacks and charlatans, the good work we ourselves may do is changed to evil by reason of the actual or implied sanction we give to the bad work done by others.

This is complimentary certainly to the medical profession on the score of intelligence that they should be so "unaware of the progress steadily made by medical quackery." It is honest also in frankly acknowledging that the medical profession—meaning the allopathic school—has lost "the respect and confidence which the profession has hitherto deserved and received from the public." If what the writer presents is a fair showing of that school what wonder that it has generally fallen into desuetude! It has nothing to present worthy of acceptance. A "science of medicine" that "must bar the recognition of symptoms and cures of any class or description" is a palpable fraud on its own face and deserves both contempt and ridicule. This, according to the writer, the allopathic school is at present receiving in full doses. And if they continue to hold the position assumed by this gentleman they will never get anything else at the hands of an intelligent public. The writer has no clearer perception of the true scope of medical science and art than a Fijian has of international law.

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SINGULAR EXPLOSION OF OXYGEN.—M. Sebere, of St. Brienne, has been in the habit of storing his oxygen in a large gas holder of galvanized iron holding a hundred liters and sunk in water. After being about half full for several weeks he was about to make use of it by carrying a jet of gas to a flame, with the result of the whole violently exploding. An investigation proved that no carelessness was at the bottom of the matter, the explanation being of a most simple nature and one that theory would have predicted. A galvanic action had been set up between the iron and the zinc, and hydrogen had been liberated, an explosive mixture of the most powerful character being thus manufactured in the middle of the laboratory. M. Sebere's arm was broken, the place was deluged with water, and considerable further damage resulted. In order to prevent a similar accident, for the future M. Sebere will always keep the interior of his gas-holder well varnished.

To avoid this danger we fill the space between the gas-holder and vessel it enters with crude petroleum. This prevents chemical action be-

tween the different metals as our gas-holders are composed of zinc and iron.—G.

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A PROLIFIC EWE.—Mr. A. Chartraud, of Matanzas, Cuba, reports, in a communication to us dated September 27, the following remarkable behavior of one of his ewes. On the 3d of January last this ewe gave birth to a lamb, which appeared to be strong and healthy, but died in about a fortnight. The ewe appeared to be still with lamb. On the 8th of February she dropped another lamb, which lived and thrived. On the 13th of March she dropped two lambs, both living. In September she was again with lamb, and on the 10th she dropped a strong and healthy one. On the 26th she dropped another, and when our correspondent wrote, the next day, she was apparently still "full."

Mr. Chartraud adds: "I have visited numbers of sheep owners, but no one has ever witnessed such a departure from the natural order of things. This makes the sixth lamb since the beginning of the year. I have heard of a foal of four lambs, but all in the same day or period of birth."

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THE SUICIDAL RECORD.—A table of suicides that were reported in this city in the year 1880, prepared by Dr. Nagle, Registrar of Vital Statistics, shows that their number, all told, was 152, of whom 121 were males, and only 31 females; 74 were married, 34 were single, and 12 widowed. As to nationality, the Germans were in the majority. They numbered 64; the United States were represented with 35 suicides, Ireland 20, France 7, Poland, Scotland, and Italy with 3 each, England with 5; other countries posed singly. The means of self-destruction employed were; shooting, 39; drowning, 14; hanging, 28; cutting, 20; leaps from a height, 9; gas, 2; poison, 40. Of poisons, paris green was preferred, and next opium.—*N. Y. Sanitary Engineer.*

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GROWTH AND WEIGHT OF CHILDREN.—Some interesting studies with reference to the health and growth of children have been made by Dr. Boulton, of the Samaritan Hospital, London; instead of taking the average of a large number of children measured once, he adopted the plan of measuring a number of children of normal growth, brought up under average circumstances, many times, thus ascertaining their rate of increase. By this means, the annual rate of growth was found to vary between two and three inches for each child per year. Dr. Boulton believes that when a child varies more than a quarter of an inch annually, or when the increase of weight does not correspond with the weight within a margin of safety—put at seven pounds—then it is safe to conclude the child's diet is not good, or possibly some disease is lurking in his system. The curious fact appears that loss of weight always precedes the development of consumption.

**THE PREVENTION OF DISEASE.**—"Prevention is better than cure and far cheaper," said John Locke, two hundred years ago ; and the history of medical science has since made it more and more probable that, in a stricter sense of the word, prevention is the only possible cure. By observing the health laws of nature, a sound constitution can be very easily preserved, but, if a violation of those laws has brought on a disease, all we can do by way of "curing" that disease is to remove the cause ; in other words, to *prevent* the continued operation of the predisposed circumstances.

Suppressing the symptoms in any other way means only to change the form of the disease, or to postpone its crisis. Thus, mercurial salves will cleanse the skin by driving the ulcers from the surface to the interior of the body ; opiates stop a flux only by paralyzing the bowels—i. e., turning their morbid activity into a morbid inactivity ; the symptoms of pneumonia can be suppressed by bleeding the patient till the exhausted system has to postpone the crisis of the disease. This process, the "breaking up of a sickness," in the language of the old school allopathists, is, therefore, in reality, only an interrupting of it, a temporary interruption of the symptoms. We might as well try to cure the sleepiness of a weary child by pinching its eyelids, or the hunger of a whining dog by compressing his throat.

Drugs are not wholly useless. If my life depended upon a job of work that had to be finished before morning, and the inclination to fall asleep was getting irresistible, I should not hesitate to defy nature, and keep myself awake with cup after cupful of strong black coffee. If I were afflicted with a sore, spreading rapidly from my temples toward my nose, I should suppress it by the shortest process, even by deliberately producing a larger sore elsewhere, rather than let the smaller one destroy my eyesight. There are also two or three forms of disease which have (thus far) resisted all unmedicinal cures, and can hardly be trusted to the healing powers of nature—the *lues venerea*, scabies, and prurigo—because, as Claude Bernard suggests, their symptoms are probably due to the agency of microscopic parasites, which oppose to the action of the vital forces a life energy of their own, or, as Dr. Jennings puts it, "because art has here to interfere—not for the purpose of breaking up diseased action, but for the removal of the cause of that action, the destruction of an active virus that possesses the power of self-perpetuation beyond the dislodging ability of nature."

But with those rare exceptions it is better to direct our efforts against the cause rather than the symptoms—i. e., in about ninety-nine cases out of a hundred it is not only the safer but also the shorter way to avoid drugs, reform our habits, and, for the rest, let nature have her course ; for properly speaking, disease itself is a reconstructive process, an expulsive effort, whose interruption compels nature to do double work ; to resume

her operations against the ailment after expelling a worse enemy—the drugs. If a drugged patient recovers, the true explanation is that his constitution was strong enough to overcome both the disease and the druggist.—*Pop. Science Monthly.*

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ARTESIAN WELL AT STREATOR, ILL.—The work of boring the artesian well, which was begun at Streator, Ill., by the city authorities about the middle of last October, is completed. The well is now down 2,496 feet—just four feet less than the contractor had agreed to go. The Potsdam sandstone in which the water was found was struck at a depth of 2,163 feet. The first fifteen feet was of a dark drab color, followed by 35 feet of reddish buff sandstone. Then came the pure white sand, into which the drill went 283 feet, where it stopped at a depth of 2,496 feet, and through a vein of Potsdam sandstone 333 feet thick. A vein of water was found in the St. Peter's sandstone, at about 285 feet below the surface, which rose to within 40 feet of the top; but, as the drill went on down, it passed through some porous limestone, which absorbed a portion of the water and let it down to 80 feet below the surface, where it remained for some time. When the drill was down to 2,248 feet, being 35 feet into the white vein of Potsdam, the water began to rise, and continued so to do. When the drill was at 2,278 feet the water began to flow over the top. At 2,297 feet it flowed 85 gallons per minute, and at 2,448 feet it flowed 100 gallons. This flow has been increased to 107 1-16 gallons, at which time the boring stops. Tests show that the well has a head of 45 feet 2½ inches above the surface of the ground, being higher than the cornice line of any building in the city. The water is very salty, and also contains some magnesia and iron. Several other minerals are present, but in very small quantities. The taste of the water is at first unpleasant on account of the salt; but after one becomes more accustomed to drinking it, it is more palatable. Many persons pronounce it very similar to the Congress springs at Saratoga. The temperature is 74 degrees when it flows from the well. Many of the citizens are keeping it regularly in their houses, and seem to think that it possesses rare medicinal qualities. The piping of the city will begin immediately, and it is hoped that Streator will now have an abundance of pure, fresh water, free from the sulphur which predominates in many of our surface wells.—*Chicago Tribune.*

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MILK DIET IN BRIGHT'S DISEASE.—Since we know not at present any one drug that possesses therapeutic value to any marked extent in this terrible and fatal disease, and since it is daily making sad havoc among human beings, and principally among that class who, by reason of their valuable public labors, are particularly necessary to the welfare of the world; therefore, it becomes a medical question of paramount interest

that we should discover some potent method of combating this very prevalent disease. Some years since Carel first called attention to the treatment of Bright's disease by the use of a milk diet, and since then Duncan, as well as many other prominent physicians, have written on this subject. We have ourselves seen some remarkable results follow this treatment. This method of treating a formidable disease has received sufficient distinguished indorsement to recommend it seriously to our notice. The milk is used thoroughly skimmed and entirely freed from butter. To procure the best results, it has been advised that the patient shall restrict himself absolutely to milk, and continue the treatment for a long time. If it disagrees with the stomach (as it will in some cases), let the patient be put to bed, and the treatment commenced with tablespoonful doses, to which lime water is added, until the stomach tolerates the milk, when from eight to ten pints daily should be taken, and absolutely nothing else.

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WOMEN FOR THE AUSTRALIAN COLONIES. — The English Women's Emigration Society are making great efforts to relieve the surfeit of English women at home by the encouragement of emigration, especially to the colonies. Agencies have been established in Australia, in Canada, in South Africa, and in Iowa. The bachelors of Queensland have offered two hundred free passages a month for comely women under thirty, and the home government has graciously consented to pay the passage of a limited number, with no stipulation about age. But so diffident are English women that last year only fifty-nine accepted these offers, and now the society, through *Macmillan's Magazine*, calls for "respectable and capable" loverless but not unlovely women to go forth for love of God, love of man, or love of money, as missionaries, as philanthropists, as housekeepers, or as helps, to subdue the colonies and replenish them, lest England become a kingdom of calico. There is no chance for an immigration of men; Englishmen even go to America for wives. The good women of England, therefore, standing on the census and seeing 900,000 more petticoats than pantaloons on the island, already behold a greater catastrophe than Macauley's New Zealander is to see — a land without husbands!

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THE UTILITY OF KOUMISS IN CONSUMPTION. — Some time since, at the suggestion of a medical friend, I placed a patient on koumiss, not, I must confess, with very sanguine expectations of success, but more with the idea that a change of medicine, if not of benefit actually, might have some effect through imagination.

The patient, an active business man of fifty, with tubercular phthisis, which had gradually developed from a slight nervous cough into well

marked pulmonary trouble. At the time the koumiss treatment was begun there was a well defined cavity in the apex of the left lung, with more or less percussion dullness over the remainder, harsh inspiratory murmurs in the right lung, great dyspnoea, fever, night sweats, and what the patient complained of most—a highly irritable stomach, even while on the plainest regimen; the presence of food in the stomach, no matter how small the quantity, produced immediate and lasting nausea.

Up to this time the various routine remedies had been used with the usual amount of success—except that nothing seemed to alleviate the sick stomach in the least. I would say here that the patient has been more or less the subject of chronic intermittent fever for the past twenty-five years, his business exposing him to it, and preventing proper curative treatment; this probably aggravated the sick stomach and rendered it less amenable to treatment. The koumiss was used at the rate of a tumblerful three times a day, the last one being at bedtime. Although not relished at first, it soon became as agreeable to the taste as fresh milk, and was craved for its stimulating effects, counteracting, as it did, the great debility of like cases more effectually than any form of alcoholic stimulants.

Now, after two months' use, in the latter part of which it was not taken regularly, the results are most gratifying; the nausea has for some time been absent; all rational articles of food are eaten with impunity. The dyspnoea is entirely gone except on vigorous exertion; the right lung is comparatively well; and the general health bids fair to carry the patient many years into the future.

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THE USE OF PLASTER OF PARIS IN FRACTURES.—Plaster, either in the form of a bandage enveloping the fractured part, or in the form of a distinct splint, is used quite extensively in the various hospitals of this city. In fact, all other things being equal, it is given the preference over other forms of apparatus usually employed in such injuries. Particularly is this the case with fractures of the leg, which are treated now almost exclusively by this bandage. The fracture box is rarely used, and only in exceptional cases, where there is great swelling, and under conditions of extensive injury of the skin, in which it is necessary for the parts to be exposed during treatment. Generally this open method is only employed until such time as it is safe to apply the plaster of Paris bandage, as shown by the disappearance of the swelling and the healing of the abrasions. No time is lost in so doing, as generally the parts are made fit for the immovable apparatus before the bony union commences. In compound fracture the limb is generally placed at once in the plaster apparatus, openings being made in the latter corresponding with the injuries of the soft parts, for the purpose of establishing thorough drainage. As a rule, and when, of course, there is no special contraindication in the shape of undue swelling, etc., all fractures in which plaster of Paris is to



be employed are "put up" at once. A general description of the method of procedure may apply to that to be employed in any case of fracture in any region of the body. The part is enveloped in a thin layer of cotton, and the bandages immersed in water, sufficiently long to be permeated, are applied directly over the cotton care being taken to exert slight and uniform pressure. Each layer of bandage is carefully moulded to the inequalities of the surface, and made perfectly smooth before the next layer is applied. If the bandages are properly prepared, without sizing, and have been kept in a dry place, the plaster will commence to "set" before the second bandage is applied. Generally three layers of bandage are sufficient for a fracture where ordinary support is required. Four, with suitable re-enforcements, may be required in other cases. After the dressing is complete, it is exposed to the air, and hardens sufficiently in two or three hours to allow the limb to be moved.

The plaster apparatus is generally kept in position during the whole period of treatment. If undue swelling occurs, the envelope is slit in the long axis of the limb by a Hays saw, or by scissors for the purpose, and thus a splint is formed which is kept in position by outside bandages.

Some surgeons prefer to dispense with cotton altogether, and use a well-fitted silk or gauze stocking or jacket as the foundation for the plaster. There is, however, greater care and skill required in this method, as any undue pressure at any one point would be more apt to produce swelling in the parts beyond. Yet still, when properly applied, this makes the most comfortable and lightest dressing that can be used, and gives the perfection of support and greatest accuracy of adjustment to the injured parts.

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• MORNING WORK.—Perhaps, on the whole, moderately early rising is now a commoner practice in cities than it was forty years ago. It seems strange that the habit of lying in bed hours after the sun is up should ever have obtained a hold on the multitude of brain-workers, as undoubtedly it had in times past. Hour for hour, the intellectual work done in the early morning, when the atmosphere is as yet unpoisoned by the breath of myriads of actively moving creatures, must be, and, as a matter of experience, is incomparably better than that done at night. The habit of writing and reading late into the day and far into the night, "for the sake of quiet," is one of the most mischievous to which a man of mind can addict himself. When the body is jaded the spirit may seem to be at rest and not so easily distracted by the surroundings which we think less obtrusive than in the day; but this *seeming* is a snare. When the body is weary, the brain, which is an integral part of the body, and the mind, which is simply brain function, are weary too. If we persist in working one part of the system because some other part is too tired to trouble us,

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that can not be wise management of self. The feeling of tranquility which comes over the busy and active man about 10.30 or 11 o'clock ought not to be regarded as an incentive to work. It is, in fact, the effect of a lowering of vitality consequent on the exhaustion of the physical sense. Nature wants and calls for physiological rest. Instead of complying with her reasonable demand, the night-worker hails the "feeling" of mental quiescence, mistakes it for clearness and acuteness, and whips the jaded organism with the will until it goes on working. What is the result? Immediately, the accomplishment of a task fairly well, but not half so well as if it had been performed with the vigor of a refreshed brain working in health from proper sleep. Remotely, or later on, comes the penalty to be paid for unnatural exertion—that is, energy wrung from exhausted or weary nerve centers under pressure. This penalty takes the form of "nervousness," perhaps sleeplessness, almost certainly some loss or depreciation of function in one or more of the great organs concerned in nutrition. To relieve these maladies—springing from this unsuspected cause—the brain-worker very likely has recourse to the use of stimulants, possibly alcoholic or it may be simply tea or coffee. The sequel need not be followed. Night work during student life and in after years is the fruitful cause of much unexplained, though by no means inexplicable suffering, for which it is difficult, if not impossible, to find a remedy. Surely morning is the time for work, when the whole body is rested, the brain relieved from its tension, and mind power at its best.

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## Book Notices.

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The Human Ear and its Diseases. A Practical Treatise, etc., etc. By W. H. Winslow, M. D., Ph. D., etc., etc. Bericke & Tafel, New York. 1882.

An author possessing the acquirements of Dr. Winslow could not fail to produce a work in every respect scholarly and scientific. Over five hundred pages of closely printed matter with one hundred and thirty-eight illustrations, show an amount of labor of no small magnitude. Dr.

Winslow is oculist and aurist to a homeopathic hospital, and his book is published by well-known homeopathic publishers. It may, therefore, be supposed that this is a homeopathic treatise on ear diseases. The student will, however, find this supposition likely to be modified. We pass over one hundred and twenty-two pages well filled with a consideration of the anatomy, physiology and diagnosis of the ear. The author includes also associate facts, notably the nasal passages and pharynx. He has here chosen a wide field and when we come to treatment we anxiously enquire if he has really given Homeopathy a fair show. We are inclined to say most emphatically he has not. The immediate question is not whether or no he has given us a good thing, but has he given us a work on applied Homeopathy in aural and nasal diseases? The author makes no pretense of doing so, and we want it distinctly understood that in commending this book we do so with a full knowledge that it but feebly represents what Homeopathy is capable of doing in curing these important and interesting affections. On page one hundred and twenty-two the Doctor plainly says, "The treatment of ear diseases consist in certain measures which experience has proved to be beneficial; in a careful use of such medicines as correspond in their characteristic symptoms to those of the disease, and in such others as experience has proved of value in the morbid conditions." This peculiar and tautological sentence has just a smattering of Homeopathy and about in this proportion we find it scattered through the book. The more modern allopathic writers and Dr. Winslow are in pretty general accord upon most points of treatment. There is in each the same array of douches, atomisers, caustics, disinfectants, gargles, astringents, etc., etc. Dr. Winslow talks glibly of remedies that are "antiphlogistic," "alterative," "sedative," etc., etc. One may read page after page without a suspicion that he is outside the pale of recognized allopathic literature. The cause of this is, however, plain. Says the Doctor, "The paucity and unreliability of ear symptoms in our pathogenesis of medicines makes it imperatively necessary to resort occasionally to remedies which have only a clinical record to authorize and indicate their use." This tells the whole story. The Doctor has given us a splendid work showing how Homeopathy and empiricism may go hand in hand and as usual the latter dominates and nullifies the former until her best friends can with difficulty recognize her. A treatise on the homeopathic treatment of ear diseases remains to be written.

*Cyclopædia of the Practice of Medicine. Vol. XX. Index.*

This great work reaches its conclusion in a carefully prepared index, which, considering the complexity of the series, is of very special value. Since it has been upon our table we have had almost daily recourse to it, and find it simply indispensable. It is graced by a beautiful portrait of

Prof. von Ziemssen, which for our part we most highly prize. What a medical library the owner of these splendid twenty volumes has. Certainly the homœopathic school will not have to wait so long as the allopathic school for so worthy a cyclopædic representative.

Supplement to Ziemssen's Cyclopædia of the Practice of Medicine. Edited by George L. Peabody, M. D. Wm. Wood & Co., New York.

Some idea of the greatness of the task undertaken by Prof. Ziemssen and his publishers may be had by considering that it has taken over six years to get out this Cyclopædia. But we must also remember that six years represents a large advancement in many particulars in the science and art of medicine. Even in the allopathic school, conservative as it is, a vast number of changes have occurred. Pathology especially has been largely developed and in the matter of practice many changes of method have occurred. Besides, in many instances nomenclature and nosological arrangements have changed and all these must be brought up to date. This portly volume is of special interest showing, as it does, so much of the changes of the last five or six years. It completes and rounds out this comprehensive work which may now stand for a long time without a peer in our medical literature.

Insanity and its Treatment. By Samuel Worcester, M. D., Salem, Mass., Lecturer on Insanity, etc., etc., etc. Bæricke & Tafel, New York.

Dr. Worcester's book is a grand *avant courier* for the coming literature of 1882. It is a noble beginning, and we give it a hearty welcome. It is fittingly dedicated to Dr. Seldon H. Talcott, the distinguished Superintendent of the Middletown (N. Y.), Insane Asylum, where the views of Dr. Worcester find their most successful application. Our readers know very well that in the treatment of insane people the homœopathic school is largely in direct antagonism to the allopathic school. To the application strictly of the law of *similia* insane persons form no exception. The result of its application under Dr. Talcott has been surprisingly brilliant. Dr. Worcester now presents the profession with a treatise upon the subject in every respect worthy of our school. We hope the profession will give this book a careful study, especially do we hope every young physician will give this work the attention it deserves.

A Treatise on Albuminaria. By W. Howship Dickinson, M. D. Second Edition. Wm. Wood & Co., New York.

We have had occasion to go over this work with some care, and to compare it with other works treating upon the same subject. It gives us

pleasure to testify to the very superior method of this book. It would be difficult to find anywhere so thorough and satisfactory a treatise. It is much enhanced by its beautiful colored illustrations. So general is the interest taken in the study of Bright's disease of the kidney, that the appearance of this book is timely, and it will generally be welcomed by the profession. It forms a part of Wood's Library of Standard Medical Authors for 1881.

**Ophthalmic Therapeutics.** By Geo. S. Norton, M. D. Boercke & Tafel, New York.

We have here the second edition of what we have so long known as our "Allen & Norton." The senior editor or author gracefully withdraws, and Dr. Norton now assumes all responsibility. In our opinion this work has always been without a peer, and is to-day as ever peerless. This much we are in duty bound to say, and at the same time wish the book had been made much better than it is. The plan of the work is inherently faulty. There is an almost endless repetition—the same things being often found on a dozen different pages. It does not make the book less useful, but more bulky. There is some improvement in the present edition, especially in the matter of new remedies. On the whole we are greatly pleased to see this old friend of ours in a new dress, and congratulate Dr. Norton on his gift to scientific medicine.

**A Treatise on the Materia Medica and Therapeutics of the Skin.** By Henry G. Piffard, A. M., M. D. Wm. Wood & Co., New York, 1881.

The plan of this work strikes us as quite novel. The arrangement is perhaps very similar to that found in many books of the homeopathic school, but not to our recollection before seen in allopathic works. It is first a materia medica founded on a very unsubstantial basis. But if there were nothing better, it might be considered admirable. For instance, *Sulphur* is studied under four heads: "A," conditions produced by "ingestion of the drug." This is a sort of pathogenesis. This is the sum of the knowledge: "Excretion of *Sulphuretted hydrogen*; the same in animals; diaphoresis; eczematous eruption." "C," conditions for which it has been found curative when given internally, to wit, "furuncles, psoriasis, impetigo, eczema. "B" and "D" we need not quote as they refer to the local uses of *Sulphur* and are equally with the former lacking either in specific or extended information. Those who know Dr. Piffard's history can not help but wonder how a man of his culture can shut his eyes to so much light. Here and all through the work is just enough Homœopathy to give the book some definite value. It might however been much better in

located, midway between heels and topknot. Will some one who has not a "Royal work" to defend, even when others are mentioned, please answer my article.—W. C. LEECH, M. D.

WE are at this moment greeted with an invitation to attend a reception of the graduating class of one of our medical schools. The college in question is about to close its course of lectures for the present year, and to send forth its graduates. At the same moment we have before us the schedule of examination for the first semester of another of our medical schools. This shows that the first school is finishing its work while the second school is only half through its labors for the year. The latter school gives a course of nine months and will not be out until the last week in June. This disparity is altogether too great. There can not be a perfect equality of acquirements between the graduates of these two schools. The labors and opportunities of the one class are nearly double those of the other. And yet nine months is not a moment too long. Our short term schools must come up to that standard or suffer. The profession and public demand that all our medical schools shall give better opportunities to their students.

INTELLIGENCE OF DOGS.—While at the university taking my medical course the facts I relate took place. Among other appurtenances to the department of physiological chemistry was a dog with a gastric fistula, which fistula was properly healed around a silver tube having an internal and external flange to keep it in place. The tube was stopped by a closely fitted cork, except at such times as we needed a supply of gastric juice. The fistula caused the animal no disturbance whatever. He was well and hearty, was fed at and made his home at the medical department. During the summer vacation, however, when the university was closed, he was transferred to the care of the surgeon, who took him to his house. During his frolics one day he jumped over a fence, striking it, and dislodged the cork in the tube. Ponto soon noticed that his food didn't seem to satisfy him, and that all he drank ran out of his stomach on the ground. His master having gone away for several days—fishing—he must needs take care of himself; so *immediately* on eating or drinking anything, he ran to his bed in the carriage house close by, *turned on his back, and remained so for an hour or more*, or until he felt satisfied that it would do for him to get up. Coaxing, threatening and kicking by the domestics about the house, or by those whose attention was called to his actions, were alike unavailing to drive him from his place or from his supine position. Finally, some one who knew for what purposes the dog was used, examined his fistula and found the cork gone. This being restored he was soon persuaded to go about as usual, and indicated by his actions that he understood that everything was all right. This incident can be vouched for by many reliable persons. Who will say that dogs—at least one dog—can not reason?—F. L. BARDEEN, M. D., in *Scientific American*.

UNIVERSITY OF MICHIGAN, Feb. 27, 1882.

EDITOR MEDICAL ADVANCE.—*Dear Doctor:*—In the February number of the *New York Medical Times* I see that it has fallen into a like error with certain other periodicals when it says "Professor Franklin is about to return to his old home in St. Louis," etc. I assure you as one who knows whereof he speaks, that this is not so. I fear these journals have become the dupes of some malcontent or evil, disposed person whose wish is doubtless father to the thought. The keynote to this error it seems to me lies in the animus of the following paragraph wherein the *Times* suggests (most important conclusion) that there "be estab-

lished a chair of homœopathic therapeutics \* \* \* and place Prof. S. A. Jones in it." Shades of the late General G., if you who are a thousand miles away but knew the one-hundredth part of those last eight words convey to the Honorable the Board of Regents of this University, whose proud office is to build higher and higher the reputation of this grand University, the *Times* would not have written what so flippantly appears under the caption "Michigan University." "Mene, mene tekel upharsin" is written in letters of burning remorse in the history of Jones' connection with the Homœopathic Department of the University of Michigan. If you would know more of the duplicity, disrepute and absolute dishonor practiced during his reign here, read a pamphlet of about fifty pages, written by one who "knew him well," entitled "Michigan Mendacity." Since Jones' retirement there has been the most earnest professional unity in the Homœopathic Department, despite his truckling sycophantism to certain professors of the old school, and his Judas-like attempt to injure this College, and which like the Arab chickens returned to torture the oppressor. The only cadences of discord that have rippled over the peaceful surface of the Homœopathic College since Jones' retirement have swept over it from the opposite side of the campus and which have strengthened rather than weakened its faculty. But thanks to a determined, wise and considerate regency, this has been forever estopped in the future and the friends of the cause everywhere will rejoice that the last obstacle has been removed, and that hereafter the Homœopathic Department in the University will occupy a higher and more honored plane in Homœopathy than ever before. The wisdom of the Legislature which passed the law and the regents who engrafted *similia* into the parent stock of the University will see another brilliant star clustered in its diadem.

D. R. W.

**A BAD CASE OF GLOBUS.**—Dr. Myers, of Paterson, N. J., was recently summoned in great haste, at midnight, to see a woman who was suffering the most excruciating agonies from having swallowed a set of false upper teeth, sixteen in number. Several women were about her, who had been called in to help her. Anodynes were administered to relieve her temporarily. Dr. Myers then closely scrutinized her mouth and throat, but could find no evidence of laceration. Moreover she could swallow readily. He suggested that the teeth might have been mislaid, but this was indignantly scouted by the attendants, who declared that they had searched the house from top to bottom.

A further search under the pillow failed to disclose the missing property, and the case began to look serious, as the poor woman declared that she could not stand it any longer, as she felt the edge of the teeth cutting into the sides of her stomach. Finally, at the suggestion of the doctor, the inside of one of the pillow-cases was examined, and there the teeth were found, perfectly safe and harmless.

The patient, who had, a moment before, been suffering from the laceration of the teeth "against the edge of her stomach," recovered instantly, and the doctor was promptly dismissed.

**HEALTH HINTS.**—While early rising and early breakfasts are conducive to good health and vigor, late suppers are, on the contrary, very injurious, and the sure road to dyspepsia and settled ill-health. To sleep in clothes worn through the day is another bad practice. The clothes are filled with the effluvium emanating from the natural wastes from the body all through the day. Especially is this the case with those who la-

bor hard, or perspire easily. The poisons of the system thus ejected or thrown off by people in vigorous health furnish a strong reason, if there were no others, for removing on retiring every article worn through the day. As soon as removal, let each article be hung up to air through the night, not thrown in a mass on the floor, or on chairs, where a free circulation of air will be impossible. In the morning one should be just as particular to hang up all the night-clothes, so that they may be perfectly purified before needed again. When not stormy hang them where they will have the benefit of the fresh morning air till after breakfast; then put each separately in the closet, on wooden pins, brass or galvanized hooks in the bath-room. Never hang any white clothes on iron nails that will rust from the moisture of the garments, and so iron-rust the articles hung on them. It is neither neat nor healthy to fold night-clothes and put them under the pillows, as is too often practiced. Do not attempt to economize by decreasing the washing bills or family washing. To keep the person scrupulously clean frequent change of undergarments is as necessary as bathing.

PROVIDENCE, R. I., Oct. 27, 1881.

*Dear Doctor* :—The Bureau of Obstetrics of the American Institute of Homeopathy has decided to investigate during the present year, Puerperal Annoyances, and the best method of overcoming them. That this may be more perfectly accomplished, you are respectfully requested to answer the accompanying questions concerning those more frequently encountered, fully but concisely. My sincerest thanks are due those physicians who kindly acceded to my previous request. The accompanying questions require no reference to memoranda. It is particularly desired that they be answered "off-hand." This task, so slight, all may readily perform. The resultant good is *yours* no less than mine. Very respectfully yours, GEO. B. PECK, JR., Secretary Bureau of Obstetrics.

1. What dietary (if any) do you recommend during lactation with a view to lightening labor?
2. What have you found to be the best means of accelerating dilatation when interference (either medical, mechanical or topical) seems necessary?
3. What considerations (in general) prompt you to such interference?
4. In about what proportion of cases have you employed anæsthesia?
5. What anæsthetic?
6. Why that?
7. Upon what indications?
8. With what result?
9. In about what proportion of cases do you use forceps? Whose? And with what advantages, if any?
10. When and how do you sever the cord?
11. What attention do you render the child in the interval between that act and its birth?
12. What attention do you give the uterus between the emergence of the child and of the placenta?
13. When and how do you deliver the after-birth?
14. How do you prevent undue uterine relaxation after the expulsion of the placenta?
15. Have you observed any relation between the size of the postpartum uterus and the character or intensity of after-pains?
16. Can you by any "expectant treatment" diminish the intensity or avert the occurrence of after-pains?
17. What have you found to be most efficacious to relieve after-pains?
18. What refreshment do you provide for the babe until milk shall appear?
19. What food do you order for the babe in case of agalactia?
20. What is your treatment of the mamma when the child is lost?
21. How do you resolve "caked breasts"?
22. What is the best treatment (internal or external) for sore nipples?
23. What style of shield do you order, if any?
24. What has been your most successful treatment of milk-leg?
25. What topical application do you use?
26. How long have you practiced medicine?

Dr. Peck will furnish proper blanks to be filled out.





T. P. WILSON, M. D., EDITOR.  
ANN ARBOR, MICH.

J. P. GEPPERT, M. D., ASS'T EDITOR.  
CINCINNATI, O.

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THE BARRIERS ARE FALLING.—It is a fact of no small significance that the New York State Medical (old school) Society has deliberately taken down the bars between the allopathic and homœopathic school. By the deliberate adoption of a new section to their code of medical ethics, it is now considered by that society entirely proper to consult with any "legally qualified practitioners of medicine." This is opening a very wide door. If the point be maintained, as undoubtedly it will be, it will go far to relieve the allopathic school from the spirit of illiberality that has so long marked it. There have been not a few in the homœopathic school who have been clamorous for this recognition. We confess to have been not of that number. It has been a matter not greatly desired by many in our school. We have ever stood ready to do exactly what the New York Medical Society now proposes to allow its members to do. The allopathic school has stoutly maintained its exclusiveness. This fact was made unpleasantly conspicuous during the sickness of Lord BEACONSFIELD and the events that followed the assassination of President GARFIELD. Public sentiment was aroused, and humanity and Christianity brought a pressure to bear that the allopathic school could not resist. Will the American Medical Association follow suit? A distinguished member of that body informs us that in his opinion it will split the Association, and the fossils will be grouped upon one side and the fresh, progressive element of the school upon the other. We shall see.

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THE DIFFERENCE between yesterday and to-day is sufficiently marked to be worthy of note. That difference marks the mode and the extent of the progress the world is making. Yesterday Homœopathy was a delusion. It was a gigantic fraud—in short, a lie. All the big noodles of the allopathic school swore by the big horn spoon and all the little noodles repeated the o th, that the system called Homœopathy was a monstrous lie. Yesterday was about half a century long. That whole half century has been crammed with frantic attempts to prove what a pitiable fraud SAMUEL HAHNEMANN, the founder of Homœopathy, was. If any means to overthrow it exist, which have not been tried, the future historian will be puzzled to say what they were. To-day has come, bringing with it a remarkable change. Homœopathy is no longer a lie. It is even declared to be true. It is at least true in part. It should not be destroyed, but conserved and appropriated. The old school should open wide its arms and take in the homœopathic school. To-day Homœopathy in the main, is true enough, and there 's no objection to any one practicing it if they see fit. Dr. WILKS, before the Royal College of Physicians, (London), December 27th, 1881, says :

There are some members and licentiates of the College who are homœopaths.

It has been suggested that they might be turned out; but says Dr. WILKS, addressing the members of the College, "a penal clause *could not be enforced against them.*" The matter at issue to-day between the old school, (allopathic) and the new school (homœopathic), Dr. WILKS declares to be, "not one of doctrine." He, Dr. WILKS, for his part, repudiated the notion that there was any medical doctrine in reference to therapeutics. He felt himself at liberty to prescribe what he liked. What then is the trouble to-day? Why simply this: The homœopaths call themselves homœopaths. Dr. WILKS declares that the better men among the homœopaths know very well that this question of designation is the real point of difference. In other words, be a homœopath if you like, but don't call yourself a homœopath. Well, good reader, "things arn't as they used to was." There 's a decided change of base; and to-day we are all upon advanced ground. When to-morrow comes, does any sober man suppose we shall be standing where we are now? Mark the prediction: Then Homœopathy will be true; to practice it will be all right, and as for names, they will be, as they always have been, quite immaterial.

**Impure Water and Its Dangers.** By Dr. Moses T. Runnels,  
of Indiana.

There is to-day no question pertaining to sanitary science of greater importance to the public health than that of the quality of water used to sustain human life. Modern civilization has imposed upon man requirements and refinements which demand a plentiful supply of water. Only the quantity of water seems to have occupied the minds of those whose duty has been to supply water, and very little attention has been given to the quality of the water supply entering into the daily domestic economy. From a report on the army and navy diet scales I find "the estimated quantity of liquid of all kinds drank in the two services averages 187½ gallons per head per annum, or about two quarts per day. Though this quantity is drank by adults of the male sex, it is some criterion of the quantity drank by men, women and children, and it will not be wrong to assume that two-thirds, or 125 gallons per head, is as much as is actually consumed by a mixed population in one year." Dr. Parkes says that "an adult requires daily from seventy to one hundred ounces (three and a half to five pints) for nutrition, but about twenty to thirty ounces of this quantity are sometimes in the solid food." If we consume every day such a quantity of liquid to nourish our bodies, we should be careful to have every mouthful pure and wholesome. If the "model man weighs 154 pounds, of which 116 is water and only thirty-eight pounds dry matter," we may, in fact, say that we are, in one way and another, nearly all water. It is surprising that more thought is not given to the purity of water supplies, when three-quarters of our bodies and a large part of our daily food are made up of water. It is a large factor in organic chemistry, and its quality must henceforth be a subject for critical examination by sanitarians if zymotic diseases are to be brought under subjection and greatly diminished.

Many years ago the pollution of the water courses began to arouse public attention in England, and Parliament ap-

pointed several rivers pollution commissions and other sanitary committees to examine the water supplies, determine the standard of purity for potable water, and point out the dangers to be feared by the use of water polluted by sewage. The second English Rivers Pollution Commission, after the examination of some 2,000 samples of water claimed to be drinkable, condemned river water because it is liable to contamination from drainage of cultivated land, towns, and manufactories. It was the opinion of the commission that the "admixture of even a small quantity of the infected discharges of persons suffering from cholera or typhoid fever with a large volume of drinking water is sufficient for the propagation of those diseases among persons using such water." Human excremental matter is considered to be the most dangerous organic substance which has yet been found in drinking water, and its death-producing qualities are greatly increased whenever excrementitious matter of cholera or fever patients finds its way into the water supply. It is certain that impure water from any cause is liable to bring on disease. If the water is filtered or boiled it is rendered purer, and its power to do harm is greatly diminished. Generally it is only after the harm has been done, and sickness and perhaps death has been caused by the unsuspected filthy water, that measures are taken to find out where the disease originated.

It is often the most difficult task for one who is not well informed of the dangers to be feared from impure water to fix upon the origin of any kind of fever. In a given case the house may be supplied with all that taste could suggest or gold procure, and no fault can be charged to the kitchen, cellar or sewer pipes; but on the examination of the back yard there will be found a surface-dug well, a privy vault, and a cesspool in close proximity. From the well all water for family use has been drawn, and you will be told that the water is pure — "always looking clear and tasting sweet." On making a chemical analysis of the water you will find unmistakable evidences of sewage contamination. Human excrement from the privy, and urine thrown carelessly into

the gully-holes about the yard, have been the means of infecting the water to a dangerous degree. If from no other cause the wholesomeness of the water may be destroyed by water from the kitchen containing vegetable, animal, and almost every kind of refuse, and the water from the wash-house containing soap and animal matter from soiled linen, or the drainage from the stable may bring to the well animal and vegetable offal. A great many people seem to think that a small mixture of pollution from the worst sources can do no harm. Some intelligent physicians have advocated the theory that the most impure water will be made pure by filtration through a few feet of earth, and that a dug well, located within ten or twenty feet of a privy vault or cesspool, is not liable to be contaminated by animal matter. From recent experiments, Professor Pumpelly has ascertained that "sand interposes absolutely no barrier between wells and the bacterial infection from cesspools, cemeteries, etc., lying even at great distances, in the lower wet stratum of sand. And it appears probable that a dry gravel, or possibly a dry, very coarse sand, interposes no barrier to the free entrance into houses built upon them of these organisms, which swarm in the ground-air around leaching cesspools, leaky drains, etc., or in filthy made-ground of cities;" that "a house may be built on a thoroughly dry body of sand or gravel, and its cellar may be far above the level of the ground-water at all times, and it may yet be in danger of having the air of its rooms contaminated by the germs from leaching cesspools and vaults; for, if the drift of the leaching be toward the cellar, very wet seasons may extend the polluted moisture to the cellar walls, whence, after evaporation, the germs will pass into the atmospheric circulation of the house."

These facts prove conclusively that the ordinary dug wells of towns and cities generally contain water poisoned, to a great or less degree, by sewage, and the use of such water for domestic purposes should be prohibited by law. Southern cities that consume from 500 to 5,000 barrels of pork, and four times as many kegs of lager-beer and gallons of whisky each day in the year, while they confine forty or fifty per cent

of their population in stifling tenement houses, school rooms and workshops, and instead of providing pure water for drinking or bathing, permit water supplies to be drawn from open wells and rivers filled with sewage; or from neglected cisterns containing putrifying organic matter—such cities, whether, situated in the swamps, like New Orleans, or on dry hills, like Memphis, may expect an annual visitation of yellow fever, cholera, and other zymotic diseases.

Dr. Williams, of London, wrote as follows: "The soil that drains from habitations contains, in addition to excrement, dirty water, the washings and remnants of animal and vegetable matters used as food, and other offal. All these are mixed together, and stagnate in the corrupting slough that is retained in cesspools and privies, or that is carried into sewers. The worst nuisance of this description is the cesspool without a drain from it, unemptied for months or years, and often imperfectly covered. It continually poisons both air and water, and typhoid fever, diarrhœa, cholera, dysentery, dyspepsia, inappetency, general weakness, and malnutrition are the results of their pestiferous operations acting in different degrees. Impure water used as a drink is a common cause of disease. River or pump water near towns often contains decaying vegetable or animal matters, and induces sickness, diarrhœa, dysentery and typhoid symptoms."

At Rugby, Tenn., during the past summer, twenty-three cases of typhoid fever appeared. Some of these cases died. Visitors and citizens to the number of fifty contracted there lingering diarrhœa. The population of Rugby is two hundred. The town is situated on an elevated plateau 4,000 feet above the level of the sea. The ground is of sandstone formation. A hotel was opened there in October, 1880. The water supply of nearly the whole town was obtained from a well and cistern in the rear of the hotel. Dr. Whittaker, of Cincinnati, visited the place to afford relief, and discover, if possible, the source of the infection. It was his opinion that human excrement found its way into the cistern, and infected the drinking water, not only of the cistern, but of the well, which, removed from the cistern but a few feet, might easily

receive its poison by percolation through its walls. "Decomposing animal and vegetable matter was found in the cistern in such quantity as to sicken the workmen engaged in cleaning it." Chemical analysis of the well water revealed the presence in it of a large amount of organic matter.

Cholera visited London in 1849 and 1854. Certain parts of the city were supplied with the Thames water, and it was subsequently ascertained that this water produced the cholera. In 1849 two companies—the Southwark Company and the Lambeth Company—supplied all the districts with water where cholera appeared. These companies drew water entirely below Battersea Bridge, which is within the tidal influence, and within the influence of pollution from sewers. The disease developed in its worst forms in all the districts whose water supplies were furnished by these companies. In 1854 the Lambeth Company drew its water supply from the Thames above Teddington, and above the sewage pollution of the river. Then the district supplied by the Southwark Company had a very high mortality from the cholera, while the district supplied by the Lambeth Company had a very low mortality from the same disease.

There are those who think that running water will oxidize all the harm out of sewage and the dejections of fever patients, and as many towns in the United States are supplied with water from rivers to which sewage has access, it is important to know what dangers are to be feared by drinking polluted water from rivers. From 1840 to 1870 there were 54,522 deaths in the United States from typhoid fever alone, and in England upwards of 73,000 persons' died of enteric fever from 1871 to 1880. During the ten years terminating June 1, 1850, 31,506 persons perished from cholera, and 20,556 from dysentery. The next decade furnished 26,402 deaths from scarlet fever. It will be seen that the opportunities of investigation have been numerous, and it would be surprising indeed if all the researches of sanitarians have proved little or nothing regarding the development of zymotic diseases. The Rivers Pollution Commissioners held that although oxidation did take place in rivers, there was no

river in England long enough to effect the destruction of sewage by this means. Dr. Frankland was of the opinion that sewage in running water can be oxidized, if that is possible, in a run of "not less than two hundred miles," and in any moderate flow of fifteen or twenty miles the oxidation is very slight indeed.

Perhaps a better illustration of the harmful effects of sewage in river water used for domestic purposes could not be given than the following: "The Don flows from Sheffield and Rotherham to Doncaster. In 1866, according to Dr. Sieman's report, there was cholera from July to October in Sheffield; the epidemic commenced in July, was very bad in August and September, and ceased about the 10th of November, which was about a fortnight after it had ceased at Sheffield. I think that is a very clear illustration of the effect of the cholera on infected sewage, carried down a distance of between fifteen and twenty miles, from one town to another, and carrying the disease with it." Dr. Frankland says: "I know the case very well myself. The outbreak of cholera occurred a little earlier in Sheffield than it did in Doncaster; the people of Doncaster drank the sewage of the people of Sheffield, and they got the cholera."

Reichardt conducted a great number of analyses of river water, and by the results of his investigations it is shown to be unsuitable for culinary or drinking purposes, as the rainfall changes the quality of the water so often. Freshets carry into river water all manner of decaying vegetable and animal matter in solution. Manures from cultivated lands and materials of waste from manufacturing establishments, are washed into rivers, and by disintegration pollute the water. In 1868 the Rivers Pollution Commissioners of England made their sixth report, in which they gave the result of their examinations of potable waters in general, and the water supply of London in particular, and formulated a series of conclusions, some of which are here given:

(a). We should condemn any liquid which has not been subjected to perfect rest in subsidence ponds of sufficient size, for a period of at least six hours, or which, having been



so subjected to subsidence, contains in suspension more than one part by weight of dry organic matter in 100,000 parts by weight of the liquid; or which, not having been so subjected to subsidence, contains in suspension more than three parts by weight of dry mineral matter, or one part by weight of dry organic matter in 100,000 parts by weight of the liquid.

(b). Any liquid which shall exhibit by daylight a distinct color when a stratum of it one inch deep is placed in a white porcelain or earthenware dish.

(c) Any liquid which contains more than one part chlorine in 100,000 parts.

Virchow, Vogt, Radcliff and Stewart have advanced the doctrine that polluted drinking water is often the most important, if not the principal cause of typhoid fever. Buhl believes that this disease increases with subsidence or fall in the ground water, as, at that time organic matter, chlorine, ammonia, etc., become concentrated in the low water of rivers, and in wells from which water supplies are obtained. Pettenkofer states that "the greatest recession of ground water coincides with the most violent types of typhoid fever." Many wells are excavated in beds of sand and gravel alone, and do not reach clay or rock. They drain all the adjoining higher ground, and, of course, receive the filth of all soluble matters upon or in the soil for considerable distances.

There are very few cities in the United States where zymotic diseases are more prevalent than at Indianapolis—a city of 75,500 inhabitants. From January 1st to November 1st, 1881, there occurred in this city the following deaths:

From dysentery and diarrhœa.....	67
From typhoid fever.....	52
From malarial, congestive, remittent, intermittent and bilious fevers.....	47
From cholera infantum, inanition and infantile marasmus.....	149
From diphtheria.....	21
From scarlet fever.....	13
From measles.....	6
Total,.....	355

At Indianapolis the earth is built up of alternate beds of sand, gravel and clay. The sand and gravel extend thirty

or forty feet below the surface before clay is found, and it is from the stratum of sand and gravel that the water supplies of all dug wells in the city are derived. This first stratum of water is contaminated very largely by sewage, and so long as two-thirds of the inhabitants constantly drink this sewage polluted water, and the city government does not condemn and fill up all the dug wells within a radius of one mile of the center of the city, Indianapolis will soon be one of the most unhealthy cities on the continent. Numerous wells in this city fluctuate as the water rises and falls in adjacent cellars, sewers, cesspools and privy vaults.

During the last two years I have made a very thorough sanitary survey of Indianapolis. I employed an analytical chemist, Mr. John Hurty, to make over one hundred and fifty analyses of different samples of well water.

One year ago I gave to the public an extended report of the well waters of this city, and cited many cases of sickness brought on by impurities of well water. I now give thirty-one analyses made from these waters in the last six months:

First sample.—Was obtained from a well where one case of typhoid fever was developed, and no other cause of the fever than the water could be given by the physicians. Well polluted by soakage from the privy.

Second sample.—Was taken from a well where two cases of typhoid fever were rapidly progressing, but were arrested by stopping the use of the water and administering remedies. Pollution of the water by sewage.

Third sample.—Came from a well which was undoubtedly the cause of three cases of typhoid fever, one of which died. One case of persistent diarrhœa. Well polluted by excremental matter.

Fourth sample.—An infant died of cholera infantum where this water came from, and five adults had continued diarrhœa. Am quite sure the water caused the trouble in the family. Inefficient nuisance removal, no sewerage, low ground and soil pollution.

Fifth sample.—One case of typhoid fever. No other cause of the fever than the water could be found. Bad

drainage, and water of well derived largely from polluted ground.

Sixth sample.—One case of typhoid fever and the water probably the cause of it. No sewerage, shallow well in low ground, and polluted by soakage from the privy.

Seventh sample.—Five cases of typhoid fever among those who had used the water. No drainage or sewerage, soil saturated with filth, inefficient dealing with nuisances, ill-constructed and filthy houses.

Eighth sample.—One case of typhoid fever. Badly constructed and improperly placed privies, some houses unfit for habitation, neglected yards, inefficient excrement and refuse disposal, overcrowded cottages, low ground, no sewerage, and polluted water.

Ninth, tenth, eleventh and twelfth samples.—Came from Irvington, a suburb of Indianapolis, and four miles east of the city. The earth is made up for a considerable distance down of clay, and the wells are not over thirty feet deep on an average, and hold surface water. A great many of the wells are situated under porches and near the kitchens. During the summer and autumn of this year the water was low in the wells from the subsidence of the ground water, and the wells have not been kept free from contaminating influences.

Over twenty-five persons in a population of six hundred, who reside in Irvington and that vicinity, have had, since the drought this year, typhoid fever, typho malarial fever, and fever with typhoid symptoms. After making a thorough investigation of the town, I am convinced that the fever was brought on by impure water. If necessary I can give similar descriptions of the remainder of the samples, except those marked *good*.

According to the latest and best authorities, typhoid fever can be produced by filth and bad water.

Since the year 1849, when Dr. Jenner made known his conclusive and masterly discrimination of typhoid fever, successive studies have tended to connect it in its origin with excremental matter. Dr. John Simon says, "of all the dis-

eases which are attributable to filth, enteric fever as an administrative scandal may be proclaimed as the very type and quintessence; that in the most glaring way it apparently has an invariable source in that which of filth is the filthiest; and that its infection runs its course by instrumentality of the molecules of excrement which man's filthiness mingle in his air and food and drink.

Summer or autumn diarrhœa is doubtless, at times, produced by direct mechanical irritation, and at others by the absorption into the blood of septic matters from foul ingesta, mainly drinking water. Wherever suspicion rests upon drinking water, let the water be analyzed, and if it is found to contain elements which will produce disease, it should not be used without being purified. Fox states that "a good water for drinking purposes should not contain more than—

	<i>Milligrammes per litre.</i>
Free ammonia.....	.01 or .02
Albuminoid ammonia.....	.08

And that a water with or even without an excess of free *Ammonia*, which displays a larger amount of albuminoid *Ammonia* than .15 milligrammes per litre, should always be condemned, if there is an excess of nitrogen, as nitrates and nitrites (in non-chalky districts), and an excess over the average of the district of chlorides."

The Vienna Water Commissioners reported, in 1864, that healthy water could be obtained by observing the following rules:

- (a) Water must be clear, sparkling and colorless.
- (b) It must contain but a small quantity of solid materials, and be entirely free of organized matter (infusoria).
- (c) Of the alkaline earths (CaO, MgO), it must not contain more than eighteen parts by weight in 100,000 parts by weight of the water.
- (d) It must contain but a small fractional part by weight of soluble salts, particularly the sulphates and nitrates.
- (e) The solids held in solution and the temperature of the water must vary within very narrow limits during the year.
- (f) It must be protected from contamination.

(*g*) The above requirements are fulfilled in many cases by soft spring water, which alone is suitable for drinking purposes.

(*h*) The industries require water having nearly the same properties.

(*i*) Filtered river water, if at all times free of turbidity, will answer for technical purposes, but on account of not fulfilling requirements (*e*) and (*f*), is not fit for drinking purposes.

(*j*) To sprinkle or clean streets any water is suitable, providing it is odorless and does not contain a great amount of offensive materials.

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## Theory and Practice.

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**Infantile Nutrition.** By S. R. Geiser, M. D., Cincinnati, O.

It is not within the scope of this paper to enter extensively into the subject of infantile nutrition, the proper consideration of which would require a large amount of space and time, especially infantile nutrition in health and disease. Should the essayist, therefore, fail to present anything with which the members of this society are not already familiar, it is hoped that they may, at least, be benefited by the discussions elicited by the paper, as the subject is one of interest to every practicing physician.

It is laid down by eminent authority that a tenth of the children born die in the first month after birth, and one-quarter before the year is completed.

This is a fact well calculated to alarm parents, and to stimulate physicians to adopt such measures by which, if possible, this fearful mortality may be diminished.

Although with higher civilization child-bearing is restricted—to increase, and multiply, and replenish the earth not now being the chief end of the wife—nevertheless every mother is desirous of keeping those born to her.

It is an admitted fact that many of the disorders of infancy are either direct lesions of nutrition or the consequences of them. In London, in 1872, out of 18,140 deaths from specified diseases of children under one year, there were 399 who died from diseases of digestive organs; 2,492 from diseases of nutrition; 378 from dietetic diseases; 687 from consumption of the bowels, making a total of 3,976 under these heads only, excluding those deaths caused by convulsions, which constitute so large a proportion of cases which die from abdominal disease. In a report of the Children's Hospital in reference to the table of diseases treated, the attending physician concludes: "Thus considered the number of gastrointestinal or digestive and assimilative disorders will exceed that representing those of the chest, large as it is, by more than 700." Again, in speaking of the principal causes of mortality in the Clinical Hospital for Children at Manchester, England, the attending physician's report reads as follows: "Out of 117 deaths, 96, or 82 per cent, occurred in children under two years; 93, or 79 per cent, in children affected with diseases arising from defective or faulty nutrition, which were partly the direct and partly the co-operative cause of the fatal issue."

An old adage says: "From the food the blood is fed; from the blood the tissues are fed." Roonberg says: "Pain is the prayer for healthy blood."

From the above we conclude that healthy blood is a prerequisite for the formation and maintenance of healthy tissues, and that could the infant, as well as the adult, at all times enjoy the different factors upon which the nutrition of the body is dependent, diseases would be unknown.

The rapid growth of the body and the repair of waste are important circumstances connected with infantile nutrition.

“Failure in nutrition must involve defect in one or both of these respects. When the growth of the body is interfered with the actions of life are deranged.”

Failure in nutrition in children must be attributed to one of two principal causes, viz: an hereditary weakness or acquired.

Children have been known to suffer from indigestion, attended with vomiting, acid secretions, colic, and diarrhœa, in consequence of the mother having indulged in a very rich diet, particularly in vegetables and fruits; others, again, have made use of the richest kinds of food, ate abundantly of all kinds of vegetables and fruits, without the least injury to the infants. Some infants and children, laboring under defective hygienic conditions and partaking of nutrient materials apparently indigestible and unwholesome, thrive, while others, enjoying the essentials of a proper nutrition, waste and die. Hence we are forced to conclude that certain physical peculiarities, as syphilis, gout, struma and others, can and are transmitted to offspring, and that they act as sufficient causes in modifying its nutrition.

Granted, then, that certain causes which have a tendency to effect the nutrition of infants are inherited, can anything be done to improve their condition?

All of us have probably met cases in which the best directed efforts have failed to accomplish any good.

Could the physician always have the privilege of treating the mother during pregnancy, hygienically as well as by medicine, brighter results could probably be looked for.

In the management of infants belonging to the second class, viz: the acquired, the physician can expect better results by the application of proper diet, hygiene, and, in many cases, the homœopathic remedy.

It is well known to us all that the article nature destined for infant nutriment is the mother's milk, as it is the simplest form of food, and one that requires the least change in order to be assimilated, and is the only substance that contains the

three classes of principles—albuminous, oleaginous, and the saccharine. When human milk fails to nourish the infant it will be found that the health of the mother is not perfect, and the dietic, hygienic and medical treatment should be directed to her, and not to the infant alone.

There will, however, always be cases, owing to sickness, death and other causes, in which it becomes necessary to provide the next best substitute. To find a suitable substitute—one that will come as near mother's milk as possible—is often a matter of great difficulty.

The substitutes for human milk, as usually employed, are two kinds, viz: animal and those obtained from the vegetable kingdom. "The natural instinct of the young infant is for milk, and upon proper milk it thrives." It is always more or less of an experiment with all substitutes for human milk. The result can never be foretold, and the proverb, "What is one child's food is another child's poison," should ever be remembered. The nutritious character of substances for infantile nutrition depends upon their containing the alimentary substances in such proportions as are requisite for the nutrition of the body. This the medical profession has found to be a matter of great difficulty, as the results have been derived from observation and experiment only.

The fact that there are so many different substitutes for human milk is certainly good proof against their universal efficacy. Though inferior to the natural aliment, and often productive of indigestion, cow's or goat's milk enters as the principal ingredient for infant nutriment, provided a pure article can be procured—milk from cows that receive plenty of fresh air and light, proper food, and whose stables are kept clean and well ventilated.

As is known cow's milk differs very materially from human milk, and requires special preparation in order to be digested and assimilated by the delicate digestive and assimilative organs of the infant. Cow's milk differs from human milk principally in containing a larger amount of caseine, less water and less sugar.



When it is remembered, as Sir Wm. Jenner points out in an article written by him on typhoid fever, that each pint of cow's milk contains as much solid matter as a full sized mutton chop, little difficulty will be found in understanding whence a degree of intestinal disturbance is likely to arise in infants fed on cow's milk.

It becomes apparent then that the object in preparing cow's milk for infants is to add water and sugar and something that will separate the caseous particles from it. A common mistake in the preparation of cow's milk for infants, is over-dilution. The necessary dilution will be best obtained by adding to pure fresh cow's milk, one-third hot water, then slightly sweetening with sugar of milk. If this plan fails it is well to let the milk stand, as soon as received, for several hours, when the caseine, from its greater specific gravity, has a tendency to fall, and the cream to rise. The upper portion should then be used. If this gives too much butter, the upper layer of cream can be rejected. In a large proportion of children artificially fed, this plan does very well; still any physician will meet cases where milk will not agree.

The importance of *starch* as an article of human food has, perhaps, scarcely been duly recognized. In the raw state, starch is an almost indigestible substance at least to man, but when previously subjected to the operation of cooking, it is digested with great facility. By the aid of heat and moisture in the process of cooking, the starch granule is much more effectively broken up. Its contents swell out by imbibition of water, and the whole is converted into a mucilaginous gruel.

Physiology taught that infants could digest only a very small quantity of starch, since in the first months of life the amount of salivary secretions by which starch is converted into glucose were inconsiderable. But now, however, it is ascertained that there is an epithelial ferment which effects this change, as well as the saliva; besides some paedologists contend that the salivary secretions are not entirely absent in the infant. Not as an exclusive article of diet can starch be considered of very much value, but in connection with milk

in order to render it easier of digestion, that it is chiefly serviceable to infants and very young children.

The renowned chemist, Liebig, endeavored to prepare a substitute for human milk for infants. These foods in which starch is converted into glucose by the action of malt do pretty well in some cases, especially in cool weather. When infants are inclined to diarrhœa, or in hot weather, their use has not given general satisfaction.

The large quantity of grape sugar which they contain produces a laxative effect upon the bowels.

When cow's milk, diluted and sweetened, can not be tolerated by infants it should be mixed with some starchy substance. The starchy particles mixed with the casian, tend mechanically to prevent the coagulation of large masses. Barley water and oatmeal water will answer this purpose admirably in a very large proportion of cases; the former when the bowels are inclined to diarrhœa; the latter when there is constipation.

Certain conditions may require lamb, veal, or chicken broth, in equal proportions with barley water, at least temporarily. Having a suitable substitute for human milk, and cleanliness, light and fresh air having received due consideration, time, as to *frequency* and *regularity*, and the *position* while receiving nutriment, should not be overlooked.

It is a physiological fact that during digestion there is a continual flow of blood toward the alimentary canal; hence the sensation of a feeling of coldness after a full meal. Dewees says: "The child should not receive its nourishment while lying. It should be raised, which will not only become a pleasanter position, but it also diminishes the risk of strangulation."

Upon this subject Routh says: "The semi-erect position which the child adopts in nursing is not only favorable, as affording it the readiest means of partaking of its mother's heat, but there is besides an anatomical reason. The stomach is placed more perpendicularly as to position. There is but feeble muscular power in it, and the cardiac opening is less able to contract and retain food taken. Thus, in any

other position of the child but the semi-erect, the milk taken is likely to be brought up again and lost to the child."

In feeding infants by the bottle, nurses and mothers are usually in the habit of lying them on the back, often with the head lower than the trunk. Much could yet be said upon the subject of infantile nutrition, but as the essayist is not assuming the duty of presenting anything particularly new to this enlightened body, the object of the paper has been attained, and will, therefore leave the subject for discussion, and let each one contribute his mite of experience to the common fund.

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**Medical Education.** By M. M. Eaton, M. D., Cincinnati.

We do not suppose there are any present in this society who will not be in accord as to the advisability of requiring of graduates of our colleges a higher standard of acquirements, than has been heretofore maintained, and few will object to the preliminary examination of students, before allowing them to matriculate, which is now being adopted; but upon some of the points which I shall make in this paper there may be some difference of opinion.

Still I would fain hope that we may hear no dissent from the opinions I am about to express upon these other points pertaining to what I consider an important part of a medical education—points which have, I fear, been very generally omitted in the education of some few now upon the stage of action. In these remarks I disclaim all personalities. I mean none, but feel impelled to make these suggestions from the experience I have gained in the past twenty years of active practice, that the younger members of the profession may take note of and profit by them.

## Miscellaneous.

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### Commencement Exercises of the Homœopathic Hospital College, Cleveland, O.

The Hahnemann Society of the college held its annual exercises March 7th, consisting of a salutatory address by F. W. Burlingame; the annual address by Rev. George Thomas Dowling; the valedictory by J. E. Harner; and the presentation of the diplomas by the President. Professor W. A. Phillips, all of which was enlivened by music. Forty-two of the members of the graduating class each received the society diploma.

The weekly reviews conducted by the society during each term are of incalculable benefit to the class, as evidenced by the high standing the members attained in their recitations and in the final examinations.

The Commencement Exercises of the college occurred the succeeding evening (8th), and were attended by a large and attentive audience.

The Class Valedictory was delivered by U. H. Squires. In the absence of the President, the conferring of the degrees devolved on Mr. W. H. Price, a member of the Board of Trustees, who gracefully discharged the duty in a few scholarly, well-chosen remarks.

The report of the Dean, Prof. N. Schneider, followed, which showed that 131 students had been admitted to matriculation during the term; that a large proportion of the class are in the three years' course; and that the general standing in literary and medical attainments has never been so high as during the session just closed.

The Registrar's report shows that thirty-one of the graduates have a general average in all the branches of 96.6 per cent; while the average of the whole number of graduates is 89.4 per cent. This high percentage, in view of the character of the examinations, which were more rigid than ever before, fully demonstrates the wisdom of adopting a preliminary examination in English scholarship before admitting to

matriculation, as well as the importance of a three years' course.

Prof. B. F. Gamber presented a thoughtful Valedictory on behalf of the Faculty.

The presentation of the several prizes was the occasion of several very happy surprises.

The Diploma of Honor, given to the student having the highest general average in all the branches, was won by Uriel H. Squires, A. B., who gained a per centage of 984.9 out of a possible 1,000.

The first Clinical prize, twenty dollars, was won by J. E. Harner, an undergraduate. The second Clinical prize, ten dollars, was taken by F. Lenggenhager, also an undergraduate.

The Sanders prize, a set of obstetrical instruments, was captured by Thomas T. Church. He also gains the appointment of house physician to the Huron Street Hospital, having obtained the highest per centage of any of the candidates for the position in the examination conducted by the Board of Censors.

The Jones prize, twenty-five dollars, was presented to W. L. Athon, for the highest standing in theory and practice.

Prof. Biggar gave a special prize of twenty-five dollars for the best report of five operative cases occurring in his clinic. This was awarded to H. D. Champlain, A. B.

After the exercises the class and alumni repaired to the Forest City House and enjoyed a round of festivities.

The following list includes the names of the graduates:

C. S. Albertson, W. L. Athon, W. B. Baker, Emma L. Boice, L. H. A. Brown, A. A. Brooks, C. A. Brown, F. W. Burlingame, C. W. Carroll, H. D. Champlain (A. B.), T. T. Church, W. B. Croft, Mrs. R. J. Davison, S. R. Davis, W. J. H. Emory, A. M. Erwin, L. M. Glessner, J. E. Harner, W. H. Harlan, L. R. Heath, C. E. House, T. R. Hudson, J. O. Jackson, J. W. Kelly, T. A. Krill, H. T. Kramer, T. B. Knight, F. R. Loomis, M. W. Manahan, J. S. Mathers, M. M. Moffitt, C. L. Muhleman, W. E. Newton, C. O. Payne, C. D. Painter (A. B.), Minnie J. Pendleton, F. D. Pratt, G. C. Quezada, H. W. Richmond, S. W. Sellew, B. W. Severance, George H. Smith, Ernest B. Smith, U. H. Squires (A. B.), T. H. Taylor, L. O. Thompson, S. L. Thorpe, Alice M. Tracy, E. P. Wilmot, E. J. Wunderlick, C. Zbinden, J. D. Zwetsch.—W. A. PHILLIPS, Registrar.

**Two Views—Both Allopathic.**

The following articles were recently presented to the Licking County (O.) Medical (allopathic) Society. Dr. Speer is well known as a representative man of his school, with enlightened and liberal ideas. His paper roused the wrath of Dr. J. R. Black, who is equally well known for his narrowness, ignorance, and bigotry. Dr. Black's paper is a tissue of falsehoods, and the intensity of his hatred carries with it its own antidote. Poor fellow, he deserves and shall receive our heartfelt sympathy. His paper will make more converts to Homœopathy than anything we could write in its defense:

**HOMŒOPATHY.**—By A. T. Speer, M. D., Newark, Ohio.—The subject that I have chosen for my paper to-day is one that has occupied my thoughts for a long time, and to it I ask your earnest attention:

I am not unmindful of the position in which it may place me, nor of the bitter feelings that may be engendered thereby; but having in mind the one object that should be the aim of the physician, viz: the curing of disease, I announce my subject, the homœopathic doctrine of *similia similibus curantur*. I will not weary you by mentioning the numerous theories that have from time to time been advanced to explain the actions of medicines upon the system, each one being accepted for a time by a greater or less number of the profession as a satisfactory explanation, only to be superseded by some later theory, until to-day we are almost as ignorant of the action of medicine upon disease as we were one hundred years ago. In 1797 Hahnemann announced the principle which has made him famous. Although it has been received with derision by a vast majority of the medical world, it has steadily progressed in favor, overcoming obstacle after obstacle, until to-day the system of medicine founded upon it numbers among its patrons and steadfast friends a large proportion of the more intelligent and cultured people of each community. It is recognized in some of our universities. Our state boards of health are in part composed of homœopaths. Some of our state institutions are controlled by them, and in a late number of the Medical Record it is announced that the Binghamton Asylum for the Insane has been placed under the medical charge of a homœopathist. This is the second asylum for the insane in the state of New York under homœopathic control. Consultation with homœopathists has been advocated by such men as Jonathan Hutchinson and John Tyer Bristow. With such facts staring us in the face, it becomes our duty, as honest practitioners of the healing art, to investigate

calmly and thoroughly, the claims of Homœopathy; and if we find that it teaches the use of any remedies which, used according to this system, are more successful in the cure of disease than those remedies we have been taught to prescribe, we are bound by honor, duty, to say nothing of self-interest, to use them. The subject is too vast to be considered in a single paper. I shall, therefore, select two medicinal substances, viz: *Aconite* and *Mercury*, and shall try to prove, by our own standard authorities, that when we are successful in treating diseases with them, it is in accordance with the homœopathic doctrine; and, although all sorts of explanations are advanced as to their *modus operandi*, the plain, simple fact is, that Hahnemann gave the symptoms and treatment years ago that Professors Bartholow and Ringer now emphasize.

Are we better qualified to-day, so far as having a definite knowledge why we use certain drugs, in curing disease than we were fifty years ago?

Will any gentleman present explain to me why he uses *Mercury* in any disease? Have we really made any progress in the practice of medicine, except what has been forced upon us by those whom we regard as irregular practitioners?

These are serious questions, and should command our earnest attention. But I have digressed, and will now resume my subject. First, *Aconite*. It is only within the last few years that this drug has been used to any extent by the regular profession. Ringer says ("Therapeutics," sixth edition): "Perhaps no drug is more valuable than *Aconite*." I will ask your attention to a few of the many uses which he gives for this remedy. He says: "The power of *Aconite* to control inflammation and subdue the accompanying fever is remarkable. It will sometimes cut short an inflammation. Though it will not remove the products of inflammation, yet by controlling inflammation *Aconite* will prevent their formation, so saving the tissues from further injury. The results of *Aconite* are most apparent when the inflammation is not extensive, or not very severe, as in the catarrh of children, in tonsillitis, or in acute sore throat. In these comparatively mild diseases, especially if the *Aconite* is given at the earliest stage, when the chill is still on the patient, the dry, hot and burning skin becomes in a few hours comfortably moist, and then in a little while is bathed in profuse perspiration. With the sweating comes speedy relief from many of the distressing sensations—as restlessness, chilliness, heat and dryness of the skin, aching pains and stiffness; the quickened pulse simultaneously becomes far less frequent, and in a period varying from twenty-four to forty-eight hours, both pulse and temperature reach their natural state. If caught at the commencement, a quinsy or sore throat rarely fails to succumb in twenty-four or forty-eight hours. If administered early enough, the beneficial effects of the drug soon become strikingly apparent. Thus, large, livid, red, glazed and dry tonsils will, in twenty-four hours, present the aspect indicative of the subsidence of the

acute stage of the inflammation, the disappearance of the swelling with much redness, while the membrane becomes moist and bathed with mucous or pus. Its effects on catarrhal croup, or, as it is sometimes called, spasmodic laryngitis, are just as conspicuous. It removes the urgent dyspnoea in a few hours, and shortly afterward subdues the fever, and almost extinguishes, in a few hours, an attack lasting usually three or four days. *Aconite* is equally serviceable in severe colds, with much chilliness, great aching of the limbs, a hot, dry skin, and quick pulse. To those who may not have tried it, these visible effects on inflamed tonsils, etc., may seem exaggerations, but anyone who will employ the *Aconite* in the way we are about to point out, can verify my statements. In pneumonia, pleurisy, and the graver inflammations, the effects of this valuable drug, though not so rapid, are often manifest in pericarditis accompanied with violent, throbbing and extreme pain. *Aconite* will speedily quiet the undue action, and so relieve the pain."

He says: "The method of employing the drug has much to do with its efficacy. It should be given without delay at the very onset of the disease, every hour being important. Half a drop or a drop of the tincture in a teaspoonful of water should be given every ten minutes or quarter of an hour for two hours, and afterward hourly, but if there is much prostration, with feeble and weak pulse, a still smaller dose."

After mentioning a number of acute affections over which *Aconite* exerts a marked influence, he says: "*Aconite* proves useless in certain epidemics of febrile inflammatory sore throat. These cases are met with chiefly during the prevalence of scarlet fever. The throat is much swollen, of a very dusky red color, and the pulse is very frequent and very weak. There is great prostration, and the symptoms are of a marked typhoid character. Here stimulants, with the application of a strong solution of *Nitrate of silver*, do most good."

If Dr. Ringer had investigated this condition more carefully, he would have found that *Belladonna* produces just as remarkable results in this as *Aconite* in the other variety of sore throat.

Professor Bartholow says: "The monopoly by homœopathic practitioners of the use of *Aconite* has aroused a prejudice against it which has discouraged its employment. *Aconite* is, however, an antagonist to the feyer process. It is not applicable in accordance with the so-called law of similars. It is used by these quacks because it is a powerful agent, which will produce manifest effects in small doses that may easily be disguised." He advises its use in the same class of cases as Ringer, and in the same doses, only at longer intervals. Dr. Bartholow recognizes the condition of inflammation when the parts are a dusky red, and circulation languid, and there advises *Belladonna*.

According to homœopathic authorities, "the grand sphere for *Aconite* is found in all diseases that emanate from, or have their starting point in,



the cerebro-spinal nervous system, and are of a congestive, inflammatory, or rheumatic character, with full, bounding pulse, much heat, dry, burning skin, agonized tossing about, violent thirst, red face, shortness of breath, and great nervous excitability." *Vide* Burt's "Characteristic Materia Medica," 1873, Art. *Aconite*.

"*Mercury*," Professor Bartholow says, "has a selective action on the lymphatic glandular system, and notably on the salivary glands and pancreas. Among the earlier symptoms of the action of *Mercury* are an increase of the salivary secretion, an alteration of its quality, fetor of the breath, swollen tongue, swelling of the parotid, sublingual and submaxillary glands," etc. In the "Therapy" he says: "The acute glandular affections of the throat and neck, tonsillitis, parotitis, inflammation of the submaxillary and sublingual glands, are often speedily removed by mercurial preparations. One-twentieth of a grain of *Calomel*, the one-fifth of a grain of *Mercury*, and chalk may be given every two hours."

Now, how are we to know from the above description in what form of tonsillitis, parotitis, etc., to use the mercurials? The rule is a simple one: where you find the symptoms presented resembling those observed from the effects of *Mercury*, you may be assured that the frequent administration of minute doses of *Mercury* will be attended with the happiest results.

Ringer says: "Small doses of *Mercury* yield excellent results in a form of diarrhoea common in children. The child's health is bad, the digestion is imperfect, generally with annoying flatulent distension, and three or four pale, clayey, pasty, stinking motions are passed in a day. A single grain of *Bichloride of mercury* dissolved in half a pint of water, and a teaspoonful of this solution given each hour, or, still better, one-third of a grain powder every hour or two hours, will, in one or two days, limit the number of stools, and restore their natural bilious color, even though they have been clay-colored for weeks. The same weak *Bichloride of mercury* solution of a single grain in ten ounces of water, in doses of a teaspoonful, is very efficient in another serious form of diarrhoea common in children. The characteristics of this form are very slimy stools, especially if mixed with blood, and accompanied by pain and straining. The salient indication for employing the *Bichloride* is the slimy character of the motions; sometimes the slime is described by the mother as 'lumps of flesh.' This affection may be acute or it may be chronic, and last for months; but in either case the *Bichloride* cures with remarkable speed and certainty. A similar treatment relieves the dysentery, acute or chronic, of adults, provided the stools are slimy and bloody. One-hundredth of a grain of the *Bichloride*, given hourly, or every two hours, according to the severity of the case, is generally sufficient, rarely failing to free the stools from blood and slime, although in some cases a diarrhoea of a different character may continue for a short time longer, requiring, perhaps, other

treatment to control it. One-sixth of a grain of gray powder given hourly is of great service in infantile cholera characterized by incessant sickness, with profuse and almost continuous diarrhœa, very offensive and copious motions, watery, almost colorless, or of a dirty, muddy aspect. Under this treatment the vomiting generally soon ceases, and the diarrhœa shortly afterward. *Mercury*, as we have seen, proves very serviceable in most forms of infantile diarrhœa, both acute and chronic. I have endeavored to point out categorically the circumstances when one mercurial preparation is preferable to another. It may be urged that as in both severe, acute and chronic diarrhœa the same pathological conditions are found, the same form of *Mercury* suitable for one case would equally benefit another. But, though the pathological state is held to be identical, still some hitherto undetected differences there must be, either in the nature of the disease itself or of the part it affects, for surely it requires a different pathological condition to produce in one case slimy stools, in another watery, and in another green, curdy stools. These differences displayed in the symptoms, though at present not discriminated pathologically, require somewhat different treatment. Hence, though in each kind of diarrhœa all forms of *Mercury* are useful, it is found that in some cases *Bichloride of mercury* is greatly to be preferred, and in other cases gray powder."

Now, gentlemen, after the statement of Professor Ringer, that in one form of diarrhœa *Bichloride of mercury* acts more satisfactorily, and in another form gray powder, where shall we go to obtain some explanation or reason for this? Have we an author who will point it out to us? If we have, I have failed to find him. On the contrary, the more I studied the matter the greater was my confusion, until I sought in homœopathic works for a solution, and then I found it clear and simple; and I may say that the indications for the use of the different mercurial preparations, as pointed out by the earlier homœopathic writers, are those by which they are now governed in practice. We adopt the treatment empirically, and are in a measure successful; but not recognizing the law by which it is administered, we use the remedy at a great disadvantage.

There are two things in Homœopathy that at once antagonize the regular physician: the similia principle, and the size of the dose administered; and the feeling is so bitter that scarcely a physician can be found who will make the least investigation of it. The principle of similia, etc., no matter how much we may deny it, is still the only one by which we can explain the action of many of our most potent remedies. Second, in administering drugs, we aim to give just enough to prove curative in the disease we are treating. No school of medicine, I believe, attempts to do more. Homœopaths claim that their method of preparing drugs is superior to ours, and that they can obtain the same results with much smaller doses. Dr. Marcy ("Homœopathic Theory and Practice of Medicine," page 119,

1850), writing on this subject, says: "The advantages which we obtain from a minute subdivision of crude substances are as follows:

"*First.*—We develop every part of the active principle pertaining to the substance by breaking up all natural organization or arrangement between its molecules, and thus exposing a large amount of *active surface* which would otherwise have remained latent.

"*Second.*—By distributing these molecules intimately throughout an inert vehicle (sugar or water), they are far more readily absorbed by the delicate lacteals and absorbents than coarse and irritating particles of matter.

"*Third.*—When these minute atoms have been conveyed by the blood to those parts with which they have an affinity, they penetrate the smallest vessels, impress the minutest sentient nerves, and become productive of results entirely unattainable by drugs in a crude form.

"*Fourth.*—During the act of subdivision, it is not improbable that the atoms of drugs sometimes become oxidized, and thus acquire new and increased powers.

"*Finally.*—We infer that no new properties are developed by the homœopathic method of preparing drugs, except such as arise from the mere subdivision of their particles, and that all ideas respecting *spiritualization*, *dynamization*, and *magnetism* in the preparation of medicine are erroneous and untenable. In regard to the repetition of doses, we are to be guided by the *acute* or *chronic* nature of the malady, the urgency and danger of the symptoms, and the effects produced by the medicine."

Dr. H. G. Piffard, Professor of Dermatology, University of New York, in his "Materia Medica and Therapeutics of the Skin" (article, *Mercury*), says: "Since we have used the triturations, however, in preference to the ordinary pills, patient more rarely complains of disagreeable sensations. We have further been enabled to materially reduce the size of the dose in order to obtain the desired effect. In other words, a larger proportion of the drug is utilized for specific purposes, while but a small amount remains to give rise to *local irritation*. I have nothing to add to this," he says, "except that I continue to use triturations of *Mercury* and other substances with increasing satisfaction."

Dr. Piffard began with the first and second decimal triturations; how much higher he goes he does not say.

These are all the drugs to which I shall allude in this paper. Of my own personal experience in the use of them I shall say nothing. My only wish is that we may investigate the subject carefully and wisely, and if we find that the principle of *similia similibus curantur*, even to a limited extent, is correct, it is our duty to at once admit it. And if the administration of drugs in minute doses, in the form of dilutions and triturations, is more beneficial than when given in the usual form and way, we should at once acknowledge it; and not only that, we should make good use of

them, so far as they may go, in treating those who may be placed in our care.

To alleviate the pain and distress of the sick in the easiest and pleasiest manner possible, ought to be the constant study of the physician, and the simple excuse for not investigating this subject, that so much prejudice has been aroused by it, is unworthy the dignity of the medical profession.

In conclusion, I wish it distinctly understood that I am opposed to the recognition of Homœopathy as practiced by most of its advocates; but that there is good in it I am firmly convinced, and I again repeat that it is our duty as physicians to thoroughly investigate it, and if we find that it is to be preferred to the recognized mode of treatment, there is but one course left for us, and that is to assign it its proper place in the treatment of disease.

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THE BENEFICATIONS OF HOMŒOPATHY.—A Paper read before the Licking County Medical Society.—By J. R. Black, M. D., Newark, Ohio.—The subject of Homœopathy having been brought before us at our last meeting, it is an opportune occasion to examine some of the alleged claims of the followers of Hahnemann, to be benefactors to science and to humanity. If, in all questions of science, prejudice, bigotry and ill-will are wholly out of place, far more so are they in the department of medicine; for the object matter is not one of mere social relation, of monetary gain, of abstract doctrine, but of abating, or conquering human misery and anguishing pain; of imparting hope, health and renewed life to the despairing eye, and to the spirit sinking under disease. Viewed in this light, narrow minded bigotry is little less than a crime, as it trifles with that without which happiness is impossible, and the perils of disease remain unrobbed and unshorn of their malign power.

I may as well dismiss at once any benefits claimed by the homœopathic sect, in the realms of anatomy, physiology, histology, organic chemistry, pathology, surgery, gynæcology and obstetrics. In fact, I am not aware that a single discovery, a single invention, a single signal improvement, in any of these departments, has been claimed by the followers of Hahnemann during the past twenty-five years.

We all know that the recent advances in the knowledge of the nervous system, in pathological histology, in etiology, in the part that micro-organisms play in morbid processes, in anti-septic surgery, in the admirable applications by Sayre of the principle of rest in osseous diseases, in the wonderful success of Wells and Keith in the ovarian tumors, indiscribable amount of pain and terror abrogated in capital operations by lethal agents, in the great advancement of conservative surgery, in the invention and use of instruments of precision, such as the sphygmograph, the ophthalmoscope and laryngoscope, in the conspicuous benefits of hypoder-

mic medication, in the introduction, within the time named, of the *Bromides*, of *Chloral*, of *Pilocarpine*, of *Salicylic acid*, and of a great many other remedies of acknowledged utility; we all know, I say, that every one of these, and a host of other minor improvements in the physician's means of triumphing over pain and disease, are all the sole products of regular medicine. Again I say, as I did in the impromptu discussion of this topic, I invite any man to point out a single new discovery, or new medicine for the cure of disease of conspicuous, or generally acknowledged utility, and well known as such to the laity of the civilized world, made by the homœopathic school. It has been claimed that *Aconite* is such a remedy, but as I before stated its therapeutical utility was known and written upon by Storck long before Hahnemann was born. The discovery of the therapeutical qualities of *Nitro-glycerine* has been claimed as due to the homœopaths, but I refer, in answer, all such to the admirable article by Ernest Hart, editor of the *British Medical Journal*, No. 1002, (1880); and as for *Mercury*, not a single new principle for the guidance of the therapist has been discovered and published by the homœopathic sect. All they have done is simply to emphasize what was known before as to its utility in small doses in some forms of intestinal disorder.

No! Homœopaths are not scientific cultivators. That is not their forte, nor their ambition. They are simply a sect in medicine, having for the pillars of their faith the dogmas of Hahnemann; for their capital in trade a name, claiming to overcome disease on the *similia similibus* principle and with infinitesimal medical dilutions. In place of seeking to improve science they devote nearly all of their intellectual ability and leisure moments to produce in the minds of the populace the belief that large doses of medicine are far more inimical to the human constitution than the virus of disease; that medicine is worse than a febrile zymosis which causes the body to feel as if in a flame, with racking misery and pain in every inch of its tissues, and all with the object of putting pence in their pockets. Of course, it should not be expected that any sect tied down by dogmas should progress, should add to our knowledge in any of the great branches of medicine above enumerated; their ambition, Jesuit-like, being almost wholly devoted to the winning of patrons to their faith, and to make success of their livelihood.\*

While condemning adherence to the dogmas of any man, as a relapse into the dark age methods of knowledge and practice, as being nothing less than treachery to the free spirit of modern scientific investigation; I ask introspectively, have the followers of regular medicine any dogmas to fetter their minds or to cloud their judgment? Who, of all the great

\*Despite these familiar truths, we nevertheless find such a journal as the *Popular Science Monthly*, aiming to represent the true spirit of recent science, admitting in Oswald's papers a defense of Homœopathy and an attack on regular medicine.

minds that have made it the pride of their lives to advance the success of the healing art—is it, whose dicta now rule our thinking? It is not any one man's opinions or sayings that influence our judgment—but that of all—that of the innumerable cultivators of medical science. Regular medicine has no scientific dogmas that render a man orthodox or unorthodox; he may advocate heroic doses, or, like Ringer, very small ones frequently repeated; he may advocate the use of vegetable remedies only, or of mineral, and be in good standing so long as he does all these things in a rational spirit, adducing the evidence to show or prove his views to be correct. But the moment he sets up his notions into a system of practice from which others must not deviate, and labels these views with a distinctive trade mark or name, he is playing the demagogue—the tradesman with the science of restoring healthy life. And let it be noted of homœopaths that to preserve their distinctive trade mark, the judgment of its adherents must be kept within prescriptive bounds, else the sect would die out, and with it the name of homœopathic practitioner.

Is not such a scheme to bind men's judgment, to preserve a distinctive organization, and to secure patronage deserving of the most emphatic condemnation? Especially so as the object matter involves the health or sickness and the perpetuation or abridgment of the lives of our fellow beings. Entire freedom to administer large or small doses, to use only vegetable or mineral substances, to administer them on the principles taught by Hippocrates of *similia similibus*, or *contra contrarius curantur*, or on a principle that can not be understood, provided always, that it can be shown that thereby the physician is better able to remove disease, and in the very best manner, the meanwhile making the touch stone of all therapeutical methods experimental observation, without bigotry, prejudice or sect bias. Are homœopaths free to do this, free to administer medicines on the principle of contraries, free to give large doses, when needful to produce emesis, to purge or to bleed? No! the moment they exercise this freedom in their daily rounds, they cease to be ipse facto homœopaths; they are virtually regular physicians, sailing falsely, under a trade name or mark, and in order to make the populace believe that they do not cure disease as regular physicians do. Is not such duplicity, in order to maintain their sect, a mere trade trick, and hypocritical pretension of differences when none exist? And let us say only practicable by those of ignoble ambition and with consciences so hardened by the love of gain, that they are willing to deceive in order to profit by the sufferings of their fellow beings. If we believe a medical sect to be guilty of such disreputable conduct, are we not putting ourselves on their moral level by affiliating and counselling with them? On the other hand, if we assume that some homœopaths are honest and sincere, of which there is no doubt, in the belief and practice of the restrictive dogmas of their creed, on what grounds can any sensible regular physician meet them in consultation,

for is it not positively determined in advance that agreement between them and us, as to the possible necessity for bleeding, or blistering, for the employment of emetics, or of active cathartics, or large doses of any kind, is impossible? It is a predetermined matter that homœopathic practice can not take the wide scope of regular medicine on all these points, as the one is fettered by its creed, and the other is fettered by none. As before stated, the only and the crucial test of regular medicine is, what has the most careful and competent observation shown to be the best means of relieving pain, and of subduing disease? We can meet any educated man in consultation who occupies this broad and catholic platform; for on it there is no irreconcilability, and consequently with the hope of benefit to the patient, in the place of injury through unseemly wrangles and quarrels in the sick room. In brief, the true physician only asks, is the consultant free to adopt any course of treatment, be it of animal, mineral or vegetable substances only, in very large or very small doses, as may be required? In short, any mode or any plan that promises the very best results in the overthrow of disease. The homœopath, if he is not acting the pirate by sailing under a false flag, is not thus free—therefore I, for one, eschew him.

There is a species of transcendental sophistry connected with the doctrines of Hahnemann's followers, that deserves a passing notice. It is claimed that the attenuation of a substance increases its potency—in fact that the one holds to an almost incredible degree, a definite relation to the other. Now, every medical observer knows how difficult it is to determine whether a medicine given to a sick person produces the changes of the disease that follows, or whether they are owing to the *vis medicatrix nature*. It is this difficulty that has made trite very familiar fallacy of "post hoc—ergo propter hoc." A little infusion into our thinking of the good old quality of common sense, will, I opine, soon clear away the transcendental mist that hangs about the doctrine of enhanced potency which the attenuation or dilution of medicines is claimed to produce.

It is, in advance, a conceded point among all rational observers, that the rapidity of the action of some medical agents, is, in not a few instances, greatly enhanced by small and oft repeated administration. In other words, in many cases, and for some purposes, if medicine is given in too large doses, and in a form very concentrated, its imbibition is thereby hindered, and its therapeutical action therefore delayed, or it may be prevented in toto. That such is true, and to a degree insufficiently apprehended, is freely conceded by all those well versed in the late disclosures of the physiology and the dynamics of organic life. But this is a very different thing from the claim once made to me by a homœopathist in reference to the remarkable potency of the 30th dilution of *Copper*. I told him that he was not mathematician enough to calculate what part of a grain that was—at which he sat down, with paper and pencil, but

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had to acknowledge himself foiled; yet the effect on the human system of that dilution, he maintained was none the less real and true. Now it is this sort of transcendental nonsense of which I desire to speak. Let this broad principle of physics be our guide to the truth—that *the amount of energy evolved by any substance taken into the living body, is in direct proportion to its amount.* Every rational observer will admit that the amount of energy, *sui generis*, which any of the following substances are capable of producing in the human body, is proportioned to the amount brought to act upon it; such as *Aloes, Morphia, Quinia, Strychnia, Jaborandi*, etc., etc. But homœopaths claim that, in some mysterious way, small doses abound in more energy than large ones. I have adverted to the fallacies attendant upon inferences drawn from the administrations of medicines in states of disease. Let us, therefore, go outside states of disease, where such fallacies may be fairly excluded, to see if there are any points of analogy in the action of other substances on the animal economy, to support the theory that there is an increase of potency by infinitesimal dilution. All are familiar with the peculiar effects of alcohol on the nervous system. According to homœopathic doctrine, ten drops of alcohol, largely diluted, ought to be far more potent in producing these effects than ten gills of the strongest undiluted brandy. The same ought to be true of some other like agents, such as tea and coffee, and if so, it would be well for our hosts at restaurants and hotels not to be at all sparing in water, as they usually are not, in making up these drinks, for thereby their soothing, grateful effects will be immeasurably enhanced. Is not this too utterly utter for any sane, civilized æsthetic to swallow?

If we turn to the effects of disease-producing agents, it will be found that dilution diminishes potency and concentration increases it precisely as medicines usually do. Take the example of sewer gas: largely diluted, it is harmless; less diluted, it produces sickness; concentrated, it produces instant death. The same is true of *Carbonic acid, Carbonic oxide*, and, indeed of all malarious exhalations.

To physicians inclined to ignore pathological anatomy; inclined to disregard the classification of symptoms into specialized forms of disease; inclined to little faith in therapeutical results; disinclined to laborious study, and inclined to the adoption of an easy thumb-rule guide for the administration of remedies, Homœopathy is the true haven for them to rest. For all of a skeptical turn sugar pills are singularly appropriate, inasmuch, if they are not sure they can do any good, at least they can not do much harm.

But in preserving this lethargic consistency, and leaving the cure of disease almost wholly to *unassisted nature*, they should remember to be very modest in their claims, and not assume credit and require pay for the work that nature accomplishes, and which, maybe, they have gone once or twice in a day to behold, the meanwhile dropping a few pellets, or shad-



owy attenuations, at her shrine. Yes, it is an easy, almost mechanical thumb-rule business to practice Homœopathy. You have only to note the symptoms, and pounce upon a few remedies that are known to beget similar symptoms upon the human body. For a dilated pupil, give *Belladonna*; for a contracted pupil, *Opium*; for clonic spasms, *Strychnia*; for insomnia, tea or coffee; for delirium, alcohol; and for hydrophobic patient, a hair of the dog that bit him.

How grandly simple is all this compared with the scientific method, as follows: Ascertaining the family history, as showing the predisposition or diathesis; the age, sex, occupation, and modes of life; the etiology, and first beginnings of the malady. Objectively, the frequency of the pulse, the state of the eye, skin, and tongue; the results of auscultation and percussion, and the changes of structure which these imply; the examinations of the secretions, chemically and microscopically; the variations of morning and evening temperature, and the general expression of the patient; and subjectively, the precise kind of suffering endured, whether general, local, dull, constant, or paroxysmal; the state of the appetite, thirst, rest, and strength, and when all these are duly ascertained and weighed, to select from a list of several hundred medicines the one or ones that has an elective affinity for the structural part or parts chiefly diseased, and adapted, the best of all, to aid, actively and perceptibly, the vital processes in throwing off the evil influence. The physician who does all this thoroughly, conscientiously, and efficiently has before him a world of complex intellectual labor, compared with which the single *similia similibus* rule is as the play of a child.

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**Ethics.** By O. W. Lounsbury, M. D., Cincinnati, O.

The code of ethics is a specific statement of the duties of the physician to the public, to his patients, and to his confreres. It prescribes what he must do and what he must not do. It deals arbitrarily with his rights as a progressive man in a progressive age. In so far as it embodies the principle of the "Golden Rule" 'tis well, and I raise no question; but when it exceeds that rule and seeks to divest the fraternity of

the ordinary rights of freemen in an enlightened age, and thereby render inoperative the usual modes which commercial men employ and the practical rules which govern them in business life, then it is quite time to call a halt, and seek to ascertain if there be any good and substantial reasons why medical men shall be thus wantonly shorn of their inherent rights.

To say nothing, the articles of the code which antagonize the adherents of opposite schools of medicine, which all true thinking men not only deprecate but denounce—such as will not permit interchange of professional courtesies between their alumni on pain of reprimand or expulsion, let us pass to look at our own Code of Ethics as published in the Transactions of the American Institute of Homœopathy of 1879:

Sec. 13, Article 1st. Duties of the Profession, reads as follows, to wit: "The physician should not resort to public advertisement, or private cards, or hand bills, inviting the attention of persons affected by particular diseases, or publicly offering advice and medicine to the poor *gratis*, or promising radical cures. Neither should he publish cases or operations in the daily prints, nor invite laymen to be present at operations, nor solicit or exhibit certificates of skill and success, nor perform any similar act."

First. "The physician should not resort to public advertisement, or private cards, or hand bills, inviting the attention of persons afflicted by particular diseases."

One of the most potent agencies which business men utilize for commercial prosperity and success, is by the above clause denied to all medical men, save quacks and charlatans. Thus by one full blast is swept away your right, my professional brother, and my right, our own inherent right, to use the public press, to increase our own usefulness, and to gain greater opportunities to relieve human misery.

Who does not believe this to be an arbitrary use of a power which no medical society has a right to exercise, and which no medical man has a moral or even legal right to delegate? Who has any right, voluntarily or otherwise to

curtail his own or another's means of doing good? What professional brother is not under the highest obligations, both to his God and to humanity, to use all the means at his command to do the greatest good to the greatest number? And shall he delegate to any society the right to curtail his use of these means? Has he the moral or even the legal right to do it?

Second. "Or publicly offering advice and medicine to the poor *gratis*."

Who is wronged if a physician does publicly offer advice and medicine to the *poor gratis*? By what authority shall he be prevented? and who gave the medical society this authority? If a physician has the right to give his advice and medicines gratuitously to one poor man, woman or child, clearly he has an equal right to give the same as freely to any number of indigent persons. If he has the right to make the fact known to one, he has an equal right to make it known to a thousand. This then being conceded the wrong, if any there be, consists solely in the manner by which it is made known. The Code says he shall not do so *publicly*. This clause goes still farther than the preceding and not only prohibits the use of the press in his gratuitous offers to the poor, but it also prohibits all other means by which he might speedily inform the multitudes of the poor of his willingness to gratuitously cure them. Now in all candor, Mr. President, could absurdity go further? Again we ask, who is wronged? Certainly not his professional brother, for he has an equal right to wholesale his charities. Nor indeed the poor, for he offers them a boon for which they have no money to pay. Nor is he even wronging himself, for he finds again and again that "Tis more blessed to give than to receive."

Why, then, should a medical society step in and place an embargo upon the manner by which its members would reach the objects of their charity?

If it be a dispensary, no body of physicians hesitate, if they have the funds, to advertise, to issue circulars, or to employ the usual methods by which to reach the public. If,

3. That the case was a very irregular or anomalous one is self-evident. But what was the cause of this? Was it enervation of vitality, anæmia, or psora?

4. The epistaxis, which was so persistent in this case, ought to have led the doctor to *Bryonia*, and not to *Secale cor.*, as *Bryonia* has proved to be one of the best remedies to bring out acute eruptions of any kind that may be in the system. If *Bryonia* is not sufficient, then *Sulph.* may accomplish it.

5. To check one symptom of a general disease, and especially by external, mechanical, or chemical applications, is not homœopathic, but crude, symptomatic treatment of the old school. Such treatment does no good, but positive harm, as it has done in the case under consideration.

6. It is somewhat remarkable that this wonderful instrument, the medical thermometer, that is said to indicate—not the remedy but the danger—did not indicate any danger or abnormal temperature in this case from the first to the last day.

This reminds me of a singular incident in my experience with this instrument in the hands of a colleague, who, by its indication of improvement (reduced temperature from 103 in the morning to 100 at noon), was led to continue the same treatment, although the counsel could not agree with this and recommended other treatment. But trusting more to the mute counsel, the patient received the benefit of its teaching a few days more; and, although this was by no means a bad case, it took wings on the third day and fled to a better world, thanks to the medical thermometer.—E. B.

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VACCINE VIRUS.—We have such a scare in this and surrounding cities in regard to small pox and vaccine virus being so difficult to obtain, I wish to enlighten my medical brethren in regard to keeping it pure and potent for an indefinite length of time: Twist the crust in a little absorbent cotton, very tight, and then surround by several wrappings of tin foil. Drop in half an ounce of pure *Glycerine*, having a thread attached to the virus, held in position by the cork, and labeled. Every child is not the victim of syphilis, contracted by the indiscretions of the parents, and we run the risk of being imposed on by these wholesale sharks who advertise so liberally. Half the time, in my opinion, the ivory or quill is dipped in simple mucilage. I have used the virus I speak of in nearly three hundred cases, and a very large percentage has taken beautifully, and the virus was nearly two years old. Give this a thought, brethren.

**The Discussion of the Academy of Medicine on Plumbing.**

No pipes are perfectly impervious, as Dr. Doremus very conclusively showed, a few weeks ago, by passing various gases through them. And even though they could be made impervious they will not last more than a few years—the length of time depending on their thickness, the character of the substances passing through them and their exposure to the oxidation of the air. So it may happen that there may be a leak in the pipes which no foresight can prevent; and though, by pouring oil of peppermint in the pipe you may prove that there is such a leak, you may not be able to find where it is. All these difficulties are increased by the fact that the pipes in our houses are generally incased in plaster or courses of brickwork, where their defects can be neither seen nor remedied.

He said that by means of sewer gases it was certain that typhoid fever and diphtheria were propagated, and it was his own conviction that many other zymotic diseases, as Asiatic cholera, might be and sometimes were propagated by them. It was thought by many that it was enough for safety to have water traps, but it was well known, he said, that water was no protection against these foul gases, for they readily passed through it. There was no remedy, he said, against sewer gas except the proper use of chemicals, supplied to the traps daily. He believed that to secure the best protection, all plumbing fixtures should be placed in an "annex" to the dwelling. Not a few of our lately constructed and most elegant mansions had not an inch of plumbing in those portions usually occupied by the family, he said. Another concession that civilization must make was that we return to the open fireplace—"the best ventilators ever invented"—as a means of warming our dwellings.

Sanitary engineers were, no doubt, performing a much needed and very useful service, but there was no evidence that up to the present day they had done anything more than investigate the evils they had been asked to remove.

At the close of the paper. Professor Doremus showed the Academy the results of experiments to prove that sewer gases—as ammonia and sulphureted hydrogen—easily pass through water traps. He had before them several glass traps

prepared beforehand, in which the different gases were stated to have passed through the water and shown the proper reaction on paper in the other side of the tube (which appeared to be closed, though that was not stated). He also believed that the only means of protection was by the use of chemicals in the traps. He recommended manganate of soda and sulphate of magnesia, which when mixed gave off ozone, the great purifier. These should be supplied to water closet traps every time they were used, by a mechanical contrivance.

Dr. John S. Billings, U. S. A., upon being called on by the president, spoke at some length upon the subject of house sanitation in large cities. He said that he took a more cheerful view of the situation, and of the power of sanitary engineering to prevent danger than was done by the author of the paper.

Referring to Prof. Doremus's experiments, he said they did not prove anything as regards the passage of sewer gases through traps of water closets connected with a properly arranged soil pipe. The gas in Prof. Doremus's flasks is almost pure, and the amount of water in the half-inch glass tube is very small and soon saturated.

In the soil pipe the offensive gases are greatly diluted with air, and the careful experiments of Dr. Carmichael, of Glasgow, made with an ordinary water closet and soil pipe which had been used for a long time, showed conclusively that the amount of gases which pass through a water trap from a ventilated soil pipe is so extremely minute that it can only be detected by the most delicate test, and is so diluted with air that it is not dangerous to health. The difference in the effect of dilution upon gases and upon germs was pointed out.

There is no such thing as a sewer gas of peculiar and definite composition. Sewers contain various kinds of gases, in constantly varying proportions. These gases do not produce specific contagious diseases such as diphtheria, scarlet fever or typhoid fever.

It is not, however, correct to say that they produce no disease and are never dangerous. When not diluted they tend

to produce debility, loss of appetite, headache, nervous prostration, etc., and to dispose the system to be affected by the true immediate or specific causes of disease. But when sufficiently dilute they are not dangerous, and this dilution can be secured, so far as the house is concerned, by thorough ventilation of the soil pipe, provided that the communication between the sewer and the soil pipe be cut off by a trap and fresh air inlet. Under such conditions the proportion of offensive and dangerous gases in the soil pipe is very small, and the amount absorbed by the water in the closet traps is almost inappreciable.

The case is somewhat different as regards the minute particles or germs contained in sewer air, at least under certain circumstances.

It is true that, as yet, we are not able to speak positively as to these supposed germs. We can only act upon probabilities, but in speaking to an audience of physicians I feel sure they will appreciate this, for they have to act on probabilities only in every case they treat.

Now it is highly probable that what are known as the specific contagious diseases are not produced by gases arising from the decomposition of vegetable or animal matters, or of excreta, but from minute living particles, or organisms, produced from other similar particles or organisms.

If diphtheria, scarlet fever, or typhoid fever could be produced by combinations of filth, moisture and temperature, it is impossible to explain why these diseases do not constantly prevail in some cities in India, China, etc.; nor upon this theory is it possible to explain why they are more prevalent now than they were fifty years ago.

Now the danger to health from these germs can not be entirely removed by dilution. If the virus of sheep pox or of vaccine be diluted until not more than one inoculation out of fifty takes effect it will still be found that when it does take, the effect is the same as if pure virus had been used.

Does the water trap prevent the passage of these germs?

The experiments of Dr. Carmichael show that it does, and that an organic putrescible fluid will remain unchanged when

exposed only to the air immediately above such a trap. A pin hole in the soil pipe is far more dangerous than a trap?

From these experiments, as well as from those of Wernich, Pumpelly, and others, I think that the estimate of the dangers of house drainage has been placed much too high. The real difficulty seems to me to be, not that the resources of sanitary science and engineering are not sufficient to secure safe plumbing; but that the people at large who are willing and able to pay for good work do not know to whom to apply to get it. In this matter physicians are the natural advisers and leaders and it is very satisfactory to find that they are investigating the subject. I would only urge upon them to go cautiously, and not to rush into extremes. There are a few competent advisers, and some skillful and honest plumbers; and the physician should know who these are and where they are to be found.

At the conclusion of Dr. Billings' remarks, Dr. E. G. Janeway said that specific disease germs would not pass through a water trap; so far as scarlet fever was concerned, he had never seen a case that he thought could possibly have come from the sewer, and he challenged any one present to tell him of a case.—*Sanitary Engineer.*

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### **A Brilliant Record.**

Dr. H. F. Biggar, homœopathic surgeon of Cleveland, who has been the physician in charge of the hospital department of the workhouse since its opening, eleven years ago, but who now gives place to a physician of the old school, makes the following report for the year 1881. This report will be of peculiar value for reference, since its review of past years is likely to be the standard of comparison for the



future as well as showing a remarkably good record in comparison with similar institutions elsewhere during the term mentioned:

During 1881 the number of visits made was 306; patients treated, males 880, females 333, total, 1,213; prescriptions dispensed, males 1,850, females 710, total, 2,560. Five deaths have occurred, one from pulmonary consumption (*phthisis pulmonalis*), one from consumption of the bowels (*tabes mesenterica*), one from abdominal dropsy (*ascites*), one from epilepsy, and one moribund when admitted. The duties which have devolved upon me have been arduous but they have afforded great pleasure in relieving the physical ailments of the prisoners. For the kind care and close attention given to the sick by the matron and other officers I desire to express my warmest thanks. Allow me to suggest the following improvements, which will greatly assist in making the prisoners more healthful and tend to lessen the mortality: First—That the dormitories of the prisoners, especially in the male department, have better ventilation. Second—That the clothing of the prisoners during the warm months should be partly woolen and during the cold weather entirely woolen. In comparing the mortality reports of the Ohio Penitentiary for six years with the reports of this institution for the same time as well as the expense for the same period I find the number of prisoners sick in the Ohio Penitentiary to be 11,800, with 115 deaths, and the cost of medicines and medical attention was \$11,712.93, or ninety-nine cents for each patient. For the same period the Cleveland Workhouse treated 7,441 patients, with seventeen deaths, and at a cost of \$4,192.46, or fifty-eight cents for each patient. This gives a rate of mortality in favor of the Cleveland Workhouse of four hundred and fifty per cent. and in expense in favor of the same of forty-one cents per patient. With the best mortality reports from other workhouses we are thirty-six per cent. better than Detroit and fifty seven per cent. better than Alleghany, Pennsylvania. During the eleven years 11,789 patients have been cared for, 25,063 prescriptions given, the number of deaths thirty-five, the entire expense for medicines and medical attention \$7,880.99, the cost for each patient less than sixty cents and for prescriptions seven cents. In conclusion, gentlemen, permit me to say that, though my connection as medical director has been severed, I sincerely trust that the medical government may be so conducted that its future may be more prosperous than it has ever been in the past. With the best wishes for the success of this noble institution, believe me, yours very respectfully, H. F. BIGGAR, Surgeon in charge.

Classified statement of cases under treatment in the hospital of the Cleveland Workhouse from January 1, 1881, to December 18, 1881: Abscesses 13, adenitis 16, alcoholism 10, anchylosis 1, asthma 7, bronchitis 76, burns 1, catarrh nasal, 11, concussion of brain 1, congestion of lungs 14, constipation 5, contusion 2, coryza 13, cystitis 2, debility 6, delirium tremens 5, gastritis 6, diarrhea 74, diphtheritis 41, dropsy 4, dyspepsia 4, enuresis 2, erysipelas 2, fever, intermittent 31, fistula in ano, 2, fracture of limbs 10, rheumatism 283, sciatica 2, stomatitis 5, suppression of menses 39, tabesmesenterica 1, tonsillitis 27, ulcers 13, varicose veins 8, wounds, bullet, 1, gestation 7, gonorrhœa 27, hemorrhoids 11, laryngitis 2, lumbago 10, malaria 163, masturbation 3, measles 15, menorrhagia 3, nephritis 6, neuralgia 25, orchitis 3, palpitation 3, phthisis pulmonalis 1, pleurisy 8, pneumonia 2, pyæmia 1, diphtheria 5, diabetes 1, dysentery 4, eczema 10, epilepsy 14, fever (bilious) 43, fever (typhoid) 10, fracture clavicle 3, frozen feet 2, rupture 4, sprains 16, stricture 3, syphilis 17, teeth pulled 25, toothache 4, uterine displacements 2, vertigo 1, wounds (various) 21; total 1,213.

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ETHICS.—AGITATION AMONG THE DOCTORS.—I telegraphed a few nights ago that there was a great deal of agitation in medical circles in relation to the new code of ethics reported at the last meeting of the Medical Society of the State of New York, whose deliberations have just been concluded, distinguished practitioners roundly objecting to the portion of the new code that forbids physicians to permit their opinions on medical and surgical questions to appear in the newspapers. Under such a provision it would be improper in a case like that of President Garfield for the attending physician to give any views for publication as to the condition or prospects of his patient, and yet, when public men in whom the world has an interest are stricken with disease, the public has undoubtedly a right to accurate information, and who so competent to impart such information as the physician in attendance? The specific provision of the section would have silenced Dr. Hamilton and Dr. Agnew in the President's case, and compelled the public to trust unreliable sources of information, gossip, and hearsay. But Sec. 2 of the code relative to consultations opens one of the burning issues of the times, and places the medical society of the State of New York in antagonism with most

other societies. Casually read, its first paragraph conveys little meaning to the lay reader, but to the medical mind it abolishes the barriers that have hitherto prevented regular physicians from consulting with members of the homœopathic school who possess legal diplomas and are properly registered as practitioners. The essential portions of the sections are as follows: "Members of the Medical Society of the State of New York and of the medical societies in affiliation thereto may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should in the judgment of the practitioner yield to the demands of humanity." It is believed by many that this measure will eventually bring the two schools together and extinguish Homœopathy as a special school of practice, practitioners of all shades adopting what is valuable in the doctrines of Hahnemann and forgetting distinctive names in the professional fraternity. The essential point of the section, however is that the medical profession of the State of New York has placed itself on the record as no longer willing to exclude competent men from the consulting-room because of difference of opinion on therapeutics. The county societies are perforce obliged to follow the lead of the State society and to adopt the code of ethics reported and recommended by the larger body. The question is now what course the American Medical Association will take in view of the example set by this State, which places New York practitioners in antagonism with physicians of the regular school in most of the States. Will the step be generally repudiated elsewhere, or will its lead be followed by other State societies?

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**LIGHT AND NEAR-SIGHTEDNESS.**—Professor Pickering points out that the color of gas-light has nothing to do with its painful effect upon the eyes of students and others. To test this question he had a tin lamp-shade constructed, consisting of a tube six inches in diameter by eight in length. One end was closed by a reflector and the other by a piece of very light blue glass. Two holes were made in the sides, through which passed the glass chimney of an argand gas-burner. By experimenting with a shadow photometer, a position was found where the light received on a book was of the same intensity, and very similar color, to that from a window in the daytime, at a distance of about six feet. A few minutes' reading, however, was sufficient to convince him that the new light was far more trying to the eyes than an ordinary gas-flame would be, the ill effects being due to the intense heat thrown down by the reflector. And this he thinks is the source of the whole trouble in the ordinary gas-burner. The heat radiated by the flame, the heated chimney and shade, and

reflected from the printed page and all other white paper lying on the table, dries the eyes, the lids, the forehead and temples. Temporary relief may be found by bathing the face and eyes in water, but it is only temporary. The hot dry air from the lamp is also harmful, and no doubt contributes its share of injury to the vision. These evils may both in part be remedied by placing a pane of glass so as to intercept the rays about the lamp before they strike on the book or the face. But it must be placed at such a distance from the lamp as not itself to become heated.

The hotter the flame the whiter it is, and the more light is thrown off in proportion to the heat. Hence oculists are recommending such lights as the Student's and Moderator lamps, which burn with a small, hot and very brilliant flame, as compared with that furnished by the argand and fish-tail burners. Statistics, said Professor Pickering, show how alarmingly prevalent near-sightedness has become of late among students. Hence any thing which will tend in the future to prevent this wide-spread defect will be a boon to mankind. He had great hopes of the electric light in this respect. In it there was the maximum of light with the minimum of heat. Its ever-varying intensity was an objection, but he thought we might look forward to the success of the light from the incandescent carbon strip, in the near future, as a remedy for "the most wide-spread evil that afflicts the human vision."

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A NEW SLEEP-PRODUCING AGENT.—According to the Medical Record Professor C. Binz announces the discovery of nerve-depressing and sleep-producing properties in ozone. The accepted view regarding this gas has been that it is very easily decomposed, nascent oxygen being set free; that it is extremely irritating on this account to the tissues, acting much like *Chlorine*, and that it can not be absorbed by the blood. Binz, however, shows that, in proper quantities, it is not irritating, can be inhaled and absorbed, producing, as he claims, peculiar effects on the nervous system.

The gas was generated by the sparks of an electrical battery containing four of Bunsen's elements. The ozonized air was conducted by a tube through *Chloride of calcium*. It was then carried by a tube either to a large air-tight glass bell, in which an animal was placed, or to a mask which was worn by the persons who inhaled it. Animals were first tried. If a strong and long-continued dose of the ozone was supplied, the usual symptoms of laryngeal and tracheal catarrh, with strangulation and death, occurred. If supplied in more diluted quantities for less than two hours, sleep or a lethargic condition was produced. Frogs, rabbits and kittens reacted best. The latter

would, in the course of ten or fifteen minutes, become quiet, and then lie down and apparently sleep. Shaking the jar would not arouse them. When removed and supplied with fresh air, however, they soon returned to their normal condition. Several animals were killed after having been in this condition, and no changes in the air passages or other tissues noted. Precautions were taken and experiments made to show that there was no *Carbonic acid* poisoning and no introduction of *Nitrous oxide gas*. The animals could, as a rule, be kept in the bell-jar for two hours before any symptoms of irritation appeared, even of the outer parts of the air passages.

The experiments were then tried upon human beings. Dr. Hugo Schultz was the first to submit himself. Subsequently five other gentlemen inhaled the gas. Three of them were put to sleep by it, the others were slightly stupefied or otherwise depressed. The time required for bringing on sleep varied between six and sixteen minutes. The sensations during this time were very agreeable. After removal of the gas the sleeper would awake within half a minute—generally sooner. It was suggested that in one quite susceptible person the condition was a hypnotic one, but inhalation in the same way of pure air produced no effect. After awaking there was some feeling of fatigue, but this soon passed away.

Large and prolonged doses of the gas produced sensations of nausea, dizziness and strangling. But the diluted ozone was breathed for over half an hour without harm. Binz states that in too small amounts no effect is gotten; in too large ones, irritation is produced. He compares its action in this respect to that of alcohol when given. Prof. Binz claims no practical results from his discovery as it stands at present, but thinks that, like every new scientific truth, it may have eventually some useful bearing.

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HOW TO APPLY THE SODA REMEDY IN BURNS AND SCALDS.—It is now many years ago (see the "London Medical Gazette" of March, 1844) that the author of this paper, while engaged in some investigations as to the qualities and effects of the alkalies in inflammations of the skin, etc., was fortunate enough to discover that a saline lotion, or saturated solution of the *Bicarbonated soda* in either plain water or camphorated water, if applied speedily, or as soon as possible, to a burned or scalded part, was most effectual in immediately relieving the acute burning pain; and when the burn was only superficial, or not severe, removing all pain in the course of a very short time; having also the very great advantage of cleanliness, and if applied at once, of preventing the usual consequences—a painful blistering of the skin, separation of the epidermis, and perhaps more or less of suppuration.

For this purpose, all that is necessary is to cut a piece of lint, or old soft rag, or even thick blotting-paper, of a size sufficient to cover the burned or scalded parts, and to keep it constantly well wetted with the sodaic lotion, so as to prevent its drying. By this means it usually happens that all pain ceases in from a quarter to half an hour, or even in much less time.

When the main part of a limb, such as the hand and forearm or the foot and leg, has been burned, it is best, when practicable, to plunge the part at once into a jug or pail, or other convenient vessel filled with the soda lotion, and keep it there until the pain subsides; or the limb may be swathed or encircled with a surgeon's cotton bandage previously soaked in the *saturated* solution, and kept constantly wetted with it, the relief being usually immediate, provided the solution be saturated and cold.

What is now usually sold as *Bicarbonate of soda* is what I have commonly used and recommended, although this is well known to vary much in quality according to where it is manufactured; but it will be found to answer the purpose, although probably Howard's is most to be depended on, the common carbonate being too caustic. It is believed that a large proportion of medical practitioners are still unaware of the remarkable qualities of this easily applied remedy, which recommends itself for obvious reasons.—*Popular Science Monthly.*

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MORPHIOMANIA—THE NEW HORROR BORN INTO THE WORLD WITH THE HYPODERMIC SYRINGE.—When physicians discovered that pain could be subdued by inserting under the skin a small pointed instrument provided with a tube containing *Morphia*, they little thought they were paving the way for a new vice. Yet so it was. There are, in our merrie England, beings who are as wholly under the domination of *Morphia*, as ever was Chinese under that of *Opium*. Women have yielded by degrees to its fatal fascination, until at last they prick the skin a dozen times a day with the tiny syringe that has such terrible results. The operation is almost painless; the immediate effects pleasant. A delicious languor supervenes. Happy thoughts and bright imaginations fill the mind. Some see beautiful visions; others feel only a pervading sensation of comfort and well-being. On a few the effect of *Morphia* is to excite to some intellectual effort, if effort that can be called which is pure delight, a glorious feeling of untrammelled power, of uncrippled exercise of the highest faculties. It is as though the mind had suddenly developed wings. But at the very height of the enchantment the influence of *Morphia* begins to subside. The glory fades. The wings trail, and the feet that are their sorry substitute, become weighted as with lead. As with the workers, so with the dreamers. The visions are obscured. The sen-

sation of comfort gives place to one of discomfort, irritation, even pain. The mental vision which had just now looked through a rosy mist sees all things as through a crape veil or a November fog. Can it be wondered at that the dose is renewed, that the poison is absorbed again and again, that the intervals become shorter and shorter between the reign of the potent drug? And the end? The punishment is terrible indeed. By degrees the mind becomes darkened. Hideous hallucinations seize upon it. Self-control is lost. Imbecility overtakes the weak. Madness threatens the strong. These are the personal consequences. There are others to be bequeathed to sons and daughters, and to later generations. These can be guessed at. The new vice has not reigned sufficiently long for the world to have seen them exemplified, but a dark array of possibilities suggests itself but too readily. The heritage of insanity, of inebriety, of imbecility, will in future be traced back to those tiny tubes which hold but a drop or two, and to which men once looked as to a blessed means of relieving pain, forgetting that blessings and curses go hand in hand in a crooked world. Dipsomania has now a powerful rival, speedier in its results than its own revolting process, and eventually as degrading. The name of the later born sister fiend is morphomania.—*London Truth.*

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## Book Notices.

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**The International Cyclopædia of Surgery.** A systematic Treatise on the Theory and Practice of Surgery. By Authors of various nations. Edited by John Ashurst, Jr., M. D. In six volumes. Vol. I. Wm. Wood & Co., New York.

The title of this work shows us at a glance what we have before us. The wonderful success of Ziemssen's Encyclopædia of Practice no doubt proved an efficient motive to the editor and publisher to enter upon this project. The promise of such an unexampled production elicited no small expectations from the profession, and especially from those interested particularly in surgery. That this first volume meets the largest hopes, no one will be able to deny. Seventeen of the world's most distinguished surgeons are contributors. Their combined contributions exhibit no in-

coherence or contradictions, but rather give the effect of a symposium, each writer being fully aware of his predecessors work. No doubt we shall see an enormous sale of this work. Its price places it within the reach of all. It is elegantly printed, substantially bound, and profusely illustrated. In the present volume we have discussed, Inflammation, Erysipelas, Pyæmia, Hydrophobia, etc., Scrofula, etc., Rachitis, Scurvy, Injuries, etc., Surgical Diagnosis, Shock, Delirium Tremens, etc., Anæsthetics, Operative, Minor and Plastic Surgery and Amputations. Mr. J. H. Matteson, of Buffalo, N. Y., will receive subscriptions for this great work. Price \$6.00, \$7.00 and \$8.00 per volume, according to binding.

**Arizona As It Is, or, The Coming Country.** By Hiram C. Hodge. Hurd & Houghton, New York.

We have here an interesting account of a most remarkable country, of which all have heard something, but of which none can get an adequate conception unless he visits the country or enjoys the perusal of this little work. Col. Hodge is a painstaking writer, and an accurate observer. His description of Arizona borders on the marvelous. It is all truly wonderful, and is indeed the coming country.

**The Homœopathic Journal of Obstetrics and Diseases of Women and Children.** Quarterly. \$4.00 a year. A. L. Chatterton Publishing Company, New York.

This excellent journal should find many readers. It is the only journal of the kind we have anywhere published. It is worthy the support of the profession, and we hope it may be ably sustained.

**The Child of Promise; or, the Isaac of Medicine and Ishmael, the Half Brother.** Being a comprehensive glance at the instincts and predilections of the rival schools of medicine. By William Mellen Cate, Doctor of Medicine, etc., etc., Washington, D. C.

This book has been upon our table for several months. We have read and reread it with considerable care and interest. The author has chosen an odd title under which to sketch the history of medicine and present the claims of Homœopathy. In this he has succeeded well. The book he offers the profession is opportune. Never as now has Homœopathy so largely engaged the attention of the public. Men of all schools are anxious to know more fully what Homœopathy is. Dr. Cate has undertaken a delicate task, but he has performed it in a way that should give universal satisfaction. He will need a new and revised edition soon if we go on



making history as rapidly as we have in the past year. We cordially commend this book to all our readers. We think Dr. Cate errs in placing Samuel Thomson at the head of the American Eclectic School. Thomson founded the Physio-Medical School, while the eclectics are the direct descendants of Dr. Wooster Beach. It is well for the Doctor to be historically correct. We hope the book may find a multitude of readers.

**Transactions of the American Homœopathic Ophthalmological and Otolological Society. Fifth Annual Meeting.**

The papers of this volume show such rapid progress that one can not help wondering where it will all end. Only five years since the founding of this institution, and almost every practical point successfully covered. We congratulate the society on its deserved success. Copies of this volume may be had by addressing the Secretary, Dr. W. A. Phillips, Cleveland, O. Price 50 cents.

**A Complete Minor Surgery, the practitioner's vade mecum, including a treatise on Venereal Diseases. By E. C. Franklin, M. D. Professor of Surgery in the University of Michigan. Published by Gross & Delbridge, Chicago, Ill.**

This is a work containing all that the general practitioner of medicine should endeavor to assimilate on the subject of surgery. Dr. Franklin is the author of a very comprehensive treatise on surgery, and his many years experience has fitted him to prepare just such a work as this intelligently and practically. For ready reference and emergencies this work is not surpassed. We heartily recommend the work to the profession. The publishers have done good work in issuing the book so creditably, and the profession will appreciate the large, distinct type used, and the prominence given words so as to enable the reader to secure readily that which he is looking for.

**Transactions of the Homœopathic Medical Society of the State of Pennsylvania. Seventeenth Annual Session, 1881.**

The Pennsylvania Society has long been noted for doing superior work. The present volume is undoubtedly one of the best it has issued. Besides a large number of independent articles, there are some fine specimens of committee work in which several persons have joined their contributions to make a treatise upon a single topic. In this case we have a fine contribution to the literature of Epilepsy. The present volume is a book of four hundred pages worth a place in the front rank of every studious physician's library. The secretary, Dr. R. E. Caruthers, of Allegheny, Pa., may perhaps supply a limited number of copies.

owe it to our patrons, to the cause, and to ourselves.—H. E. BEEBE, Secretary, Sidney, Ohio.

CHICAGO, March 27, 1882.—Friend Wilson: I suppose you think me the worst-paying doctor on the list, but I always intended to pay this bill. The *ADVANCE* is so far in advance of all the other medical journals I get, and I always enjoy its perusal so thoroughly, that I can only explain my dereliction in this matter of payment as due to pure, unadulterated laziness. Good luck to you and the journal. Send it right along, and draw on me when I get in arrears.—ROBERT N. TOOKER.

WE have never known until recently of the extraordinary dangers of ophthalmia. An allopathic professor, and an eye doctor at that, lately, before a public audience, said with the utmost gravity that people sometimes lost their lives through having sore eyes. He once had such a patient, who, hearing an alarm of fire at night, crawled through the scuttle on to the roof, and fell from the eaves to the sidewalk and was killed. This is something new in allopathic pathology.

QUEEN VICTORIA has given the Albert medal of the first class (for gallantry in saving life) to Dr. David Lowson, of Huddersfield, England. He attended a child suffering from laryngeal diphtheria, and finding, after performing the operation of tracheotomy, that his patient's only chance of life lay in instantly clearing the tube, he himself sucked out from the tube the accumulated mucus. The heroic doctor was seized in a few days by a severe attack of diphtheria, and other dangerous illness supervened, compelling him to abandon his profession.

AMERICAN PÆDOLOGICAL SOCIETY.—The next annual meeting of this flourishing society will be held at Indianapolis in June, during the session of the American Institute. The topics for discussion will be Infantile Eczema, Capillary Bronchitis, Diphtheritic Croup, and Elementary Infantile Foods. All members of the society, and all other physicians interested in pædology, are requested to be present, and invited to contribute papers on one or more of the subjects named. Those having papers will please send the titles to the undersigned before the 10th of May, 1882.—W. P. ARMSTRONG, Secretary, Lafayette, Ind.

AMERICAN INSTITUTE OF HOMEOPATHY, BUREAU OF HISTOLOGY AND MICROSCOPY.—Dear Doctor: Feeling assured that members of this bureau would be prepared to present interesting papers at the coming session, the Chairman thought it advisable to leave each member free to act, and without suggestions on the part of the chair. The General Secretary has written, desiring a list of such papers as may be presented by the bureau at the coming session. Will you, therefore, *promptly* forward the Chairman the title of your coming paper? The Chairman looks confidently to each individual member of the bureau, to the end that we may,

collectively, as a bureau, demonstrate at the coming June session our deep interest in whatever may conduce to the interests of Homœopathy.

Doctor: Be kind enough to let me have your earliest attention, so that I may in turn give the General Secretary the information desired.

Anticipating great pleasure in meeting you at the Indianapolis meeting, I remain, very sincerely yours, J. Edwards Smith, M. D., Cleveland, O., Chairman of Bureau.

"TELL me not in scornful numbers,  
Sanitation is a dream;  
Woe be to the man who slumbers,  
Thinking drains are what they seem.

"Drains are real; bad gas injurious;  
If the grave is not our goal,  
All past systems are but spurious;  
Carefully restrain the whole.

"Ill-drained houses all remind us  
Sanitation is sublime,  
Shunning the association  
Henceforth shall be held a crime."

CREMATION IN EUROPE (Le Prog. Med.), Denmark.—At the last reunion of the Society of Cremation of Copenhagen, the General Secretary stated that the society numbered 1,409 members, among whom are 83 distinguished physicians and many well-known Protestant divines. The apparatus in use by the society performs cremation in about one hour, and the cost is only from seven to eight francs. It was hoped that the question of economy would be an assistance in spreading the practice among the people, since the cost of funerals by the ordinary method was very high.

Italy.—There are nine societies in Italy, and new crematories have been erected in Rome, Varese, Pavia, Cremona, Udine and Livourne. An inhabitant of Milan had offered the city a sum of 20,000 francs to establish and maintain at the cemetery a hall in which autopsies might be held upon those bodies destined for incineration, especially in cases in which the diagnosis had not been definitely made, or the cause of death was doubtful.

Hungary.—The sanitary committee of Buda-Pesth has issued a circular in which it is declared that incineration is salutary in the point of view of the public health; but it ought to be optional, and a special cemetery be designated for it.

PULTE MEDICAL COLLEGE.—The commencement of the Pulte Medical College took place at College Hall, Walnut street. The exercises were opened with prayer by Dr. Errett, followed by brief introductory remarks. Then followed an able address by the Rev. Isaac Errett, his theme being the solemn duty of the physician, not only as such, but as a Christian man and comforter of a sick person, both physically and mentally.

Next on the programme came the award of the Faculty prize for highest average in all final examinations. The clinical prizes, consisting of cases of instruments, three in number, were awarded as follows: First prize, Miss Stella Hunt; second prize, W. E. Shepherd; third prize, Miss Sarah J. Bebout.

The following graduated: Sarah J. Bebout, Benjamin A. Bradley, Wm. L. Brown, J. Will. Burns, Alexander Campbell, David W. Campbell, Panfilo Carranza, Ralph W. Connell, John W. Ely, Leroy H. Fitch, William A. Geohegan, Sumner T. Greene, Elmer B. Grosvenor, Will C. Hance, Edmond M. Hincks, Wilson N. Hoskinson, George H. Hunt, Stella Hunt, Eugene P. Lanthurn, Jackson A. Luoy, Charles B. Morrell, James W. Overpeck, John C. Reynolds, Anna A. Riley, Franklin B. Rinehart, Isaac Robb, Augustus H. Schulze, Willard F. Shepherd, William A. R. Tenny, W. Warren, Frank Webster, M. Q. White, Carey T. Wiant, Gustave Wolff.

ST. LOUIS COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS COMMENCEMENT. — Pickwick Hall was filled to repletion last evening, March 2d, with an intelligent and fashionable audience, the occasion being the commencement exercises of the St. Louis Homœopathic College of Physicians and Surgeons. The members of the graduating class took their seats in the orchestra chairs in the auditorium, while the officers and members of the Faculty were seated in a semi-circle upon the stage. There were seated on the stage Robert E. Carr, President of the college; Rev. John Snyder, Secretary, and James Adkins, Treasurer; Colonel D. P. Dyer, Mr. Hugh McKittrick, and the Faculty, composed of G. S. Walker, M. D., Professor of Obstetrics and Gynecology; Philo. G. Valentine, A. M., M. D., Professor of Anatomy; C. H. Goodman, M. D., Professor of Theory and Practice; S. B. Parsons, M. D., Professor of Operative and Clinical Surgery; Adolphe Uhlemeyer, M. D., Professor of *Materia Medica* and Therapeutics; C. W. Spalding, M. D., Professor of Physiology and Histology; W. A. Edmonds, A. M., M. D., Professor of Pædology; J. A. Campbell, M. D., Professor of Ophthalmology and Otology; J. C. Cummings, A. M., M. D., Professor of Clinical Medicine; J. Martine Kershaw, M. D., Professor of Brain, Spinal and Nervous Diseases; Irnerus D. Foulon, A. M., LL. B., Professor of Medical Jurisprudence; and Regis Chauvenet, B. S., Professor of Chemistry and Toxicology.

The graduating class consisted of Isaac C. Boulson, of Garnet, Kan.; Solon R. Boynton, St. Louis; Mrs. Helena M. Cady, of Little Rock, Ark.; Mrs. Annie D. Chapman, St. Louis; John M. Creswell, Pineville, Ark.; Miss Charlotte Peters, St. Louis; Robert N. Leitch, St. Louis; D. cator Russel, Arcola, Mo.; Miss Fenora W. Sargent, St. Louis; and Daniel Winter, Shelbyville, Ill.

The ad eundem degree was conferred upon C. W. Savage, M. D., Santa Rosa, Cal.; Julia A. Lee, M. D., Greenville, Cal.; Frederick Becker, Clermont, Ia.; and M. P. Chamberlin, M. D., Susanville, Cal.

The honorary degree was conferred upon W. L. Breyfogle, M. D., of Louisville, Ky., President of the American Institute of Homœopathy, and George S. Walker, M. D., of St. Louis, who was very agreeably surprised at the sound of his name in connection with an honorary degree.



T. P. WILSON, M. D., EDITOR.  
ANN ARBOR, MICH.

J. P. GEPPERT, M. D., Ass't EDITOR  
CINCINNATI, O.

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THE EDITOR OF THE MEDICAL RECORD, (N. Y.), attempts to ward off the telling blows of GAIL HAMILTON, from whose article on the "Spent Bullet" we make an extract in the present number, by sneeringly asserting "that the brain of woman weighs only forty ounces." That is a good answer, no doubt, for a small-brained man to make to a large-minded woman. The said editor furthermore attempts to construct a syllogism out of GAIL HAMILTON's article which is as foreign to her views as heaven is to earth, and is as unfair as it is stupid. That anything in the article should make her appear to even suggest that "modern science should hereafter acknowledge with humiliation that it is fallible, and should bow to the dictates of revelation," will not merely surprise—it will disgust the distinguished writer with the obtuseness and disingenuousness of a male brain, though it might weigh one or two scruples more than hers. Brains are of little value unless they are put to useful purposes.

THE death of Mr. CHARLES DARWIN will be most widely and sensibly felt. He was undoubtedly the foremost man of science of the nineteenth century. His wonderful labors have greatly enriched all departments of knowledge. Opposition and ridicule fell harmlessly at his feet, and his maligners have long since, and largely, hidden themselves. It is amusing to look back over the past decade and a half and recall the blind and impotent rage with which his colossal facts were assailed. The hated truth has triumphed. And yet his work is not ended, nor will it be for centuries to come.

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**Homœopathy vs. "Scientific Medicine."** Read before the Homœopathic Medical Society of Barry and Eaton Counties, March 2d, 1881, at Nashville, Mich. By Willis P. Polhemus, M. D.

The doctor sits in silence, with sadness in his air,  
 His papers strew the floor, and books upon each chair;  
 Things wear a moving look—his sign is taken down—  
 To every one 't is clear, he 's going to leave the town.  
 He goes away in sadness, and grieves to say farewell;  
 The reason for his going is what I now shall tell.  
 He 's a lordly "old school," and his soul is full of wrath,  
 At the thought of his defeat by a harmless homœopath.  
 Within a quiet town of the good Peninsular State,  
 This brave had settled down, and was raising the death rate.  
 He was a valiant son of old Æsculapius,  
 O'er pain and suffering he never made a fuss.  
 At all of man's infirmities he was wont to scoff,  
 For if drugging would not cure, he could only cut them off.  
 But a rival now was come unto this peaceful town,  
 Who had come there to stay, and was not to be put down.  
 Soon at him the mighty one began to sneer and laugh,  
 Saying he was not afraid of a harmless homœopath.  
 But the homœopath only waited with his might,  
 Knowing God was on his side, as ever with the right.

In course of time our "old school" friend was call'd to see,  
 A patient with a most unusual malady.  
 'T was the only daughter of a magnate of the town;  
 Aristocratic, and on Homœopathy quite down.  
 But to her came this strange disease, as 't were sent by fate,  
 And since important to the tale, the symptoms I'll relate:  
 Her mind that once was buoyant and free from every care,  
 Was weighted down with sadness, and a heavy load did bear;  
 She feared she 'd lose her reason, and folks would think her  
 mad;  
 At the falling of night's shades, she felt extremely sad.  
 Her rounded form, erewhile so graceful, lithe and fair,  
 Was loaded down with adipose, e'en more than she could bear;  
 Though this should her so well protect 't would seem,  
 Cold air struck through her frame like waking through a dream.  
 The muscles of her body all seemed out of tune—  
 Even going up stairs would almost cause a swoon;

Her hauds felt chill and dead, as held within a clamp,  
The feet as if encased in stockings cold and damp ;  
But strangest all, her stomach began greatly to inflate,  
The pit swelled outward now like an inverted plate.  
When our friend saw the case, he diagnosed it straight,  
And told the friends this tale, in tones of solemn weight :  
"Assimilation is deranged, she lacks for nervous power ;  
Tuberculosis comes apace, we must not lose an hour.  
But do not be affrighted, I'll bring her out all right ;  
She needs tonics, dietics, iron, strichnia, lime, hyposphite ;  
If these do fail our need, in vain we will not toil,  
For our sheet anchor still remains, good cod liver oil."  
In terms so sweet he talked, but now without his host ;  
Despite of "rational" care, they feared she'd yield the ghost.  
While filled with grief at this, there came to him the thought  
Of the stomach's swelling out, which he had quite forgot.  
From careful looking o'er the case, with many a shake of head,  
He spoke these words unto the friends, which filled them all  
with dread :

"Your daughter has a tumor, I'm sorry to relate,  
We can not use the knife, you must resign yourselves to fate."  
In deep distress the parents sought their friends' advice,  
And out of their deep need, deliv'rance took its rise.  
From one, a convert true, they heard this cheering news,  
Which soothed their stricken hearts as arnica does a bruise :  
Though many despised and hooted him, still some did say,  
This new come homœopath had a mighty healing way.  
The friend continued thus: "You 'd better call him in ;  
Indeed it is not such a very grievous sin.  
Should he not cure your daughter, there 's no need for alarm,  
If the medicine does no good, it will surely do no harm."  
So breaking up old habits, leaving the beaten path,  
They, as many have before, called the harmless homœopath.  
He came, he saw, he — but let us wait,  
Till the slow lapse of time the story shall relate.  
His call at first was long, a careful history he took ;  
Each fact was noted down in a leather covered book.  
When this was finished all, and he had read it o'er,  
He gave them his opinion, but not a whit before :  
"I can truly help your daughter, and am sure  
In a short time can promise you a cure."  
Their faith was not extensive in the homœopathic law,  
But like a drowning man, they would seize the merest straw.

They told our hero to go in and do his level best,  
 To Providence and nature they would have to trust the rest.  
 This was enough. To rob death's arrow of its barb,  
 He gave to her a powder of *Calcarea carb.*  
 His rival heard the story, and was fain to laugh  
 At the thought of her being cured by an "ignorant homœo-  
 path."  
 But like some others, he was forced to change his tune,  
 The damsel gained a half in the time from March to June.  
 With constant treatment good, of which the fact is,  
 The larger share was merely *Sacrum lactis.*  
 Composure firm she gained, her laugh rang like a bell;  
 Her form became so lithe, she felt once more quite well.  
 Now was our hero's chance to vaunt himself and boast,  
 But still his native modesty hived him from that bad coast.  
 Yet in the lapse of time he gained a sure reward;  
 (We are seldom left behind in trusting to the Lord.)  
 To him in crowds came patients, eager for his skill,  
 With golden dollars soon his purse began to fill.  
 But better to relate, yea, better far than all,  
 He was much loved by those who lived within his call.  
 The grand new science grew, and flourished through his skill,  
 And shed its blessings bounteous over all the ill.  
 His scientific rival had to own, though full of wrath,  
 That he'd been wholly done for by the harmless homœopath.  
 In woe, for lack of patients, he concluded not to stay,  
 But sadly folded up his tent and silently stole away.

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**A Modern Theory of Inflammation.** By Prof. S. Stricker, M. D.,  
 Vienna.

[The following is taken from the first volume of the *International Surgery*. It should be read with care, as it is probable these views will, for some time, be widely entertained.]

Since the time of Celsus the following have been regarded as the cardinal symptoms of inflammation, namely, heat, red-



ness, pain, and swelling. In modern times another sign has been added—that of impaired function. I believe, however, that we would do well to discontinue this mode of characterizing the process and adopt another.

Inflammation is characterized by two features: (1) by an active hyperæmia; and (2) by an active tissue metamorphosis. I call these changes active because the tissues take part in them as living constituents of the organism; as living masses. If an active hyperæmia occurs alone we can evidently not call it inflammation. If the active metamorphosis of the tissue arises alone, without a trace of hyperæmia, we again do not speak of inflammation, but of a new formation.

Active hyperæmia, when situated in the skin or superficial mucous membranes, causes redness and increase of temperature, the latter having evidently suggested the name of "inflammation." The older physicians did not clearly understand that the increase of temperature could be produced by an accelerated condition of the circulation; that is to say, secondarily. They pictured to themselves that something must be burning in the part affected.

Febris (from *ferveo*) and *inflammato* were, therefore, allied diseases for them. Inflammation, it was said, was local fever.

In the case of fever it has now been ascertained that it is accompanied by an increased production of heat. But for inflammation this is not positively determined. It is possible, and even not altogether improbable, that the active tissue-metamorphosis of inflammation is accompanied by an abnormal local production of heat; but it is not proved.

Accordingly, all that can be considered as positively established is, that the elevation of temperature of inflamed regions of skin is due, in great measure, to the hyperæmia; to the accelerated blood-current.

What I said previously (page 2) in regard to the heating of tissues by the blood-current had reference only to the external skin and superficially situated mucous membranes—that is, to parts which are in contact with the atmosphere, and according to the protection which their position offers—cools off more or less if they are not heated by the blood-

current. Whether a more deeply situated organ—the kidney, for example—cools off when little or no blood flows into it, we do not know; for the internal organs have the temperature of the blood, and a mass relatively as small as the kidney could be kept warm by its surroundings even if no blood flowed into it. Hence it seems expedient to omit the symptom “heat” altogether from the definition of inflammation, and in place of both heat and redness to put simply “active hyperæmia,” or “fluxion.”

The symptom pain is also not always met with. Not all organs are painful when inflamed, though no doubt it seldom occurs that inflammations run their course painlessly.

But we must remember that in the neighborhood of less sensitive organs—parenchyma of the lungs, for instance—there are, as a rule, very sensitive parts, which cause pain when they are in the slightest way implicated. Thus, the pleura, covering the lungs; the meninges, the surface of the brain. Of itself pain, therefore, is not generally a trustworthy symptom of inflammation.

The same may be said of the symptom of swelling. We are not sure whether the bones, for example, necessarily show any externally visible swelling in inflammation. I must remark right here that inflammatory swelling is distinguished by its hardness, and in many cases the hardness, not the visible swelling, is the decisive characteristic. If I see a reddened district in the skin; if I palpate, and find it hot and hard, I say it is inflamed, even though no swelling be visible. And it is indeed possible that swelling at times may become unrecognizable—as, for example, when the inflammation is in a nodular, uneven neoplasm. The inflammatory swelling and hardness are, as I shall show, dependent on active tissue-metamorphosis. I say, therefore, that tissue-metamorphosis is a generally reliable symptom, and put in the place of swelling. The active tissue-metamorphosis likewise includes the symptom-impaired function; for I shall show that the tissues, when undergoing inflammatory changes, have their function impaired. But this change is a gradual one. A muscle can still contract at the commencement of inflammation, when

the tissue-metamorphosis has already begun, and can be recognized under the microscope.

*General remarks concerning the inflammatory changes of tissues.*—The inflammatory changes of tissues may be described in a few words. As soon as an inflammation occurs the tissues return to their embryonic state. In the embryo, the entire organ consists of amœtoid cells. The inflamed tissue of older animals, which is normally composed of more rigid cells and intermediate substance, is again converted into amœboid cells, or, I should prefer to say, amœboid substance, or the amœboid cells of an inflammatory focus, are called pus-corpuscles. It is accordingly tissue itself which is transformed into pus-corpuscles.

Although I am here writing in the interest of practical branches, I can not desist from advancing the reasons for this theory. I must show its relation to older theories, and what reasons have influenced me in discarding the older theories, and especially the migration theory. But this explanation is only possible if I give the reader a sketch of general histology. If we desire to become acquainted with the processes which occur in any apparatus (Einrichterg) we must possess information regarding the apparatus itself. This sketch of general histology will likewise be in place here, inasmuch as it will also include the doctrine of growth and nutrition of the tissues, as well as the doctrine of regeneration and cicatrization.

*Histological Remarks Concerning the Theory of Inflammation.*—From about 1855 to 1867 Virchow's theory of inflammation, the so called suppuration theory, was almost universally accepted. The pus corpuscles were said to be formed from the connective tissue cells. At first the nuclei of the cells, and then the cells themselves, were supposed to subdivide, and by means of these subdivisions the pus-corpuscles were believed to be produced.

In the year 1867 Cohnheim contradicted this theory. The pus-corpuscles, he said, are migrated white blood-corpuscles. This assertion was partially based on a study of the inflamed cornea stained with gold. In spite of the fact that the

inflamed cornea appeared filled with pus-corpuscles, the cornea corpuscles were, as he asserted, entirely unaltered. The course of the pus-corpuscles had, therefore, to be sought elsewhere than in the cornea corpuscles. The branched cornea corpuscles, Cohnheim said, are fixed cells; they change neither their locality nor their form. The pus corpuscles, on the other hand, are amœboid; they change their position and their form. It was known long before this that the pus-corpuscles were similar to the white blood corpuscles, and that the white blood corpuscles were amœboid, and it was natural to call them identical.

In addition, Recklinghausen now made the discovery that amœboid cells could migrate into the lifeless cornea, and wander about in its tissue.

Now, stimulated by my discovery of the diapedesis of red blood-corpuscles, Cohnheim and Hering (independently of each other) came to the conclusion that white blood-corpuscles could also migrate. Cohnheim observed the migration in the mesentery of the frog, after exposure to air. The influence of the air could be regarded as an irritation capable of producing an inflammation. In such cases the mesentery soon became covered with amœboid cells. Accordingly, we had before us inflammatory products, pus-cells. One was apparently justified in saying, "Here is inflammation; and the products of inflammation, the pus-corpuscles, originate from the blood." Whether the changes in the expanded mesentery were really to be regarded as inflammation and suppuration or not, was indeed not known. First of all, the most important sign, the inflammatory hardness, was missing. Moreover, nobody had observed a destruction of tissue, by suppuration, in the spread out mesentery. Finally, only a migration out of the vessels of the mesentery was known. Whether, in case of keratitis, wandering cells really passed into the cornea, was not known. But the boldness with which Cohnheim positively affirms that the cloudiness and suppuration always began on the borders of the cornea, even if it was injured in the center, gave his theory a substantial support. In such, an observation would speak directly in favor

of the fact of the pus-corpuscles penetrating the cornea from without (from the periphery). Then came the experiment of the so-called "finding of the cells." If we introduce finely-divided coloring matter (cinnabar, aniline) into the circulation of the frog, the granules of pigment are absorbed by the white blood-corpuscles within the general circulation.

If, now, we examine a drop of blood, we shall see amœboid cells containing granules of pigment.

If we excite a keratitis after the injection of coloring matter, and cut out the cornea when the inflammatory process is at its height, we shall also see, in occasional instances, similar amœboid bodies which contain pigment granules.

Now, if the cornea-corpuscles do not become changed in inflammation, and do not generate pus-corpuscles; if the pus-corpuscles always penetrate the cornea from the border, where the blood vessels are situated; if the pus-corpuscles are similar to the white blood-corpuscles; if the white blood-corpuscles really migrate, who would doubt any more that pus corpuscles originated from the blood?

However, in the year 1869, I had already found out, in conjunction with W. F. Norris, that Cohnheim had examined the cornea imperfectly; that the cornea-corpuscles in fact did change; that their nuclei increased; that they became amœboid in the course of the inflammatory process. True, we said they do not all change at once; they do not change everywhere in the entire cornea, but only where a center of suppuration is forming. But in the rest of the cornea we see the old cornea corpuscles at the side of single new cells, which look like pus-corpuscles. But inasmuch as at that period we likewise could not observe movements in the branched cornea-corpuscles (in their normal condition); and inasmuch as we had learned that they became amœboid (like white blood-corpuscles) during inflammation, we said that the newly-revealed corpuscles had passed into this neighborhood, and had become visible beside the unchanged branched corneal-corpuscles. Norris and I have furthermore shown that suppuration does not always begin at the edge of the

cornea, as Cohnheim asserts, but that it begins where the irritation has exerted its influence.

Finally, we have shown that the experiment with pigment is no argument in favor of the migration theory. After the injection of coloring matter into the blood, pigment granules can also be found in the branched (supposed fixed) cells. Therefore, the presence of pigment granules in the amœboid cells of the cornea can not be regarded as a sign of their originating from the blood. Even a single consideration teaches us how deceptive this sign is. In consequence of the inflammatory hyperæmia, an increased nutritive current flows into the focus of inflammation. The vascular wall is, as we know, permeable; red and white blood-corpuscles can pass through it. Why should not the much smaller pigment granules likewise be carried through the wall of the vessel and into the cornea by the nutritive current? Once arrived in the cornea, they can adhere to the soft and sticky pus-corpuscles, and reach their interior.

Of the arguments in favor of the migration theory there only remained the fundamental fact, that the blood-corpuscles in general could migrate. But, as already remarked, nobody has proved that they migrate in the course of keratitis, or that they pass into the cornea. Properly speaking, the state of the question was now as follows: It was certain that the pus-corpuscles in the cornea were produced from pre-existing elements. It was uncertain whether, in addition, pus-corpuscles penetrated it from without. I and several of my pupils had likewise observed the genesis of pus-corpuscles from the cell in other tissues; and thus, in 1869, I could already say that I knew of no tissue in which the inflammation and suppuration were to be referred solely to migration. But at that time I laid the greatest weight upon the alterations of the capillaries.

In the case of all other tissues one might object (and the objection has been raised) that I was deceived; that I did not prepare the specimens properly. Those parts of the inflammatory focus, it was argued, which exhibited no normal cornea-corpuscles at all, I had stained imperfectly. Where I

supposed that I had seen corpuscles which had been changed by the inflammation, it was said, I had been dealing with lifeless, and, therefore, changed, cornea-corpuscles. Where I asserted that I had seen multi-nucleated amœboid-corpuscles produced from cornea-corpuscles, it was argued that I had been deceived by white blood-corpuscles which had coalesced. If I spoke of an increase of nuclei, they were explained as the lifeless, broken-down nuclei of the old cells. The thickening of the capillaries, however; the sending out of new processes; the numerous nuclei which were scattered about in their walls, these were all reliable indications that inflammation was accompanied by active tissue-metamorphosis. New blood vessels and off-shoots of the same can not migrate.

But, in the meantime, the migration theory had been too favorably received to permit of influencing its believers with arguments. And this great favor was due, in part, to its simplicity. It was convenient for the clinical teacher and pathological anatomist to be able to enunciate the foundation of all pathological histology in a single sentence. They might say to themselves that histology was really superfluous for them. If they only know that the white blood corpuscles migrated, penetrated the tissues, and appeared there as pus-corpuscles, they thought that with these few propositions they had acquired all that was of real importance.

On the other hand, the doctrine of tissue metamorphosis, as I shall call my theory, was at that time (in the year 1869) still in a sorry plight. I and my pupils had seen only a rudimentary portion of the metamorphosis. In principle we had scarcely proceeded farther than Virchow's doctrine; for we did not advance more than the fact, which had been denied by Cohnheim, that nuclei and cells did divide. Only as regards the mode of division did I bring forward a new explanation, which corresponded to the state of the cell doctrine at that time. I showed, namely, that cell-division did not proceed, as taught in Virchow's theory; for this theory taught that at first the nucleus divided into two portions; that the nuclei moved apart; that the cell then became

biscuit-shaped; that the heads of the biscuit contained the new nuclei, and then separated. I showed, however, that cells became amœboid before division; while the cells of the completed tissue, in consequence of the methods of examination of that period, appeared to remain in the tissue unaltered. In the commencement of inflammation, I said, they again begin their independent movements. I said: Again begin, since in the embryo this capability of motion is possessed by all cells. Therefore, I likewise said that the cells return to their embryonic state. I showed, furthermore, that before division the cells were doubled up into a small mass, remained quiet in this condition for a time, and then divided by cleavage. As soon as the cleavage was over the fragments crept asunder. I showed, moreover, that there was still another kind of division. I had seen cells which were torn into two pieces during their uninterrupted movements.

These observations, indeed, taught us how pus-corpuscles were formed out of connective tissue-corpuscles; but they opened up the disagreeable prospect that we might be compelled to examine every tissue separately in order to ascertain if, and how the formation of pus proceeded in each various type. But, moreover, the theory of metamorphosis was just as little suited to explaining the microscopical (clinical) phenomena as the migration theory. At the bedside we do not see any pus corpuscles with the naked eye. We see redness and feel hardness; we learn that the hard spots in the center soften (resolve or melt, as the old physicians called it). These phenomena were left unexplained by the one theory as well as by the other.

But the condition of affairs has now changed. In the year 1874 I began to study keratitis in the mammalia, and here obtained results which explained the clinical phenomena satisfactorily. Starting from this point I examined all kinds of tissue, and the results were of such a nature that I also can now clothe the doctrine of inflammation in a simple form. Metamorphosis of tissue, return to the embryonic condition; division into amœboid cells of the masses which have become



movable; hence the destruction and suppuration. This is briefly the outline of my new doctrine.

On the other hand, all the details of my further researches were very favorable for my theory. It appeared that this theory was in harmony with results of researches in the domain of comparative histology and histogenesis. It appeared that in the pathological destruction of tissue by suppuration, not only the cells, but also the entire tissue returned to the embryonic condition. The machine was, as it were, separated into its parts again. In regard to the pathological tissue, therefore, I was about in the position of the mechanic, who takes apart the machine and finds that which the builders have asserted to be present. It appeared, furthermore, that the return of the tissue to the embryonic state at the same time included the conditions requisite for a healing of the tissue. In every phase of the inflammation the destruction can cease, and a regeneration or a cicatrization can be started. And this new formation is, throughout, similar to the embryonic new formation.

In consequence of such observations my conviction of the correctness of my theory of inflammation has been so much strengthened that I believe that I may now venture to publish it with all its deductions. But I must finally remark that the opposition to this theory has only been heard in moderate tones during the past five years.

The migration theory has proved to be fruitless. It has made no progress since 1867, and, in regard to the doctrine of inflammation, it can not make any progress; for it denies the active process. But the doctrine of tissue-metamorphosis has made constant advances, and every new step which I have taken in the course of the last decade has proved to be an argument against the migration theory.

## Theory and Practice.

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### Case of Dislocation of Both Bones of the Forearm, Complicated with Fracture of the Coronoid Process. By Willis P. Polhemus, M. D.

February 13th was called to see Mrs. M. Found her a slender, hard working, muscular woman about forty-three years of age.

While throwing out a pail of rinsing water from her back steps, she had slipped and fallen upon the hand of her extended right arm. The arm hung by her side in a condition of almost perfect mobility as to the elbow joint, no flexion whatever being present. Doubting backward dislocation, on account of the mobility, and not being able to detect any crepitus indicating fracture, I called in my associate in the University, Dr. Halsted. A careful examination, with the patient under the influence of an anæsthetic, disclosed backward dislocation of both bones of the forearm, with seeming fracture of the coronoid process, although neither of us could detect any crepitus by careful manipulation.

The dislocation was easily reduced by a slight modification of Sir Astley Cooper's method, and the arm was immediately bandaged and retained at a right angle by an outside angular splint. With *Arnica* internally and externally the case made favorable progress, with but moderate swelling, but much pain. On the nineteenth day the splint was removed, and passive motion commenced.

At the present time, March 25th, she has recovered extension to an almost normal degree; flexion is somewhat interfered with; pronation and supination are perfect.

I feel some hesitancy in pronouncing this a case of dislocation complicated with fracture of the coronoid, but do so for the following reasons: First, in no other way can the mobility be accounted for; and secondly, during the entire time the most intense pain, and the greater part of the soreness, has been at the location of the coronoid; thirdly, at the pres-

ent time a depression between the ulna and this process can be felt, indicating the line of fracture; fourthly, the elevation of the coronoid due to ligamentous union accounts in some degree for the impaired flexion. Whether the pathognomic feature, ease of recurrence of the dislocation, was present can not be known, as after reduction it was at once unmovably retained by the splint, and kept in this condition until union had so far advanced as to preclude this accident.

The whole is respectfully submitted to the profession, for the reasons given above, as a backward dislocation of both bones of the forearm, with fracture of the coronoid process.



**Hippomane Manzuinilla** (L.) Hipp. Manzuinilla venenata-Tuss. Nat. order, Euphorbiaceæ (sponge family).

A tree, fifteen to twenty feet high, growing in Central and South America, and known as its most poisonous vegetable product from the acrid blistering properties of its milky juice. I made an accidental proving of it, which called my attention to it in a disagreeable manner, and afterward an intentional proving, though neither were as accurate as I would like, because of the slowness of the appearance of the symptoms, and their long continuance after their appearance. Would have given the result of my observations sooner, but was unable to locate my plant in the botanical world.

After a considerable time I discovered what purports to be a proving of the poison in Mure's *Materia Medica*, or provings of the principal poisons of South America. In Mure it is incorrectly described. "At a little distance it resembles a European fruit tree." Correct. "Its leaves are alternate, with fine indentations, on long petioles." Incorrect. They are glabrous, almost coriaceous, entire, oval, acute, ternate

divided, on long petioles; flowers greenish-yellow, on a terminal spike three to four inches long.

As to whether Mure's anatomy of the flower was correct I do not know, since, at that time, I was not sufficiently skilled in botany to describe it. His description of the fruit is incorrect. "Round; pulpy; from five to six inches in diameter; umbilliate at the top, inclosing a wooden kernel with seven monosperm compartments." It is round, smooth, without pulp, inclosing a pod as hard as a hickory-nut, and much the size and shape of the pig nut hickory fruit; three-quarters of an inch in diameter, and has three monospermous compartments, two of which were abortive.

Manzuinilla is diminutive of manzana, an apple, and means a little apple, which does not correspond with the fruit described by Mure. He says that the poisonous properties of the manzuinilla have been exaggerated, which, I think, popularly or vulgarly true; and while it doubtless has different effects on different persons, I do not think he did it justice in his proving.

Hippomanes signifies "a kind of poison used in philtres, a venomous humor from a mare;" probably the similarity of this poison to the latter suggested the name. It is correctly figured in Hoker's botany, and described as a very poisonous plant. I am indebted to Hooker's botany for its botanical description. The plant is mentioned in Squire's Central American States, and I think, also, in Stevens's incidents of travel in Central America.

While refreshing myself by walking "up in Yarbora," at Beleze, one Sunday evening in February, 1879, I amused myself by plucking such flowers as grew by the wayside. These I attempted to refer to their respective families, when I returned to my room, by the aid of Gray's school and field-book of botany. In my collection was the inflorescence and fruit of manguinilla, which I had not heard of at that time. The resemblance of the tree to an apple tree attracted my attention. I attempted to cut into the fruit with my knife, but only scarred the outer rind; from the cut a milky, sticky juice exuded, which soon blackened in the air. I placed

some of the juice on my tongue, which was not immediately disagreeable. I presently met some village girls, who, inspecting my collection, advised me to throw the limb of the manguinilla down—"that it would peal." On inquiry they informed me that wherever the juice touched the skin it would blister and produce an ulcer, with tumefaction, and that was almost impossible to heal; that people and animals had lost their lives by getting quantities of the sap on their persons; that they knew no antidote, and "did not bodder wid it." Several times afterward my guides took it out of my hands when I was employing it as a walking stick.

I could always handle the *Rhus tox.* with impunity, so I was not alarmed; but my mouth was uncomfortably warm at 6 p.m. I allowed it to burn until 9, when I imagined it was just like a mouthful of red coals; was not suffering otherwise; attempted to antidote it with juice of limes, which gave momentary relief, but was, too soon, as bad as ever. Then used an alcoholic, saturated solution of *Camphor*, which was very little more effective than the lime. At 10 retired, but could not sleep for the burning in my mouth and throat; no other pain, but my pulse gradually slowed down, and I felt prostrate, which somewhat alarmed me, and I was afraid to sleep. At 12 it occurred to me to try *Aconite* as an antidote, which I did by putting the strong tincture on my tongue, and placing it in that way on the burning surfaces; then made a strong gargle of the same and washed my throat; then swallowed some of it and retired. Relief was speedy, the burning ceased, and the pulse speedily resumed its normal momentum, and I soon went to sleep. On waking in the morning the condition of my mouth recalled my adventure of the previous evening. It was swollen wherever the sap had touched, and had the appearance of a scald a week old. It remained in that condition for the two or three succeeding weeks—not painful, yet exceedingly disagreeable, destroying my taste, and feeling so foul. The mucous membrane gradually exfoliated, coming out in large, thick pieces.

I am sorry that I did not make daily observations, but the succeeding symptoms for three weeks to a month were so

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constant that they would have been monotonous. I was greatly depressed; my vivacity had suddenly departed; my pulse was very little, if any, accelerated, and yet it had a general sense of fever, was rheumatic and achey, and sore at all points, but most in my back and loins; had no relish for food, yet ate in a mechanical way, because I thought I ought to. Had an uneasy ailing in my stomach, which in a few days extended to my bowels and produced gripings; urgent, straining stools, with a very bad odor; pain and soreness in the rectum; urine became scanty, although I drank considerable water, and relished it; it was straw-colored and reddish. I was listless and lazy; did nothing that I could avoid, and wanted to sleep much. My first impression was of a rheumatic fever, but later it was decidedly typhoid in its general demeanor and duration. The condition of my bowels the second week was much as I would imagine dysentery to be; have never suffered from any of these diseases, but the symptoms I suffered were very similar to those I observe in people suffering from them. In a month from the adventure I felt tolerably recovered, but not very strong.

My curiosity was now somewhat excited, so I gathered some of the fruit and leaves from my tree in the swamp, placed them in homœopathic alcohol (they were well cut up) and soaked them, until August, 1879. Feeling quite well I thought I would make a more systematic proving; so I took from five to ten drops of my tincture for a week without experiencing any very marked discomfiture. I then discontinued the drug and awaited results, thinking that, after all, my poison was not potent, or that the alcohol had killed it—so to speak, neutralized it.

In the second week I began to be sore and achey, with little, sharp pains running here and there, suddenly coming and as suddenly stopping. My appetite departed; I became sallow, and had a general depression, which confined me to my hammock when I was not compelled to work. In the hammock I slept a great deal, and felt better when still.

At a little over three weeks from the time of taking the drug, I got my head and neck suddenly wet while closing a

window shutter about 3 a.m. In the morning I was covered with a mass of conical pimples about as large as a pin-head, and so thick there was not room for another one. My skin felt swollen but not sore. I did not rub them; the sensation was like fine needle points pricking me all over.

I now was so dissatisfied with everything at Belize that I made a sea voyage to Truxillo; could not eat; never suffer from mal de mer. Took a blanket and pillow and slept on the deck. Was afraid I had small-pox and would give it to somebody. Truxillo was no more pleasing; ate sparingly; wanted to lie down, though I compelled myself to walk about during the cool parts of the day.

Returned to Belize and was sick until the latter part of September. Suffered much from concomitant symptoms of disgust for food, after inhaling the odor of it. If I could get to the table without smelling the food, could eat quite enough; if I smelled it could eat nothing.

In Guatemala traveled to Guatamala, a month in time. Frequent baths and fresh air, and 6th potency of *Kali bich.* quite recovered me, but I had after-effects.

In January returned to Cincinnati. An indolent ulcer, not painful, slow in maturing and slower in healing, came upon my leg. It discharged a bloody, thick pus, and seemed to penetrate deeply into the tissues, was purple and very hard and large; it is yet a brown color. A hack on my finger from my knife was six months in healing. My finger and toe nails were deformed and so brittle they were all the time broken to the quick, and it took them a year to get well. I suffered three cuticular exfoliations during the year. I suffered from an obstinate dyspepsia, severe pains in my stomach, relieved by lying on it. Could only eat one meal a day for a long time, and do not now eat more than two. My dyspepsia might have been increased by returning to the cold air of the north, but the winter of 1879-80 was warm. *Ant. crud.* partially relieved the dyspepsia. For a year the urine was gold-yellow, and I suffered pain in the region of the kidneys, a dull ache. Have suffered ever since with an uneasy soreness of the spinal column in its whole length.

During the last half of 1880, and first of 1881 my bowels were obstinately constipated, and had rectal bleedings and aching in sacrum, indicating internal hemorrhoids. *Hammelis* extract continued two or three months removed those distresses and I am again wonderfully well.

From its extreme slowness I think it would be a good remedy in many chronic diseases where the patient exhibits very slight vitality. It evidently attacks the vegetative sphere of the economy, and so insiduously impairs it as to almost destroy the organism without afflicting much pain upon the sufferer. It should be a good remedy in mercurio syphilis, and complications arising from that miasm. In acute rheumatic fever, and typhoid fever of the lowest types, it should be thought of, and for obstinate dyspepsias, constipations, hemorrhoids, kidney troubles where the distress seems muscular, and it is a probable good remedy in dysentery of the worst type; also in myelitis; for chronic ulcers and skin diseases. Antidote, *Aconite*; would probably antidote *Aconite*. Analogues: *Euphorbium off.*, *Rhus tox.* and *Verat. rad.* and *Anacardin*, *Commocladia dent.*, *Croton tig.*, etc.

Prover, motive mental, dark, six feet, muscular, forty-one, in high health. Properties of drug unknown, and only common name unknown at time of proving. Should be more studied by homœopathic doctors for chronic diseases and low fevers, etc.—D. B. MORROW, M. D., Cincinnati.

### **Case of Imperforate Anus.**

I was called to see a male child thirty-six hours after birth, with imperforate anus.

Made an incision, found no rectum. I carried my exploration up about two inches. As soon as the abdominal cavity



was opened, upon introducing my finger could find no rectum, but found a free gut which I think was the colon terminating in a blind gut, very much distended.

Fastening two pair of forceps onto the gut, about one-half inch apart, made an incision one inch long between them—a very large amount of fecal matter escaped. After washing out the gut until no feces escaped, drew it down easily (no dissection being necessary) and attached it externally by three sutures on each side. The opening was dilated every other day for two weeks, and occasionally for two months with sponge tents.

The case progressed nicely with the exception of a few small pus cavities. The child is now seven months old, and has apparently perfect action of the sphincters, defecation being regular and natural.—E. W. VIXTS, M. D., Plymouth, Indiana.



### How to Cure Ague.

It is only a few months since the following remarkable statement appeared in a journal of which I have been a constant reader since its first number was issued, from the pen of an ex-professor of materia medica in one of our colleges—retreatment of “fresh cases of intermittent fever”:

“I have found the homœopathic treatment of fresh cases of fever and ague too slow to be satisfactory, and too uncertain in results for *honest* practice. \* \* \* So I am no longer a retail sugar dealer in such case. No; I get very near the pure juice, and plenty of it. I also attend to the liver, and when I have gotten a clear tongue my *Cinchona* and *Quinine* do the work as quickly as ever the ‘similimum’ did, and more certainly—I write it advisedly—*more certainly*. Of

course the *Cinchona* is used only in perfect types of intermittent fever—chill, heat, and sweat; and the more nearly the liver is to the normal condition the more surely will such a type obtain. Having such a type, *Cinchona* and *Quinine* will cure quickly, safely, and with the help of a capsule, pleasantly."

Now, my field of labor has, fortunately or unfortunately, fallen in a so-called malarious region, where at certain seasons of the year fresh cases are almost every-day occurrences; and *my experience*, after treating a few hundred of such cases, has been so very different from that recorded above that, notwithstanding the great risk I incur in venturing to differ from an ex-professor of materia medica on such a question, I have decided to give a few cases occurring in one family. I may add that when I first launched my bark on the uncertain voyage, I treated (because I was so instructed) all my acute cases of ague with *Cinchona* or some of its alkaloids. But I soon learned that the "breaking-up" process in acute cases had to be repeated so often that my success was greatly inferior to that which attended the treatment of chronic cases where I attempted to individualize each case; hence I decided—not without some mental reservation—to extend the individualizing method to the acute cases as well. And I have had much more satisfaction ever since, although I confess that I now find some difficulty in checking some acute fevers of an intermittent type, just as I do in curtailing acute cases of other diseases—typhoid pneumonia, dysentery, rheumatism, etc., etc. This may be due partly to the type of the disease, but largely to my inability at all times to select the similitum. But a man who has taught materia medica for years ought not to suffer from the same inability. At least he should find it easier to select the remedy than the "diplomaed dolt" engaged in a country practice, who has always "had his nose at the grindstone," and never been able to make a special study of anything.

"The nearer to church the farther from God" may sometimes with equal justice be applied to some of the wise men in the profession, from whom we often expect to receive the

full grain in the ear, and are rewarded by a meal of chaff. "My *Cinchona* and *Quinine* do the work as quickly as ever the 'similimum' did, and more certainly." I have always inferred from the writings of Hahnemann, Hempel, Dunham, Hering, and others, that when *Cinchona* and *Quinine* cured a case of fever it was because they were the similars, and for no other reason and on no other theory of action. Of course I may be wrong, as the ex-professor distinctly says, "I write it advisedly, *more certainly*." However, I am pretty sure to secure results both prompt and certain when I find the similimum, whether that similimum be *Cinchona*, *Quinine*, *Arsenic*, or *Natrum mur*. "I also attend to the liver;" so, also, do our brethren of the old school; and, for that matter, does the similar remedy of Hahnemann omit this noble organ?

Strange doctrine for a professor of materia medica to teach. Again: "The more nearly the liver is to a normal condition the more surely will such a (perfect) type obtain." I am unable to unravel this pathological mystery. To me it is a medical enigma. But I suppose it is correct, because written by a college professor.

The following were all "fresh cases," and two had received the remedy for "fresh cases"—*Quinine*—before they received the similimum:

Case I.—Mr. S. was attacked in September, 1880, with chills and fever. The previous autumn was cured of ague by *Bone-set*, after *Quinine* had failed, and had now been taking it a week without any perceptible benefit. Chill began in early morning, with yawning, stretching, and aching in back and limbs. It was severe for an hour or more—a decided shake—and attended with much thirst. The hot stage was pronounced, and lasted until noon, with severe headache, dark red, congested, almost purple, face, and mild delirium; very thirsty; drank large quantities of water, but did not vomit. About 1 p.m. a profuse sweat set in, which lasted until evening, completely drenching him. It relieved his backache and headache, and he slept nearly all the evening; tongue clean; appetite good. The paroxysm came on every other day, anticipating two hours or two hours and a half. The bone

pains, backache and headache might point to *Eupatorium perf.*; but the time, the anticipation, the vomiting, aggravated by drinking, the clean tongue, and pronounced character of each stage of paroxysm, contra-indicated it. He received *Quinine* 30th trit.—a powder—every three hours during apyrexia. The next paroxysm was so light that he was not compelled to leave his business; was cured, and without any relapse following. *Quinine* was not given every seventh day to prevent a return; the patient was cured.

Case II.—Master R. S., aet. six years, son of above, had been sick two weeks with same fever, which made its appearance in the following manner: For a week previous to chill and fever, a constant, dry, teasing cough began just after dinner, from 1 to 3 p.m., and continued with more or less violence until evening, when he slept well all night, and was in his apparent good health the next morning, until the usual time next day, when the cough again commenced. Chill at 5 or 5:30 p.m., with yawning and stretching; severe, lasting from one to two hours; very thirsty, but drinking or moving increased the chill; *great restlessness*. The hot stage increased very gradually, and the cough disappeared as soon as the heat was well established, the hot stage continuing until 1 or 2 a.m., when he sweat until noon of next day. The *restlessness* was quite as well marked in the hot stage as it had been during chill. The cough in prodrome and chill, the time, the restlessness during both chill and heat, were so characteristic that I gave him *Rhus* 200th (Dunham) in water, a teaspoenful every two hours during apyrexia. The next day cough began about 4 p.m.; chill was very light, and hot stage only lasted two hours. Slept well the following night, but sweat profusely. *Sac. lac.*, a powder, every three hours while awake, No return of chill or cough, and remained well thereafter, had taken *Quinine* for a week previous to my seeing him.

Case III.—Katie S., aet. thirteen years, daughter of above and sister of last patient, had chills and fever for ten days; was under homœopathic treatment for first week, but for last three days had taken *Quinine*—ten two-grain pills per day—

without any perceptible effect on fever, but a decided effect on ears and head. The chill was a severe one; came on suddenly at 3 p.m. every day, without any premonitory symptoms, and lasted about two hours; very thirsty toward close of chill but drinking increased the chilliness; was worse in a warm room; could not bear external heat, for which her brother longed; toward close of chill or beginning of hot stage, broke out in urticaria over entire body, with terrible itching, stinging, burning. The hot stage was as severe as the cold, but without any thirst. The skin was hot and dry, and as soon as the intense burning and itching of the nettle rash subsided, patient fell asleep, and slept soundly for an hour or two. The sweating stage, although present at the beginning of her attack, was now absent or very light; face pale and somewhat puffed. However obscure the case may have been at its onset, it was now so clearly defined and well marked that the merest tyro could scarcely fail to select the simillimum. *Apis* v. 200th in water, a teaspoonful every three hours during apyrexia, permanently cured; no return of paroxysm, and no repetition of remedy.

Here were three patients, living in same residence, subject to same influences and surroundings, and so far as science at present enables us to determine, all sick from the same disease-producing cause. They were, moreover, all acute attacks—recent cases—and all cured by different remedies, prescribed on their characteristic indication. If all were caused by same poison, why did they not all have the same form of fever, or why did not *Quinine*, the remedy for acute malarial intermittents, cure each case?

The following case illustrates the routine treatment of “fresh cases” with *Quinine* and *Cinchona*, attending “to the liver,” etc., etc. It is only a sample of what so often falls to the lot of a country doctor to treat, after having run the gauntlet of the doctor and the drug store, or both, for months, if not for years. I may add that he had taken “very near the pure juice, and plenty of it,” before I gave him any medicine at all:

Case IV.—Andrew McC., act. twenty-six years, resides in East Saginaw, Michigan. Eight years ago had intermittent fever “broke up” with massive doses of *Quinine*, only to return from time to time, especially every spring and autumn. to be again suppressed in a similar manner with *Quinine*, When the fever first appeared, paroxysm came every alternate day at 10 or 11 a.m., attended with bone pains, violent headache, and at times nausea and vomiting. February, 1882, has now had chills and fever every other day for seven weeks; chill from 5 to 7 p.m.; severe, shaking; must sit close to stove, although external heat does not relieve; begins in *knees and thighs*, and gradually extends to hips; thence over body, lasting from one to two hours; some thirst in chill, which aggravates; heat, with thirst, which refreshes, continues until 1 or 2 a.m.; sweats profusely on his legs; less on his body; never on his head when he sleeps; ceases when he awakes; tongue clean; appetite and digestion good, and feels perfectly well as soon as paroxysm is over. The chill commencing in knees and thighs, the peculiar character of sweat, and entire freedom from ill-feeling during apyrexia, determined the selection of *Thuya* 30th every four hours during apyrexia; no return of paroxysm.—INQUIRER.

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## Miscellaneous.

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**Natural History Society.** Annual Report of the President, G. W. Barnes, M. D., to the San Diego Society of Natural History, November 18, 1881.

Although it is not a part of the by-laws of this Society that the president shall, at each annual meeting, deliver an address or make a report of the operations of the establish-

ment during the previous year, that duty has, in accordance with custom, usually been, in a manner, performed.

A detailed statement of our operations might more appropriately be made in an exclusively business session, but as the public have evinced an interest in our organization, and as the meeting marks an epoch in our history, I have thought proper to make in the presence of those who have favored us with their presence this evening, some statements of what we have accomplished in the past, and upon it base a forecast of our future.

With this meeting we close the seventh year of our existence as a corporate body under the laws of California.

The San Diego Society of Natural History had its origin in the desire on the part of a few individuals to establish upon a permanent basis an association which would combine whatever scientific labor might be performed in this locality, and provide a depository of objects representing all the departments of natural science, and particularly the ethnology, the antiquities, and the scientific and industrial resources of this part of the Pacific coast. Accordingly all who have been known to manifest an interest in scientific subjects were invited to unite in the formation of an association for the promotion of these objects.

We need not recount the difficulties met with, and the toils and sacrifices of those who were instrumental in the organization, and the obstacles which have been met and overcome in the successive stages of our history. They are known only to those who have most actively participated in the work.

Considering our isolated position, and therefore the inconvenience in exchanges and correspondence, our small and fluctuating population, our meager resources, and the financial depression which has impeded all progress, it could hardly be expected that we should do more than bring into existence and keep alive an organization and thus form a nucleus around which should be gathered the accumulated labors of those who are to follow us with better facilities and greater ability for the work than we possess. But we have

done somewhat more than this. We have laid a foundation, and have built somewhat upon it.

Without boasting of what has been achieved, but rather lamenting that so little has been done, we may be permitted to recount a few of the things we have accomplished.

The name by which it is designated was given to our organization because more comprehensive in its definition, and in its application to all our purposes than any other that could have been selected—meaning, literally, the history of nature; and nature is defined to be “the existing order of things; the aggregate of known causes and effects; the world of matter or of matter and mind, the creation, the universe.” Natural History has been similarly defined, to be “the description of whatever is created or of the whole universe, including the heavens and the earth.” The functions of an association bearing this name embrace, therefore, all the natural sciences, and essentially or collateral to them the history of nations as well as races, the industrial arts and applied sciences, and the whole range of physics.

The objects of this society as set forth in its constitution are: “The study of nature, the acquirement and diffusion of scientific knowledge, and the collection and preservation of materials pertaining thereto.”

In furtherance of these objects, some original work has been done in different departments of the natural sciences, and we have been instrumental in obtaining through correspondence with other institutions and distinguished individuals, valuable information of general and local importance, which has been disseminated through written and verbal communications and discussions elicited in our meetings, and responses to inquiries addressed to us.

Communications in whole or in part, and facts brought out in our meetings, have found their way into scientific and medical journals and public newspapers and magazines, and some of them have excited considerable inquiry from abroad.

Much labor has been expended in the establishment of meteorological stations in different parts of this county, but while some reliable records have been made, results are far from



commensurate with their cost. We lack only faithful voluntary observers to make this service all it was ever expected to be.

Something has been done in the way of exchanges with collectors and with other institutions, but this field has been much neglected, and many opportunities freely offered us have been wasted because of inability on the part of our officers to devote to the work the requisite time and labor.

We have had the satisfaction, (if not the pecuniary profit) of furnishing, at various times, public scientific and literary entertainments, which have been of interest and usefulness to the people.

Our cabinet is creditable both in the character and number of its specimens, and our library abounds in works of interest and value not often found in private libraries, and is still being enriched by additions of publications from various sources.

Our membership roll, large in the aggregate, has been reduced by removals, and although our ranks have been quite successfully recruited, we have thus lost some of our best workers.

Our work is a labor of love, without hope or desire of remuneration beyond the knowledge gained and the consciousness of useful service which are their own exceeding great reward.

We would appeal to the people to give us encouragement, and aid in the work appointed for us to do. We would appeal to educators of youth to encourage in all suitable ways the dissemination of such information and stimulate such studies and habits of thought as will best enable the mind to comprehend the sublime phenomena with which it is every where surrounded. There is scarcely an individual in our community but could be useful to us in adding a fact or a specimen to our collections. Information of occurrences of natural phenomena and current information pertinent to our objects may be utilized to the good of our institution and thus to all our people.

We desire specimens of every object that may be deemed curious, or to possess an interest for study illustrating especially the natural history of the Pacific Coast. In many instances objects of apparent insignificance contain lessons of rare value.

We should be pleased to receive minerals from our mines, and from wherever found; specimens of soil and sand, rocks, fossils, etc., accompanied with information of the locality and surroundings from which they have been taken. We desire specimens of plants, grasses, flowers, woods and petrifications; also fish, birds, animals, etc., with statements of locality where obtained. We desire Indian implements, both ancient and modern, and wish to receive and place on record all well authenticated statements bearing upon the ethnology, and settlement and improvement of localities.

The occasion is an auspicious one, coming together as we do in annual meeting on our seventh anniversary in a building erected for ourselves, adequate to all our wants for the present, and perhaps for some years to come; and this night we dedicate it to the purposes for which we are banded together, and all the uses which science may legitimately demand of it. It would not be proper to omit, in this connection to make due acknowledgement of our obligations to the large number of ladies and gentlemen, and boys and girls who have from time to time made generous donations to our museum and library, and the encouragement they have given us by their presence at our meetings, and the kindly interest they have, in many ways, shown in our success.

To those who have generously aided us in the erection of this building we would acknowledge special thanks. This liberal response to our first and only appeal for aid implies an obligation on our part to make our institution a public benefaction and a credit to our city. Let us be faithful to the trust reposed in us.

Entering, as we believe we do, upon a new era of prosperity, may we not hope for renewed interest in the work before us, that we shall be aided by valuable accessions to our numbers, and that during the year upon which we are about

to enter more will be accomplished than in any preceding one.

Thus closes my seventh term as presiding officer of this body. I choose the occasion to say that I am by no means insensible to the compliment implied, and the honor conferred by this continued mark of your approval of my humble and feeble, though well intended efforts in behalf of the institution; and it is fitting that I should acknowledge my obligations to you for the patience and forbearance you have shown me, the harmony you have maintained and the ready acquiescence you have shown in whatever was manifestly for the greatest good.

The welfare, the usefulness and the perpetuity of this organization have ever been and will be, with me, cardinal objects.

Having entered upon each successive term of office with well grounded diffidence and distrust of my ability for the kind and amount of labor devolving upon the presiding officer, I hail with much satisfaction the approach of the time when I shall give place to one who will carry on the work with more vigor and more efficiency and more complete success.

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**Homœopathy Ahead.** Dr. Everett's Final Report on the Management of the County Poor-house.—A Very Favorable Showing for the Homœopathic School of Medicine.—Cheapest and Best.

Dr. Ambrose S. Everett, who has been county physician for the past year, yesterday made his retiring report to the board of county commissioners, the board having decided to change the school of medicine to Allopathy. The report is

very favorable to the homœopaths. It is shown that the death rate has not only been decreased fifty per cent, but the cost of the operating expenses has also been greatly diminished. The following is the report in full:

*To the Honorable Board of County Commissioners of Arapahoe County:*

GENTLEMEN—I have the honor herewith to submit to your honorable body, in addition to my regular monthly communication, a summary of the twelve reports submitted by me, covering the official year ending March 31, 1882, and have carefully compared the same with a similar summary for the year ending March 31, 1881.

	1881.	1880
Number of patients on hand April 1.....	82	49
Number of patients admitted during the year.....	926	717
Number of patients discharged during the year ...	858	597
Number of patients born during the year.....	13	10
Number of patients died during the year .....	74	91
Number of patients remaining March 31.....	89	82
Average daily attendance at hospital.....	79.4	67
Number of jail and outside patients.....	337	212
Total number of cases treated.....	1,358	982
Cost of drugs and surgical supplies.....	\$1,001 25	\$1,747 27
Salary of druggist.....		600 00
Cost of prescriptions for outside patients.....		316 90
Total cost of drugs, surgical supplies and salary of druggist.....	\$1,001 25	\$2,664 17
Cost per patient .....	73	2 17
Mortality rate.....	07.9 per cent.	13.2 per cent.

This summary includes all the expenses of the medical department, except the salaries of nurses and physicians. The data from which the amount paid to nurses was to be obtained for the year ending March 31, 1881, are filed away in the archives of the county clerk, and to obtain them would involve more time and labor than either the county clerk or myself had to spare. As the number of nurses and the salaries were about the same, this item would not materially affect the comparative result. Inasmuch as it is left out of both years, it can work no hardship to either management.

From the preceding summary it will be seen that the cost of the medical and surgical supplies during the year ending March 31, 1882, was \$1,001.25. From this amount must be deducted the price of the supplies on hand, and for which amount we have the receipt of the chairman of your honorable board, as will be seen by voucher "A," accompanying this report, amounting to \$244.53, leaving a net of \$756.72 as the cost of these items for the entire year. If to this we add the salaries of the physicians (\$2,200) there will be a total of \$2,956.72—a sum \$43.28 less than the contract price for which you have let the hospital for the ensuing year. If you had retained the homœopathic management in the hospital it could have been run during the coming year (taking the past as a basis)

for a sum not exceeding \$2,700, thus saving to the county over your present arrangement the sum of \$300. This sum is certainly large enough to merit some consideration at your hands. It will also be seen that the cost of the medical and surgical supplies for the year ending March 31, 1881, was \$2,664.17. Adding to this the salaries of the physicians for that period (\$2,500) you have, as the total cost for that year, the sum of \$5,164.17. If from this amount you deduct \$2,956.72 (the cost for these same items for the year ending March 31, 1882), you have a saving of \$2,207.45. This sum, however, does not show the full saving, for, during the year just past, there was an increase of 376 in the number of cases treated. It cost the county during the year ending March 31, 1881, the sum of \$2.71 for each patient. If, during this year, there had been 1,358 patients, as there were during the one with which it is compared, the total cost to the county, including the physicians' salaries, would have been \$6,180.18, instead of \$5,164.17. The real saving, then, is obtained by deducting the cost during the year just past (\$2,956.92) from \$6,180.18, the amount it would have cost had the number of patients been equal during both years. Figuring upon this basis, which is the only just and proper one from which to calculate, the saving in favor of the year just closed amounts to \$3,223.46.

When we took charge of the medical department of the county, it will be remembered that we only claimed to be able to reduce the expenses \$1,000 or \$1,200. From the amount saved it will be seen that we have done nearly three times better than we claimed to be able to do. It will be seen, also, that the death rate has been reduced nearly fifty per cent. It is very gratifying to us that we have been enabled to place upon record and carry down into history results so far in advance of our highest anticipations. It gives me great pleasure, also, to congratulate your honorable body, and especially those members of it who favored the introduction of Homœopathy in the county institutions, upon these results.

In behalf of the homœopathic world I thank you for the fair mindedness, the manly courage and liberal spirit which prompted you to afford Homœopathy the opportunity to make these results. The influences of Homœopathy upon the county institutions will be indirectly felt for years to come. The results which it obtained have already enabled you to contract with the old school for the management of the medical department of the county at a price 50 per cent less than you would ever have been able to do if the change from the old school to Homœopathy had never been made. As this report closes my official connection with your honorable body, I hope I may be permitted to make the following recommendation: I turned over to your honorable board medical and surgical supplies to the value of \$244.53. These supplies stowed away in the office of the superintendent of the county poor will do no one any good, and will constantly deteriorate in value. I desire, therefore, to recommend to your honorable board that with these supplies a free dispensary

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for the outside poor be established, and its management be placed in the hands of the homœopathic physicians of Denver. In conclusion permit me to thank you for the kindness and courtesy I have received at your hands, and for the confidence you have reposed in me as a county officer. —AMBROSE S. EVERETT, M. D., County Physician.—*Denver Daily*.

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### Correspondence.

VILLA ALEXANDRIE, Jacksonville, Fla., March 25, 1882.— People when coming to Florida to spend their winters, will receive benefit according to the care they bestow in avoiding the early morning and night air, and paying as strict attention to hygienic laws here as at the north. If latent disease lurks in the system, coming south often develops it, and a long stay is required for a cure to be effected. The air is so balmy, and it is so delightful to sit out of doors, people forget it is winter, and that there lingers in the atmosphere a remnant of it sufficient to fan into activity any hidden elements of sickness. Rheumatism is such a hydra headed monster, simulating or taking part in so many maladies, it often misleads people. They forget that colds make nearly all the ills that flesh is heir to, and neglect to protect themselves as the changing temperature requires. The cold and dampness here is far more penetrating than at the north. Although the mercury is 80 or 90 each day at noon, we have slept under blankets and wear flannel underwear. The great heat does not prostrate as at home. It is well to stop a week en route, and not as we did come direct from Chicago to Jacksonville. We arrived at night, and when we found ourselves in the morning surrounded with orange bloom and roses, we could not believe our senses. It took weeks to arouse ourselves from the intoxication. That the climate cures consumption, if taken in a reasonable time, I have no

doubt. To make the quickest and permanent cures, patients should remain the entire season and live away from the rivers. The pine lands are, many of them, high and dry, and the sweet, resinous air seems fitted by nature to soothe and heal the irritated lungs. One gentleman told us he left New York six years ago and came here, hoping to add a year or two to his life. He had gone into the pineries, on the margin of a beautiful little lake, with which Florida is filled, and planted a small orange grove. He had worked, for the first time in his life, with his own hands, and had not, in these six years, taken a dose of medicine. He looked like a man good for fifty years—hale, hearty, and perfectly well. He said the heat of summer is nothing, compared to New York. The Indian River counties will be opened to travelers next year, and those desiring to come will find land cheap and the country novel and interesting. Five hundred men are already at work on the Palatka and Indian River Railroad.—Mrs. E. G. Cook.

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**Eighteenth Annual Session** of the Homœopathic Medical Society of Ohio.

MINUTES.

SPRINGFIELD, May 9, 1882.

FIRST DAY—MORNING SESSION.—Society called to order at 10:30 a.m. by President William Owens, M. D., Cincinnati, in the City Council rooms.

J. B. Owens, M. D., being the only member of the Board of Censors present, Drs. William Webster and G. D. Grant were added. The President next appointed as Auditing Committee M. H. Parmalee, M. D., Toledo, and E. V. Van Norman, M. D., Springfield.

Next came reports of delegates from other societies.

William Webster, M. D., Dayton, presented his credentials from the Montgomery County Society, and in his verbal report proved this to be the oldest homœopathic medical society in the state. Hold two sessions during the year—the first Thursday in May and November. Its membership includes many in this part of the state, not confining the society to Montgomery County. At the meetings the members are entertained by the fraternity of Dayton. The papers and discussions are of profit and interest.

M. H. Parmalee, M. D., Toledo, presented his report, as appointed delegate to Michigan Society, for 1881. He was present at the twelfth annual session of this society, and found it to be in an exceedingly flourishing condition. The convention was held in the city of Ann Arbor, and in addition to the society, he, by invitation, visited the homœopathic college and hospital, where many interesting clinics were presented. All in all, he was well pleased with, and highly entertained by, the Michigan Society.

The next credentials were received from Prof. J. C. Sanders as delegate from the Cleveland Homœopathic Hospital and College. The college is progressing, and since they have established the examination in English scholarship as an introduction to the course, the students are of a higher grade than in former years. He urged the profession to take only students with a good English scholarship, that the profession may be elevated.

William Owens, M. D., as delegate to American Institute, reported the meeting of 1881 the best in the history of the Institute, the papers being equal to any in America, especially the one on therapeutics—not excepting the allopathic. It is a society to be proud of, and worthy of our support.

Drs. M. M. Eaton and William Owens reported as delegates to the World's Homœopathic Convention. This assembly was not what they expected. It was not managed as in our country; there seemed to be too much formality. All papers had to be presented January 1, 1881; hence many papers prepared and taken over by Americans were excluded



for this reason. All were not free to discuss the papers read; members were appointed to discuss them, often not having seen the paper until the evening before, giving a very poor opportunity to prepare a discussion. They visited the International Medical Congress (old school), and were treated with as much courtesy as any present; there seemed to be no distinction.

J. D. Grabill, M. D., Union City, Indiana, presented his credentials, with a written report from the Indiana Institute of Homœopathy, as follows:

“UNION CITY, IND., May 5, 1882.

“The Indiana Institute of Homœopathy was organized in the year 1867. The membership now numbers upward of seventy-five, of which sixty are active working members. We meet annually in the city of Indianapolis, and our yearly meetings are the best of any medical society of the west, and second to none in the country. Our next annual meeting will be held on the 13th day of June, for the transaction of business only, after which we will adjourn to meet with the American Institute of Homœopathy, which meets at the same time and place. All physicians are cordially invited to meet with us and take part in the proceedings.

“Fraternally, J. D. GRABILL, M. D.”

There being so few present, the trains not having yet arrived, the address of welcome and President's address were postponed until the afternoon and the Bureau of Obstetrics taken up. Dr. M. M. Eaton read a paper on “Post Partem Hæmorrhage.”

An interesting discussion followed, the participants being Drs. William Owens, J. B. Owens, Parmalee, Logee, Eaton, and Sanders, after which the society adjourned till 2 p.m.

AFTERNOON SESSION.

President Owens called the society to order at 2 p.m. Dr. E. V. Van Norman, of Springfield, introduced A. S. Bushnell, President of the City Council, who delivered the following welcoming address, which was received with applause and responded to by President Owens:

*"Ladies and Gentlemen of the Homœopathic Medical Society of Ohio:* By request of some of the members of your society, whom I very highly esteem, and as President of the City Council, I have been assigned the agreeable duty of bidding you welcome to our city. Therefore, in the name of the people of Springfield, I bid you welcome, and extend to you our friendly greetings. In performing this duty I am not simply complying with the habit of the age on occasions of this kind, but am tendering you the hospitality of a busy, honest, industrious, and prosperous people. We think our county of Clarke the finest county in the state, and our city of Springfield the smartest, most enterprising city in the state. Whether we are correct in this or not, it is a fact that we are a busy people—never so busy, however, but that we have time and inclination to extend the hand of welcome to any person, society or convention, from any part of our country—and especially from our own state of Ohio—who have for their object the improvement and welfare of mankind.

"This is a country and age of great improvement. Within the life of the youngest of your number many great discoveries in science and the mechanic's arts have been made, brought about, and accomplished by the lessons and experience of others who have gone before us, and who, while they may have failed in the accomplishment of their primary object, left us their experience, by which we have been able to accomplish greater results than they had ever dreamed of. The research, the observation, and the experience of any one man is very small as compared to that of the many; the wisdom and learning of any one man would be of little use or value to mankind if kept within himself; but the united experience, wisdom, and learning of many men—who have given their attention to the same business or profession—when used to benefit mankind, becomes of incalculable value to the world. All great political and moral reforms have been brought about by societies and conventions of men intelligent upon the question in hand, whose united wisdom

and experience have devised the means for the accomplishment of the desired end.

“But for the invention, skill, and experience of others, the farmer might to-day be cutting his grass and grain with the scythe and sickle, instead of the almost life-like mower, reaper, and binder; the sound of the flail would be heard upon the threshing-floor instead of the musical hum of the separator; and, indeed, the farmer of to-day might still be cultivating the soil without the aid of the plow, the drill, the rake, the cultivator, and many other labor-saving implements I might enumerate, but for the study and experience of others.

“Had the discovery of the use of anæsthetics died with him who discovered it, the physician of to-day might still be compelled to listen to the cries of suffering without power to relieve, and the surgeon to perform the most difficult and painful operations of surgery with the groans of his patients ringing in his ears. The greatest possible improvement and perfection in medicine and surgery is of the utmost importance to humanity. The high and the low, the rich and the poor are alike subject to all the ‘ills that flesh is heir to,’ and all look to members of your profession for such relief as human skill can give.

“Therefore without regard to school—whether new or old, homœopathic, allopathic, or eclectic—so long as you are engaged in the effort to secure additional means by the interchange of personal thought as to methods and experiences, and in professional labor to bring relief to suffering humanity, I bid you God speed, and in the name of the people of our city, bid you thrice welcome.

“In conclusion, allow me to express the hope that your presence here will not be administered in homœopathic doses, but that you will remain with us as long as your other engagements will permit, and until you have become acquainted with our city and people. And I beg to assure you that if I can in any way add to the enjoyment of your visit here, it will be my pleasure to do so. I trust the memory of this meeting will be attended with pleasant recollections dur-

ing the year, and that Springfield may be named as the place for holding your nineteenth annual session. Thanking you for your attention and courtesy, I again welcome you to our city."

President Owens' response was as follows:

"In behalf of the Homœopathic Medical Society of Ohio, I thank you for this kind and cordial welcome; and I assure you, sir, if we do not realize all the pleasure you wish us it will not be your fault; the fault will lie only with ourselves. As I listened to the kind expressions my mind ran back a period of forty-five or forty-six years, when I passed through the then village of Springfield. Some of the men now present were then wearing aprons. On that 19th of January, 1837, we drove down a hill from the east, over the National road, I believe it is, the snow blowing in our faces with a vengeance. It had been mild when we left London, riding on the outside of the old-time stage coach. The town was all darkness, but we saw one light—at the hotel where we were to stop. When I remember what a small place Springfield then was, and now look upon the prosperity visible on every hand, I understand how all the anticipations of greatness have been realized. You certainly have one of the most beautiful counties and cities in the state. I thought, that morning in January, forty-five years ago, I should never come back of my own choice, but it is a pleasure now to do so. I note the great advantage to the city of to-day of its railroads and manufactories, being the railroad center of this section of the state, as it is a manufacturing center for several states. These are certainly a great compliment to the business enterprise of the citizens of Springfield. Again thanking you for this cordial welcome, we will resume the business of the session."

The Bureau of Obstetrics was continued by a paper from J. C. Sanders, M. D.—"Extra Uterine Pregnancy." Discussed by M. M. Eaton, M. D.

The Bureau of Obstetrics then closed, and the President delivered his address.

After which, on motion of Dr. William Webster, a committee on President's address was appointed by Vice President Van Norman, as follows: Drs. William Webster, Dayton; Hamilton Ring, Urbana; M. H. Parmalee, Toledo.

## ANNUAL ADDRESS.

*Ladies and Gentlemen*—It is a genuine pleasure to meet so many of my colleagues on this occasion, and I make it my first duty and pleasure to return my sincere thanks for the honor conferred upon me in your selection as presiding officer on this occasion.

I believe that it is a time-honored custom and a requirement of your society that your presiding officer shall read before you an annual address on some medical topic. In my humble judgment your time could be more profitably employed in hearing and discussing some of the valuable papers which I am told are here, ready for your scalpels. If you will pardon me I will briefly call your attention to that which seems to me to be the most important, and really the central idea of the field upon which the homœopathic profession should secure and occupy—to combine therapeutics or clinical medicine with the natural sciences, or the application of curative agents in conformity with natural law, and to avoid the too prevailing error of relying too much upon the alleged curative action of crude drugs and too little upon *vis medicatrix naturæ*.

We are too prone to be satisfied with the experiments with drugs upon the sick, which are nothing more than allopathic empiricism, instead of studying more closely the results when applied to the healthy. We can all agree upon the aim and means, but not always upon the methods of application. This can only be remedied by accepting the one law of cure, and as a test of our knowledge the observation of the order of nature and the laws by which she acts. The physician who does this can have no principles or theories, only facts; no eclecticism but these. Nothing tending to ameliorate the conditions of humanity should be foreign to his consideration.

Anatomy, physiology, and pathology are impersonal and scientific in their nature, and common to the profession. The

facts with which they deal are constant. With them, great or small, they are of equal value. Pathology is partial, and even merges into physiology and becomes morbid physiology. All pathologic processes except those of traumatic origin are but disturbed physiological processes — functionalism in excess, insufficiency, or exhaustion.

Clinical medicine is special, not general. Instead of becoming stationary, like anatomy, it is progressive; to become stationary it will and must retrograde. We call ourselves physicians. We can not be too jealous of the name and all that it implies. To be physicians, "curcers of disease," is the special province of Homœopathy. To Italy we owe much of our anatomy, both normal and morbid; to Germany, chemistry, minute anatomy, and histology; to France and Switzerland, much of our physiology. It has remained for Homœopathy to supply a law by which these may be co-operative in the correction of the perturbed physiology.

It has been prophesied that the biological sciences would soon leave medicine a barren waste by attracting to them the most cultivated intellects. On the contrary, in the natural course of things such a result could never happen. There is between science and medicine no antagonism if properly understood. On the contrary, there should be an indissoluble union, as it has been in the past, is in the present, and shall be in the future. The study of medicine has attracted to it the best thinkers and workers in the world of science. Almost every new thought in the progress of natural science has been suggested by, or sprang directly from, the medical profession. At the bedside of the sick nothing could be more beneficent than the aids of science as ministering angels—messengers from heaven with healing on their wings.

Clinical medicine makes its contributions to the advancement of the science of pathology in bringing to our knowledge the first deviations from normal function; and from such early beginnings we can trace the morbid process, until the whole organism is overwhelmed, to result in exhaustion or organic change.

It is well for the progress of clinical medicine that it is thus allied to the more scientific departments, as it quickens our observations concerning points which might otherwise have seemed insignificant, and thus enable us the better to measure the data before us, and advance the solution of difficult problems by more critical and exact methods.

How much has been done of late years in cerebral physiology and pathology? And yet how much remains to be done no tongue can tell. The value of these researches to the clinician can not be calculated. The tone of voice, the play of features, outline of form, carriage of the head and body are invariably related to central condition, which reveal the grosser fact of man's nature.

Clinical medicine is the special province of the homœopathist. All other branches of the profession pale, in point of importance, in its presence. Anatomy, physiology, pathology, surgery, obstetrics, chemistry, and materia medica are not to be omitted, ignored, or studied less; but clinical medicine—*homœopathic clinical medicine*—having established a therapeutic law, should apply these for its illustration and demonstration, for without this law all medical science is blind, groping about for means to remove or correct the morbid process. "Similia" is that law—the only sure guide—which, when combined with the collateral sciences, becomes the science of sciences in medicine as true and universal as nature herself.

It follows from what has been said that all of the phenomena we are called upon to investigate arising under the influence of so-called disease, are essentially vital phenomena, and processes taking place in the living organism, whether it be healthy or diseased; and as surely as the vitality of the living body is maintained only by the constant and regular continuance of its own processes, and by the aid and constant co-operation from without, so surely can these changes in the vital processes, which we call disease, be by any possibility occasioned only by an alteration of vital conditions, arising from internal or external influences; and it is only by the cessation of those changes or derangements affecting the

vital processes—by the restoration of the normal relations—can they regain their ordinary state, whether spontaneously or by the aid of artificial means.

This restoration it is the province of clinical medicine to accomplish; and if we have carefully studied the phenomena of the morbid process from its inception, and find that certain changes take place in conformity to certain natural laws and in a certain order, the same principle must apply to those to which we give the name of disease; and finally, having ascertained the definite and certain effects of the external agent or influence, and that external agents and influences act in a given order and in obedience to fixed laws according to their nature, it follows that the result could not be otherwise than a derangement of the vital processes, in causing or preventing disease, or in effecting its cure. It is equally certain that all of the effects of these agents on the living organism, whether baneful or benign, consist in certain changes in the "functions and feelings of the organism." These changes necessarily arise and proceed conformably to the laws of action of the particular agent or influence upon the one hand and to the vital process and laws of the organism on the other.

In conclusion, then, all science must stand upon a basis of natural law, and that all drugs, external agents, or influences which produce changes in the vital processes of the organism must do so conformably to natural law. The intelligent physician, having a knowledge of these laws, and command of the drug agents or influences, applies them to the disturbed organism, inducing a change in the overtaxed vital process, and the result is the disappearance of the so called disease, and cure according to law.

#### BUREAU OF PÆDOLOGY.

Dr. E. V. VanNorman, chairman, read paper of Dr. T. C. Duncan, Chicago, by title, "Athrepsia—Inanition," also paper on "Ante-Natal Treatment," by himself; this was read by title. After this the Bureau of Clinical Medicine was called.

#### BUREAU OF CLINICAL MEDICINE.

Dr. J. B. Owens, chairman, read the following papers by title: "Vaccination." By Dr. R. N. Warren, Wooster.



"Fatty Degeneration of the Heart." By Dr. A. A. Lovett, of Eaton, and a paper on "Rheumatism," by Central Ohio Society. Dr. Hamilton Ring read an interesting paper, "Euphrasia—a Clinical Case." Dr. C. C. White reported several clinical cases. The Bureau of Clinical Medicine closed with a paper by the chairman, "Typhoid Fever *vs.* Typhoid Symptoms," also reported several cases from practice.

## BUREAU OF MATERIA MEDICA.

The bureau was introduced with a paper on "Artemisia Tridenta; or, the Sage Brush of the Western Plains." The proving shows it to be a valuable remedy in hepatic disorders.

On motion, all visiting members present were invited to participate in the discussions.

Dr. J. W. Clemmer, of Columbus, read a paper on the "Fallacies of High Potencies."

After its discussion, and an invitation by Dr. E. V. Van Norman to a reception at his residence at 8 p.m., the society adjourned, to meet Wednesday at 9 a.m.

## WEDNESDAY MORNING.

President Owens called the convention to order at 9 a.m., and appointed a committee on publication, as follows: Drs. H. E. Beebe, Sidney; H. M. Logee, Oxford.

On motion of Dr. H. M. Logee, all papers read before the society by members of the society were referred to the Committee on Publication.

The regular order of business was now suspended, and the society proceeded to the election of officers and place of holding the meeting for 1883. Columbus being the only place mentioned, it was unanimously decided to hold the nineteenth annual meeting in that city.

The following officers were elected for the ensuing year: President, Dr. C. C. White, Columbus; Vice Presidents, Drs. C. E. Walton, Hamilton, W. A. Philips, Cleveland; Secretary, Dr. H. E. Beebe, Sidney; Treasurer, Dr. J. C. Sanders, Cleveland; Censors, Drs. J. M. Miller, Springfield; J. P. Geppert, Cincinnati; H. M. Logee, Oxford; R. D. Connell, Columbus; N. Schneider, Cleveland; R. B. Rush, Salem; M. H. Parmalee, Toledo.

A paper by Dr. R. B. Johnston, of Ravenna, just received by mail, was read by title: "Puerperal Pyæmia." Referred to Publishing Committee.

BUREAU OF INSANITY.

The Bureau of Insanity reported one paper—by Dr. J. P. Geppert; read by title: "Popular Errors Concerning Insanity."

BUREAU OF SANITARY SCIENCE.

The Bureau of Sanitary Science opened with a paper by Dr. E. R. Eggleston, Mt. Vernon; title: "The Dynamics of Sanitary Science." A scholarly production; must be read to be appreciated. Two other papers were read by title—"Cremation," by Dr. J. P. Geppert, Cincinnati, and "Food Adulterations," by H. M. Logee, Oxford.

BUREAU OF ANATOMY, PHYSIOLOGY AND PATHOLOGY.

All the members of this bureau were absent. Four papers were sent in. The Secretary read each by title: "How to Teach Physiology," by Dr. J. D. Buck; "Water as a Labor Preparative," by Dr. J. A. Gann; "Physiology and Pathology of Fever," by Dr. S. R. Geiser; "Etiology and Pathology of Venereal Diseases," by Dr. Charles F. Ring.

BUREAU OF SURGERY.

Dr. M. H. Parmalee read a paper—"Perinæo-rectal Lacerations." Following this was a paper—read by Dr. D. W. Hartshorn—"Treatment of Angular Curvature of the Spine."

Dr. Hartshorn's paper was discussed by Drs. Schneider, Anderson, Parmalee, and Walton.

Dr. G. W. Moore read a paper on "Strangulated Hernia;" Dr. Anderson one on "Hip Disease;" Dr. C. E. Walton, on "The Removal of Versical Calculi"; Dr. N. S. Schneider, on "Treatment of Open Wounds." All were referred without discussion, except Dr. Schneider's, which was discussed by Drs. R. D. Connell and M. H. Parmalee.

BUREAU OF GYNÆCOLOGY.

This bureau presented two papers, which were read by title and referred. "Uterine Hydatids," Dr. S. S. Salisbury, Washington C. H.; "Dysmenorrhœa," Dr. Ellen M. Kirk, Cincinnati.

BUREAU OF REGISTRATION, LEGISLATION AND STATISTICS.

The report of this bureau was presented by Dr. J. R. Flowers, and referred to the Committee on Publication.

BUREAU OF OPHTHALMOLOGY AND OTOTOLOGY.

This bureau presented two papers, which were read by the authors—Dr. W. A. Philips, "Ophthalmia Neonatorum," and Dr. G. C. McDermott, "Cases from Practice." Bureau closed without discussion.

By motion of Dr. J. C. Sanders, Drs. Lewis Barnes and H. W. Curtis were elected permanent honorary members of this society, and all dues heretofore and in the future accruing, be canceled.

By motion of Dr. E. V. VanNorman, Dr. J. D. Grabill, of Union City, Ind., delegate to this society from the Indiana Institute of Homœopathy, was elected an honorary member.

The president appointed delegates to other societies as follows: American Institute of Homœopathy, Drs. D. W. Hartshorn and H. M. Logee. Michigan State Society, Drs. M. H. Parmalee and J. C. Sanders. Indiana Institute, Drs. G. C. McDermott and W. A. Phillips. Western Academy of Homœopathy, Dr. W. A. Phillips. Montgomery County Society, Dr. John M. Miller.

The auditing committee reported the treasurer's books correct and reported as follows:

*Homœopathic Medical Society of the State of Ohio,*  
*In acct. with J. C. Sanders, Treasurer.*

By cash received from dues and assessments  
to date, \$12.30, May 10, 1882.....\$532.56

To Bills Payable:  
J. P. Geppert,.....\$144.00  
H. E. Beebe,..... 49.70  
W. J. Morgan,..... 82.50  
Short & Foreman,..... 35.00  
J. C. Sanders,..... 10.00

321.20

In Treasury,.....211.36

532.56

—J. C. SANDERS, Treasurer.

The committee on president's address report the following:

SPRINGFIELD, O., May 10, 1882.

The committee appointed to take into consideration the address of our President take pleasure in reporting that the excellence of the said address should commend it to a careful reading by each and every member of this society. That we recommend its publication.

W. WEBSTER, M. D.,  
M. H. PARMALEE, M. D., } Committee.

During the general sessions of the convention the censors reported twenty-four applicants for membership, and all were duly elected; they were as follows:

Members admitted this year: Drs. James Andrews, Celina; J. C. Tritch, Findlay; T. T. Hale, Spring Hill; D. B. Hale, West Liberty; W. H. Courtland, Zanesfield; Benjamin A. Bradly, Cincinnati; H. C. Houston, Urbana; Ralph Warden, Groveport; R. D. Connell, Columbus; A. E. Elliot, Lodi; B. S. Hunt, Tawawa; John M. Miller, Springfield; J. E. Studebaker, Springfield; C. Hoyt, Chillicothe; W. A. R. Tenny, Cincinnati; F. S. Adams, Columbus; Charles W. Carroll, Sidney; C. F. Ginn, Miamisburg; J. K. Webster, Dayton; M. H. Mills, Attica; M. M. Moffit, London; J. D. Harris, Franklin; G. M. Ireland, Wilmington; J. C. Fahnestock, Covington.

There being no further business the meeting adjourned to meet in Columbus the second Tuesday in May, 1883.

H. E. BEEBE, M. D., Secretary.

WM. OWENS, M. D., President.

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**The Spent Bullet.** By Gail Hamilton.

Never again let this generation, at least, hear one whimper from science against religion. In the long warfare religion has often chosen her ground with stupidity, selected her weapons with ignorance, and wielded her forces with passionate feebleness; but she never made so pitiful a display and so futile a use of her resources as science made over the death-

bed of President Garfield. When the question is of nebulae, of atoms, of the rock's growth and the earth's age, of the spirit's substance, of life's origin, of the infinite in space, the inconceivable in time, the unknowable in eternity—science has it all her own way. We can not bridge the chasm between mind and matter. No man hath seen God at any time to prove Him the Creator. From the grave no being has arisen to our eyes, and from the stars no voice comes to our ears to dispute whatever the wise men may say.

But here was solid ground for science to stand on and demonstrate her power. She had nothing to do with the remote, with the past, with abstractions. Before her eyes, under her hand, lay a human soul in sore strait—a human life hunted into the valley of the shadow of death, longing to come out again into the sunshine of the fair and open day. The whole Nation, the whole world, shared in the longing. Whatever love and wealth could proffer was ready to the hand of science. Everything that gratitude could inspire, everything that ambition could desire, lay in wait to reward the man who should conduct the august sufferer back through the gates of life.

And science accepted the trust manfully. The most celebrated and the most accomplished brought to that darkened chamber their highest knowledge with ever renewed and unwearying effort. The railroad and the telegraph were put under their control. No cost hindered any experiment or curtailed any care. The Nation stood behind, not only permitting but urging every expenditure of brains and money; to the same end, urged their own self-interest, patriotism and humanity. Day and night they ceased not to work and watch, and the result was—failure, absolute, thorough, undisputed failure—failure so minute and complete that only its terrible gravity kept it from being ridiculous, and not even its terrible gravity could keep it from being grotesque.

Science can spin the world back between her thumb and finger a billion years, and we go spinning with it because we can not help ourselves. Science can locate the soul in the grayish matter of the brain, and we submit because we

May-4

can not dig deeper than that grayish matter to search for a deeper soul. But when science comes into a practical realm where we can prove or disprove her accuracy, her keenest scent for truth, her finest touch of skill is to group until the man is dead, and then find the bullet in a wash bowl. Nescience could do that. What availed science to Garfield? She never treated or touched the wound which the bullet made, and which she was summoned to heal. She never even found it. She made two ghastly wounds herself, and for eighty days she clawed at them. The bullet which the surgeons could not find Nature carefully encysted. The bullet wound which they never touched, Nature safely and silently healed.

Surgical science is reduced to the pitiful claim that she alone kept Garfield alive for eighty days. This is a suicidal self relegation to the unprovable. Routed on the tangible field of fact, she flees to the cloud-land of speculation, and again throws up intrenchments. So claimed the pious and thrifty Winchester for bluff King Hal—

The church's prayers made him so prosperous.

And as grim Gloster thundered back:

The church! Where is it?  
Had not churchmen prayed,  
His thread of life had not so soon decayed—

so in response to this claim, which can never be demonstrated, is it equally irrefutable and perfectly fair to say:

Had not the doctors preyed,  
His thread of life had not so soon decayed.

Nescience has precisely the same right and the same reason to speculate: Take a man in perfect health, and give him into the control of surgeons, unwounded, and let them make two such wounds as Garfield suffered at his surgeons' hands, and let them bore into these wounds every day as Garfield's wounds were bored into—sometimes with seven different catheters of different sizes at a single dressing—and let them feed the man as Garfield was fed, and furnish him the malarious air that Garfield breathed, and sequester him as Garfield

was sequestered—and not one man in ten thousand would survive the horror of it for eighty days.

Nor is it surgical science alone that suffers. Electricity came forward—stimulated by the common grief, and love, and longing—with an ingenious scheme to discover the ball by some mystical metallic affinity. The world was proudly bidden to bend its ear and hearken to the hum and buzz of the obedient bullet responding to the summons of the marvelous machine. How it did hum and buzz! We heard it from Maine to California, and did obeisance to science.

But when the weary soul had fled, and this fine and far reaching science could fail to work like a butcher in the shambles—the bullet was not there! It never had been there. Science was so wholly blind to the bullet's location that she took an hour and a half to find it, even in the shambles. The bullet lay remote, concealed, where kindly nature wove around it the curtain of harmlessness, while a malignant and mischeivous pus-pocket was personating it to the credulous surgeons and laughing science to scorn for eighty days. Life guarded her secret well. Death did but toss up a flattened leadened ball to a useless and senseless scalpel.

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## Book Notices.

Guiding Symptoms of Our Materia Medica. Vol. III. By C. Hering, M D.  
American Homœopathic Publishing Company, Philadelphia.

Notwithstanding the death of Dr. Hering, this work is being rapidly completed under the able editorship of Drs. C. G. Raue, C. B. Knerr, and C. Mohr. We quote from the preface: "It has been our aim to complete the volume just as it would have been had Hering lived. At the time of his death the first forms, containing *Bryonia*, had left the press. *Bufo sa.*, *Cactus*, etc., had been prepared by him for the printer, and a day before his sudden death he was collating the materials of *Calcarea ostrearum*. Here his work of over fifty years

was turned into hands he had trained and trusted, for the purpose of completing what he felt he would never see finished in this life, and yet hoped to in the next; for in his homely and quaint way he said, a few weeks before his departure, "Perhaps, from my place in heaven, I may peep through a little hole and see that my work is well done." In respect to the dedication, Dr. Hering wrote: "This third volume is dedicated by the author to Dr. P. P. Wells, one of his oldest and dearest friends. Why was not the first volume dedicated? It had been intended, and was promised to be dedicated to our gifted Carroll Dunham, but he had been called away and his place remained empty. Why was not the second volume dedicated? \* \* \* It seemed very uncertain whether an exhaustive work would ever be wanted by the profession, but the demand for our third volume makes it no longer doubtful." As a motto for himself, his co-workers, and others when he began his third volume, the ceaseless worker wrote: "Individualize and study our most valuable medicines in their monographs, picking them out, here and there, for comparison, but not in alphabetical order. Go on in that way, not omitting a day, until *Zinc* will roof the building." This is truly a grand work. It can have no peer—certainly not in the present century, for not soon will another Hering be vouchsafed to the world.

#### The American Homœopathic Directory and Year-Book.

In accordance with an understanding had with Dr. Pettet, publisher of the North American Homœopathic Directory, 1877-78, the undersigned will issue, early in the coming year, a work to be entitled "The American Homœopathic Directory and Year-book." It will include, first, a *directory* of the homœopathic physicians of North America; second, *homœopathic societies*, national, state, and local, with times and places of meetings for the year 1882, etc.; third, public institutions, colleges, hospitals, public dispensaries, asylums, "homes," etc., in which Homœopathy is taught or practiced; fourth, literature—titles of books, journals, pamphlets, etc., issued during the past year, with names of authors, editors, and publishers, and the size, style, and price; fifth, public medical service—homœopathic physicians acting as members of health boards, pension examiners, surgeons in the army, navy, national guard, or militia, physicians in government hospitals, prisons, alms-houses, etc., etc.; sixth, legislation enacted in 1871, specially affecting the rights and privileges of homœopathic practitioners. The completeness and accuracy of such a publication must depend almost entirely upon the aid voluntarily furnished by physicians in all parts of the country. Without an abundance of this practical sort of encouragement, I shall make but sorry work of it. I therefore appeal most earnestly that each reader of this notice will *immediately* send me, by postal card, his or her full name, state, county, post-office, and, if residing in a large city, the street and number. Especially should this be done by those who have commenced homœopathic practice or changed their residence since 1877, the date of publication of Dr. Pettet's directory. It is also requested that officers of societies and public institutions will forward at once such information as is above indicated, and that publishers will likewise transmit complete lists of their publications of 1881 for insertion in the Directory. A copy of the work, in paper cover, will



be sent to each physician who takes the trouble to forward his name and address, or who, in any other way, aids in its preparation. A few copies will be neatly bound in cloth, for sale at one dollar each. Address Pemberton Dudley, M. D., Southwest corner of Fifteenth and Master streets, Philadelphia.

**Lectures on Diseases of Children.** A hand-book for physicians and students. By Dr. Edward Henoch. William Wood & Co., N. Y.

If children continue to die it will not be for want of books written upon their many diseases. Their peculiar morbid conditions are a fruitful study, and no one author is able to quite exhaust the subject. Hence it is that we take up each new book with interest. Dr. Henoch has undoubtedly a large experience among children, having for a long time been in charge of the children's wards in the Royal Charite. There can not be said to be much, if in fact anything, new in this work. It is of the characteristic type of the allopathic school. The author presents forty-nine formulæ of things variously combined, and remarks that he does not consider them "an offense against science." This apologetic phrase is a hopeful sign. He shows a consciousness of the fact that, after all, they may be, and we assure him they are, a most grievous offense. He says that "older physicians may dispense with them"; they probably will. To the young physicians they will furnish "welcome hints," and we suppose they will be followed until they learn better. This is the March number of the Library of Standard Medical authors for 1882.

**Illustrations of Dissections,** in a series of original colored plates the size of life, representing dissections of the human body. By George Vinei Ellis, Professor, etc., and George H. Ford, Esq. Volume I. Second edition. William Wood & Co., New York.

The volume before us is the January number of the Library of Standard Medical Authors for 1882, and is a reproduction of the Ellis & Ford great work, reduced on a uniform scale and reproduced in fac simile, so that for a nominal price we have what, by virtue of its original immense cost, was practically beyond the reach of the profession. This is a grand undertaking by the publishers, and we begin to believe that nothing is beyond their enterprise. The plates are beautifully colored, and the text is very full and complete. Volume two of the same is presented to us for the March number, and the two volumes constitute the most valuable addition that can be made in anatomy to any physician's or student's library. We do not hesitate to give unqualified recommendation to the work, now so fortunately brought within the reach of all.

**Angell on the Eye.** Sixth edition. Boericke & Tafel, New York.

This standard text-book is kept fully up with the times. The author and publishers are determined it shall not get old. Decided improvements are visible in the present edition. It is a work well adapted to the uses of the medical student, and we are sure the general practitioner can find no work so well adapted to his wants in looking up his eye cases. In saying this we do not overlook the fact

that the author is not a very strong homœopath; and it would seem that with each edition he leans more and more away from the strict homœopathic method. This is to be regretted and deprecated. We should be loth to follow his directions upon many points. But in many respects it is the best we have, and, on the whole, excellent.

**Eaton's Illustrated Domestic Practice for Parents and Nurses.** Cincinnati, Ohio. M. M. Eaton, Jr., & Co., publishers.

This is a handsome volume, well printed, containing over 700 pages of useful matter. The author has given special attention to the ailments of females, and his specialty has peculiarly fitted him for treating this part of the work intelligently. We feel that Dr. Eaton has done as well by the general part of the practice of medicine as other treatises; but the question arises, Do we need homœopathic treatises for domestic practice, now that the profession is so numerous, and all considerable towns and communities, appreciating Homœopathy, are supplied with physicians? Is it advisable to trust serious illnesses to bungling, hesitating treatment of the unskilled? Statistics indicate that best results follow proper treatment of all cases of sickness when skilled persons have charge early. The beauties of our system and our growth will not be enhanced unless we continue to show good results, and thoroughly qualified practitioners—those attending institutions for knowledge not diplomas—are the only qualified exponents we should commend.

**Epilepsy: Its Relation to Crime.** By J. Martine Kershaw, M. D., St. Louis.

This brief monograph embraces an interesting and important study of a medico-legal question quite apropos to the present time. Dr. Kershaw is a diligent and successful student of insanity. He may be read with profit.

**Hubbard's Newspaper and Bank Directory of the World.** New Haven, Ct.

This is certainly the grandest work ever issued by any one for the general public relating to statistical knowledge of periodical publications. It is nearly perfect, and we hardly expect it to be surpassed by any future effort. The work represents a stupendous amount of labor and expenditure. The two volumes contain nearly 2,600 pages of printed matter in different languages. For persons wanting reliable knowledge pertaining to periodicals, such as circulation, value of medium for advertising, etc., we commend Hubbard.

**Monroe's Materia Medica Memorizer.** By A. L. Monroe, M. D., Danville, Ky. Published for the author. Price 75 cents.

In this little work the author has acrosticized and rhymed symptoms of forty-four principal remedies, using the most important key-notes. We have seen nothing that at all compares with it in the ease it affords for memorizing the most essential part of our materia medica, and heartily commend it to the profession as a constant pocket companion.

## Editor's Table.

DR. G. S. BARROWS to Chillicothe, Mo.

DR. O. P. BLATCHLEY has moved to Plano, Ill.

DR. G. W. SHERBINO has moved to Scottsdale, Pa.

DR. G. M. OCKFORD has removed to Vincennes, Ind.

DR. C. LIPPE has moved to 68 W. 50th st., New York.

DR. T. F. POMEROY is now at 68 Fayette st., Baltimore, Md.

DR. JNO. J. MILLER, class '80 U. of M., is in Kansas City, Mo.

DR. MCCHESNEY has moved to McMillan and Park av., Walnut Hills.

DR. PHIL. PORTER has located at Lafayette st. and Cass av., Detroit.

DR. G. N. MACOMBER has removed to 110 S. Selina st., Syracuse, N. Y.

DIED.—Mrs. H. C. Morrow, wife of Dr. H. C. Morrow, of Sherman, Texas.

DR. S. C. MAKEMSON has entered partnership with Dr. VanVoorhis, Bedford, Ia.

DR. D. E. FORSTALL has associated himself with Dr. J. S. Cooper, Atchinson, Kan.

DR. H. M. DAYFOOT has formed a partnership with Dr. E. H. Hurd, of Rochester, N. Y.

DR. F. PARK LEWIS, of Buffalo, has removed his office and residence to No. 188 Franklin st.

BALTIMORE has a medical college for females, but the faculty is composed of males entirely.

THERE are fourteen dental colleges in the United States, which graduated nearly our hundred students.

DR. FRANKLIN'S Minor Surgery is selling rapidly. It is universally pronounced to be "just the thing." Don't fail to get it.

DR. W. E. CARNAHAN has returned from California and settled in Beloit, Wis., preferring, as he says, the climate of the latter place.

DIED.—Mrs. Esther Rutherford, wife of Dr. J. C. Burgher, of Pittsburg. Our sympathies are extended to the Doctor in his bereavement.

G. W. SMITH'S New Label Holder, patent pending, Cincinnati, O. The best method yet offered to the profession for supplying the needed labels.

THE next annual session of the Western Academy of Homoeopathy will be held in Kansas City, Mo., June 20-22.—C. H. Goodman, M. D., Secy., St. Louis.

LOCATED.—Dr. J. L. Daniels of the class of '82, N. Y. Hom. Med. College has been appointed on the house staff N. Y. Hom. Charity Hospital, Wards Island.

THE Alumni Association of the Hom. Dept. U. of M., June 29, 7:30 p.m. Address by Dr. Hubbard, class '77. Banquet immediately after.—A. R. Wheeler, M. D., President. A. Lodge, M. D., Secy.

DR. J. R. HUBBELL, of the Hom. Dept. U. of M., was called away from his post to take charge of the agency of the Society of the Red Cross at Vicksburg, Miss., and is busily engaged in giving aid to the sufferers from the great flood.

DR. SAMUEL O. L. POTTER, of Milwaukee, once connected with the celebrated Milwaukee Test (?) graduated recently in the Jefferson Medical College of Philadelphia. The Doctor took the Henry C. Lea's Son & Co.'s prize of one hundred dollars for his thesis on Dyslalia.

THE American Institute of Homœopathy meets at Indianapolis June 16-19. All western physicians should make special effort to attend this meeting of the oldest national medical society of United States. It will do all attendants good to brush against our live men in the Institute.

AT Yale last year, so says a college paper, the valedictorian was a Hebrew, the salutatorian a German, the prize declaimer a Chinaman; but the pitcher of the base-ball club was an American. America is bound to give her young men a liberal education in one department at least.

A "REGURAR" physician of San Diego places on record with the county recorder a return of a death in compliance with the registration law of California in which he states the cause of death to be "want of vitality." The diagnosis is as unquestionable as if it had been "want of breath."

A HOMŒOPATHIC PHYSICIAN WANTED at Meridan, Miss. For particulars address T. H. Dickson, Esq. Favorable openings in other towns of the state, also in many parts of Texas and Alabama. Homœopathy is rapidly gaining ground all along the line.—Boericke & Tafel, New Orleans, La.

PROFESSOR J. W. DOWLING, after a service of twelve years as Registrar and Dean of the N. Y. Hom. College has retired from the deanship on account of the arduous duties connected with his private practice. Prof. Dowling was elected President of the Faculty and retains his chair of Prof. of Physical Diagnosis and Diseases of the Heart and Lungs. Prof. Allen was unanimously elected dean.

DR. JOHN H. HENRY, Montgomery, Ala., writes concerning the springs in a private letter: "To Dr. T. C. Bradford, of Cincinnati, I am indebted for advising me to go to Henly Springs, Bush co., Va., as he had visited many springs to learn their qualities. I left Salem, Ala., where I had practiced Homœopathy for twenty-five years, and left a good field unoccupied. For a practical man there is a good opening."

THE next annual meeting of the American Pedological Society will be held at Indianapolis, in June, during the session of the Am. Institute. The topics for discussion will be infantile eczema, capillary bronchitis, diphtheritic croup, and elementary infantile foods. All members of the society and all other members interested in pedology are requested to be present and invited to contribute papers on one or more of the subjects named.—W. P. Armstrong, Secy., Lafayette, Ind.

GRATEFUL TRIBUTE.—Whereas, After serving for five years as secretary of the Kansas State Homœopathic Society, Dr. J. H. Moseley has decided to remove from our midst, we, the members of said society hereby *Resolve*, That our thanks are due to Dr. Moseley for the faithful and able manner in which he has discharged the duties of his office, and that while we part from him with sincere regret, we would commend him to the confidence and esteem of the community to which he intends transferring his field of practice.

TWENTY-FOUR per cent of the candidates for graduation in the University of Pennsylvania were refused diplomas. Something good has come out of old Pennsylvania, and we wish some of the mushroom colleges of the country would have the administration of diplomas taken from their hands. In Ohio candidates for admission to the legal fraternity are com-

pelled to pass examination before a State board of examiners at the capital. This board does not contain members of the law schools. When will the medical profession be as wise as the legal and secure its respectability continually by such means? We hope soon.

THE commencement exercises of Hering Medical College of St. Louis took place March 16th. Eight students received the degree: E. B. Thomas, Mo.; Jos. B. Dicky, Ill.; R. F. Gray, Mo.; Jno. Steines, Ia.; Lee H. Dowling, Ia.; L. L. Schierrech, Mo. and A. B. Knott, Ill. E. B. Thomas captured the Luyties prize for best examination in surgery, and R. F. Gray the Bockstruck prize for best examination in materia medica. Flowers were numerous and everybody was made happy. Prof. Wm. C. Richardson delivered an eloquent address in which he spoke of the excellent prospects of the "Hering" as an exponent of *pure Homœopathy*.

INDIANAPOLIS, May 25, 1882.—Dear Editor: Please announce that the indications for a large meeting of the American Institute in this city are very flattering, and this will be one of the largest and best meetings we have ever had. The local committee have secured Dickson's Grand Opera-house as the place of holding the meeting, instead of Plymouth Church, and every effort is being made to give the visitors something in the way of a most cordial welcome that they will not forget. All who intend to come should apply at once to the undersigned for reserved rooms, if they would not be forced, at the eleventh hour, to put up with a "skylight." Don't let anybody stay away. Hurrah for the Institute!—Yours fraternally, O. S. RUNNELS, Chairman Committee of Arrangements.

A NEW-BORN rivalry exists in Philadelphia—a rivalry between the city hospitals as to which of them shall have the largest number of patients. Of beds they have 2,549, and of patients to occupy them only 739. The managers of the humane institutions fairly scramble for an object on which to bestow their kindness and care. The city has resolved itself into a city of Good Samaritans, while the Levites have all moved over into New Jersey. The Philadelphian who has sought to explore the wine-cup too deep, and has subsequently retired to the gutter, is just as liable to be taken for a sick man as a drunkard, and on a litter be carried to a hospital. Indeed, a spree, which in most places ends in a station-house, in Philadelphia is likely to end on a comfortable cot in a rival hospital, where the principal business is that in which the Good Samaritan indulged, viz: the pouring in of oil and wine. To those who "enjoy" poor health Philadelphia is now most sweet, since it is a place where their enjoyment can be materially enhanced.

A PETITION with blank space has been sent to members of the profession requesting signatures, to be presented for delaying still more a tardy retribution or a change of sentence for the murderer of J. A. Garfield. We sincerely hope no signatures may be secured, and have too high an estimate of the better members of the profession to expect the support sought to be obtained from them. The best psychologists of United States have pronounced the criminal responsible and sane, and should a few mal-contented who were not solicited to act in the case be permitted to indulge their grievances at so great an expense to the country? If these men clamoring for a new investigation are really experts, they are not positioned to pass judgment on the acts of the experts acting before them. The convicted criminal may have changed mentally from knowing the gloomy future as related to him, and his condition now could not justly effect the criminality of his act. We need more respect for the old bibli-

cal teaching of justice, which recommends an eye for an eye. Let us have no such circumlocutionary efforts just for the display of technical skill, but let individuals, doctors and lawyers do the duties delegated to them by the community for the single purpose, *i. e.* the good and pleasure of the greatest number. Let no sickly sentimentality prevent the destruction of that which is injurious, whether it be in the form of a disease germ or the form divine.

HOMEOPATHY IN CLEVELAND.—Cleveland, O., April, 1882.—My Dear Doctor: It affords me pleasure to present the following authentic reports of the results of our practice in two of the public institutions of Cleveland, and the ratio of deaths of the allopathic and homœopathic schools of medicine for the year 1881: The Cleveland Orphan Asylum, which was for two years under the medical direction of Dr. F. H. Barr, had three epidemics—scarlet fever, measles, and diphtheria. Though malignant in character, all recovered. For the eleven years I was the surgeon-in-charge of the Cleveland Work-house, 11,789 patients were treated, 25,063 prescriptions dispensed. There were 35 deaths. A comparison with the best mortality reports of other work-houses gives this institution a ratio of mortality 36 per cent better than the Detroit Work-house, and 57 per cent better than the Allegheny, and 450 per cent better than the Ohio Penitentiary. For the year 1881 the ratio of deaths in Cleveland to each allopathic doctor is 16.54, and for each homœopathic doctor 7.48—a per centage of 121.12 better than the allopathic school. Of all reported cities the homœopathic doctors of Cleveland have the smallest ratio of deaths, and the largest per centage over the allopaths. With kindest regards, believe me, yours very truly, H. F. BIGGAR.

THE AMERICAN INSTITUTE OF HOMEOPATHY.—To the members of the American Institute of Homœopathy and the general profession: The thirty-ninth anniversary and the thirty-fifth session of this national body will be held in Dickson's Opera-house, in Indianapolis, Indiana, commencing Tuesday, June 13th, at 10 o'clock a.m. The proceedings will be opened with the address of the President, William L. Breyfogle, M. D., of Louisville, Ky. The titles of the papers to be presented by the different bureaus, so far as they have been reported, cover a range of practical subjects of great importance and daily interest. The thirty-fourth session was marked by an awakened interest on the part of the members in the advancement of the material prosperity of the Institute, as shown by the attendance and the large addition to the membership. We have no doubt that the thirty-fifth session will be equally successful in each particular. Whether you are present or prevented from attending, you should not forget that the Institute is a representative body, and your presence is desirable to enable it to maintain this position. Indianapolis being one of the great railroad centers of the west, it can be reached easily from every point. The members of the profession living in the state are prepared, through the Indiana Institute of Homœopathy and Dr. O. S. Runnels, Chairman of the Local Committee of Arrangements, to give the members of the Institute and their families a most hearty and generous welcome, and will do all in their power to make the meeting one of pleasure and profit. The members of the Institute will be accommodated in the following hotels: The new Denison House, terms, \$2.50, \$3 and \$3.50 per day, according to the location of the rooms; the Bates, \$2.50 and \$3, and Grand, rates to members, \$3 and \$3.50 per day; a limited number of rooms will be placed in reserve at \$2.50 per day.—J. C. BURGER, M. D., General Secretary.



T. P. WILSON, M. D., EDITOR.  
ANN ARBOR, MICH.

J. P. GEPPERT, M. D., ASS'T EDITOR  
CINCINNATI, O.

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PROFESSOR DOWLING'S reply to Dr. PALMER'S attack on Homœopathy (both articles to be found in the North American Review) is a well-considered and satisfactory effort. Dr. PALMER will find in it plenty of food for thought, but it is not likely he will give it any more consideration than he has the subject in general. That he has done our cause valuable service is unquestionable. The more he attacks us the wider will the knowledge of Homœopathy spread. Unwittingly he opened the door through which Professor DOWLING gracefully enters and holds the ears of the public. The outcome of this controversy is altogether satisfactory on our side.

GRAND RAPIDS, May 17.—We have just finished a two days' session of the Homœopathic Medical Society of the State of Michigan. It is a sincere pleasure to record the complete success of the meeting. Probably no state society in this country has suffered so much from internal dissensions as this one. The life of this society has been stormy almost beyond parallel. But those days have passed, never more to return. Not that disturbing elements do not exist, but they are so hopelessly in the minority that they are not likely to become again ascendant. The past three years have been fruitful of good works, and one could not wish for a more harmonious company than gathered here on yesterday and to-day. Grand Rapids is indeed one of the most beautiful cities of the west. Thanks to the courtesy of the physicians resident, we enjoyed several rides through the charming streets and over the grand avenues that are to be found linked in endless succession for miles on either side the Grand River, and

across the valleys and over the hilltops, upon which the city is so royally built. We can not give a detailed account of the proceedings, though it would please us to do so had we the space. Over fifty ladies and gentlemen, representing the best of the medical profession of the state, gathered in the parlors of the Morton House. The whole of the two days was well filled with the reading of papers and their discussion. Dr H. R. ARNDT, the President of the Society, also resident of the city, performed his double office of host and presiding officer with great success. To him and Dr. WHITWORTH belong much praise for the care they took to have everything thoroughly agreeable. As a presiding officer Dr. ARNDT acted with promptness and justice, as well as with most excellent taste. Dr. R. B. HOUSE, the indefatigable Secretary, was at his post and in the proper discharge of his arduous duties. Dr. WHITWORTH opened the proceedings by a pleasant address of welcome. Then followed several papers and discussion, and then adjournment to dinner.

In the afternoon the members having become warmed up to work, made excellent progress in their reports. In the evening the President gave us the annual address, which was on all hands pronounced splendid. A synopsis is out of the question. The second day opened with an increased attendance, and greatly increased interest in the work of the convention. The bureaus were generally quite full, and many excellent papers were read and discussed. As usual, election came round at last, and some little interest was developed, until it was discovered that it was a spontaneous and foregone conclusion that Professor E. C. FRANKLIN was the chosen man. He was so promptly and overwhelmingly elected that if he had any opponents the tellers did not report their names. This indorsement of Dr. FRANKLIN was enthusiastically made, in view of the fact that he is just now the object of a most bitter attack by the allopathic surgeon of the University. The homœopathic profession of the state declared their willingness to stand by the man who in all things so ably represents their cause. The officers for the ensuing year are: President, Dr. E. C. FRANKLIN, Ann Arbor; First Vice President, Dr. A. B. AVERY, Farmington; Second Vice President, Dr. W. E. CLARK, Three Rivers; General Secretary, Dr. A. B. GRANT, Lowell; Corresponding Secretary, Dr. G. L. BAILEY, Battle Creek; Treasurer, Dr. G. L. ROBERTSON, Chelsea. Professors J. C. SANDERS, of Cleveland, and S. LEAVITT, of Chicago, graced the convention with their presence, and joined in the discussion. The convention sat down upon some unpleasant personal matters, that must have surprised the parties who trespassed upon its dignity and good fellowship. The proceedings will be soon published, and we trust they will be widely distributed and carefully read. It may as well be noted that the profession of Michigan are likely to be foremost in doing good, square work, and its annual proceedings will add much of substantial worth to our growing literature. All honor, say we, to Michigan.



**The American Institute.**

The 39th anniversary of this oldest national medical association in America was ushered in and held its annual session in Indianapolis June 13-16, 1882. Pres. W. L. Breyfogle called the meeting to order at 10 a.m. Rev. E. A. Bradley delivered a prayer and read a portion of the Bible. Dr. O. S. Runnels, chairman of the local committee, then presided, introducing Mayor Grubbs, who welcomed the delegates to the city in a neat speech, saying: The people of Indianapolis are proud to welcome a body of such intelligent and skillful members. Such assemblages bring together the best thoughts of the country and attrition brightens the constituents. I do not know whether this Institute has a code of ethics or not. If it has I am sorry for it. The code never made a sick man well or set a broken limb. It never soothed a pain or brought rest to a disordered brain. But it has produced quarrels, discord and delay, and left men to suffer and die, when prompt action might have brought relief. Men whose profession it is to care for and preserve the lives of others have no right to discuss technicalities while their patients suffer and perish. The call of humanity is stronger and more sacred than any clause of any code, and that school which resolves to listen only to the call of duty will find the calls coming at all hours and from the best classes of people. My family physician is a member of this association. As a physician, I do not care to have much to do with him, and yet I would not care to get along without him.

Dr. C. T. Corliss welcomed the delegates on behalf of the Indiana Institute. We wish space permitted giving this speech so as to preserve its callæsthetics: "His Honor, the Mayor, with fitting words, has welcomed you to this city of concentric circles—the city of my adoption, and in which, for more than a quarter of a century, I have, according to the homœopathic law, practiced the healing art. We welcome you to-day, gray-haired veterans, as pioneers of this grand army of intellectual progress. We welcome you from the

harvest fields of the rock-ribbed north; from everglades of the sunny south, and from the granite hills of New England, whose lofty summits reflect the first rays of the morning sun, and from the vine-clad fields of the prairied west. We welcome you with your sheaves of ripened grain to this summer thrashing floor. May you be eminently successful in separating truth from error. Thirty-nine years ago, and the stalwart form I see before me to-day, and whose giant tread is being felt throughout the American continent, was but a puny infant, still wrapped in its swaddling clothes, and in fancy I see Herods of that day seeking the young child's life. Prejudice, born of ignorance and blind intolerance, would fain have sealed the lips of Gallileo forever. But the world does move, after all. Hahnemann was proscribed by his own kinsmen; yea, more, he was ostracised from the land of his nationality. But manfully he stood at the wheel of the noble craft which he had launched, all alone, upon the turbid waters of the sea of German philosophy. Little at first, it has become mighty at last. Like the mountain avalanche, born among the glaciers of the Alps, this incontrovertible idea of the doctrine of similitum, conceived in the brain of the immortal Hahnemann, has materialized and spread until it fills the enlightened portions of the civilized world as the waters cover the bosom of the vasty deep."

Pres. Breyfogle appropriately acknowledged these evidences of kindness and good feeling toward the Institute and delivered the president's annual address: "It is safe to say that the doctrines and ethics of medicine have awakened increased interest. The death of our beloved president has directed attention to medicine from the laity. Public opinion mainly deals with medicine correctly and Homœopathy is owing it for its present position. Public opinion has also done much for the old school. It has forced its practitioners to abandon old ruts, and to travel in modern paths; to leave behind, with heroic medication, the little instrument with which Dr. Benjamin Rush claimed to have drawn enough blood to float a seventy-four gun man-of-war. So great has been this pressure upon traditional medicine that it has

utterly demoralized its followers. Its practice has been truthfully presented when Sir Astley Cooper represented it as founded on conjecture and improved by murder; its fear of truth and bigotry by this notice contained in the *Dublin Medical Press*: 'It appears that old Hahnemann, the inventor of Homœopathy, is dead, having prolonged his existence by infinitesimal doses of nothing to eighty-eight years, greatly to the consolation and edification of the patrons and patronesses of quacks and quackery. The Royal College of Physicians and Surgeons passed a resolution permitting its members to consult with us, as also did the New York State Medical Society. A separate bureau of pharmacy should be established. Prof. J. E. Smith has succeeded in assaying different triturations the lower and the 30th and 60th potencies and obtained "buttons" of gold from the highest employed so large as to be surprising. It was thought these preparations must have been improperly labeled, and that the nine pharmacies of whom these were purchased did not exercise that care and honesty in dispensing that should be exercised. Many inferior triturations are sold. In some instances the sugar of milk was found to contain large quantities of foreign material, and some triturations contained extraneous material greater in quantity than the drug announced to be present and more than sufficient to antidote it. Our pharmacists can not escape much longer, and the American Institute of Homœopathy will be compelled to make a record on the subject.

"Of the progress made in hospital practice, we note the surrender to Homœopathy of the Binghampton Insane Asylum, in New York, which, together with the State Homœopathic Insane Asylum at Middletown, N. Y., gives us ample opportunity and accommodations for the treatment of this distressing malady. A movement was set on foot some months since, which has grown rapidly in favor, to establish a National Homœopathic hospital at Washington, D C. A new homœopathic hospital has also been established in Kansas City. Our hospital at Pittsburg is to be enlarged with the sum of \$50,000 recently appropriated by the Pennsyl-

vania legislature. The Hahnemann Medical College at Chicago has greatly increased its hospital facilities, and the Chicago Homœopathic Medical College has secured a portion of the Cook County Hospital, one of the finest hospitals in the United States. The homœopathic hospital at Brooklyn, N. Y., has also added sixty beds to the already existing eighty. A number of dispensaries have also sprung up in the larger cities, while those already in existence have greatly increased their means of usefulness.

“Our homœopathic medical colleges are improving each year in their facilities for instruction and in their number of students, and while there may have been, through some improper rivalry in the struggle to graduate large classes, a few candidates turned out that were not quite up to the degree of excellence called for, I am glad to be able to say that the high standard of medical education adopted by our colleges and the thorough course of instruction given, afford to the student equal, if not superior facilities, compared with those of any other schools. It is important that this high standard be maintained by every possible means at our command, and that the profession generally should interest itself more in the welfare of the colleges. It is to them we must look for reinforcements, and it behooves us to watch vigilantly all who pass their portals. That Homœopathy is judged by such representatives should warn us to be only the more careful in selecting the material for these colleges and in exacting from them the most thorough examinations. While it may not at present seem practicable, there is certainly no doubt but that it would be infinitely better for Homœopathy if our eleven medical colleges could be condensed into not more than two or three large institutions, and the chairs filled by the best material selected from all the present faculties. On this plan the professors might receive salaries sufficient to render them independent of the cares of practice, and to allow more time for extensive research in the branches taught, besides removing the temptation of graduating incompetent students.”

Necrological report by H. D. Paine, M. D.: Died during the year, Drs. John F. Gray, New York; E. T. Richardson, Brooklyn; S. M. Gale, Newburyport, Mass.; T. S. Scales, Woburn, Mass.; J. J. Youlin, Jersey City, N. J.; C. Preston, Chester, Pa.; T. Moore, Germantown, Pa.; W. Scherzer, New York.

The treasurer's report: Dr. E. M. Kellogg, reported receipts and balance from the past year, \$4,880.63; disbursements, \$5,308.48; balance due the treasurer, \$428.55; secretary's salary due, \$500; total deficit, \$928.55. The reason of this deficit was the unusual expense incident to the publication of the centennial year, which cost \$2,400.

The committee appointed to consider the purchase of Dr. C. Hering's library recommended the purchase.

Sanitary science report was made by Dr. G. M. Ocford. Papers: Dr. Jones, Sanitation, its objects and results. Dr. Harris, Sanitation of Renal Diseases. Dr. G. M. Ocford, Sanitation of the Exanthemata. Dr. D. H. Beckwith, Vaccination. Dr. B., when he commenced writing his paper, was an anti-vaccinationist, but his judicial mind was able to change when the proper evidence presented. The paper showed the results of careful study and research. It decried the use of bovine virus, unless it was known to be perfectly pure. A great part of that sold to the trade was not good, and the dealers in bovine virus were subject to no legal restrictions. In view of the extent of small-pox in the country, some legislation was most necessary. Not more than 20 per cent. of the primary vaccinations were successful, on account of impure virus. The speaker said in his hands vaccination from bovine virus had been neither profitable nor successful, and he had practically abandoned it, but with good virus not more than one case in 100 should fail. He controverted the position assumed by Henry Bergh in his opposition to vaccination, and cited numerous instances where it had been efficacious. He did not consider revaccination necessary when the operation had once been successful. He advocated a registration of cases of vaccination by the physicians, compelled by law. He thought the only protection

cause the physicians did not fill' their own prescriptions—they went to the drug stores. In France, Homœopathy is exciting a great deal of opposition. It is a fighting school there. When a man leaves the old school and becomes a homœopath, he feels to a certain extent that he is a victim of social ostracism. An attempt is being made to crush the school by social despotism, but the prospects were flattering for the future. In England Homœopathy was on the increase, and would be in much better condition if there were not two factions in the school. In London an effort was made to establish a homœopathic college, on a large scale, but it was not wholly successful, on account of the bickerings and jealousies. The speaker had great hopes that England would soon become as great a homœopathic teaching country as is in America.

Dr. J. P. Dake, of Nashville, made the annual report from the committee on legislation, prepared by the chairman, J. C. Morgan, M. D., of Philadelphia. The report said that a recent letter from Secretary Chandler, of the Navy Department, formally opened the medical work of that department to homœopathists, as it was already in other departments. It recommended that homœopathists demand their rights, equal justice under the law, and that officers of the government who refused this should be rebuked and punished, if possible. It was recommended that the Institute, as soon as possible, formally incorporate itself, and force legal recognition in the courts. In selecting physicians for the various departments at Washington, the present method should be abandoned, particularly the star-session examinations, as the latter should be carried on publicly. The Medical Bureau of the Army is the organized enemy of Homœopathy, and now is the time to make a fight against its sectarian observances. Petitions should be sent so Congress by the thousands, asking a change in the law. In England the government had prohibited any examining board from asking sectarian questions, or to demand answers on any medical tenet. There were two methods of securing this result in this country. This Institute should either appoint committees to visit the officials at

Washington and demand our rights, or petitions should be sent to Congress to the same effect.

Dr. Foster, of Chicago, read a synopsis of his paper on the subject of "National Legislation on Medical Education."

The following resolution was passed:

"That the subject of rejection of homœopathic physicians from the service as surgeons in the United States Army, as distinctly stated by Surgeon-General Barnes in his correspondence with Dr. J. C. Morgan, be referred to the committee on medical legislation, with power to act in the name of this national body."

Dr. J. W. Dowling reported on clinical medicine, including abstracts of papers by E. Rushmore, M. D., on "A Plea for Homœopathic Treatment in Intermittent Fevers; by Dr. E. A. Farrington on "Clinical Miscellany;" by Samuel Lillienthal, in regard to the causes of the death of Rabbi Lillienthal of Cincinnati; by Dr. David M. Thayer on "Cases Cured with the High Potencies;" by P. G. Valentine, on "Hip Joint Diseases Cured by Medicine;" by J. S. Mitchell, on "Clinical Aspects of Koch's Discovery;" by J. C. Morgan on "A Prescription in council, and the Reason for it;" by J. W. Dowling on "The Importance of a Knowledge of Pathology and Diagnosis in the Treatment of Diseases." Dr. Dowling gave the history of complicated case of "Addison's Disease," the patient being present.

An invitation was received from John Fishback, president of the State Benevolent Institutions, for the convention to visit the various institutions, which was accepted with thanks.

The Bureau of Obstetrics reported by Dr. C. G. Higbee, of St. Paul, the following papers: "Nurses and Nursing in Lying-in-Chambers," by the chairman; "Rectal Complications," by Dr. E. C. Morrill; "Annoyances of Children," by Dr. J. P. Mills; "Puerperal Mania," by Dr. H. H. Hofmann; "Meddlesome Midwifery," by Dr. C. Oimes; "Affections of the Nipple," by Dr. Millie J. Chapman; "Statistics of the Puerperal State," by Dr. G. B. Peck; "Prevention of Lacera-

ted Cervix," by Dr. Foster, and "A Case of Puerperal Fever," by Dr. Dowling.

The papers were discussed by Dr. J. P. Mills, who spoke on "Infantile Annoyances," advocating the use of *Magnesia*, *Phos* and *Lycopodium* in the treatment of very young infants suffering with flatulency and colic, as these remedies specially act upon the liver, removing biliary annoyances.

Dr. Peck discussed the questions brought up in his paper on "Statistics of the Puerperal State," and gave the average opinions of a great many physicians in the matter of treatment and use of remedies.

Dr. Higbee's paper on "Nurses and Nursing" advocated the employment of professional nurses who had been trained and educated for the work. There should be some legal restrictions placed about the business, and nurses only should be employed who had considerable experience.

Dr. Dowling presented an abstract of a volunteer paper, involving the report of a complicated case of puerperal fever, in which the patient had been treated by three schools of physicians, and naturally enough died. The report was listened to with very great interest, as the speaker has a style of delivery which is specially touching. In this case he specially affected his hearers, as he described the fatal symptoms indicating approaching death. Mrs. Caldwell, a very sympathetic lady, wife of Dr. S. N. Caldwell, a practitioner of Homœopathy for nearly forty years, sighed "poor woman," and afterwards remarked to her husband that New York Homœopathy, if the treatment of this case was it, was like Garfield Allopathy, and too much for the patient.

In justifying his course, Dr. Dowling said when he found a patient suffering as if in a vise, something must be done at once, as if that something needed no special intelligence.

Some people endeavor to release vises or screws that are compressing by turning the wrong direction. *Veratrum vir* does not meet all cases of peritonitis. A circular opening requires a cylindrical body to fill, not a cubic one. Homœopathy requires specializing; Allopathy is the school for generalizing.



The Bureau of Microscopy and Histology reported through Dr. J. Edwards Smith, chairman, who read a lengthy and carefully and laboriously prepared paper, which was the best read at this session of the Institute. Dr. Gregg read a paper, "Prof. Koch's Bacteria in Tubercles a Great Fallacy." Dr. Smith's experiments led him to conclude that triturations above the 6th were not prepared and sold. A volunteer fund of \$240.00 was subscribed that he might continue his experiments.

Dr. O. S. Runnels read an able paper entitled "Indications for Trachelorrhaphy." Dr. J. H. McClellan led in the discussion of Dr. Runnels' paper, and was followed by Drs. O. P. Baer, M. M. Eaton, R. Ludlum, Hall, Chicago.

Dr. Henry Roby invited the delegates to the meeting of the Western Academy of Homœopathy, June 20 and 22, at Kansas City, Mo.

The report of the Bureau of "Ophthalmology, Otology and Laryngology," was next considered as given by the chairman, Dr. F. Park Lewis, including the following papers: "The Brain and the Eye," F. Park Lewis; "Syphilis and the Eye," by Dr. J. H. Buffum; "The Exanthemata and the Eye," by Dr. G. S. Norton; "Suppurative Keratitis in Exhaustive Fevers," by Dr. W. A. Phillips; "Glioma of Retina," by Dr. C. H. Vilas; "Astigmatism," by Dr. W. H. Winslow, and "Lupus of the Larynx," by Dr. J. M. Schley.

Dr. Buffum read his paper on "Syphilis and the Eye," and the remaining papers were referred to the publication committee, and the bureau was ordered closed, and Dr. J. A. Campbell was appointed chairman.

Election of officers and selection of place of meeting.—Dr. McManus invited the Institute to meet at Baltimore next year, in the name of the physicians of that city. Dr. McManus explained that, personally, he did not wish the Institute to meet at Baltimore. Dr. Dowling moved that the next meeting be held at Niagara Falls, which was agreed to by nearly a unanimous vote, and the matter of fixing the time was referred to the executive committee.

Officers.—Dr. B. W. James, Philadelphia, President; Dr. O. S. Runnells, Indianapolis, Vice-President; Dr. E. M. Kellogg, Treasurer, said he had appeared in a like capacity sixteen times before, and he really had nothing new to offer. He thought that his efficiency could be attested by the number of letters he had written to delinquents—and only this morning when one delegate said to another: “Who has taken the place of our lamented Dunham?” The other replied, pointing to the speaker (Kellogg): “There is our Dun-’em.”

Dr. J. C. Burgher, General Secretary; Dr. T. Morris Strong, Provisional Secretary.

Bureau of Surgery,—Dr. J. E. James, acting chairman. “The Relations Between Waste-cells and Pathological New Formations,” by Dr. H. I. Osborn; “An Emergency in Surgery,” by Dr. C. S. Green; “Osteotomy,” by Dr. J. E. James; “Carcinoma of the Rectum,” by Dr. G. A. Hall; “Antisepsis,” by Dr. J. H. McClelland; “Antiseptic Surgery,” by I. T. Talbot; “Chloroform,” by Dr. L. H. Willard. The papers on the use of *Chloroform* brought out a spirited discussion, in which a number of physicians participated, the point at issue being whether *Chloroform* or *Ether* was the safer anæsthetic.

Dr. Hall said *Chloroform*, if properly used, was absolutely safe, and much preferable to *Ether*. Pure *Chloroform*, if properly used, was as safe as a glass of milk, and he (the speaker) who had used it thousands of times, had never produced an unexpected or dangerous result.

J. H. McClelland, chairman; I. T. Talbot, L. H. Willard, Geo. A. Hall, N. Schneider, W. Tod Helmuth, D. W. Hartshorn, J. E. James, E. C. Franklin, C. M. Thomas, H. I. Ostrom, C. S. Falnestock, C. E. Walton, M. O. Terry, W. L. Jackson, F. E. Doughty, A. S. Everett.

The banquet—Dr. F. H. Orme acted as toast master, and returned his thanks in a graceful speech. He referred to the work of the past four days, and to the intelligence and information shown in the papers and discussions. He said the American Institute of Homœopathy was at the head of med-

ical associations of the world—a proud position, and one that might well be envied. The fraternal relations of the present meeting had been most pleasant, and his greatest hope was that, in the future, the Institute might increase in usefulness and grandeur as it had in the past.

The first regular toast of the evening was: “Samuel Hahnemann.”

To the toast, “The American Institute of Homœopathy, the Oldest National Medical Organization in America,” Dr. W. L. Breyfogle gracefully responded, in which he said that no one could fully appreciate the great powers and influence of the national organization, its responsibilities and trusts, until he had been president. Springing from a small society, it had become a mighty institution, whose proceedings were read with interest all over the world. The present session had been one of unusual profit, and was attended with many tender associations.

Dr. B. W. James responded to the same sentiment, in which he said he looked forward to the time when the membership of the Institute would be 50,000, and the annual meetings would be attended by at least 3,000 delegates, half of whom would be ladies.

To the toast, “Our Senior Members,” Dr. E. D. Jones said that he felt too much fatigued to speak at length, for on the previous evening he had assisted in the initiation of three new members into the mystic order of “Seniors,” which was a very tedious and laborious operation. The institution which he represented began April 10, 1814, and was started by twenty-three members, many of whom had passed away, but those who survived had seen the grand and glorious increase in the numbers and influence of the members of the Institute, for which the future held nothing but bright promise.

“The Western Academy of Homœopathy” was responded to by Dr. H. W. Roby. The Western Academy was composed of a large number of learned, intelligent and industrious men, who lived in the great Mississippi valley, and were doing everything in their power in the interests of Homœo-

pathy and humanity. Such an association was necessary to the west, and its influence was beginning to be felt all over the land in counteracting the influence of ignorance and prejudice and blind unreason.

To the toast, "The Indiana Institute of Homœopathy," Dr. C. S. Fahnstock responded at some length, who said that the society he represented was born fifteen years ago, and in its infancy it had been confronted by obstacles of all kinds; but to-day these had all been shaken off, and the society stands a peer among the societies of the states. She heartily welcomed the mother institute at its thirty-ninth anniversary, and felt honored in doing so. The absence of sectarian laws in this state had allowed Homœopathy to go hand-in-hand with knowledge and civilization, and on account of this her disciples felt proud as well as grateful.

In the absence of Governor Porter, ex Governor Hendricks responded to the toast, "The State of Indiana," and upon rising was greeted with enthusiastic applause. He welcomed the delegates to the city and state, saying: "It gives us great pleasure to recognize in you gentlemen of such culture and intelligence." The governor then referred at length to the various institutions of which this state is possessed; her benevolent institutions, and the free school system, which was the best in the world. There were 14,000 teachers in Indiana, and no two square miles in which there was not a school-house. Mr. Hendricks concluded with a few facetious remarks about the various professions represented before him, and said that he was always proud to respond to such a toast as this at any time, for he could just open his mouth and speak good things all the time.

"The Brazen Serpent, the first example of *similia similibus curantur*," was responded to by Rev. Myron W. Reed, who said that the principle of Homœopathy had always been recognized by him as the right one. When he had a frozen ear he cured it with a frozen turnip, and when his father caught him crying for nothing he always gave him something to cry for. He had often thought that some wise doctor could build up a very pretty theory in accordance with his belief

from the story of the brazen serpent, and now he wished he had left him to do it. Mr. Reed then related the story of the brazen serpent in the wilderness, and drew many amusing deductions from it. He said one month's hard fishing for fish would cure eleven months' hard fishing for men, and the principle was exactly the same. The speaker closed with an eloquent defense of the principles advanced by the learned gentlemen before him. His speech, which was an excellent one, and in his happiest vein, was received with much enthusiasm.

Mr. James Whitcomb Riley favored the audience with some of his inimitable character delineations, and was followed by Dr. J. P. Dake, of Nashville, who responded to the toast, "To Our Friends in Old England."

"The Public Press" was responded to by Mr. G. C. Cochran, of the Louisville Courier Journal, who paid a tribute to the profession of Homœopathy, and reviewed the relations between it and the press at great length. When he did finally quit he was heartily applauded.

The remaining toasts were "To the Ladies," Mrs. C. T. Canfield, M. D., responding gracefully, and "Our Host," which Dr. O. S. Runnels acknowledged. An hour or more was then spent in social enjoyment.

Last day.—A paper by Dr. N. F. Cooke, of Chicago, "Phenic Acid," was referred to the Bureau of Publication.

O. S. Runnels, M. D., Chairman of the Bureau of Gynecology, announced the following names as constituting the bureau: H. Minton, M. D., C. Ormes, M. D., R. C. Allen, M. D., S. P. Hedges, M. D., R. Ludlam, M. D., I. S. Larrymee, M. D., F. F. Cassidy, M. D., B. F. Beltz, M. D., William H. Bigler, M. D.

The papers of the Bureau of Pædology were referred without reading.

The following Bureau of Clinical Medicine was announced: J. S. Mitchell, M. D., Chicago, Chairman; subject, "Malarial Fevers;" J. P. Dake, J. W. Dowling, P. G. Valentine, L. A. Falligrant, W. H. Holcombe, L. D. Morse, David

Thayer, H. C. Allen, E. A. Farrington, T. F. Pomeroy, R. B. Johnson, William Owens, Anna Warren.

In response to the appeal of the Women's Christian Temperance Union of Indiana, made to this body in behalf of the education of the rising generation as to the evils of intoxicating beverages, the following resolution was passed:

Resolved, That now, as often heretofore, this body puts itself on record as being in favor of all measures to enlighten the people of our country, especially the young, touching the dire effects of intemperance.

This resolution is a modified one offered earlier in the session by Dr. T. P. Wilson. Drs. Talbot, Taylor, Geppert, Walker, and others discussed the resolution. Dr. Walker said he was in hearing of a conversation between a saloon-keeper and another person, in the neighborhood of the Institute's place of meeting, wherein the saloon-keeper wanted to know what kind of doctors these were, for his business had not increased on this occasion as it had when other doctors had met together. The American Institute of Homœopathy would certainly resent any such approach, made to secure private objects and profits, like those made by Park, Davis & Co. to capture the American Medical Association, wherein liquors and tobacco were influences.

Dr. Talbot submitted a partial report of the Bureau of Organization and Statistics, as follows: There are 7,000 homœopathic physicians in the United States, and 278 institutions; four national societies report 1,069 members, twenty-six state societies report 1,783 members; of 103 local societies sixty-six report 2,355 members; of thirteen clubs, seven report ninety-seven members; of twenty-three general hospitals, eighteen report 1,268 beds; fifteen of these, last year, treated 6,675 patients, and the estimated value of eleven of these hospitals is \$770,500. Of thirty special hospitals, fifteen report 859 beds, and nine of these treated, last year, 10,617 patients, of whom about one-half were confined on their beds, and the cost of ten of these institutions was \$1,006,000. Of thirty-nine dispensaries, twenty-seven report, last year, 111,469 patients, and to these have been furnished 256,589

prescriptions. Twelve medical colleges have had 1,267 students, and graduated 421 physicians this year and 5,680 since they were founded. Sixteen journals have published, this year, 9,748 pages.

The Inter-collegiate Committee made a final report, recommending that the charges of irregularity in the management of the St. Louis Homœopathic College be referred to the Committee on Medical Education, and that all such institutions be required to place in the hands of the committee a copy of their diplomas and charters, which was agreed to.

The next regular order of business was the memorial services to deceased members, and appropriate remarks were made by Dr. Dake concerning the death of Dr. John F. Gray, of New York, who was the first American physician to embrace the doctrines of Hahnemann. Drs. Valentine and Wilson followed in fitting tributes, and Dr. Talbott read a short biography of the deceased brother, and further remarks were made by Drs. Kellogg, Smith, Runnels, and others.

Dr. J. F. Cooper, chairman of the committee appointed to consider the article on "Homœopathy," in the Edinburgh edition of the *Encyclopædia Britannica*, reported that they had visited the publishers of the work, who declined to go to any additional expense to correct the article referred to.

Dr. C. Mohr's report on the American reprint of the same book was to the effect that the publishers also declined to make any change, but promised proper reparation in the forthcoming supplement.

Dr. Pemberton Dudley offered the following resolution, which was adopted:

"Resolved, That it is the sense of the American Institute of Homœopathy that no physician can properly sustain the responsibilities or fulfill all the duties of his professional relations unless he enjoys absolute freedom of medical opinion and unrestricted liberty of professional action, as provided in the code of ethics of this Institute."

The customary votes of thanks to the officers, committees, press, etc., were given, and the Institute adjourned sine die.

**Post-partum Hemorrhage.** Read before the State Homœopathic Medical Society of Ohio. By M. M. Eaton, M. D., Cincinnati.

Post-partum hemorrhage is one of those conditions, calculated to unnerve the young practitioner, and one of those accidents (so-called) which the oldest of us do not like to meet with; and, at the same time, is one which demands decision and cool-headed judgment; hence, we feel that the frequent discussion of its causes and treatment may be time well spent, though nothing new or startling is presented. Sometimes, old theories need to be mentioned, and old methods of treatment discussed in connection with those which are new, that we forget not what has been of service, as well as learn what new is suggested.

The occurrence of post-partum hemorrhage can not always be foretold or suspected by even the accoucheur of large experience. Still, its possible occurrence, in any case of parturition, should not be forgotten. Disregard of this admonition might cost the woman her life, render her husband wifeless and her child motherless, as well as be a reproach upon the profession of medicine. The same sad results may also follow if we fail to use proper means for the relief of such cases, when we are at hand, and are aware of the condition present at the outset.

It is in such cases that the lying-in woman and her friends have a right to look to the medical attendant for prompt and efficient work. The ordinary natural labor passes along almost or entirely unaided if we are disposed to let nature have her way, and do not feel that the length of time the woman suffers is to be seriously considered; but, when post-partem hemorrhage sets in, the efforts of nature will ordinarily be unable to cope with the difficulty successfully, and unless efficient means are speedily employed, the theory of letting nature have her way will receive a serious shock, as the spirit of our patient takes its departure from its tenement of clay.



*Symptoms.*—Post partum hemorrhage sometimes follows at once the delivery of the child, the blood in large quantities passing from the mother's vagina, flooding the bed, and causing, very soon, faintness of our patient, with the blanched countenance and feeble or imperceptible pulse; more frequently the flow is not observed at once, except a small quantity which passes mingled with water just at the time of the expulsion of the child, and it may be a half hour or an hour when the nurse takes notice that the patient has fainted, unless it be that the physician is on the alert, and sooner observes that the uterus remains uncontracted, or has again enlarged after becoming contracted. This is more likely to occur in the practice of those who believe in waiting for unaided nature to expel the placenta, as in these cases this organ will block up the mouth of the uterus and internal hemorrhage may go on while no external flow is absorbed.

In other cases, in a very few instances after the placenta has been delivered, varying in time from one to three hours there may appear some external flow with the discharge of a few clots, and the woman may become faint and unconscious, with no pulse at the wrist; in which case, ordinarily the abdomen will be found distended by the uterus filled with blood.

*Causes.*—The causes of post-partum hemorrhage are mainly the want of tonicity in the muscular fibers of the womb, or in the entire system; the retained placenta when lodging in the mouth of the womb; the retention of a part of the placenta in the fundus of this organ; laceration of the cervix uteri; or the perineum, though when it occurs from the two last named causes it is usually only moderate in amount and causes less profound symptoms, though the flow externally may be greater than in most cases of hemorrhage from the interior of the uterus.

The use of anæsthetics in labor has been blamed as a cause of post-partem hemorrhage, but we do not believe that this can be often shown. Dr. J. H. Marsden, of Pennsylvania, published a finely written and valuable article on the influ-

ence of "Anæsthetics in Labor" in the February number of the American Observer for 1882, in which he takes decided ground that they do not cause post-partum hemorrhage.

I can fully agree with the learned author, and desire in this public manner to say that I have used *Chloroform* in the majority of cases of labor I have attended for the past twenty years without finding any evidence that it caused the slightest tendency to post-partum hemorrhage; for many years I have scarcely had a case severe enough to be denominated post partem hemorrhage, except in consultation practice. In my earlier experience I had several cases of this kind, I distinctly remember, where no anæsthetic was used.

Latterly, the immunity may in my case, as in Dr. Marsden's, be due in a measure to greater care in the treatment otherwise, but can not be due to the non use of anæsthetics, as I use them more of late than formerly. We feel the boon of *Chloroform* to the parturient woman is too great a blessing to her to justify us in withholding it from her, unless it be for some good reason, which as yet I have not been able to see.

There is, in some, an inherited hemorrhagic diathesis which predisposes to this trouble. In others the condition is acquired. The thinness of the blood, its deficiency in fibrine, and blood-corpuscles, and excess of serum tending to cause hemorrhage, especially when conjoined with exhausted nerve force, which may or may not exist in the same case, or may occur independently. We may, in these cases, go back to deficient glandular action, and from thence to weak nerve force and want of inherent vitality; but text-books contain these theories, and they may be better studied there than in the medical society, where practical thoughts and personal experiences are demanded.

*Treatment.*—When attending a case of confinement it is well to casually ascertain from some of the friends of the patient whether or not the mother or sisters have had post-partum hemorrhage, or if the patient herself has had any trouble of this kind in previous labor (if she already has had

children). The diathesis of the patient should be also noticed. If she be light-complexioned, loose and flabby in flesh, and has inefficient pains, or weak uterine contractions, with quite rapid progress of the labor, indicating no muscular resistance in the cervix uteri or vagina, we should be aroused to the danger of post-partem hemorrhage, and be led to administer remedies to give strength to the uterine contractions. *Puls.*, *Cim.* or *Secale* are the remedies best calculated to do this, though *China*, or *Nux*, low, may also prove valuable in some instances.

The application of a band about the abdomen to assist the pressure deficient in the abdominal muscles, is well, but should not alone be relied upon. A little brandy and water, or good rye whisky and water, may also be of service; acting to arouse prostrate energies, especially adapted to lingering cases, and perhaps more frequently adapted to the plethoric than the spare and lean. A twenty-drop dose of *Secale cor.* in fluid extract, is an excellent remedy, given in a little warm water just before the last pains of labor, in any case showing an atonic condition, especially where the case has been characterized by slow, languid, uterine contractions during the progress of the labor. To more fully prevent the occurrence of hemorrhage, we would see to it, as soon as the child is born—in some threatening cases even before tying or severing the cord—that the uterus is contracted down firmly. This is, of course, detected by passing the hand over the abdomen of the mother, and finding the globular outline of the uterus half way between the pubis and the umbilicus; not finding this, the extended palm should be passed backward and forward over the abdomen for a few moments, when, if uterine contractions be not induced, the hand should be immersed in cold water for a moment, and again applied to the abdomen as before.

Uterine contractions being established, we may tie and cut the cord, and as soon as we have laid the child in the nurse's arms, we may attend to the delivery of the placenta. Not in haste, but gently, should we do this. Little or no traction upon the cord should be made, but let it serve as a

guide by which we find the placenta, and with two fingers gently press in backward into the hollow of the sacrum. But this is rather a digression; still we feel that the delivery of the placenta is one element in the prevention of post-partem hemorrhage. In case the hemorrhage has gone on to the extent of causing faintness, and the uterus has become distended with blood, the indication is clear and our course of action well defined. "Remove the placenta if it is still retained, and turn out the clots." Turn out the clots, surely, and after they are delivered and the fluid-blood has rushed away, as it is likely to do when the placenta or clots are removed from the os uteri (which event is liable to alarm the inexperienced) be not disturbed; realize that the blood effused into the uterus is really external to the patient, so far as any good it can do her is concerned, and may as well be in the chamber or on the bedding as in the womb. Now persevere a little longer, pass the hand boldly into the uterine cavity, and sweep it gently against the interior uterine surface, while with the other apply gentle friction with the extended palm over the exterior of the abdomen. While we are doing this the nurse may administer to the patient twenty drops of the fluid extract of *Secale cor.*, with a little brandy and water. Let the hand remain in the uterus till the organ is felt contracting firmly upon it, and then we may allow it to be forced away by the uterine contractions. *China* ʒ. may now be given, as it is the remedy most prominently indicated by the weakness and prostration caused by the great loss of blood. A tight, evenly applied abdominal band may now be placed around the patient, and with the addition of the use of warm blankets, our patient may be left to rest. She should, however, be watched for three or four hours, that there be no relapse, and we be away and unprepared for the emergency, which, if it did occur, would demand the repetition of the previously described treatment.

We can not advise the reliance upon the administration of the 200th atten. of *Bell.* or the 6x. of *Ipecac.* in these desperate cases, as has been recommended of late, but would repeat most emphatically, "Turn out the clots."

In post-partum hemorrhage, which results from laceration of the perineum, the application of a cold, wet cloth is usually efficient. When it is not, the per-sulph. of *Iron* applied to the bleeding vessels will prove equal to the emergency. Lacerations of the cervix uteri seldom give trouble in the way of hemorrhage.

The tampon in the vagina is never to be used in any case of post-partum hemorrhage. The use of ice-cold, wet cloths to the abdomen, or ice in the interior of the womb, is liable to cause serious after effects, though it may arrest the hemorrhage. The same may be said of the injection into the uterus of liquid per-sulph. of *Iron* diluted with three times the amount of water. Very hot water injections into the uterus are to be preferred to these latter remedies. No injection should be used till the uterus is emptied of the clots and fluid-blood; this necessitates the introduction of the hand, and we prefer to let the hand remain and excite uterine contractions rather than to remove it, and use intra-uterine injections of any kind. Prof. Guernsey recommends forty two different remedies in cases of post-partum hemorrhage, but we fear the patient would in most cases die before the average practitioner would administer the proper similitum from this long list.

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DISCUSSION ON M. M. EATON'S PAPER.—Dr. Logee.—Mr. President, I do not think there was enough stress put upon the use of cold water. The hemorrhage is often so sudden that we have not time for the action of *Ergot*. Cold water will work much quicker and produce the required contractions at once. I recollect one case where the gush of blood was so great and sudden that it ran across the floor. Remove the clot. Do not wait to apply the cold water with the hand, but pour it on the abdomen.

Dr. Wm. Owens.—Mr. President, I was much entertained by the paper. The instructions are good, but the Doctor gives us nothing new—old processes only. I wish something new and progressive. I do not recommend introducing the hand into the uterus. Use friction, remove clot,

inject hot water into the womb. Hot water is a tonic to the uterus. The hand in the uterus acts the same as the relaxed placenta. Friction will do the work. I hope to see more progress in this branch.

Dr. Parmalee.—Mr. President, I do not rise to criticise, but to add to what has been said as to immediate delivery of the placenta. I believe the Credé method in 75 per cent. of our cases aids greatly in keeping away post partem hemorrhage. Additionally keep the hand upon the uterus for ten to fifteen minutes and keep up the contractions. We will have some cases where this will not do it. I have seen a case where it was so sudden that anæmic form of convulsions came on and she died almost instantly. I believe the Credé method would have aided contraction.

Dr. Wm. Owens.—I have held the uterus for one hour and a half.

Dr. J. B. Owens.—Mr. President, I have used *Gels.* for eighteen years. Where there is flushed face, pains do not go downward but extend upwards. Grinding pains, almost throw the lady into spasms. *Gels.* is the remedy. The great trouble with many is they use too much. I used it so. Now I put one drop to one oz. of water. If you test this it will take the place of *Ergot.* Dilutions do not seem to work here. I use the tincture.

Dr. J. C. Sanders.—Mr. President, I commend the general spirit of the paper. It is not discussed sufficiently. I want the real opinion of all on the subject. Post-partum hemorrhage is only subsequent to the completion of labor. The paper treats of hemorrhage both after and before its completion. I have some peculiar views on this subject. In first place, as to prophylactic treatment, I would call the question as to giving *Ergot* to prevent post-partum hemorrhage. Now, if it does not exist, what is the use of it? We possibly may have this trouble. But does this justify it? I think not. Even when hemorrhage exists, are we justified in giving *Ergot*, especially in drug doses, when we have the whole field of homœopathic remedies at our command. I should think Dr. Eaton had just been born into the homœopathic

ranks and was not yet confident in homœopathic remedies. I was once an allopath, and thought so too, and to-day I have tried our remedies and I don't believe it is ever necessary to use *Ergot* in drug doses. I believe our remedies will do it. There is a better way, and this is the line of a true homœopath.

In regard to Dr. Parmalee's treatment as to the Credé method—the extrusion method—no, I have no doubt at all but what the uterus may be squeezed to the expulsion of the placenta. But is this the better practice? Dr. Parmalee adopts it as a prophylactic. Now is this necessary? As a general rule nature is competent if she has a chance, and she is as competent here as in the first or second stage. And now give her an opportunity. Why should we compel the uterus. This rule is a violation of nature, and the man who practices it long will find it different. There are worse things than hemorrhage, Nothing said about the injury in squeezing the womb. Give nature an opportunity. I have another point as to prophylactic treatment as to applying water cold or hot. I have used it as Dr. Logee says, by pouring it on the abdomen. Also, internal to the uterus. If we desire immediate relief, use cold. If a protracted hemorrhage, use hot water. Primary action of cold water is to constrict; secondary, the reverse. Hot water acts the reverse of cold water—primary, to relax; secondary, constrict. I utterly eschew all administering of drugs, especially *Ergot*, in drug doses. Rely on the homœopathic remedy.

Dr. Parmalee.—Mr. President, I submit Dr. Sanders is not an equal antagonist. He says give nature a fair chance. The Doctor's argument destroys his profession if he does not explain nature's chance. On the contrary, is it not better to aid nature, especially when the life of the woman depends upon it. What has been the rule, especially in the country? Why wait twenty minutes, one or two hours. That woman lies complaining. No squeezing, but relieve, aid nature.

Dr. Eaton.—Mr. President, I thank the society greatly for giving my paper the honor of a discussion. I do not think

Dr. Sanders made a point. He discussed at length, but failed to tell us a better way. He gives us to understand that we must let nature do the work. If there is not the need of a physician here, where is he needed? Now as to our president's remarks, I see a difference between the hand in the uterus and the placenta. The hand acts as a plug, the placenta does not; it is a natural product.

I believe this course often saves the woman's life. Do not argue the matter. I claim to be a physician; try anything that will save my patient, whatever it may be, and until the Doctor can give a better way I will not discard it, when we know *Ergot* is the reliable remedy for years. This remedy has proved efficient. It is true we only occasionally have a case of post-partum hemorrhage, and it is not always from clots. I acknowledge there was not enough said about the use of cold water. I would save 99 per cent. instead of 75 per cent. by Dr. Parmalee's method.

As to *Ergot* as a prophylactic, I refer to where there are premonitory symptoms as we often have them. Dr. Sanders kept telling us of a better way. What is that better way? The similitum? The patient may be dead and buried before we get the similitum. It will not do. This is my opinion. Which is the better common sense, twenty drops of *Ergot* or the two-hundredth potency of *Belladonna*? I believe Drs. Sanders or Owens would turn out the clots. I don't believe but what they would give *Ergot*.

Dr. J. C. Trich—I inquire what Dr. Eaton thinks of *Ergot* hypodermically?

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**Puerperal Pyemia.** Clinical Cases and Comments. By R. B. Johnson, M. D., Ravenna, Ohio. Read before the Homœopathic Medical Society of Ohio.

It is with considerable reluctance that we present these cases to you, as you all know it is much more pleasant to



report our successes than our failures, for we all feel more or less humiliated by them. But we report these cases to the Society, that you may take warning from them and be on your guard, and thus be better prepared to combat one of the greatest if not the greatest foe to a parturient woman.

Case I.—Was called Dec. 18, 1880, at 10 a.m., to attend Mrs. V. in her third confinement, and found her as follows: Aet. twenty-nine years; sanguine phlegmatic temperament, dark complexion, and very large and fleshy, weighing somewhere near three hundred pounds. Before our arrival the membranes were ruptured and the waters run off, but upon examination we found the os but slightly dilated; the pains came on regularly, and by 4:30 p.m. the os was dilated so that the second stage began, and by 5:30 p.m. she was delivered of a fine, healthy boy; the placenta came away all right, and she was made as comfortable as could be, and all seemed well; but in about two hours after delivery she was taken with a chill and continued to chill for over an hour, although she had warm applications applied and *Acon.* administered. Every ten minutes during that time, some fever followed, after which a profuse perspiration set in and lasted some time, but by 1 a.m., Dec. 18th, that had ceased and she was very comfortable. But by 3:30 a.m., another severe chill came on which was followed by a high fever and a profuse perspiration, at the same time with delirium and great restlessness, which continued through the day and the following night. The temperature ran up to 104, 105 and on up to 106 degrees; pulse up to 130 degrees or more; lochia stopped, urine passed off unconsciously, but by the next morning, Dec. 18th, the fever seemed to abate, and by 1 p.m., it had almost entirely disappeared; she became rational and seemed as though the worst was passed, but by 3:30 p.m., another chill came on, which was followed by the same fever and perspiration; the same restlessness and other symptoms that followed the other; the abdomen became tympanitic, great tenderness over the uterine region, and intense suffering all the time; imagined that she was in labor continuously, and kept asking us to help her, and wanted to know how soon she would get through, etc.

This condition continued until Tuesday evening, when she became comatose, her temperature had now reached  $106\frac{1}{2}$  degrees; she lay perfectly quiet and helpless on her back, her hands to her sides, and continued in this condition until on Wednesday at 10:30 A. M., when death closed the scene.

The following remedies were perscribed as they seemed indicated but with no permanent effect: *Bell., Gels., Ars., Lach., Bry., Rhus.* and *Verat. virid.*

Case II.—Was called in the evening of April 6th 1881 to attend Mrs J., a primipara case, aet. about twenty-five years; of light complexion and very fair; of a scrofulous diathesi, having had disease of the hip in childhood so that one limb was several inches shorter than the other, but not much deformity of the pelvis. The first stage of labor lasted about six hours, and in an hour after, she was delivered of a healthy child. The expulsive pains were so severe and strained that the child was forced through the soft parts with such rapidity, that they were ruptured slightly, in spite of our efforts to support and prevent it; otherwise she did well, placenta coming away promptly, and lochia natural. Some six weeks before confinement her breasts became full and the milk ran out of them more or less during this time. The babe was now put to them, and the nipples soon became very sore, and the secretion of milk stopped in a few days. On the eve of the 8th (two days after confinement) she had a sudden shock or fright, caused by a slight explosion of gasoline, after which she had what was supposed to be a nervous chill, but little fever followed and all seemed to be going on well until the 12th, (six days after confinement) when we were again called and found that she could not pass any water, and that the bladder was considerably distended. We used the catheter and drew off about three or four pints; we found the vulva very tender and the inserting of the catheter somewhat painful. Again used the catheter on the 13th and 14th, after that there was no more trouble from that source, but on the 15th, she had a light chill and some fever, and complained of a severe pain in the dorsal surface of the left hand between the first and second fingers, and also in the fingers.

The skin on the hand became somewhat red and swollen, and the fingers looked in places as if they had been bruised; and the next day they were blistered, and where the dark spots were they were filled with blood; these were pierced and the contents removed, but they again filled with pus and in one place gangrene set in and a small piece sloughed out in a few days. Under the influence of *Lachesis* these symptoms subsided and she seemed to be gaining until about noon of the 20th, when she was again taken with a severe chill and a high fever, followed with a pulse of 130, and a temperature of  $105\frac{1}{2}$  degrees, with great thirst for small quantities of water, slight delirium, dry retching but no pain or soreness in the abdomen or pelvic region. By the next morning the fever had somewhat subsided, but there was a diarrhœa which was soon controlled by *Lycopodium*. Her fever gradually fell from day to day, rising slightly in the evening until it stood at about 102 degrees, on the 27th, when another chill came on followed again by a fever ranging from 103 to 105 degrees, with a pulse of 120 to 130; the urine became very offensive, bowels were slightly tympanitic, with diarrhœa part of the time and passing off unconsciously but without pain, her only complaint being "Oh I am so tired!" Medicine now seemed to have but little effect, and on the 29th counsel was called; but to no effect; she grew worse, and worse, became perfectly delirious, then comatose, with her bowels perfectly relaxed, and on the noon of the 4th of May expired.

The principle remedies used in her case, besides those already mentioned were: *Arsenicum*, *Bry.*, *Bap.*, *Gels.*, *Rhus tox.*, and *Verat virid.*

Case III.—May 6, 1881, we attended a Mrs. A— in her third confinement. Everything went well, and she gave birth to a hearty child, and did well until the 16th, ten days after confinement, when we were called and found her with a slight fever, but apparently nothing serious; but instead of getting better she grew worse, her temperature rising as high as 105 degrees at times, then down to 102, then rising again. Large lumps swelled up around or near the large joints of her arms and limbs. She had profuse perspiration; her bow-

els were tympanitic and she complained of that terrible "tired feeling." We treated her five days without much improvement, and stated our fears as to the result to her friends, and told them if there was any one else they would like to have see her or treat her we would like to have them called, and it was decided to call an allopathic physician, but it was but a few days before the scene closed in death.

At her preceding confinement she had metritis, as she said, and came near dying then. Now the question arises, did we convey the disease to her from the previous cases? We attended several cases of labor between Nos. 1 and 2, and all got along well, and it did not occur to us that we were instrumental in carrying the disease until No. 3 came on, and then we withdrew from that kind of practice for some five or six months.

Now, we believe that No. 2 being of a very scrofulous diatheses, and having the perineum ruptured that pus was thus absorbed and pyæmia resulting, and that such would have been the case if there had been no No. 1 case. That No. 3 having had metritis on a previous occasion was very susceptible to the disease, and had not power to combat or overcome it. As on the very morning of the day (the 16th of May,) we were called to see No. 3, we attended another case and she did well and got along well; had no symptoms of metritis or pyæmia; (though she had a dose of *Lach.* every morning and evening for two weeks.) Now did the *Lach.* act as a prophylactic and prevent in this case or not? If it did, that is a fact worth knowing. But if it did not, why did she not take the disease from No. 2 unless she was not predisposed to the disease as were Nos. 2 and 3. Now we believe this to be a fact, that in puerperal, metritis, pyæmia or septicemia, as in other infectious or contagious diseases, some persons are much more predisposed to the disease, and are more easily effected by the poison than are others, and not having any means to know who those are, it becomes our duty after having one of these cases to leave off obstetric practice for a time, or long enough to be freed from the poison, and thus give our patients the benefit of the doubt that may be in our minds, if there are any doubts.

**Extra Uterine Gestation.** Illustrated by a Case. By J. C. Sanders, M. D., Cleveland, Ohio.

Mrs. E—, aet. 32, large sized, full figure, leuco-phlegmatic in appearance, had been married two years; previous to marriage had earned her livelihood by sewing and general work, and had for the most part enjoyed a fair standard of health, and this was true subsequent to her marriage and up to the time of the September menstrual period in the year of 1881.

This September menstrual period occurred coincident with the Garfield funeral obsequies in Cleveland, and proved but a slight and temporary trace, lasting only a day, a fact which she attributed to the excitement and fatigue incident to witnessing that sad and imposing pageant. No noticeable symptoms ensued, however, until two weeks subsequently, when she experienced discomfort on trying to sit down, with a sense of weight and tension in the pelvis. This did not continue but a little time. She had no nausea or vomiting, or gastric distress of any kind, nor any symptoms arousing suspicion of impregnation until the next recurring time for her period in the month of October. This period proved like the preceding one, lasting but a day and with but a trace as a loss. With this experience she became firmly seized with the conviction that she was pregnant, a conviction which she held to the last despite all the doubts expressed by her medical counsel.

With the passing of this cycle period she became gradually more or less discomforted, the discomfort being exclusively localized to the pelvic region, the usual reflex symptoms of the gestative state being entirely wanting. This discomfort did not, however, disable her for her customary housewife duties until the next recurring time of period in November. In this period, while her loss was but a show, her discomfort became severe, ranging all through the pelvis, but conspicuously in the right lateral side of the same, with much rectal and vesical distress and tenesmus. Now for the first time she called a physician, Dr. Peck, and under his min-

June 3

istry her attack soon passed off. He accordingly dismissed her. Reasoning as woman is disposed to do, that because pregnant she must suffer, she was in a measure prepared for what was before her, namely, a wretched and increasing disability all through the next recurring interval. On reaching the time of her December period, which was characterized by the same faint trace of menstrual loss, she became very ill, suffered greatly in the pelvis, especially in the right lateral portion and in her back and with her bladder. She was chilly and feverish, anxious and restless, became pale and sallow, edematous in her limbs and somewhat anasarcaous, and her face put on a haggard and cachectic aspect. Incident to this attack she again called Dr. Peck, who either in person or proxy, attended her. As before, the storm of acute suffering passed away, but left her a wretched invalid. On the passing away of this cycle she became conscious of an enlargement of the abdomen which steadily increased from below upwards. The bowel from this time on was seriously distended, at times quite tympanitic and much restrained and difficult in its evacuations. The bladder suffering, became greatly aggravated in form of dysuria and painful retention. The time of the January period furnished a no very different experience from the last named, except in the intensity of the suffering, and the next recurring interval had all the characteristics of the one preceding, only in marked aggravation. As she came to the February cycle which would correspond to her completed fifth month of gestation, her condition of suffering became so extreme that a consultation was requested, and I visited her the morning of February 20th. Owing to inability of attendance on the part of Dr. Peck at the time of the acute distress just preceding the consultation, there had been called in another physician, who, unheeding the fact of her retention of urine, had left her bladder unevacuated from Monday prior to the consultation until Friday, and this had added greatly to her distress.

Her condition was as follows: She looked cachectic, pale and wan; temperature slightly over a 100 degrees; pulse 120;

she expressed herself weak and faint; was restless and in great distress; bladder was largely distended, which added greatly to her discomfort; abdomen otherwise large distended, tympanitic and tender; the whole abdomen and pudendum extremely sensitive. After the evacuation of the bladder, *Chloroform* was continuously administered, and under its relief an examination was made possible, and elicited the following facts: Deep pressure down over the brim of the pelvis revealed an elongated bunch rising out of the same towards the left vaginal region, having an inclination of about 90 degrees and falling through the abdominal wall, as large as a hen's egg of medium size. Tracing back along over the brim to the right, nothing was noticeable except general distension which here was dull on percussion. Per vaginam the finger, put beyond the spincter, encountered a firm, unyielding mass, rounded somewhat, and yet columnar, stretching from side to side and occupying the entire pelvic space, with hardly room for the rectum behind and the urethra and base of the bladder in front. It was fixed and solid, though I thought I could detect an obscure fluctuation through the mass. The womb was nowhere detectable within the pelvis, except as this mass represented its fundus retroverted, enlarged and misshapen, and bound down by adhesions. The cervix could not be found or the os detected, though the finger was carried as high up on the posterior face of the symphysis pubis as the integrity of the tissues would justify. A careful rectal examination furnished no additional fact. The diagnosis to which my judgment inclined, though not held with great positiveness, was that this mass was made up of the fundus of the uterus, an old long-standing retroversion with fixation of the displaced and hypertrophied fundus and the bunch above and to the left was the cervix of the same, and that the uterus thus retroverted and twisted to the right had become the seat of conception. This was the completed fifth month of the assumed gestation, yet there had been no quickening nor was there any foetal movement appreciable incident to the examination. I was alone in this opinion.

Because of the extraordinary character of the case, further counsel was called. Prof. H. F. Biggar visited her the same evening and under a repeated anasthesia the examination was repeated by him. He conceived that the bunch to the left above the brim was probably the fundus and that the cervix was pushed up and lay above the superior edge of the symphysis pubis. The mass in the pelvic basin he thought to be a tumor heterologous in character, but was not satisfied as to its precise nature. He did not believe that there was gestation. Dr. Peck rather supported Dr. Biggar's views. Fortunately for the truth of the case, and for the poor sufferer, the woman began rapidly to fail, under symptoms indicative of acute peritonitis, and died on the third day following the examination. A post-mortem was kindly assented to, and was conducted by Drs. J. Kent, Sanders and Dixon, in presence of Dr. Peck and myself. Dr. Biggar was unavoidably detained away.

On opening the abdominal cavity, the peritoneum was found much congested throughout its entire extent, the great omentum at its lower portion being very dark. But a small amount of fluid was noticeable. Bowel was very much distended with gas, and in the hypogastric both vaginal regions in incipient gangrene. In the left vaginal region, a rather elongated oval shaped mass presented, which proved to be the fundus of the womb, the cervix of which was curved or flexed forward on its body like a hook, and riding clear above the superior edge of the symphysis. The left ovary was in about normal position except being lifted up by the uplifted uterus and had a sessile cystic tumor sprouting from its surface about the size of a shucked black walnut. Starting from behind and right of the uterus was a large hard mass firmly adhered to the lower portion of the colon and to the walls of the entire pelvic excavation posteriorly and right latterly almost down to the perineum, and in front to the vagina and bladder. The direction of the mass was transverse to the excavation with an obliquity downward and to the right. The rectum was crowded away to the left and was so adhered to the mass as to be incapable of



dissection from it. The vagina was very much extended, pushed to the left and adhered posteriorly its entire length. The uterus had apparently suffered the same mechanical displacement to the left and upward, and this pressure accounted fully for its peculiar posture. The bladder wall was very soft where adhered, as was indeed the bowel wall wherever it touched the mass. The fixation of the mass posteriorly was so firm that it had to be torn away from the sacrum, and in doing so, a large quantity of blood, equal to a pint, and nearly the same quantity of watery fluid escaped. The bladder, rectum, vagina, uterus, with its appendages, were then dissected out en masse.

On cutting open the vagina it was found congested and tumid, and the cervix uteri enlarged and engorged, the os margin tumid, the os circular, and the canal of the cervix free. The uterus as a whole was somewhat enlarged above a virgin normal standard, and otherwise natural, except the cervical flexure before mentioned, which, however, became nearly restored incident to the removal of the pressure. Its cavity throughout was lined with a semi-membranous layer, an unquestioned decidua, which pulled up into and occluded perfectly the orifices of the fallopian tubes, and closed below as well the os uteri internum. Tracing out the right fallopian tube it was found to become a little over an inch from the womb merged into and lost, the great mass at the right of it. Lying upon the upper edge or surface of this mass, indenting it with a shallow concavity, and towards its right extremity, was a fœtus, bearing unmistakably the evidences corresponding to a complete fifth months' growth, and lying within its membranes which had been unfortunately broken in tearing the mass away from its firm, sacral attachment, and which had doubtless furnished the watery fluid before spoken of. Lifting up the chord, which was full twelve inches in length, and tracing it down, it was found entered into and terminated in the great mass below. Apart from the mass there was no outline or trace of a placenta. The mass was uniform throughout its entire length and thickness, and placental in intimate structure, except that it was not lobulated

or characterized by cotyledons. Emptied of its blood, it was cellulated and readily compressible, and yet firm as a mass. It was somewhat torn posteriorly, and this had furnished the free blood escape before adverted to. It was an elongated oval in figure, seven to eight inches in length, two and one-half to three inches in greatest and central thickness, and larger at its right extremity, which was the lower end in situ. There was no trace whatever of the right ovary, it had become merged into and was undistinguishable from the mass.

Comments on the above case.—This case is remarkable in several particulars.

First.—In its antecedent history.

Prior to impregnation there was a negation of all abnormal symptoms or signs referable to the reproductive organs. She was a woman above the average standard of health and strength, and with more than the average immunity from catamenial discomforts. It is difficult to conceive how the mass found within her pelvis could have existed prior to her conception without having impressed itself appreciably upon the sensibilities of the pelvic structures. It is true that sometimes tumors somewhat pedunculated, and free and mobile, may exist a long time and escape the consciousness of the patient, and be discovered by herself or her examiner, as by accident, but when they are little and intropelvic and fixed, as this mass was, it seems impossible that they could long ante-date the consciousness of their presence, through some form of discomfort. It is therefore logical and just to infer that this mass had no existence prior to conception.

Second.—In its declaratory history.

(a) Covering the time of her impregnation and conception she was subject to great mental excitement. She was greatly affected by the death of President Garfield, and was much wrought upon by the sad pageant of his obsequies. Whether these intense emotions hold any causative relation to her misconception, is an interesting question. Sure it is that this accident of conception has been often imputed to

intense mental agitations transpiring coincident with the time of impregnation and conception.

(b) There was a negation of all the usual reflex symptoms and signs of intra-uterine gestation. The ordinary mammary changes, however, were appreciable but slight. There was no quickeuing, no appreciable foetal movement was ever felt by her, nor by any medical attendant in any examination instituted.

(c) Her menstrual cycles were punctually observed all through her gestative period, but with only a scanty loss as compared with her normal menstruation.

(d) The regularly recurring aggravations of her discomforts corresponding to the times of her menstrual cycles were a marked fact.

Third.—In its morbid anatomy.

(a) The displacement of the uterus, not only so far to the left, but so far upward as to carry the entire viscus above the plane of the superior strait, and the sharp, forward curvature of the cervix, and the otherwise perfectly normal condition of the organ, were striking features. This mal-position and curvature were manifestly purely mechanical results, and recent, since the viscus had formed no adhesive connections in its new position, and was free from every morbid condition, and its sharp flexion became restored on being relieved of pressure.

(b) The location of the mass was peculiar. It occupied the pelvic cavity, low down, and had evidently developed from right to left and downward, carrying the womb upward and to the left, in its upward and left lateral pressure. The rectum was also pushed considerably to the left, as was also the bladder.

(c) The character of the mass in the pelvis was most striking. No pathological state to which the ovaries or fallopian tubes, or pelvic viscera, are subject of which I have any knowledge, corresponds in any way with the character of this mass. Nor does it correspond with any inflammatory product of which I have any knowledge. I have never seen

anything like it, nor can I find any description in any work on pathology to which it corresponds.

I am forced to the conclusion that this mass is none other than the placenta itself, astonishingly augmented above the standard of normal development, and made dense and firm by some extraordinary nutrition, aided by the counter pressure of the unyielding bony walls of the pelvis. The cord is traceable into it, its vessels ramify all through it and become lost in minute ramifications within it. Its firm adhesions to the surrounding tissues especially posteriorly were surprising in view of the marked absence, except near the last, of any special inflammatory history.

If this mass is not placental it is surely anomalous and *sui generis*.

I have the specimen with me, and will be pleased to exhibit to any one interested to examine it.

Fourth.—In its evident hopelessness of all surgical interference for rescue or relief.

Had the woman survived longer, and the membranes maintained their integrity, and the presence of the fœtus, in the progression of its development, had become unequivocal and a caesarian section had been adjudged justified, it could only have been successful for the removal of the fœtus, since this placental mass would have defied removal from the pelvic cavity, and the woman could not have been counted adequate to dispossess herself of it by any process of disintegration.

Fifth.—In the deciduous membrane found lining the cavity of the uterus.

This deciduous layer was very heavy, occupied the entire cavity, closed up the os internum perfectly, and wholly occluded the fallopian orifices, projecting into each tube like a cork a full half inch. Whether this decidua was the decidua which was furnished by the uterus immediately following impregnation as a preparation for the reception and occupation within the uterus of the fecundated ovuna or whether it was a menstrual decidua which had been formed incident to the cycle which covered the time of her last illness, and which corresponded with the fifth recurring

partial period from the time of her impregnation must remain a question of doubt, but I am strongly impressed that it was the gestative decidua and that the uterus had kept it intact up to the time of her death, and that the recurring slight losses answering to her regular periods were from the cervix which was found free throughout its entire canal.

I feel unwilling to close the consideration of this case without asking attention to the presumptive evidence which it furnishes as to the seat or place where impregnation transpires. This presumption is unmistakable, and it is this that the graafian vesicle of the ovary is the exclusive seat of the generic act of fecundation. The germ cell in this case presumptively became impregnated while in the graafian vesicle and failing to secure lodgment within the fimbria of the fallopian tubes became herein fixed and continued in quasi gestation up to the time of death. It is sharply opposed to all probability that her germ cell had become impregnated any where lower down in the sexual tract, and then subsequently retraced its course back to the ovary for fixation and development, and this makes the presumption just and reasonable that in her case surely impregnation transpired in the ovary.

If so strongly presumable in her case; it is safely and surely presumable in all, since nature is so universally conservative and protective of the generic function that she could not afford to permit this important act to be dependent for its security and safety on a location, now here and now there, and varying at the caprice of circumstances. It ill comports with the significance and dignity of this high office that it should have any other than uniform and unvarying site.

Apart from this presumptive evidence, the truth that the graafian vesicle is the exclusive seat of impregnation, is rendered quite conclusive from the following considerations.

It could occur no where else so reasonably or consistently with the known functions of the sexual tract.

That the seat of this high office is not the womb is almost self evident. The uterus could not receive the germ cell

from the ovary, and be the theater of its impregnation at the same time that it was constructing and building up the decidua for its lodgment and security. This would be well nigh impossible. For soon as the womb is informed that the germ cell has become vitalized, it enters at once and most industriously to spread upon its walls the wonderful decidua for the vitalized germs reception and fixation. The formation of the decidua must, in the nature of things, precede the reception within the uterine cavity of the vitalized germ, otherwise the germ would incur a great risk of becoming lost or forced out of the uterine cavity.

That the seat of this function is not the fallopian tube is quite evident, from the nature of its office. What is it but a conduit or canal, holding no other function than that of a conveying channel between the womb and ovary? It has no glandular structure, and is ill-fitted for so chief a function as that on which the possibility of being and of the race depends.

If the seat of this office can be neither the womb nor the fallopian tube, the ovary must be its exclusive seat. Why not? Why should not the organ which originates and matures the germ cell itself, furnish the site or theater for its impregnation? That the graafian vesicle of the ovary should be the exclusive and special seat of this high function is not only fitting but most consistent with its delicate and wonderful structure. It originates the germ cell, matures it, guards it, (and often impregnation has transpired,) and furnishes an unailing structural evidence in the striking and distinguishing character of the true corpus luteum in distinction from the false, that something remarkable has transpired within it, and which could have been none other than the great crowning act, generation.

Indeed, that the graafian vesicle is the exclusive seat of impregnation might rest securely alone on the clear, unmistakable character of the true corpus luteum in distinction from the false.

## Miscellaneous.

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### The American Ophthalmological and Otological Association.

Dr. J. H. Buffum and F. Park Lewis acted as president and secretary, respectively, of the sixth annual session. The following papers were presented: "Anomalous Cases," C. H. Vilas; "Sympathetic Ophthalmia," W. W. Winslow; "Pathology of Cataract," Jas. C. Burnett; "Suppurative Inflammation of Middle Ear—Exfoliation of Bone—Facial Paralysis—Case from Practice," W. A. Phillips; "Microtesia, Congenital Aricular Malformation—Ext. Meatus," Jas. A. Campbell; "Spring Catarrh of Conjunctiva," Alfred Wanstall; "Some Advances in Cataract Extraction," Geo. S. Norton; "Infantile Mastoiditis, with case," J. H. Buffum; "Voluntary Nystagmus Case," James A. Campbell; "Clinical Cases—(1) Hemorrhage from Ear, following a fall; (2) Neuritis Decendens with objective (vascular) Noise in Temporal Fascia," Alfred Wanstall; "Cinchona in Diseases of the Middle Ear," Henry C. Houghton; "Treatment of Trachoma," F. Park Lewis; "The Causes of Catarrh," J. C. Burnett, Eng. Among the causes was the excessive use of salt, of sugar, and of hard water. In the discussion which followed the general feeling of the gentlemen present was not in support of his propositions, although they were deemed worthy of careful consideration. Dr. Buffum, in the treatment of partial cataract, had seen beneficial results follow the combined action of internal medication and local galvanism. Dr. Winslow questioned the causative relation which the paper had pointed out between arterial sclerosis and cuticular opacity.

Dr. B. W. James read a paper "Cyclotomy, a new Operation for Glaucoma." This operation, the results of which have been peculiarly gratifying, has the advantage of leaving a perfect pupil.

Dr. J. A. Campbell presented a report of a very unusual malformation of the ear, the external ear being abnormally

small and distorted and the bony canal imperforate. The removal of the distorted lobe much improved the hearing, by allowing a more perfect bone conduction of sound.

Dr. C. H. Vilas read a paper on "Extensive Burns and Scalds of the Eye." The peculiarities of several cases illustrated the subject.

Dr. Buffum presented the subject of "Infantile Mastoiditis," the dangers and treatment of which were shown in a case which was fully described.

Dr. F. Park Lewis in his paper on "Granular Eye-lids" touched upon a theme of general interest because of the prevalence of the disease, and its frequent obstinate resistance to treatment. Hygienic precautions were deemed as important as local adjuvants or internal medication.

Dr. Buffum presented a paper on "Sympathetic Retinitis," the relief of which was effected by a removal of a portion of the optic nerve, the eye ball being left intact.

A paper by Dr. T. P. Wilson, of Ann Arbor, on "Anomalous Refraction." Dr. Wilson exhibited a very beautiful and complicated instrument by which these focal errors could be more readily determined.

Drs. J. Compton Burnett, T. E. Cooper, R. E. Dudgeon, of London, England, were elected honorary members.

Proceeding immediately to the annual election, the following officers were chosen :

President—C. H. Vilas, M. D., Chicago.

Vice-president—W. H. Winslow, Pittsburg.

Secretary and treasurer—F. Park Lewis, M. D., Buffalo.

Board of censors—T. P. Wilson, M. D., Ann Arbor; M. O. Terry, M. D., Utica; J. A. Campbell, M. D., St Louis.

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"Oh, Moike, Moike, darlint!" cried his wife, as her husband was brought home to her with his legs broken from a fall down an elevator, "do ye think any harm will come av it, Moik?" "Devil a bit, if the doctors don't foind it out," was the sufferer's answer.



**What I Saw in Ann Arbor.** By Prof. S. R. Beckwith,  
M. D.

On a recent visit to the city of Ann Arbor I was invited to visit the Homœopathic Department of the University. This invitation I at first declined as I never was favorably impressed with it. I believed it would have been better for Homœopathy if it had never been born. But my visit convinced me that there is no more true saying than this: "A man's opinion is of no value on a subject of which he knows nothing," and the saying never better applied to any one than to me whenever I have heretofore expressed my opinion of the department I visited. Here I found a class of seventy-five students all seemingly determined to acquire a thorough medical education, and not merely to graduate.

But what pleased me more than all else was the abundant opportunity offered to gain his object. The faculty consists of Profs. Franklin, Wilson and Allen, all of whom are too well and favorably known to the profession to require an introduction or commendation from me or any one else. Each of these gentlemen represents a department in the curriculum of medicinal study which especially pertains to the surgical and medical treatment of disease by homœopathic medicine. Prof. Franklin lectures three days in each week, and holds four surgical clinics, divided so as to represent the diseases of women, spinal curvatures and general surgery. Prof. Wilson delivers the same number of lectures on medical practice; also has four clinics each week in his specialty of diseases of the eye and ear. Prof. Allen the same number of lectures and clinics devoted to medical diseases. I had not supposed it possible that in a place no larger than Ann Arbor, a large clinic could be established. But here again I was mistaken. I examined their clinic books and found that from every part of the state many persons came for treatment, and it is impossible to present all the applicants to the class. I visited the hospital and found it directly connected with the amphitheater; every bed and place occu-

pied by patients, and a large number were boarded out in neighboring houses. The hospital will soon be enlarged to accommodate its growing wants, as the Board of Regents furnish to every department of the University whatever is required for the general good of the institution.

The plan of instruction adopted by the regents requires that each and every student shall pass a rigid preliminary examination before matriculating.

The graded plan of teaching is carried out *in fact*, not simply appearing in an announcement not again to be thought of until another circular is needed. Students are required to devote four months to the study of botany, eight months work in the laboratory, in addition to the didactic instruction in chemistry.

The laboratory is well worth visiting; we were taken through two or more large rooms; in each there was as many students as could comfortably work, and every modern appliance was supplied to them.

The whole presented the appearance of an active workshop. As we passed through these various rooms, we were pleased to learn that every homœopathic student was in attendance, and we remarked that so long as some of the profession will insist upon prescribing crude drugs and compounds, of which they know little or nothing of their chemical constituents, the mixture is more often useful by accident than from any knowledge the doctor has of what he is prescribing. Indeed, how much better it would be for the sick if every member of our profession had been drilled as students are here.

Doctors are not easily made in this institution. The faculty can not turn out an M. D. by a scratch of the pen.

Above the teachers are the Board of Regents, who cautiously watch each department, and see that no diplomas are issued to an improper candidate.

I have never liked this department of the University, in fact I have always been prejudiced against it. This prejudice arose from the long and continuous difficulties that

existed among the profession of Michigan before and during the establishment of the homœopathic department.

They never could agree where or how it should be located or conducted, and I had come to believe that they must always differ and quarrel. But now I found to my surprise all quite and peaceful, and nothing to quarrel about, or no body to quarrel with.

I could not understand how the two dominant schools of medicine could live in harmony and mix together. But I found that it is impossible for them to get near enough together to mix at all.

I had believed that the tax payers of the State would sooner or later tire of educating persons in the learned professions, but here I was more in error than on any other subject connected with the department.

The people of the State love their University, it is their pride, and they will cheerfully support it until it has no superior in all the country. They will never be satisfied to cut off the least of departments or consent to have it reduced to a literary college in the place of the present popular university. Thus I have been mistaken, and am glad on learning the truth to acknowledge my error, and I hope that every homœopathic physician in this country, will with me, thank the people of Michigan for recognizing the just demands of Homœopathy by establishing and maintaining on a liberal basis a department of Homœopathy in her noble University.

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**INJURIOUS EFFECTS OF HURRYING TO CATCH TRAINS.**—No one who has had the opportunity of comparing an English station with a continental one, when the train is in, can help feeling what a contrast they offer. There all is comparatively orderly, and the passengers have all to be in good time, for the barrier is closed some minutes before the train is due. Here there is a regular rush, which thickens as the last minute arrives, and it is the rule rather than the exception for some one to be pushed into

a carriage as the train moves off. The frantic efforts made alike by old and young, with and without carpet bags, to secure their train is especially conspicuous at Cannon street about five in the evening. Why these persons can not start a minute earlier, so as to do away with the necessity for this overstrain, as it turns out to be for a proportion of them, is an inscrutable mystery to those who do not follow the same practice. The prevalent custom of just catching a train is every now and then productive of a serious lesson to those who practice it. A death from such sudden effort is not at all uncommon with persons of advanced life; and cases are every now and again being recorded in the papers of elderly persons who have died suddenly after or during an attempt to catch a train, or at other times, an omnibus. It is only a few months ago that an aged female died on the platform of the Denmark Hill station after an effort which was too much for her. Still more recently even a sadder case has occurred.

A gentleman and his son the other mornig were a little late for their customary Town train on the South Western, and had "to make a run for it." They were successful in their attempt, and caught the train. But the younger gentleman gasped for breath, made a few motions with his hand, and would have fallen if he had not been caught. Before the train arrived at the next station he was dead. The verdict of the coroner's jury following the opinion of the medical witness, was to the effect: "That death arose from syncope of the heart, brought on by running, after a hearty meal." Such was the end of a gentleman only 30 years of age.

The wonder is not that so many fatal cases are recorded, but that there are not more. The number of persons, not all youug, who systematically delay till the last moment, and then make a rush for their train, is to be counted by hundreds on each of the great lines into London. A large majority of these are persons who are in no wise trained, or otherwise prepared for such efforts. The bulk of them are men whose ways are sedentary, and who rarely make an effort of any importance at any other time. There is no preparation on the part of the internal organs to undergo sudden strain; and when they are subjected to it, sooner or later untoward consequences result. In athletes, long and careful preparation precedes violent effort, and even then unpleasant results are not unknown. But sudden strain upon organs not so trained, is much more liable to induce disastrous sequelæ. Of course it must be admitted that the proportion of fatal accidents is very small, compared to the large number of those who are given to the practice of having to rush for the train, and consequently many are strengthened thereby in their injudicious procedure. But the present case shows that even with young and apparently, if really not quite, healthy persons there is danger and risk in so doing. The father did his run with impunity, while the younger man died; showing that it is not necessarily the aged whose tissues fail under demand. So far as

can be ascertained, the deceased gentleman was well, and in good health. He certainly may have been the subject of some occult disease of the heart or great vessels, such as occasionally are found, unsuspected and giving no sign, but it is by no means necessary to assume that such was the case. He made a sudden effort after a hearty meal, and syncope of the heart followed. The hearty meal diminished the space in which the heart beats, and the organ, taxed by sudden effort at the same time, stopped, and the gentleman died. This is an accident which, if rare, is one to which any of those persons who habitually tarry to the last minute, and then have to make a sudden effort, is liable. It does not follow that there is only danger when the heart and arteries are the subjects of chronic changes, so less able to support a sudden demand; it exists even for those who are too young to have entered upon degenerative changes.

The dangers of such sudden strain are not confined to failure of the heart upon the spot. Very commonly in those cases where apparently healthy old people are found dead in bed, there may be traced out a history of sudden effort made during the preceding day. The overstrain so put upon the heart does not manifest itself fully at the time, but during the sleep of the ensuing night. Even in cases of fatal syncope of the heart, preceding ruptures are found at times with a clot blocking the opening. These are extreme cases truly, but they demonstrate beyond doubt that serious injury may be inflicted upon the heart without instantaneous consequences. A distinguished physician over-exerted himself some time ago in an Alpine climb of unusual severity, and had an attack of cardiac syncope of very serious character near the *Äggischhorn*, necessitating an instant resort to the recumbent posture. Great caution was required to reach the inn, though no general fatigue was complained of. At three o'clock in the morning a similar attack awakened him quite suddenly, showing how effort during the day may be followed by great disturbance of the heart afterward. This physician is a young and healthy man, else that night attack might have been fatal to him; just as much so as the original attack during the Alpine ascent. With elderly people sudden exertion during the day is undoubtedly one cause of failure of the heart's action during the night; so that the effort may really be only apparently made with impunity.

Nor are these fatal results the only untoward consequences of sudden demand upon the powers. Much more commonly the effort is followed by shortness of breath on exertion, by palpitation easily induced, by incapacity to undergo any violent effort, and even by enfeeblement of the powers for some considerable time after the effort which produced these consequences has been made. It is impossible to impress upon business men the risks they run from their habits of delay until it becomes necessary to make a severe effort to catch their train. Doubtless it is done by a multitude of persons as a regular practice, but absolute impunity can not be secured and at intervals some one pays the penalty, and furnishes an illustration of the dangers which beset the practice.

June-4

**FOUL AIR IN SCHOOL ROOMS.**—It is seldom that an assembly room of any kind can be found in which the air is not overcharged with impurities. Some of the worst rooms we have known have been those in which the air ought to have been the purest, namely, school rooms. Yet it is seldom, we trust, that the conditions obtaining in school rooms are quite as deleterious as those found recently in the Packer Institute, Brooklyn, a well endowed school for young women. In response to persistent complaints by the young ladies, the Sanitary Engineer had the air of the class rooms analyzed, finding in some of them "an amount of impurity present greater than in a crowded theater, in smoking cars, and three times as great as in the public schools of Boston and Philadelphia."

Our contemporary pertinently remarks that such an institution "should be able to claim not only that it furnishes the means of mental culture, but that its pupils are supplied with at least as pure air as is found in the public schools of Boston and Philadelphia. Certainly, this is not a very high standard, but to secure it the amount of air supply in the Packer Institute must be quadrupled and the amount of heating surface largely increased."

A more outspoken statement of the case by the Times says that "there were two class-rooms in which the proportion of carbonic acid found in the air was twice as great as that present at 11 o'clock at night in the pit of two of the worst ventilated London theaters, and was only exceeded, according to tables, by that detected in a few German schools and in the English mines." To send young people to study in such an atmosphere is simply criminal.

**CASTRATING FISH.**—Attention has lately been called in Germany to an art that used to be secretly practiced in Germany and England by skilled carp breeders, but which seems to have been lost during the present century. It was claimed by experts, a hundred years or so ago that castrated fish were as much superior in flesh to the uncut as the capon is to the ordinary cock, or an ox to a bull. The nutritious matter which would otherwise have served for forming roe or milt will certainly cause a more rapid increase of flesh and fat, and therefore an equally rapid increase in the weight of the fish. For such experiments young, but full-grown, fish, should be selected whose generative matter has not yet been fully developed. None should engage in such experiments but those who possess the necessary leisure and knowledge.

**THERAPEUTICAL ADVICE.**—"Don't die in the house," says a recent writer on therapeutics. Well, well. We presume it is necessary for some people to keel over on the sidewalk, or step out into the woodshed, or wander off into the woods for the purpose of dying; it makes it interesting for the newspapers. But we are still in favor of the old-fashioned, quiet method of dying in the house, with the undertaker anxiously waiting around the corner.

## Editor's Table.

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MARRIED.—Dr. G. W. Hier to Miss Olley Smith, June 6, 1882.

DR. C. N. SHELLENBERGER has removed to 1831 Wallace st., Phila.

DR. T. H. TAYLOR has entered partnership with Dr. F. L. Davis, Evansville, Ind.

MR. W. A. BRUECK has purchased the Oakland, Cal., Pharmacy of Mess. Boericke & Tafel.

THE Alumni Association of the Homœopathic Department University of Michigan meets the 28th of June, instead as announced in circulars.

NEW YORK has an artificial flower maker named "Ginori." That's the question generally put by the bar-tender, and the answer will in time produce artificial flowers on the answerer's nose.

DR. J. W. VANCE, of College Hill, O., has gone into partnership with Dr. Hall, of Madison, Wis. Dr. V. was in attendance at the meeting of the Wisconsin Homœopathic Society, and his efforts secured the appointment of Madison as the place for the next annual meeting of the society.

LOUISVILLE, KY., now contains five "regular" medical colleges. Three of these hold a spring and summer course, and graduate those students who have escaped graduation during the winter. There are still two or three doctors in Louisville who are not professors, but are full privates from choice.

IN defense of a reprehensible practice, college men have tried to throw upon the medical profession the odium of filling the calling with incompetent men by saying, "we graduate what material you send us." This is shirking a square issue, and furthermore is not strictly true, for on looking over an announcement we notice a good portion of the matriculants have the college name in the place of the preceptor.

FEMALE DOCTORS IN RUSSIA.—The female candidates for entering the study of medicine in Russia, keep ever increasing. The normal number of admissions is fixed at seventy, but the actual number of applicants now amounts to more than double that number. The total number of female students that have been admitted within ten years have been 959, and of these 281 appear to have terminated their studies, and 152 been admitted to the practice of medicine.

THE Yale Courant reports that it has been found by actual count that of the students assigned to four divisions according to scholarship; 25 per cent of the highest grade use tobacco, 48 per cent of the second, 70 per cent of the third, and 85 per cent of the fourth. The majority of the students at Cornell have, it is said, resolved to give up smoking on the ground, of its bad effect upon health and capacity for study.

IOWA, it is stated, has so many colleges—almost thirty—that they have all been kept more or less weak, not one of them advancing to the rate of a thorough university. This ridiculous multiplication of colleges is a crying evil in other states as well as in Iowa. If three-quarters of all the colleges in America were utterly abolished and their value and endowments devoted to the enlargement of the remaining colleges, it would be of incalculable benefit to the student.

THE Nebraska State Homœopathic Medical Association met at Lincoln, May 24-25, Dr. B. L. Paine, of Lincoln, president, Dr. C. N. Dinsmore, Omaha, Secretary. The secretary reported eighty-five homœopathic physicians in the state, and twenty-two new members joined the association at the present meeting. The officers for the ensuing year are: Dr. C. M. Dinsmore, of Omaha, president; Dr. B. Carscaddan, York, first vice-president; Dr. C. L. Hart, Omaha, second vice-president; Dr. L. J. Bumstead, Lincoln, secretary; Dr. F. B. Right, Lincoln, treasurer. Censors are Drs. Paine, of Lincoln, Brown, of Albion, and Sabin, of Lincoln.

NEW YORK now has a Cremation Company, with a capital stock of \$50,000, divided into 2,000 shares. The subscribers to the stock are both practical business men and men whose names are quite familiar throughout this country. Among them are Professor Felix Adler, Rev. J. D. Bengless, chaplain in the United States Navy; August Schwarzschild, Dr. Delevan Bloodgood, E. C. Cokey, and E. A. Caswell. Mr. James B. Brown is president. A crematory, patterned much after the well known LeMoyné crematory at Washington, Pa., will be constructed immediately. It will be located at a convenient distance from the city, where anti-cemetery advocates can carry their dead friends and urns.

FOR CHEEK commend us to a cadaverous individual who came recently into our office, representing an eastern house, and having a small glass contrivance, out of which he drew smoke, if not fire, and bravely blew the same through his nostrils. He then showed a formidable pile of papers purporting to be recommendations from homœopathic physicians, mostly in Ohio, certifying to the extraordinary virtues of his penny whistle in the treatment of catarrh. We did not look at his document and hope he lied about it. In less than five minutes he gravely requested that we should draw up a commendatory statement, and he looked as though he expected to get it. Absence of boots prevented our giving the fellow a personal endorsement upon his posterior parts. We hope he may yet receive his deserts. Alas, what weak things doctors are when flattered! This scamp tried to make us believe that we were a leader in the profession, and our certificate invaluable. We sincerely regret not having shown our leadership in the kicking line.

THE International Hahnemannian Association met June 13th in Indianapolis. The annual address was delivered by the President, C. Pearson,



M. D., of Washington. A number of letters were read from absent members, among which were those of Dr. Lippe, of Philadelphia; Dr. Berridge, of London, England; Dr. Nichols, of Boston; Dr. Swan, of New York and Dr. Pomeroy, of Baltimore. This association, though only organized two years ago, now numbers over seventy-five members, sixteen new members having been elected at this meeting, among which were Dr. Ehrman, of Cincinnati; Dr. Hague, of Chicago; Dr. I. H. Payne, of Boston; Dr. A. C. Farland, of Philadelphia; Drs. Arrowsmith, Bradshaw, Mahoney, White, and Walker, of England. Officers: President, Dr. Pearson, of Washington; Vice President, Dr. Mills, of Chicago; Secretary, Dr. Curtis, of Washington; Treasurer, Dr. Cranch, of Erie, Pa. Board of Censors, Drs. Pomeroy, Ehrman, Lawton, Swan, and T. P. Wilson. The President appointed the following as heads of bureaus: Clinical medicine, Dr. Gregg; materia medica, Dr. Baer; obstetrics, Dr. Haynes; surgery, Dr. Ostrum. After electing new members the meeting adjourned.

**A NEW WAY OF PAYING A DOCTOR.**—The Ohio Medical Record relates that a lady, having become tired of life, but feeling duly grateful for her physician, Dr. John Cook, of Bridgeport, determined to tender him her lifeless body in lieu of his bill for professional services. Before closing the bargain, she inquired of the Doctor what a body would be worth for dissection. He answered that a good fresh corpse would be valued at about \$25. She then made the offer to give him her body in payment of his bill of \$17, to which he replied "all right,"—regarding the matter as a joke, and in this spirit referred her to a lawyer to draw up the necessary papers. She acted promptly upon his advice, for the next evening she appeared at the Doctor's office with the necessary legal instrument properly witnessed and acknowledged. The next morning the lifeless body of Ann Eliza Jones was found dangling from a clothes prop in the back yard of the premises on which she had resided. A coroner's jury was next in order, before which the above facts were made known. Dr. Cook had the old lady decently buried, but a few days thereafter he received an offer of \$25 for the subject from the West Virginia University.

**OHIO HOSPITAL FOR WOMEN AND CHILDREN.**—The new hospital was formerly inaugurated on the evening of June 10th, by a public reception. The cheery rooms with their dainty furnishing excited many expressions of pleasure and surprise from the interested crowd, who came to welcome the birth of one more refuge for the sick and suffering. The opening exercises consisted of prayer by Rev. Dr. Jenks, and a brief address by Mr. Davies Wilson. The aim of the hospital is to extend the privileges of homeopathic treatment to women and children through the hands of women. The pleasing appointments and the many home-like features of the house, will win for the institution numberless friends. The equipments for work are complete, patients have already been received, and

many applications await the decision of the board of managers. Beautifully furnished large rooms offer delightful quarters to private patients, while the airy wards give room for free beds. The medical staff of the hospital consists of a lady resident physician, ladies as attending physicians, and a large consulting board chosen yearly from the practitioners of Homœopathy in Cincinnati and vicinity.

**BOSTON UNIVERSITY SCHOOL OF MEDICINE.**—At the annual commencement held on Wednesday, June 7, 1882, the degree of doctor of medicine was conferred upon the following: Emmer Frances Angell, Clara Celestia Austin, Benjamin Parker Barstow, Mary Elizabeth Emery, Jennie Fuller, Augustine Howard Gibbs, Clara Priscilla Grove (M. B.), Joseph Franklin Hadley, Walter Augustus Hall, Florence Nightingale Hamisfar (S. B.), Sayer Hasbrouck, Charles Cahoon Howland, Frances Maria White Jackson (M. B.), Lois Ophelia Jackson, Amanda Harriet Kempton, August Andreas Klein, Mary Francella McCrillis, Amos Hagar Peirce, Henrietta Newell Porter, William Robert Ray, Annie Maria Selee, James Parker Stedman, Waldo Hodges Stone, Alvin Francis Story, George Henry Talbot, Granville Joseph Walker, Walter Henry White, Rebecca Weeks Wiley, Annette Thomes Winship. The degree of bachelor of surgery was conferred upon Henry Flanders Batchelder, George Washington Butterfield, Jr., Frank Augustine Gardner, George Augustus Lord, Winfield Scott Smith.

SOME little time ago Miss Francis Power Cobbe, who has so identified herself with the cause of anti-vivisection, called on a distinguished man of science in London, to endeavor by persuasive speech and viva-voce argument to gain him over to her cause. Three points were observable in Miss Cobbe's outward presentment, namely—she had an ostrich feather in her bonnet, a bird of paradise on or near her muff, and she carried an ivory handled umbrella. Consequently the distinguished man of science replied as follows: "Madam, charity begins at home; when you have given up wearing ostrich feathers, which are plucked from the living bird, causing most exquisite pain, and birds of paradise, which, in order to enhance their beauty and lustre, are skinned alive—when you have abjured the use of ivory, because you know that the tusks are cut out of the dying elephant's jaw—then, and then only, come and upbraid me with the cruelty of my operations. The difference between us is, madam, that I inflict pain in the pursuit of knowledge, and for the ultimate benefit of my fellow creatures; you cause cruelty to be inflicted merely for your personal adornment."

**A PIONEER OF HOMŒOPATHY PASSED AWAY.**—On May 7, 1882, one of the veterans of Homœopathy died suddenly from neuralgia of the heart, at St. Paul, Minn., at the ripe age of seventy years.

Charles D. Williams, M. D., was born in Newark Valley, Tioga County, May 12, 1812. He located in Cleveland as a homœopathic physician in

the year 1845, and remained there, as one of the leading and most successful practitioners, until the year 1860. At that time he became interested in the west, and leaving Cleveland full of honors, and with many friends and patrons behind him, he soon commenced practice in St. Paul, Minn., where he continued his labors until the day of his death. From a tribute paid to him there to illustrate the man, I quote a few lines:

"For nearly a quarter of a century he administered to the sick in this city. His portly form and cheerful face have graced many a household. His presence inspired confidence, his medicine effected cures; but the oak has fallen, the place is vacant, the heart is sad, and an indescribable something creeps over us as we pause in our hurried career and whisper, death."

It was my privilege to know him as a friend and as a physician for more than thirty years, and while a student of medicine in the allopathic college, often visited his patients with him and listened to the principles of Homœopathy as he believed them and witnessed his method of prescribing. But few men have done more for the advancement of Homœopathy in the west than Dr. Williams. The elevated position that Homœopathy now occupies in Cleveland is due to a great extent to him, whom we are now called upon to mourn the loss of.

In the year 1849, by his energy and perseverance, a charter was obtained for the Cleveland Homœopathic College. A faculty was organized, and the trustees appointed Dr. Williams to the chair of Theory and Practice of Medicine, as well as dean of the faculty. These offices of trust he held for several years. The first course of lectures in the college were given in 1850-51. The introductory address was given by Dr. Williams before a large and intelligent audience, and was the first public address given in Cleveland setting forth the principles of the new school of medicine. This address was published by the students of the class, and on page nine Dr. Williams says: "The life of man should be three score and ten." The prediction made by him thirty-one years ago has proved, in his case, a reality. While in Cleveland he was a member of the city council, and held other important political positions.

As a writer he was clear and concise; as a physician he was respected by his medical brethren; by his patrons he was greatly beloved, and those that knew him well loved him best. His mind was well stored with medical and scientific knowledge. He studied well the doctrines and principles taught by Hahnemann, and practiced successfully by adhering to the principles of Homœopathy. His success at the bedside had but few equals. He has lived to see homœopathic colleges, hospitals and dispensaries dot the land; he has lived to see the cause he loved so well carry her triumphant banner in every city in the union. And thousands mourn the loss of the old veteran, who has passed into a higher and nobler sphere of existence.—D. H. BECKWITH, Cleveland, Ohio.

**FRAUDULENT INFANT FOODS.**—There are about twenty European preparations styled infant foods, beginning with that of Nestle, and at least twice as many American, all of which profess to furnish a complete nutrition for the infant during the first few months of its existence, while yet the conversion of starch into dextrine and sugar is beyond the capacity of untrained digestive function. The examination of these with the microscope, assisted by such simple tests as *Iodine*, which turns starch cells blue, and gluten (or albuminous) granules yellow, has engaged the careful attention of Dr. Ephraim Cutter, of Cambridge, and his results will startle most mothers who have relied upon the extravagant pretenses set forth in the circulars of manufacturers.

Eliza McDonough, who preceded Dr. Cutter in this field, has been in a measure discredited; but it appears that her assertion—that the starch, so far from being transformed into dextrine, was not sufficiently altered to render the recognition of its source difficult, whether from wheat, rye, corn or barley—was strictly true, and that these pretentious foods are, without exception, nearly valueless for dietetic purposes. All of them consist mainly of baked flour, either alone or mixed with sugar, milk, or salts. In some cases the baking has been very inadequately performed, and the doctor found one that consisted merely of wheat and oats, whose starch cells were proximately in their natural condition.

The general result of Dr. Cutter's examination may be stated in brief terms as follows: There was scarcely a single one of the so-called infant foods that contained a quantity of gluten as large as that contained in ordinary wheat flour. That is to say, a well compounded wheat gruel is superior to any of them, particularly when boiled with a little milk; and mothers are in error who place the slightest dependence upon them. As respects one very expensive article, professing to possess 270 parts in every 1,000 of phosphatic salts in connection with gluten, Dr. Cutter was unable to find any gluten at all. The thing was nearly pure starch, sold at an exorbitant price as a nerve and brain food and a great remedy for rickets. So all through the list. Sometimes a trace of gluten was present; more frequently none at all. In one case there were 90 parts of starch to 10 of gluten; but this was exceptional, and the majority were less valuable, ounce for ounce, than ordinary wheat flour. Considering the semi-philanthropic pretensions that have been put forth by the manufacturers of these foods, some of them sustained by the certificates of eminent physicians, the report of Dr. Cutter is one of the dreariest comments upon human nature that has recently fallen under the notice of the journalist. But if the revelations he has made of fraud and pretense on the part of manufacturers in this field shall serve to protect mothers from further betrayal and to rescue infant life from quack articles of nutriment, his work, though giving a tremendous shock to our sensibilities and to our faith in medical certificates, will not have been done in vain.