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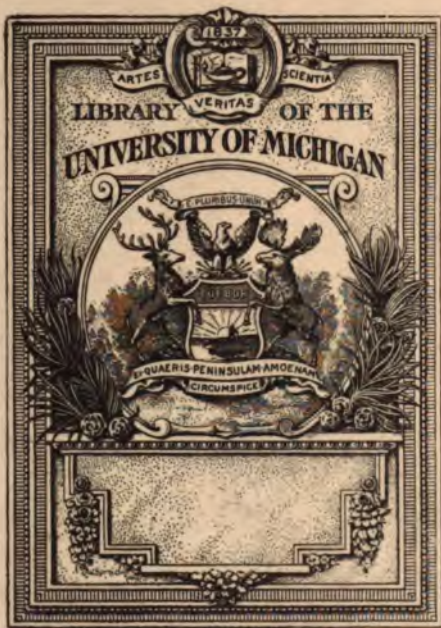
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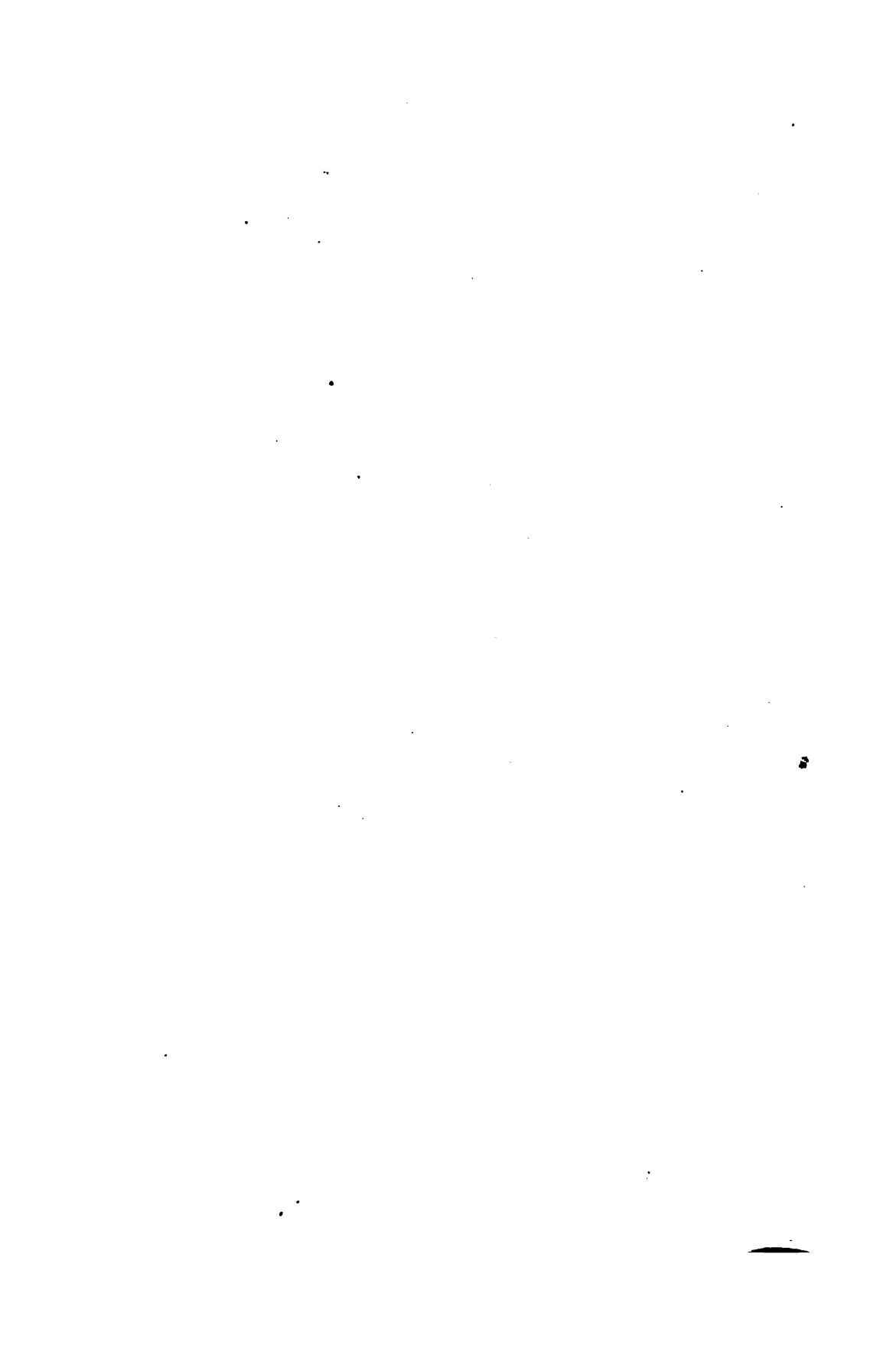


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THE CINCINNATI

MEDICAL ADVANCE

VOLUME V.



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



CINCINNATI, OHIO:
JAS. P. GEPPERT, PRINTER AND BINDER,
1878.

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VOLUME V.

CINCINNATI, O., MAY, 1877.

NUMBER I.

All business communications, relating to the *MEDICAL ADVANCE*, should be addressed to Dr. T. P. WILSON, Cor. 7th & Mound, Cincinnati, O. Terms \$2.50 a year.

OUR MOST GRACIOUS BOW is due a long suffering public. For four years it has not only tolerated but liberally patronized us. We enter upon our fifth volume with most encouraging prospects. The *ADVANCE* has grown to be a necessity in a multitude of homes, in every state in the Union. In its behalf we have enlisted money and brain, and the best results they can win for us will be given without stint to the cause we have espoused.

A CURIOUS CONTROVERSY has sprung up between the *Homœopathic Review* (Eng.) and Dr. LIPPE; the gist of which is, "that Homœopathy was unfortunately handicapped at starting with the globul and the thirtieth dilution." The *Review* maintaining the affirmative and Dr. LIPPE the negative of the question. Both writers have considerable to say in defense of their views, and both seemingly miss the essential point of the controversy. It is simply this: The gentlemen are not talking of the same thing, even when they use the same word. In the mind of the *Review* editor Homœopathy is one thing; and in the mind of Dr. LIPPE Homœopathy is another thing. Both writers are correct, allowing them to define what they mean by the terms they employ. The *Review* represents a large class of

practitioners, who have never yet forgiven the wretch who invented "sugar pills" and high attenuations—counting anything above the third high. It is clear these men have been seriously handicapped by the globule, for its use necessitated the attenuating of tinctures, and they have ever had an honest contempt for medical preparations destitute of taste, smell and color. Reluctantly allowing that any medicine could be advantageously attenuated, they placed the limit of all possible good, at some point below the thirtieth; and asserted that the arithmetic, and all the lakes and rivers were exhausted in the production of anything higher; and that if such things as high dilutions could be made, they were simply transcendental substances not worthy of confidence or use. Now it is plain to us that this sort of Homœopathy was seriously "handicapped with the globule and the thirtieth dilution." The Review is right. And so is Dr. LIPPE in denying the same so far as his sort of Homœopathy is concerned. The globule was an invention that just fitted the then improved ideas of pharmacology. It was the needed agent to carry the then newly invented attenuation. It took us out of the rude and barbarous methods of the old pharmacist, and made the administration of medicines both safe and pleasant. The sugar pill was the distinctive mark of the homœopathic doctor. Its exhibition in the sick room brought joy and blessings far more frequently than it did scorn. It was the open sesame to many homes where intelligence and luxury reigned. Many a follower of Hahnemann could say, holding aloft his vial of pure white globules, *In hoc signo vinces*. O no! this sort of Homœopathy was never handicapped by such things. Dr. LIPPE is right. He knows we would never have had such a system of practice, but for these very things. Now, since both sides of this controversy are in the right, why should the dispute be prolonged? Let us have peace.

A GOOD FELLOW, who never wrote a line for a medical journal in his life, writes us privately to give a rest on the contributions of several gentlemen who have favored our pages the past year or two. And with great simplicity he admits that he don't like their writings because he knows the writers personally. Well that is a misfortune we can not now remedy. But it is a greater misfortune not to understand that truth is impersonal. How much better the world would have been if men had been willing to accept what was true, come from whom and from where it might. A fact stated by one man is no more nor less when stated by another man. The personality that is tacked on to truth, so that it is made better by coming from special sources, is a matter entirely incidental and factitious. These writers referred to happen to be young men and were class mates of the said grumbler, and so he don't like to see them rushing into

print. Of course it looks bad. But it is far less distasteful than the dog-in-the-manger policy, which will neither do anything itself or let others do. We say to all the young men, pitch in and write and give the good work a lift be it ever so small. Men like LIPPE, BAER, LILIEN-THAL, BUCK and HALE, will never try and frown you down. The men who do nothing but grumble are not dangerous. Let us have the truth, and let us receive it on its own merits and not be like children, governed in our judgment by likes and dislikes purely personal.

THE MEETING of the State Society at Cleveland, on the 8th of May, and of the Western Academy and Indiana State Society, at Indianapolis, on the 29th, should not be forgotten or missed.

The Homœopathic Life Insurance Companies. By Dr. Ad. Lippe, Philadelphia.

The Homœopathic Mutual Life Insurance Company, 231 Broadway, New York, has been kindly sending their advertisements and communications to all the homœopathic practitioners in the land. This life insurance company believes, first, that every practitioner should use what influence he has to procure them customers; they claim, second, that the progress of Homœopathy will be greatly advanced if this corporation is successful; and third, that it must be successful because the mortality under homœopathic treatment has been very much reduced.

Comments at first.—The medical practitioner should not be asked to jeopardize his influence and credit by recommending any life or other insurance company. He, by recommending it, endorses the corporation to all intents and purposes, which no prudent man will ever do, without full knowledge of the company's affairs.

Comments at second.—Every homœopathist, although very much gratified if the corporation is successful, knows also

that a failure of such a corporation would retard and not advance the progress of Homœopathy.

Comments at third.—However true the proposition is, that Homœopathy has greatly reduced the mortality, this proposition by no manner or means makes the success of the corporation a certainty. Far from it.

We quote from a New York journal: "The present situation of life insurance affairs is of critical interest to both policy holders or underwriters. Circumstances now hold further developments a little in check, but the immediate future is full of anxiety and distrust. The only check upon fraudulent management is the Insurance Department of the State, and it is mainly dependent for information upon the annual statements rendered by the companies. Within the last two months two of these "statements" have been proved to be gross fabrications. If figures do not lie, they have at least been shown by the Continental and Security to be sadly deceptive. Their documents, which at the beginning of this year looked so full of good faith and safety, are now discovered to be replete with falsifications and perjuries. It can hardly be wondered, in view of these facts, that the insuring public is alarmed."

Knowing absolutely nothing about the reliability of the published statements of this corporation, and therefore having no right to express an opinion, we venture on none. The practitioner has only one solitary means at his command to advance the interests of our school, to obtain for it "confidence" and this is nothing short of "success." A life insurance company has also one solitary means at her command to advance her interests, to obtain for it "confidence," and that is nothing short of success; that success again benefits the underwriter and policy holder, and nobody else.

When the Homœopathic Medical Life Insurance Company undertakes, as she has now done, to send over the land pamphlets entitled "Homœopathy," and when that pamphlet contains a very strange exposition of Homœopathy, then the corporation in so establishing itself a self-constituted body for the explanation of Homœopathy, clearly oversteps its

sphere. Who has authorized this explanation? This corporation? And when such an unauthorized explanation of Homœopathy contains such a terrible amount of inconsistent statements, that the reader must surely become convinced that Homœopathy and Eclecticism are synonyms; and when such a pamphlet has no signature attached to it; when it is an "anonymous" production, we take again the liberty to ask who authorized this pamphlet? When we read such absurdities as this: "A homœopath can not always practice Homœopathy, and he should therefore be acquainted with every system of medicine. Why can he not always practice Homœopathy? Because Homœopathy only professes to cure those morbid states which we can imitate in the healthy body. When we have discovered drugs which produce distinctly the symptoms of cancer, tubercle, hydrophobia, Bright's disease, aneurism, epilepsy, ossification of the heart, (hic) etc., we can treat them homœopathically with success, but not before;"—and when there is nobody responsible for this, although anonymous, the writing looks very much as if it came from "New Orleans," and we feel very much inclined to say to the "corporation:"³ Such Homœopathy as you advocate is not a bit better than the common practice of medicine. Such Homœopathy is no Homœopathy at all; it is pure and genuine eclecticism! Would it not be well to call things by their right names? And if it were well, then we very politely suggest to the Homœopathic Mutual Life Insurance Company to abandon the name of Homœopathy, strike it out wherever it occurs in their charter, in their documents, in their valuable assets, and in place of it put "*Eclectic*."

Philadelphia, January 24th, 1877.

In the Sanatarian we find the mortality table shows the per cent., per one thousand, in the following cities to be: New York 25.76; Philadelphia 20.69; Chicago 17.39; San Francisco 19.88; CINCINNATI 16.33. This is a good showing for the Queen City.

"The Physiological Livery." By Dr. L. Barnes, Delaware, O.

Several articles have appeared of late in the *ADVANCE* which call for attention. They are directed chiefly against positions taken by the late Carroll Dunham before the World's Convention. He is spoken of as the protector of "such physiologists who never know what they are talking about, or what they are after," "except to please the caprices of men eager to bedeck themselves with the physiological livery."

I should not take a hand in this matter were it not that the question involved is important, while Doctor Dunham is no longer upon the earth to defend the doctrine he had begun so ably to advocate. Nor shall I now descend to the contemptuous manner indicated in the brief words I have quoted. Those who think their side of a question can be advanced in this way, may have their peculiar field to themselves.

The question is, whether pathology as now developed, and likely to be developed, should be denounced, or whether, as physicians, we should make use of it as one among the positive sciences. The point is stated in this peculiar admission: "We accept * * * pathology as a positive science of observation; but as healers it is to us no more than any one of the collateral sciences of observation appertaining to the study of medical knowledge; we can not utilize pathology for therapeutical purposes." Here is the strange doctrine that the knowledge or science of disease, although "positive" is of no use for the purpose of healing disease.

But to avoid this absurdity, it is very soon denied, in toto, that pathology is or ever can be the "science of symptoms." What is it, then? If, according to Hahnemann, the symptoms constitutes the disease, what else than the science of symptoms can pathology be? The very word means this, from the Greek *pathos* and *logos*. The men therefore whom Dr. Dunham so "kindly protected" before the World's Convention, are the last of all to be charged with "strutting along in that new fashioned physiological livery, setting aside all symptoms which they can not explain," or any symptoms, "men-

tal" or otherwise. And if they did move in this peculiar dress, how much worse would it be than for men to strut along without any physiological dress, in naked ignorance of the science of disease?

But we are assured very positively that "our therapeutics can not, never will be, made subservient to, or adapt themselves, or dovetail with any exact related physical science." No one probably would make them subservient, but what sort of an idea is it, that they can not harmonize, even "dovetail" with any exact related science? Some of us have been thinking that all true sciences will at least be found dovetailing together, more especially those that are related.

But here follows another singular admission: "The knowledge of pathology enables the healer not only to diagnose correctly, but also to prognosticate with certainty." Surely this is adapting itself to therapeutics pretty closely and is rendering itself of some use to the healer. It is dovetailing pretty well.

But here is a case "illustrating our propositions," that is, of course, the whole of the foregoing; and we shall "condescend" to at least look at it: Two years ago a lady was exposed to whooping cough, and suffered from a cough. But a learned specialist said she had bronchitis, and treated her heroically for that until she had a diarrhœa; then treated her with *Arsenic* and tonics until she was reduced to a skeleton. Then she was treated heroically for violent asthma, and no good done. Now she comes to our friend who rejects pathology and repudiates the garment of physiology, who tells her that she had no disease, aside from her treatment, except the whooping cough, and that she must have another "little exhibit" of this before she can be well. And so he gives her from time to time, how far apart we do not know, *Arsenicum*, *Coccus cacti*, *Phosphorus*, *Drosera*, all *em.* She coughed up great quantities of ropy phlegm; was shaken all over by the cough; had a bad diarrhœa, and was at last relieved. But how long she will remain better, or how well she is; whether she is a "skeleton" yet or not, we can not tell; the account does no inform us, and furthermore it has only been three months

since the true process of healing was begun. Now suppose we admit that she had hooping cough at first, and never bronchitis or asthma; that her sufferings came mostly from bad treatment, and that the right treatment reproduced a hooping cough that had been "suppressed" for more than two years, and that unless this had been done she could not have been cured! It requires considerable faith to believe all this on the mere statement, but we will let it stand so. How does it appear that pathology—the knowledge of disease—had nothing to do with it? Our friend seems himself to insist that the cure resulted, partly at least, from the fact that he knew what the trouble was, that it was really *hooping cough*, which had been thrust aside and must be restored. Are not therapeutics here pretty well dovetailing with pathology? But what about the treatment itself? What is the difference, in principle, between some of the former, at least, and some of the glorious new? The first remedy named as having been ordered by the old school was *Arsenic*. The first given by our friend was *Arsenicum*! It may be said that one gave too much, and the other—well, just enough. It was a mere difference of judgment as to the quantity or size of dose. It will take some time to overthrow the science of pathology as an aid to our work, by the power of such illustrations as this, or by such magazine articles as the one before us.

A temple at Canton contains a series of beds in which married couples who are childless, under the supervision of the priests of the divinities, hope to attain fecundity by joining to their prayers every other means which may facilitate the miraculous result desired.

Theory and Practice.

Spina Bifida of the Sacrum. Adhesion of the Dura-mater to the Uterine walls. Spontaneous Evolution of Fœtus in Utero. By E. B. Graham, M. D., Albany, N. Y.

Spina Bifida is a deformity of the vertebral column or an arrest of the natural growth or development of some portion of the bones of the spinal column, with a protusion of the membranes of the spinal cord; the affection being congenital and very often associated with other deformities. The case I am about to describe was one of considerable interest to me in several respects: First, it being the first one that came under my observation; second, adhesion of membrane to the uterine walls; third, spontaneous evolution of the child in utero.

Mrs. N., æt. eighteen years, called upon me to attend her in confinement. Eleven p. m. found her pains quite regular, but no dilatation of the os. I stayed with her during the night; when morning came, found that the pains had not increased, neither had the os dilated. *Caulophyllum* was prescribed and I left, stating I would return in the course of three or four hours, assuring them there would be no danger in that time. At the appointed time I again put in my appearance. Found her pains had been of that desolatory character that had characterized them the night previous, and no signs of labor being any more advanced, neither was the pains any more frequent or harder. Again left, stating I would return ere I was needed. On my arrival the third time, I was importuned by the family to do something toward helping her along, as there had been no increase of pains, but had kept up regular and quite hard, taking in consideration that she had been in labor twenty-four hours.

The mother asked if everything was natural. I said, "Madam, I find a breech presentation;" and dispelling their

fears as much as possible under the circumstances, I again left, stating I would return in a few hours. I returned, only to find but very little dilatation of the os.

Staying the second night only witnessed little progress in labor. Left my patient again to attend to my professional duties. I had made frequent examinations which left no room for doubt in my mind that it was a breech presentation. As my patient did not show any symptoms otherwise than natural labor, I concluded to let nature take her course, and "fight it out on that line if it took all summer." Nevertheless I found that the loss of sleep during the two previous nights and attending to a very large number of patients during the day was telling my strength.

Returning at noon I found but very little progress in labor, patient showing no more exhaustion than any ordinary case. Took my departure and dropped in occasionally in the afternoon, only to find that labor was progressing very slowly. I found the third night was only a repetition of the two former. The people getting very anxious and clamoring for something more to be done. However, while making an examination preparatory to my departure, I was passing my finger around the nates of the child, and telling the mother that nature was extremely conservative and tardy in this case, more than any I had ever witnessed before with so little constitutional disturbance, and as long as there was no untoward symptoms, I saw no need of interference until nature began to show she was not equal to the emergency. I could not attempt to assist her only by such remedies as would seem indicated which had been *Caulophyllum* and *Gelsemium* during this period and doubly assuring the lady that my experience in breech presentation had been quite successful, when lo, and sudden as thought, there was a great commotion of the child with retraction from under my finger, which I now felt my duty to follow up if possible and see what was to be the result, when to my utter astonishment I found the child had turned a summersault, and taken up a head presentation "appropos" without the aid of the *em* of *Pulsatilla*. I now stated to the mother what I had witnessed, believing it to be

my duty, as the case had been so protracted, in the event of the birth of the child, which I had no doubt, that my diagnosis would not be disputed, which it would have been had I not told them of the change of position. After this I found that nature began to awaken to the task before her, and labor began more in earnest. In due course of time the head and shoulders were born, and then another obstacle presented itself: the hips I found would not emerge a particle, making all the traction I dared to without avail; consequently I commenced to explore the parts to see if I could determine what the impediment was. After carefully running my finger around its body, I discovered a large mass, which seemed to be soft and fluctuating, very firmly adhered to the uterine walls. Placing my finger between the two, and using it as a lever, I broke away carefully the membrane, which was considerably larger around than a silver dollar, as the tumor showed after delivery that the dura mater had been torn off and the other membranes left intact and full of fluid. To give the reader the quickest idea of it would be to compare it with an osage orange, fully as large as the largest, except that the membranes did not have the same color, being more of a straw-yellow color. The integument seemed to end close to the opening of the cleft, and perfectly square as though it had been cut off to accommodate the protrusion of the membranes.

It is needless for me to state that my patient made a very speedy recovery from such a protracted labor, taking into consideration that the child weighed ten and a half pounds, and aside from the cleft in the sacrum with its appendages, seemed as healthy and robust as any new born babe I ever saw. My prognosis of the case was not favorable so far as the general result. After the elapse of a few days, I found that it was desired by the friends that some other physician be called to examine the case and see what in his opinion could be done in the way of removing the tumor. An eminent old school surgeon was called. After making a careful examination, and with all the gravity imaginable, recommended a poultice to be applied, stating he thought that would bring

it to a head, and it would slough off and the child would recover. However I countermanded the order, and leave the reader to judge how well he understood the case. I now sought for help among our well tried and proven homœopathic remedies, expecting that death would claim him as his victim in a few days or weeks at the furthest. *Apis mel.* 3 was selected and given four times daily.

The child seemed to thrive very nicely, and in the space of two weeks had the satisfaction of seeing the tumor gradually diminish, until it was reduced nearly two-thirds its original size. I continued the remedy two more weeks without any perceptible change. I concluded to try *Calcarea carb.* 6, to be given three times daily. A few days afterwards the child received an injury which ruptured the membranes and the fluid escaped only to be filled again to its fullest extent. I concluded to return to *Apis mel.* 30 again, which reduced it again to its former size, when all improvement seemed to cease. I continued the treatment until the child was nearly eight months old; and a nicer, prettier, healthier looking boy could not be found. After counseling with several of our school upon the propriety of removing the membranes, I concluded to attempt the operation, as the family were determined that an operation should be performed if the child died. I had been informed that an operation could not avail anything, as the child would surely die.

The time was fixed to operate the following week. Unfortunately I was called away from home, and on my return I was called upon to visit the child and found that Nature was trying to accomplish the task of removing the membranes without the aid of a surgeon. I found the membranes in a high inflammatory condition, which was soon followed by gangrene and sloughing away almost entirely the whole membranes, but not as systematically and nicely as I desired; some of the parts were removed closely and in other places the edges were serrated and protruded beyond the cleft of the spine, which was nearly three inches in length.

Notwithstanding all the constitutional symptoms that were developed, the child survived them and lived nearly a

month afterward, when death closed the scene with an attack of cholera infantum, followed by convulsions.

Diphtheritis. By Geo. M. Ockford, M. D., Hackensack, N. J.

This subject has been written upon so much that I can probably add nothing of any value, but an article in the *ADVANCE* for March on this subject makes the following statement: "In this disease individualization seems almost unnecessary," and the writer goes on to speak of treating hundreds of cases with *Biniodide of Mercury*, and previously states that this remedy "has not only never failed to cure, but has never left the patient to suffer from any of the troublesome sequelæ, which so often follow the disease." And the writer gives as a reason why he came to depend upon this remedy that von Villers made some almost miraculous cures with it. Now we do not doubt that the writer of the article in question has done all he claims to have done with *Mercurius biniodatus*, but to set down this, or any other remedy as specific for diphtheria is absurd and erroneous, and such statements appearing in our journals are apt to mislead the young practitioner, who looks for a guide from those who have had more experience. There is a manifest error in stating that von Villers ever reported cures with this remedy. The great remedy of von Villers was *Murcurius hydrocyanicus*, and his cures were made in a different longitude and latitude from our own, and there are many physicians who have found this remedy fail as marvelously as von Villers found it to succeed, and in fact there is no remedy that has been highly praised but others have found equally useless. Different localities present different types of the disease, and different epidemics need different remedies, and for a man to

go forth with a single remedy to combat diphtheria would be as useless and ineffectual as to give *Nux vomica* for every case of constipation. Von Grauvogl recommends *Alcohol* and von Zwingenberg (*Allg. h. Ztg.* 77, 1.) says he never lost a case by pursuing this line of treatment, and I can add my testimony to its happy results in several cases, used locally as a gargle or by means of a swab or brush. It will destroy the diphtheritic exudation generally, and in some mild cases it was all that was necessary. Eleven years ago, in Massachusetts, *Mercurius biniodatus* seemed to answer to all cases of diphtheria, but in my own practice in New Jersey, it has proved useless in more cases than one. During some epidemics *Carbolic acid* was the remedy *par excellence*, and its use internally and locally met with the most gratifying success. A year after *Kali bichrom.* was the indicated remedy, and the only one that was of service in the treatment of the disease. In a case of diphtheritic conjunctivitis occurring in my practice *Merc. hydrocy.* did excellent service, and in some occasional sporadic cases it has worked well. *Chloride of Lime* has destroyed the fungus growth, and although praised so highly by Dr. C. Neidhard, I have been signally disappointed in its use. As "there is no royal road to learning," there is no royal road to the cure of diphtheria, and when I hear a physician saying he never lost a case, I am inclined to think he never had any that he ought to have lost. The fact of his allopathic brethren losing cases with their heroic external treatment, which in my judgment is far more fatal than the expectant treatment, is no criterion to judge by, and many of the cases reported as cured recover of themselves. Nature made no exception in diphtheria, and there is no one remedy that will cure every case. And if those who report such success with one single remedy, had individualized and used various remedies, their success would have been more brilliant, and our therapia on diphtheria been in a far better and more reliable condition.

The remedies I have found most useful are *Alcohol* used as a gargle, and I would advance as a reason for using it that its use destroys the fungus growth and at the same time ad-

mits of the use of the indicated remedy and a strictly homœopathic treatment.

Carbolic acid.—Low form of fever; absence of pain; great accumulation of membrane; excessively offensive fetor oris.

Kali bichrom.—Yellow coated tongue; ulcerated appearance of mucous membrane; much tough phlegm is expectorated.

Mercurius biniod.—In cases attending an epidemic of scarlet fever; there are glandular swellings; exudation limited, transparent and easily detached.

Mercurius hydrocyan.—Swelling of parotid glands and tonsils; exudate has appearance of honey comb, dirty in color.

Other remedies such as *Apis*, *Belladonna*, *Arsenicum*, *Lachesis* and *Sulphur* are frequently required in the treatment of this disease.

In all cases it is of the utmost importance to sustain the patients with a sufficient amount of nourishment in order to overcome the great debility of the disease.

For the post diphtheritic debility, *Helonin* has been my chief remedy.

I have not cured every case in my experience, but except in the most malignant epidemics, my treatment has been uniformly successful, and I have had the pleasure of seeing immediate results from the exhibition of the purely homœopathic remedy even when said remedy was not "down in the books" as one of the "remedies for diphtheria," and he who would be successful in this, as in all other diseases will achieve far more gratifying results by carefully individualizing each case and prescribing the properly indicated remedy.

[Dr. Kuechler who wrote the article referred to, escapes the main point of this criticism in the fact that it was the printer who made him say *Biniodide* in place of *Cyanuret*. We have thought best to let Dr. Ockford's go in as it is, for it more points than one, and the balance are not so easily turned aside.—ED. ADVANCE.]

Transmutations and Metamorphoses. By B. F. Dake, M. D.,
Pittsburgh, Pa.

Dr. Dake delivered a lecture on the above topic in the course of Popular Lectures of the Pulte Medical College on the evening of February 9th.

The lecturer followed on through nature, showing how every new condition or change was an improvement on the preceding one, whether in organic or inorganic nature, soil or rock, animal or vegetable life; and then eventually the mammalian race with the crowning excellence, the advent of man, with all the richness of soil for the production of the fruits of the earth.

The speaker then instanced how reliable and certain the evidences of geology were; how even the tiny rain drop of primordial times had left its history so certain by the imprint in the plastic sand that hardened into the fossil rock, showing even the way the wind blew by the form of these patten marks. Then from the fauna and flora that are yielded up to us from the fossil rocks and soil, we are able by the aid of comparative and inferential science, to accurately understand the history and condition of the earth's surface, the climate and temperature of the times, and progress of organic life back to the date of the primary rocks.

The speaker noted that from the apparent inharmonious actions of nature, came the final harmony of creation; how great disturbances and commotions, though sometimes destructive, yet in the great plan of nature worked out, general and specific blessings, and in thorough conformity to natural laws and forces. Then out of the eternal transitions and instability of the material universe, its final stability is secured.

Relatively there is no stability in matter that is constantly undergoing change in some form or condition. Organic growth, decomposition, chemical or molecular change, dissociation and resolution, these forces were constantly operating to resolve matter into new forms and conditions, but without loss, nothing being annihilated. The eternal round of matter

through the three kingdoms of nature was illustrated in numerous instances of metamorphoses and transmutations.

The rapid propagation, growth and dissemination of fungus and infusorial and parasitic life was noted, how we breathe in, drink in and eat in, bathe in and are surrounded by a multitudinous existence of organic, vegetable and animal life, the wonderful discovery in the circulating blood of healthy animals, of the existence of over seven hundred and twenty-two species of infusorial life in countless numbers.

Not only so, but as we cast away our own detritus it reappears in other forms to further enhance the purpose of our own comforts or necessities.

That much of our food, our raiment, our luxuries and our ornaments are made up of the transmuted elements of animal decay. Up out of the loathsome, rotten and decaying forms of dissolving nature spring a thousand beauteous forms of reorganized life, and the sweetly scented tube rose, and the fragrant callow lily float their perfume on the odorous ladened air. From the same common source what diversified results. Inorganic nature so intimately bound together by organic life.

The speaker mentioned the instance of the use made of the oily and waxy contents of the graves found in removing an old cemetery in Paris during the last century; how it was sold to the soap manufacturers and made into fine French soap for the toilet. And in this connection humorously mentioned that in keeping with the utilitarian idea, anon the ash cart would soon be going through the land, gathering up our cremated ashes for purposes of the arts and commerce.

In closing, the speaker referred to the fact that many of the monuments reared by the hand of art to commemorate the existence of our heroes and our race, were made up of the transformed homes, habitations and persons of a race of animal life, such as the Egyptian pyramids, the Sphinx of the desert and the marble monuments of the cemeteries.

Leaving the physical universe, the speaker dwelt for a little time upon the transitions and change of sciences and the arts, religion and the vagaries of public opinion, etc. The divinity of to-day was derived from the gods and de-

mons of the old mythologies. The fathers and the patriarchs believed in the Magi. Saul believed in the Witch of Endor. Magicians and priests constituted the ancient representatives of medicine.

From the crude Alchemy of ancient art we have obtained, by the refining process of experience the consistent science of chemistry.

The felon of one age has been defined as the benefactor of the race by the next; the tyrant dethroned by one people has been exalted as a hero by the next generation; the martyr of herodoxy burned at the stake by one generation, has been worshipped as a saint by the orthodoxy of the next.

Homer, blind god of epic grandeur, lived as a medicant, and died in beggary. But subsequently, as the poet tells us in measured numbers,

Seven cities claim the honors of the hero, *dead*,
Through which the *living* Homer begged his bread.

Our own Hahnemann, when first he propounded his new theory and practiced his new philosophy, was driven from his home and his country; but to-day a commemorative shaft reared in gratitude in his native town, points upward whither his spirit has gone.

Huxley, and Darwin, and Tyndall, and Keely are dishonored by the bigoted and intolerent, but we shall yet live to see them duly appreciated.

Mutant mares! Mutant Tempores! All is evanescence, nothing but God is stable—all else that we can behold or contemplate is undergoing modification in some form, condition or position. We, ourselves, are in the midst of a universal metamorphoses. Everything we see, or meet, or hear, impresses us, modifies our lives, and mingles with our being, though we may not feel it or be cognizant of it at the time, yet all these things mingle with our being, and will modify our lives even the very thoughts that we breathe, or the words that we utter in the retiracy of our most private lives. What goes out from us is as certain, every act, or motive, or word spoken and the possibilities of some future developed sensitive art may be able to reproduce a fac simile of our entire lives generations after us.

Coffea an Antidote to Opium. By Dr. von Grauvogl. Translated by A. McNeil, M. D., from Der Allg. Hom-
Zeitung.

The first case of this medical poisoning which I treated was a woman, thirty-nine years of age, who had been repeatedly attacked so violently by paroxysms of ischias that her physician finally resorted to sub-cutaneous injections of *Morphine*. At first these brought relief, but the pain returned next day. These injections had to be repeated so that they had to resort to three times a day, and the dose of *Morphine* increased. After ninety-four injections there occurred a large passage from the bowels, after which the pain ceased entirely. This was not an effect of the opiate. She complained even during the first week of these *Morphine* injections that they seemed to lose their good effect the longer they were used, and that she could not sleep, but was constantly restless and excited. But her physician assured her that as soon as the pain was sufficiently relieved no more injection would be necessary and that these effects of the *Morphine* would pass away. When the pain ceased no more injections were employed; but after two months when her condition was not improved, she went to her physician and complained that she still suffered from sleeplessness and that she had such a trembling in every limb that she could not work, not even sew or knit; that she was constantly extremely excited and fearful and had a feeling of general weakness as if she would faint at any moment. He said that she was not yet cured, but only prescribed more *Morphine* injections. Indignant that he should try to make her believe that a poison could be its own antidote, she went to another celebrity of the same school, only to receive the same prescription, to increase her anger. But notwithstanding they both agreed, she revolted against a repetition of the cause of her troubles. On her coming to me, which was the first case of the kind I had ever had, her symptoms perfectly coincided with those produced by *Coffea*. I gave *Coff.* ʒo, five drops every two hours, and had no

need to give her any lower dilution, for within fourteen days she was completely and permanently cured. I will not repeat the bitter words she used at the unsuccessfulness of the physician who placed a human being in such a predicament without having the knowledge to rescue him. I know not where scientific (?) medicine could obtain a rational antidote, for with them *Coffea* could not be so considered, as one of their greatest authorities, Husemann, page three hundred and sixty-eight, says: "Campbell gave *Coffein* as a dynamic antidote in *Morphine* poisoning, but with negative results." Ergo, it must have weight and will not be further mentioned in such cases. I have given *Coffea* successfully in the worst cases of *Morphine* poisoning which are produced daily with impunity by scientific medicines.

Swan's Potencies. A Correction.

MR. EDITOR:—Permit me to correct an error in Dr. Skinner's address as it might mislead. He says: "We have ascertained when matter ceases to be detected on the Hahnemannian scale—about the fifth centesimal, and in Swan's about the ninth." Swan's potencies have never been tested; they will be when Dr. Burdick and I have time. My potencies are made with a pressure of water of from fifteen to twenty pounds to the square inch. The potencies made on my potentizer for trial, were made by allowing the water to trickel out, without *any pressure*, simply letting it run in a continuous stream, till the requisite *quantity* had passed to make the potency—but without the potentizing force. This was done at the request of Dr. Burdick to ascertain the difference between the Hahnemannian scale and that particular mode. When my potencies are tested the result will be dif-

ferent. The advantages of machine made potencies are the absolute regularity of the quantity of water, and the power or force which makes the perturbation or succussion, being always the same. Therefore, in administering a given potency of any drug, the practitioner is sure that it is of the same potency as one so numbered that he may have already had experience with. Perhaps I may with propriety add, that no one who has not used high potencies, is qualified to speak or write on the subject, because, as they are beyond all human reason, and out side of all known tests, except that of the diseased human organism, they are not subjects to theorize upon, and one actual cure made with a high potency, outweighs all the sneers and ridicule, for none sneer and ridicule but those profoundly ignorant of their use. If any one understands the thirtieth or two hundredth centesimal scale, or can grasp it mentally, can tell how it acts, and why it cures, when the third or sixth only palliates, I for one wish heartily he would do so, for though I use exclusively high potencies, I know only of their action by experience, but why or how, I do not know any more than one that uses the thirtieth or two hundredth.

I hope in a few days to send you some notes on *Lac caninum*, and cases illustrative of its power in diphtheria.

New York, April 26, 1877.

S. SWAN.

Surgery.

Homœopathy in Surgery. By S. B. Parsons, M. D., St. Louis.

It needs no system of logarithms, nor the calculus, nor a highly precocious mind to convince any honest, fair minded person that Homœopathy has superior claims to Allopathy

in the treatment of surgical diseases and conditions, but a single case, unusually severe, successfully carried through its varying changes, under the trusty eye of a firm adherent to the homœopathic law, will do more to establish the truth of and confidence in its merits than all the oral or written arguments that can be used in its favor. It is a very common thing for our homœopathic brethren who practice surgery to adopt the modes and remedies of the old school in treating surgical conditions, forsaking to a great extent the true line marked out by the branch of the homœopathic school; and wander away among the uncertainties and doubts of empiricism in the belief that "desperate cases require desperate remedies." The maxim may be true in some instances in mechanical surgery, but when applied to the medical treatment of disease, it is a false, dangerous practice; and those who stick the closest to the law of "similars" in the selection and application of their remedies are the ones who will be the most successful in subduing the severe effects of an operation or injury, who will likewise often save to the patient parts condemned to amputation by other surgeons, as well as save a larger percentage of cases than if a vacillating course is followed. From a large number of cases equally as successful and instructive, I have selected the following to show how under homœopathic medication the most desperate cases quickly recover:

Fred. S., German, æt. forty-seven, laborer, of very intemperate habits, was run over by the cars on the 20th of last January, and his left leg crushed and horribly mangled from three inches below the knee to the ankle. I was called one hour thereafter, and found all the soft structures, except two strips of skin in the middle of the leg, completely severed and pulpy, hanging in shreds; the tibia and fibula finely comminuted and projecting through two vertical wounds on the anterior and posterior surfaces; the foot twisted almost backward, and the patient in a cold, collapsed state. There had been but little hæmorrhage, as those who were present at the time of the accident had presence of mind enough to place a common string tightly around the limb above the in-

jury, completely shutting off the circulation from above. I at once gave him *Camphor* ʒ, two drops every ten minutes, until he had taken three doses, when a perceptible increased fullness of pulse and warmth of the body was felt, and my preparations for removing the limb was made. On account of a deep ulceration which had been existing for nearly a year, in spite of all he had done to heal it, under the direction of two physicians, in the inner and lower third of the thigh, I determined to amputate through the knee joint. As a general rule I do not like amputations through the articulations, but rather than subject him to such great risks and danger to life as are involved in operations at the upper part of the thigh, I selected this point as offering the best chances for recovery. It being a long distance from any professional assistance, I was obliged to conduct the operations with the aid only of one of his friends and wife.

Having placed him under *Chloroform*, I applied the elastic band and ligatures on the Esmarch plan about the limb, and then by making a short anterior flap of skin only, I opened into the joints and divided the ligaments, and then passing the short catlin knife through it, I made the posterior flap of both muscles and skin from the upper part of the calf. But two vessels required ligatures, the rest were closed by torsion. The flaps were allowed to remain exposed until their surfaces were glazed over with lymph, then drawn together and held by six sutures and long, narrow strips of Maw's moleskin adhesive plaster. I think there was not more than one ounce of blood lost during the whole time, the most being lost when the elastic band was loosened to indicate the position of the arteries at the time they were ligated. Reaction not coming on well, I again gave him a few doses of *Camphor* ʒ with the result of establishing a free circulation, respiration and warmth of the body. Two days afterwards erysipelas made its appearance in the wound, characterized by a dusky redness of the skin, small, quick pulse; tongue dry and dark in its center; the patient constantly changing his position for relief; lips of the wound puffy and œdematous and dry. I removed all sutures and dressing ex-

cept a thin muslin compress, which was kept saturated with a solution of *Rhus tox.*, tincture one part, distilled *Water* four parts and laid closely over the wound; and *Rhus* 3 given internally every hour. His condition grew worse for two days but the treatment was not changed in the least, and on the third day improvement began by a reduction in the pulse, moist skin, less redness and inflammation about the wound, and a total subsidence of all his nervous symptoms. As a sequel to the intensity of the inflammation, and the depraved state of his system, gangrene of the stump followed shortly after, and before it could be checked, had involved all the anterior and about two-thirds of the posterior flap. There was but little discharge from the wound, and that little was thin and acrid to a high degree. His condition now was anything but favorable. His pulse went up to one hundred and twenty-six; temperature one hundred and two; intense thirst; tongue dry and brown; breath hot, respiration thirty-six to the minute; great burning in the epigastrium and at the wound; mutterings with occasional delirium. *Ars.* 3 was given every hour, and *Hop yeast* and pulverized *Charcoal*, mixed, were applied, and frequently changed, to the sphacelated parts. *Ice water*, *Beef tea*, *Brandy*, *Egg* and *Milk* beaten together were freely given as nourishment, and on the fifth or sixth day I had the satisfaction of noticing a change for the better. *Ars.* was never omitted but on the third day, there seeming to be indications of blood poisoning; acute pains of the left side of the abdomen, and impeded, or a constricted sensation to respiration in the chest. I added *Lachesis* 30 and these remedies were continued at varying intervals until the line of demarcation was fully formed, about the eleventh day. *Bread* and *Milk* poultices were applied hot to hasten the suppurative process and aid the development of granulations at the line of limitation, which was at the base of the anterior flap, or even with the upper border of the trochlear surface of the femur in front, and one inch lower down behind. It will be seen that the entire covering of the end of the femur and the condyles was dead beyond resurrection, and when removed would leave the bone completely bare, unless

reamputation was resorted to. His condition was such as precluded any thought of another operation at that time, and every attention was now given to building him up. His diet consisted of eggs, milk, beef tea, oat meal, gruel, English porter, raw beef scraped fine and rolled into small pellets and salted. All these were given in small quantities, but often, night and day, and *China*, one drop every two hours, administered. An occasional dose of *Sulphur 30* was interpreted to correct any psora that might be lurking in his system, and *Hyos. 6* given if restless at night. This course of treatment soon brought him into a better state, and on the twenty-fifth of February, assisted by Dr. Chas. Vastine, I put the patient under the influence of *Chloroform*, cut away all the gangrenous parts, and clearing the soft tissues from the bone for a distance of three and a half inches up the thigh, while the ends of the flaps were retracted, I sawed through the femur at this point. I believed this plan would involve less risk and shock to the patient, and result in as good a stump as if a transfixion, or circular, or any other method was adopted. Reaction was immediate and full, and the flaps were held lightly together by Maw's moleskin adhesive plaster, and a light compress, and maltese cross supporting all. The arteries were closed by torsion; no sutures were used; the instruments, sponges and bandages were all immersed in a solution of *Carbolic acid* one part, distilled *Water* four parts, before being used, and the same application used as a dressing. His appearance after the operation was cheerful, pulse ninety-six, temperature nearly one hundred, respiration free and normal; tongue slightly coated yellowish white; bowels constipated, urine rather high colored and normal in quantity, and every indication favored a speedy recovery. But in a week's time his skin assumed a dry, dingy look; the tongue became dry and grew darker over its whole surface; the urine became scanty, bowels loose; pulse rapidly increasing in frequency, temperature rising, great thirst; restless and sleeplessness, incoherent mutterings and picking at the bed clothes; wound presenting a bluish appearance, discharging a dark-brown, ichorous fluid. Hot *Linseed meal* poultices

were applied over the end of the stump, and *Rhus*.3 given internally. His condition growing worse from day to day, *Ars*.3 was substituted for *Rhus*, with no better results, when on the twelfth day after the reamputation the outlook was deplorable. His pulse was one hundred and forty-two, temperature one hundred and five, respiration thirty-eight; stools every half hour, thin, dark brown or yellowish, highly offensive and involuntary; skin dry, harsh and dark; urine suppressed; tongue dark brown and thickly coated over its whole surface; muttering delirium and sleeplessness. *Baptisia* was given, ten drops every hour until he had taken six doses, then five drops every two hours, and in twelve hours there was a marked improvement; then broke out in a general warm perspiration, the pulse went down to one hundred and twelve, temperature one hundred and two; less number of stools, and sleep overcame him, which lasted four continuous hours. The change for the better lasted until all the bad symptoms had passed away, when without any apparent cause he had retention of urine, it being secreted beyond its normal amount, but he was totally unable to pass it. Catheterization was resorted to and followed up for four days, when under *Hyos*.3 then *Nux* 3 he recovered his ability to discharge it. There seemed to be a paralyzed condition of the bladder, for on introducing the catheter, the stream would be very feeble, and I was never able to completely empty it until I attached a long piece of rubber tube to the outer end of the catheter to act as a syphon. This was the last of his drawbacks, and now he is able to sit up in a chair, the stump being almost entirely healed. It is unusual to witness so many changes occurring so rapidly in any case, medical or surgical, and we may justly attribute his being alive to-day to the efficacy of medicines administered on the inimitable principle of "similia." I do not think it is a supposable case for a patient to pass through what he has, first, shock of the accident, then from *Chloroform* and amputation, then erysipelas, gangrene, reamputation, pyæmia and retention of urine, within the space of seven weeks, and get well under the heroic methods of the old school.

Transfusion of Blood.

Dr. Thomas G. Morton, M. D., contributes to the American Clinical Lecture Series a valuable monograph on the above subject. The history of its rise and final adoption by the medical profession is full of interest.

"Transfusion of blood is mentioned in the *Metamorphoses* of Ovid; to the sorceress Medea being attributed the power of renewing youth by injecting youthful blood into the veins of the aged, and there seems to be some ground to believe that the operation was at all events proposed among the Egyptians, Greeks, and Romans; while, if we are to believe a Jewish manuscript quoted by Dr. Ore, of Paris, it was actually practiced in the case of one of the princes of Assyria. If then we accept this as the first recorded case, the second would be that of Pope Innocent the eighth, who was afflicted with an habitual torpor, from which his Jewish physician tried to arouse him by successfully injecting into his veins the blood of three young men, all of whom died, together with the aged subject of the experiment. It is only fair to add, however, that a member of the Jesuit order has publicly denied that this operation ever took place.

"Libavius, in 1615, notices transfusion as a remedy in the case of persons exhausted by disease, and describes transfusion from artery to artery by means of silver tubes.

"Several other writers of the ancient and middle ages also mention the operation, and one even gives a picture showing how to operate. The very fact, however, that Hippocrates does not speak of transfusion shows, that with the ancients it was more of a dream than a reality, and discourages the idea of its performance in an age when medicine was so generally dominated by the genius of this greatest of physicians. Indeed it is manifest that, until the discovery of the circulation of the blood, such a remedy would have poor excuse for its exhibition. But in the seventeenth century we find that the battle which every new operation has to fight against the rightful conservatism of science, as well as the prejudice of ignorance, was fairly opened.

"Stimulated, it is said, by the suggestions of Sir Christopher Wren, Dr. Richard Lower, in 1665, first transfused blood from the veins of one animal to those of another, with a success that warranted further experiment; and in 1666, Jean Denis, of Paris, possibly with knowledge of the attempts of Lower, successfully transfused, with lamb's blood, a young man who for a fever had been bleed, purged and blistered, times innumerable, and was very naturally pulseless and delirious. Denis performed the operation on several occasions after this, and in one case says he restored to reason a mad man, in whom forty bleedings had failed to effect a cure, by two successive transfusions with the blood of a calf. During two months the patient remained well, and then fell into a fever, for which transfusion would again have been performed; but when, upon opening the patient's veins, no blood was found the operation was abandoned, and the sick man died the same night, presumedly of poison given him by his wife.

"There now, according to Monsieur Denis, was hatched a conspiracy against transfusion, and the dead man's wife was bribed to declare that he died from the effects of this operation; but, the case being taken to the courts, the medical men went unpunished, though a decree was made that transfusion should never be performed without the consent of the Paris faculty, a consent apparently hard to obtain, for the operation now fell into disuse and so long remained.

"Meanwhile, fired by the reports from Paris, Drs. Lower and King, on November 23d, 1667, transfused Arthur Coga, at Arundel House, London, for no apparent reason except curiosity. The method of operation, as gleaned from several detached accounts, was as follows: In a young sheep the carotid artery was laid bare, and its upper end tied; into the side toward the heart a quill was thrust, and the artery was tied tightly on to it. The sheep was now bleed twelve ounces, which amount it lost in the space of one minute, and this was intended to be some guide as to the amount that would pass into the man. A vein in the receiver's arm was now carefully opened, and he was allowed to lose six or

seven ounces of blood, after which a silver tube was inserted, and the quill in the sheep was connected with the silver tube by means of other quills, so as to form a pipe through which the blood ran for "two minutes at least, so that a pulse could be felt in the vein." The operators calculated that nine or ten ounces were transfused, and the man was so pleased with the effect that he wanted the operation repeated, but was prudently put off.

"Yet, in spite of this success, transfusion was abandoned; but not entirely forgotten.

"In 1785, Dr. Harwood, of Cambridge, wrote a thesis on the subject, and performed many successful experiments upon animals. In 1795, or thereabouts, Dr. Physic, of Philadelphia, transfused in a case of post-partum hæmorrhage, and this was undoubtedly the first time the operation was performed in America, the next case I am able to find being that of Dr. George McClellan, also of Philadelphia, who is reported to have transfused in cholera, about the year 1832.

"But the restoration to favor of this operation is undoubtedly due to Dr. James Blundell, of London, who, in 1825, published his "Researches Physiological and Pathological." Dr. Blundell performed a large number of interesting experiments upon dogs, which proved conclusively the value of transfusion in the case of threatened death from hæmorrhage. In one case he revived a dog that to all appearance had been dead five minutes, owing to the opening of one of the carotid arteries; but he found that the suspension of the functions of life for a longer period than this was uniformly fatal, in spite of the free use of the hot bath and artificial respiration. On another occasion he supported a dog for three weeks solely by the injection of blood, it sometimes being thrown in by the syringe, and sometimes passed directly from artery to vein; and during this whole time the dog showed no inclination to eat, though he took water, and at the end of the period did not seem dangerously disordered, in spite of considerable loss of flesh, and some constitutional disturbance.

"In these cases the blood of another dog was used, but where human blood was substituted, the results were far dif-

ferent, for the animals did not rally as formerly, and in every instance finally died, thus proving what may be considered as well ascertained, that the blood of one species of animal can not be injected into another species, in any large amount, without risk to life, though the experiments of Brown-Sequard, and the constant use of lamb's blood in Germany in cases of phthisis, not to speak of the early operations before recounted, show conclusively that the injection of a small amount can be easily recovered from. Indeed, I think it can be laid down as a fact that blood taken from the veins of one animal and injected into an animal of another species is a poison, the severity of the results, as with all poisons, depending entirely on the amount injected. Blundell also injected air into the femoral vein of one dog to the amount of five drams, and into another to the amount of three drams, without serious consequences, though the dogs were more or less unfavorably affected by it. He generally used a syringe or else a somewhat complicated apparatus of his own invention, called an "impellor," though he occasionally resorted to the immediate method, and his operations upon the human subject were at first singularly unsuccessful, but this is rather to be attributed to the circumstances of the cases than to any defect in the method of operating. Of his first five cases—all of which were unsuccessful—in two out of three, undertaken for hæmorrhage, the patients had actually expired; and in the other the supply of blood failed; while he once attempted the operation unsuccessfully for collapse from vomiting, in cancer of the stomach, and again in collapse after bleeding for puerperal fever. But in spite of these unfortunate, because desperate, attempts, his success in the case of hæmorrhage in animals, and the logical conclusions drawn therefrom, excited general interest in the medical profession, and it was at once seen that, without the human constitution differed very much from that of other warm blooded animals, transfusion could frequently be employed with the best results. Very naturally, desperate cases of post partum hæmorrhage were those in which it was at first employed, and the earliest successful case belonging to this new era that I can discover

was that where Dr. Blundell successfully transfused a woman for post partum hæmorrhage. Four ounces were injected by means of a syringe, and the woman recovered without a bad symptom. This was in August, 1825, and was almost immediately followed by a successful transfusion at the hands of Mr. Edward Doubleday, of London, the cause for the operation being precisely the same. These operations were followed by many others where the patients presented the same indications. The Germans, with their usual zeal, adopted it, and tested its effects in diseases of various kinds, and although the tide of professional favor has more than once retreated, and again advanced, transfusion has gradually increased in favor, until it has become one of the recognized operations which the surgeon may be called upon to perform."

A Singular Case of Strangulated Hernia. Reported by C. F. Sterling, Student at Pulte Medical College.

It seems proper to report the following case of hernia, from the peculiarity of the symptoms occurring previous to the strangulation, and the unusual location of the hernia:

Mrs. W., aged sixty-two, a patient of Dr. W. C. Leech, was attacked about the middle of last September with inflammation of the liver. The inflammation, active at first, shortly became sub-acute, continuing with very little variation in the symptoms for four weeks, when the Doctor detected an abscess of the liver, and for a week thereafter she was not expected to live. Pus in considerable quantities then commenced to be discharged with the urine, continuing for a few days, when a large amount of very fetid pus was vomited and also discharged from the bowels, these discharges ceasing after two days. She now improved rapidly and was dismissed by her medical attendant.

Cincinnati Medical Advance.

On November 10th he was again called and found a strangulated femoral hernia of the right side, accompanied with stercoraceous vomiting. On the morning of the eleventh inst., in company with Drs. Leech and A. Ehrmann, Dr. S. R. Beckwith visited her and learned that she had no knowledge of the existence of a hernia previous to the Doctor's visit on the tenth inst., although for several years she had suffered attacks of pain in the groin, accompanied with vomiting, these symptoms however never occurring more than twice a year. She was confident that there had never been any enlargement in the inguinal or femoral regions. Dr. Leech was equally positive in his opinion that no external evidence of hernia had existed. On examination a small protrusion was found completely strangulated, and very little effort was made to reduce it, so complete was the incarceration.

With the assistance of the above mentioned gentlemen, in connection with the writer, Dr. Beckwith made a careful dissection to the sac, and attempted to find the seat of the stricture without division of the hernial sac. This proved incapable of accomplishment, as it was impossible to pass a director through the crural canal without injury. The sac was then freely opened, when a portion of the omentum, much softened, was discovered filling the canal. A grooved director was passed over the omentum, and free division made upwards and inwards, dividing Hey's ligament and most of Gimbernat's. Even now the finger could not be passed and a portion of Poupart's ligament was divided, when it was found that fibrinous bands had been thrown out, making a complete net work through the canal. These were carefully broken with the finger, and the omentum, although bordering on gangrene, returned, believing it better than removal. The intestine was now found fairly protruding into the canal and slightly adherent to the bottom. It had suffered from the strangulation, but as no solution of continuity had occurred it was gently returned without handling or injury. As soon as the strangulation was reduced, active peristaltic action of the intestines commenced, but when the contents of the gut reached the softened portion, it gave way. The bowels

moved freely and it was not thought advisable to interfere with the artificial opening. Death occurred however within six hours, from exhaustion.

The peculiarity of the case, the seat of the hernia and strangulation, and the probability that she had an incarcerated hernia for years, the very slight protrusion of the intestine into the crural canal, the difficulty of ascertaining the precise point of the structure, and its singular character in the throwing out of the fibrinous bands, nearly obliterating the crural arch, seem to make the case such an exceptional one as to be of unusual interest.

Cancer. Clinical Lecture. Prof. N. Schneider, M. D., Cleveland Homœopathic Hospital College. Reported by Wm. F. Walz.

The case which we now present to your notice, is that of Mr. Jas. M., a man of apparent good health, robust and strong, aet. seventy. Somewhat more than a year ago, this patient had his thumb amputated on account of an injury, making good recovery. He continued apparently well until some months ago, when a painful swelling appeared on site of amputation, and in the course of time another one made its appearance in the glands of the elbow, followed in turn by one implicating the glands in the axilla. The swellings have a hard, nodulated appearance (to touch), with the occurrence of transitory, lancinating pains, furnishing considerable evidence of the presence of carcinomatous disease. Cancer in its various types is exceedingly interesting in its history and progress, and unfortunately, as fatal to its victims as it is interesting to the pathologist. It invades alike the upper and lower walks of life, and both sexes, but predomi-

May-3

nantly is the female liable to the ravages of this fell destroyer, depending, as it does, upon the so frequent occurrence of carcinoma of the uterus and mammæ. With regard to age it may be said, that it seldom occurs before forty, becomes more and more frequent after that age, with the difference that with advancing age its ravages are usually more slowly, but none the less surely, developed. This is probably due to the lesser activity of the nutritive process at that period of life, in which state, however, there would be less resistance to its destructive, though insidious onset, and recovery after an extirpation would be more tedious if any occurred.

Its course, as a rule, is not very rapid, it seldom proves fatal in less than a year, there being, however, considerable variation, it even seems to remain stationary at times. Its causes are accepted as constitutional (or predisposing), and direct (or traumatic), some laying more stress on one, and some on the other.

For convenience of description, cancer may be divided into three classes, being of course only different modifications or types of the same disease.

The first.—Scirrhus, (hard cancer), is the most frequent form of its manifestation and possesses the least vitality, and consequently slowest growth, attaining the least magnitude. It is of a hard, stony consistence, (whence its name, scirrhus) and of a bluish or grayish color.

The second.—Encephaloid, as might be surmised from the name, is similar to brain in appearance, of very rapid growth and attains an enormous size at times. Occurs most often in testicle and bones.

The third.—Colloid, of a cell-like or honeycombed appearance, occurs in internal organs, and does therefore not so materially interest the surgeon.

The diagnosis of cancer is usually not very difficult. First: The character and appearance of the tumor according to the class to which it belongs. Second: The detection, after the setting in of ulceration, of the cancer cells, products not found in the normal nutrition of a part, "large, spherical, fusiform and caudate with one or more large nuclei,

placed eccentrically, each containing a prominent nucleolus." Third: The characteristic, lancinating, stabbing pains, together with the sooner or later general emaciation, sleeplessness, sallowness of complexion, hectic fever, constituting what is called the cancer-cachexia, are amply sufficient to establish the diagnosis of cancer.

Hence in the present case you would suspect a scirrhus formation, additional confirmatory evidence being afforded by the characteristic lancinating pains, while of the so-called cancer-cachexia, there is as yet no trace.

As to the prognosis in cancer, it may be said that it is almost universally unfavorable, as far as a radical cure is concerned, though if taken in time, by prompt attention, there is some prospect of at least temporary alleviation or perhaps indefinite postponement of the fatal issue. Hence our treatment must be largely directed towards this end. This consists of both operative and therapeutic measures, an early operation, when practicable, being usually deemed advisable.

Therapeutically considered, it is certainly justifiable to administer the most nearly indicated remedy, both antecedent to and conjointly with, and after operative procedures, in the first instance giving the patient at least a chance of rendering an operation unnecessary, and in the other of hastening recovery and perhaps preventing recurrence.

Of course a great many remedies have had their day and sway as "cancer cures," and have been rejected as they defeated expectations regarding them, but a few having withstood the test of experience as merely palliatives of this pernicious malady. There may be mentioned among these, *Conium maculatum*, *Belladonna*, *Arsenicum*, *Hydrastis*, *Phytolacca*, and perhaps one or two others.

Extirpation is sometimes undertaken with "plasters" of caustics, etc., instead of with the knife, but with no more success, and the additional inconvenience of subjecting the patient to long-lasting and acute pain. In the case now under consideration, from the character of tumor, pains, etc., we have concluded to prescribe *Conium maculatum* ʒ, internally, together with a *Glycerole* (one part of *Con.* to twenty *Glycerine*) to the tumor, and have him report in two weeks,

The patient returned on the twenty-seventh of December much better than months previous. The remedy was continued. Returned again on the seventeenth of January, '77, still improving and much better than even the last time. The remedy again continued, but in the thirtieth potency, as the twelfth seemed to induce headache. No further report as yet. (Notable in this case was the fact that not only the pains but the tumors also were very much diminished by the treatment.)

The Use of the Aspirator.

MR. EDITOR:—Some months since attention was called in the pages of the *ADVANCE* to the aspirator, in an article by Dr. Stuard, of Covington. So far as I can learn the instrument is not in general use among the profession, and my object in the present brief notice is to call more special attention to one of the most valuable discoveries of modern surgery. With this little instrument one may penetrate nearly every cavity of the body with perfect impunity, and operations which were formerly regarded as dangerous, and delayed on that account through timidity of the operator, till the chances of recovery are, to say the least, lessened, cease to be regarded with the least apprehension. I have frequently used it in evacuating abscesses where the pus was so thick as to be discharged from the mouth of the receiver with difficulty, though it was easily drawn through a trochar, the bore of which was less than the sixteenth of an inch. By the aid of the air pump more perfect evacuation is by this means secured. No air is allowed to enter the cavity, and the danger from subsequent inflammation is reduced to the minimum. I have repeatedly operated with the

aspirator in hydrothorax, in one case removing from the left thoracic cavity five, and in a recent case seven pints of fluid, in neither of which cases was there experienced the least inconvenience from the operation. These large quantities of fluid having accumulated under "regular treatment."

It is an instrument which no physician can afford to be without.

J. D. B.

Miscellaneous.

Hermann Ludwig Helmholtz.

A conspicuous figure in the world of science is Hermann Ludwig Helmholtz. A glance at the noble face that adorns the present number of our journal will convince any one that Helmholtz is a man of rare mental power, and possessed fortunately of a marked vital temperament—one that will stand years of physical and mental straining without breaking. With abundant rich blood and a striking physical development, he is well qualified to make his energy and enthusiasm tell by way of leadership in the world of thought. The Phrenological Journal says of his character: "He is a natural fact gatherer, observing all the phenomena and recognizing the relations of facts to things, and of all material data to ideas. We do not think him to be constitutionally a speculator; he does not dream out a theory and afterward look for facts to supplement it, but builds up a theory as a bird builds a nest, straw by straw. He has remarkable constructive talent, hence he should be ingenious in mechanics and in studying out all complications and combinations. His lan-

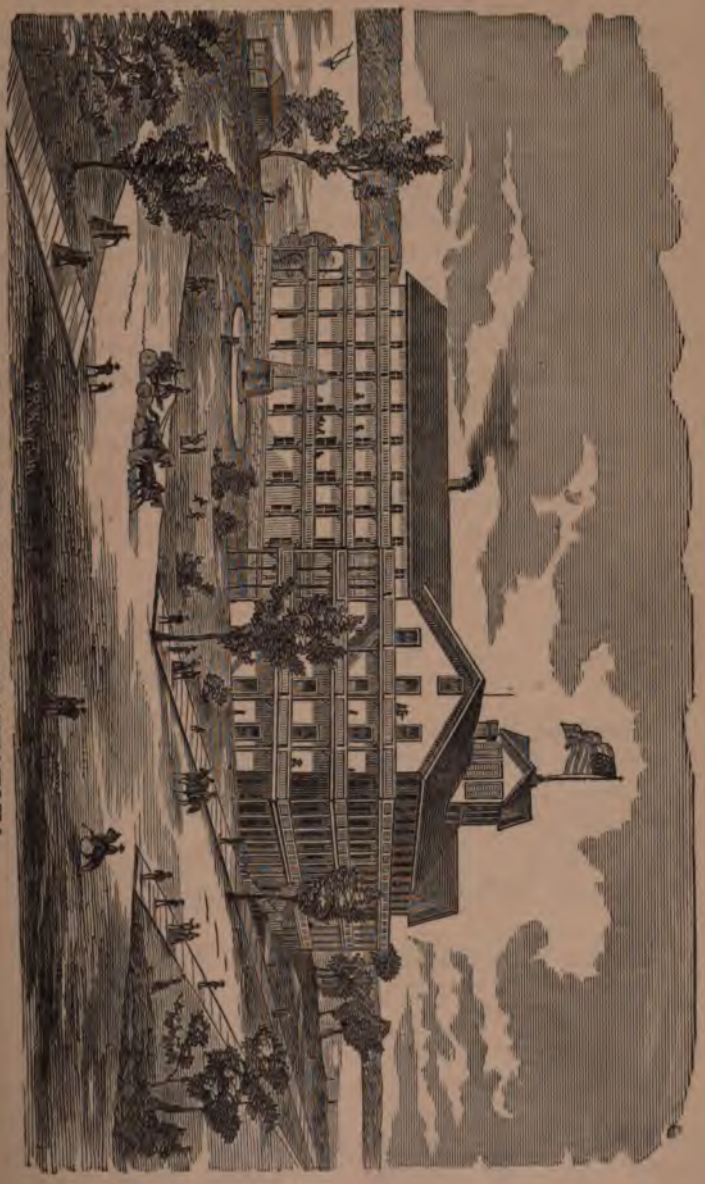
guage qualifies him to express himself with ease and fluency, and he is well adapted to do the literary work that belongs to his pursuit. He can tell his thoughts, explain his ideas, and describe whatever he knows. He should be known for power to gather knowledge, but especially for power to remember, combine, and classify."

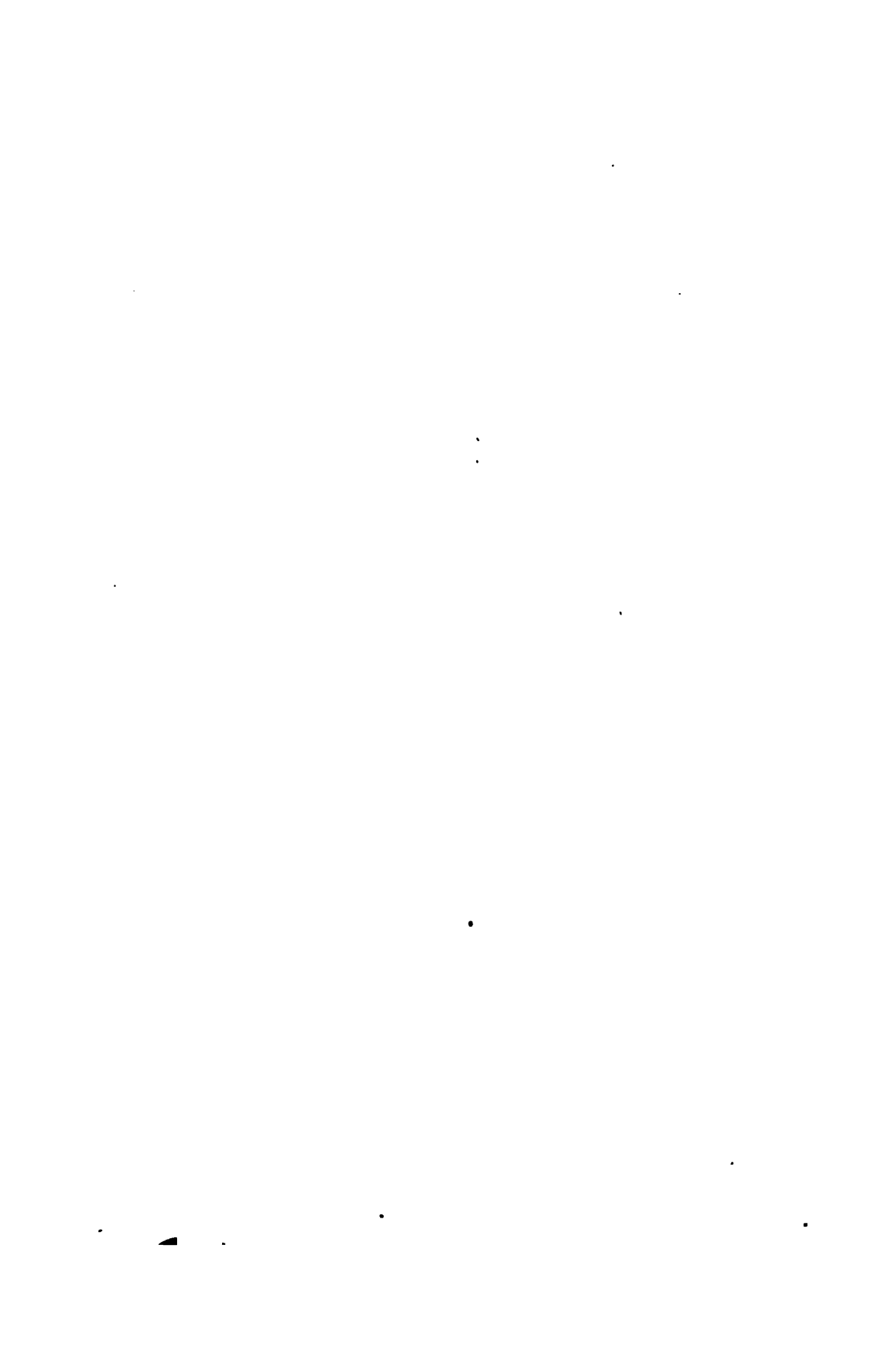
We have not space to recount his history, nor to record his many labors in the field of science. It will be enough for his future fame that he was the inventor of the ophthalmoscope. No just estimate can be made of the value of this instrument. It marks one of the grandest achievements ever made in medical science. But we are indebted to Helmholtz for many other facts of value; for his writings have adorned and illustrated many other departments of science. He was born in Potsdam, Prussia, in 1821, and so is still in possession of his matured powers, and is able to carry his name and fame to yet higher places than he has yet occupied, if such be possible.

Lake Chautauqua.

This lovely spot has happily been chosen for the next place of meeting of the American Institute of Homœopathy. Beautiful as its own name, it was for ages known and admired only by the savages, that a little while ago roamed the forest, and by the adventurous huntsman, whose paths through the wilds of Western New York brought him now and then to its charming shore. But now since the railroads have brought it into direct connection with all our large cities and thoroughfares, it is fast becoming the great watering place of the nation. Striking a circle, that shall include New York, Philadelphia, Cincinnati, Chicago, Cleveland and

KENT HOUSE, LAKE CHAUTAUCQUA.





Buffalo, you have Lake Chautauqua in the geographical centre of this great territory, and you will find that it is far more accessible than any other point that can be named. While for coolness, quietness and varied means for recreation, it is not surpassed by any place on the Continent. Multitudes who were kept away from the last year's meeting by the extreme heat of the season, and the overcrowded condition of the city, will gladly avail themselves of the chance to visit Chautauqua, and have a rest of body and mind, that will not be interrupted by noise, dust or heat. Greatly reduced fares, both on the railroads and at the hotel, to all who come to the convention, will add not a little to the inducements to make a summer visit to this famous summer resort. It is decided to hold the Institute on the 26th, 27th, 28th and 29th of June.

An Index Rerum.

I would like to recommend to my professional brethren the keeping of a record of medical items worth remembering. In the daily rounds of practice, in the reading of journals, at our medical societies, conventions, etc., new facts are acquired which we are very apt to forget, unless committed to writing and thus preserved for reference at any moment.

I have kept such a record for several years and find it of great value. The manner of keeping it is not new, but for the benefit of any who may be unacquainted with a good plan for arranging items so that they can be referred to at any moment without hunting over a mass of unarranged notes, I will briefly state my method. Get a common blank record, twelve mo., commence at the beginning and letter or index the pages, placing on a separate page each letter of the alphabet followed by the vowel sounds, a, e, i, o and u

Thus on page one write Aa, second page Ae, third Ai, fourth Ao, fifth Au, and so on Ba, Be, Bi, Bo, Bu, giving one or more pages to each letter according as you expect to use it, freely or otherwise.

Now suppose you wish to put down an item on amaurosis, turn to the page on which you will find the first letter of the word follow by the first vowel sound of the word, *i. e.* to page Aa. To record anything on angina pectoris, turn to page Ai; apoplexy, Ao; congestion, Co; syphilis, Si; spinal hypermia, Si; lymphatic, Li, etc.

This manner of indexing enables you to record anything so that it is as easily found as any subject in a well indexed book.

I would earnestly advise every live physician to keep such a record. Raue's Annual Record is a good thing and should be in the hands of every physician, but can not take the place of a book kept by each physician for himself.

There are articles in every journal which would be of great use at some future time. Indexed in this manner one can turn to it in a moment, where it would not be practicable to hunt through the numbers of a year to find what is wanted.

And I would further recommend to medical practitioners, young and old, the advantages of keeping a record of cases treated. I find it invaluable, a saving of time and trouble. It is especially serviceable in treating chronic cases. Here is a case from my note book:

Mrs. Emma W., age twenty-seven; temperament, nervous; menstrual headache; throbbing and heat in head; nervous; excitable, worse from noise or light; face flushed; feet cold; dyspeptic; much flatus, belching; coated tongue, foul taste in the mouth; constipation; backache; leucorrhœa, menses scanty, painful.

February 4th, 1877. *Bell.* 3 every hour, cured headache promptly, and would arrest it any time if taken as soon as it came on.

February 11th. *Puls.* 3 *ter. die.*, improved digestion.

February 20th. *Æscul hip.* 3, cured constipation, backache and leucorrhœa.

Now it takes but a moment to note down the symptoms of a case, and when at a future time we want to see what was done in a given case, it is an easy matter to review its history and ascertain the results of treatment. I keep a daily record of all prescriptions made and find it very profitable.

Hoping these suggestions may prove as helpful to some of my professional friends as to myself, I submit them to the readers of the *ADVANCE*.
A. C. RICKEY.

Dayton, O., April 10, 1877.

A Victory for Homœopathy.(?)

I see in the *ADVANCE*, page five hundred and twenty-two, a case of ascites by P. B. Hoyt, M. D., which he winds up with, "This is another victory for Homœopathy." "The shades of Hahnemann" with Hahnemann left out; if this is Homœopathy "good Lord deliver us" from it. In my humble opinion, it is the worst form of eclecticism. None of his prescriptions were in accord with the law of similars. He gives *Ars. alb.* 3 in two gr. doses in alternation with *Apis* 2, (no dose mentioned), which he continues for four days without improvement, when he changes to *Apis* 1, twenty gtts in half glass of water, two teaspoonfuls every hour. On the sixth day he gives *Nux v.* 3, five gtts in half glass of water, (does not say how much), every two hours. On the seventh day he finds his patient better. Not content with this he goes back to *Apis* 2, three grs. and *Ars.* 3, three grs., in alternation. Is called back in the night; thinks his patient is going to die; mixes *Ac.* 1, twenty gtts with three grs. of *Morph. acet.* in one-third glass of water, and gives it every half hour. On the eighth day he begins and goes systematically through the materia medica for the next twenty-three days. When

his patient is able to get up, in spite of doctor and drugs. And "this is a victory for Homœopathy." Had the Doctor given at first *Nux v.* cc or 1m, one dose and waited the result, his patient would have been out in one-third of the time and it would have been a victory for Homœopathy. Respectfully yours,

VIKER REDI.

From Chicago.

CHICAGO, February 29.—The scarlet fever scourge continues, and the people are alarmed greatly at the prevalence of the pestilence. The cry is, "Save the little ones;" and, as the coffins follow one another, several from the same house very often, the parents of the city grow sick at heart and panic stricken. Your correspondent knows of several cases of families who have lost three and four children within the past week. One family in particular, wherein four little ones have been lost, and a fifth is now lying at the point of death, has suffered from a dreadfully severe form of the disease. The diphtheria scourge is diminishing, but there is but little, if any decrease in the number of scarlet fever cases. The homœopaths are elated at the success of their treatment, and that they have been singularly successful, and have lost but few cases is generally admitted. The meetings of the medical men of the old school of Allopathy and of the new school of Homœopathy have been held, and a series of resolutions were adopted by both conventions in reference to the modes of procedure in checking the disease. The big and little pill men agree very well on the whole, and are certainly all working with might and main, and free from all professional jealousies, to control the epidemic. The poorer classes are suffering badly, and many cases have been found in which the patients

have had improper care. A general inspection of the city by the officers of the Health Department has just been completed and sanitary regulations will be strictly enforced.

Health Commissioner Deirof condemns the practice of public, or rather largely attended funerals. He urges privacy of funerals very strongly. A case is reported of a child's death from scarlet fever, and at the funeral there were seventeen private carriages and hacks. This is taking tremendous risks in the prevalence of an epidemic, and the hint to keep away from funerals is a good one for use anywhere, and should be taken and acted upon. All houses in which the disease is found are placarded with a red card announcing its presence.

Book Notices.

The Popular Science Monthly. Conducted by E. L. Youmans. D. Appleton & Co., publishers, 549 and 551 Broadway, New York.

This periodical was started (in 1872) to promote the diffusion of valuable scientific knowledge, in a readable and attractive form, among all classes of the community, and has thus far met a want supplied by no other magazine in the United States.

Ten volumes have now appeared, which are filled with instructive and interesting articles and abstracts of articles, original, selected, translated and illustrated, from the pens of the leading scientific men of different countries. Accounts of important scientific discoveries, the application of science to the practical arts, and the latest views put forth concerning natural phenomena, have been given by *savants* of the highest authority. Prominent attention has been also devoted to those various sciences which help to a better understanding of the nature of man, to the bearings of science upon the ques

tions of society and government, to scientific education, and to the conflicts which spring from the progressive nature of scientific knowledge.

The Popular Science Monthly has long since ceased to be an experiment. It has passed into a circulation far beyond the most sanguine hopes at first entertained, and the cordial and intelligent approval which it has everywhere met, shows that its close and instructive discussions have been well appreciated by the reading portion of the American people. It has not been its policy to make boastful promises of great things to be done in the future, but rather to appeal to what it has already accomplished as giving it a claim upon popular patronage. But no pains will be spared to improve it and make it still more worthy of liberal support and still more a necessity to the cultivated classes of the country.

Ziemssen's *Cyclopædia of the Practice of Medicine*. Vol. III. Chronic Infectious Diseases. By Prof. Christein Bœumler, Prof. Arnold Heller, and Prof. Otto Bollinger. William Wood & Co., New York.

We have here at the beginning three hundred and nine pages on syphilis. It might seem quite exhaustive of the subject, but on reading it carefully over we can hardly wish it less. Speaking of the origin of the name the author says:

The term syphilis was probably invented etymologically with reference to the most frequent mode of origin of the disease and was first employed incorporated in a myth by the Veronese physician, Hieronymus Fracastorius who relates in a poem concerning the disease that a herdsman of King Alkithous, Syphilus by name, was afflicted with it by Apollo in punishment for paying divine homage to the king instead of to the god.

He says further: "The first knowledge of syphilis as a separate and distinct disease dates from the end of the fifteenth century, from that notorious and epidemic-like outbreak of the disease in Italy between the years 1490 and 1500." As to its origin it will always remain an open question whether the disease came by spontaneous generation, or through the discovery of America, or the introduction of *Mercury* into the practice of medicine. If the latter did originate the disease it is quite certain that it has added very much to its virulence and long lasting effects. The author discusses at considerable length the question of unity or duality of chancre and chancroid and in the end takes, as we understand, a middle ground. But this will not end the controversy, and the writer's own conclusions show the need we have for further and more explicit investigations. We do not, after all, understand the disease called syphilis.

Over two hundred pages of this book are devoted to the discussion of animal poisons, such as glanders, malignant pustule, hydrophobia, etc., etc. This chapter is written by Bollinger, of Munich, who is a distinguished veterinary surgeon, and more than usually well informed in the subjects he treats of. The balance of the book is given to Migratory Parasites. These are echinococcus, cysticercus and trichinæ, all well illustrated and fully discussed. Price \$5.00. For sale by Robt. Clarke & Co.

Papers Read by the Representatives of the British Homœopathic Society,
at the World's Convention.

- I. History and Statistics of the Introduction, Growth and Representation of Homœopathy in Great Britain and Ireland. By C. B. Ker, Esq., M. D.
- II. History of Homœopathic Literature in Great Britain. By Dr. Richard Hughes.
- III. History of British and Irish Homœopathic Societies, etc, etc. By Herbert Nankivell, M. D.
- IV. Report on the History and Details of British Legislation affecting Practitioners of Homœopathy, Whether by the Government or by Corporations. By Alfred C. Pope, M. D.
- V. A Statement of Existing Means in Great Britain and Ireland for the Education of Young Physicians in the Science and Practice of Homœopathy. By William Bayes, M. D.

This book is not large, hardly fifty-six pages, but it is very interesting; and its prompt appearance is a credit to the enterprise of our English brethren. There is to us a world of pleasure in getting so clear a view of the status of our school in Great Britain and Ireland. Besides we have also a pretty full account of the rise and progress of the cause there. The five papers presented are a credit to their authors individually and to the school they represent. We only hope the balance of the papers which will appear in our own volumes of proceedings will be equally valuable and readable. On the whole, British Homœopathy has nothing to be other than proud of, for its course through and over obstacles almost insurmountable has been bold and successful. It is not to be measured by the American standard, for our English friends are a law unto themselves. This book may be had of the British Homœopathic Society by addressing the editor, Dr. Jno. G. Blackley, 65 Guilford street, Russell sq., London.

The Application of Electricity as a Therapeutic Agent. By J. H. Rae,
M. D. Boericke & Tafel, for the author, New York.

Among the multitude of books now appearing on the therapeutic uses of electricity, this work of Dr. Rae's will attract deserved attention. The author certainly has ideas of his own upon the subject and does not hesitate to assert them. After describing the ordinary Ruhmkorff, or more properly speaking, the Page coils, he says:

These coils are capable of producing but *two* currents of electricity, —the *primary* or *chemical current* of the battery, and the *induced* or *mechanical current* produced by the action of the former. To claim that machines can produce more than these two currents within one coil is an error; or if apparently produced are but modifications of one or the other, or caused by the combination of the two. It being an undisputed fact that these two currents, which an induction machine of one coil can only produce, have entirely opposite effects upon the human system, such combination of the two currents must necessarily neutralize each other and can not produce a beneficial effect.

Electricity does not cure when applied in massive doses. Many operators, especially the "Wandering Arabs," think a strong powerful current necessary, the stronger the more effectual.

These electricians will very soon discover their error. It is not the *shock* that cures, but the fine, delicately sensitive current, that assimilates itself with the natural physical currents of the human system. The knowledge of this fact caused me to commence experimenting, in 1860, to produce a mechanical current that would harmonize with the physical current as generated in the human body. After having innumerable coils made of every conceivable design, and testing in connection with them all the different forms of galvanic batteries existing, and finding the results no improvement upon the first principles, I was about giving up in despair, when I accidentally discovered that a third current could be, and was actually produced by the combination of two helix machines (properly proportioned and arranged), so refined and attenuated, that while it removed the shock, it still retained all the power and magnetism of the initial induced current, only, if possible, like the homœopathic dilutions, becoming more effective in the development of its curative properties by its attenuation.

The construction of my machine for producing a superinduced current, as now perfected by me, consists of two helices, containing each the primary and secondary wires. Upon the first coil, the primary current, by the means of an improved current breaker, is made to produce the induced electricity in the ordinary manner. By turning the "switch" upon the base of the machine, the induced current of this first helix is made to flow through the primary coil of the second helix, which, acting upon this second coil precisely the same as the battery current in the first helix, produces upon the secondary wire of the second helix the fine superinduced current of electricity, while at the same time the machine, having an improved rheotome, gives the primary and induced currents from the first coil of extra power, and superior to that of the ordinary machines.

This is worth thinking about. The author makes use largely of homœopathic remedies, and this adds much to the value of his book.

Editor's Table.

WE SHALL go to the State Society Meeting at Cleveland. We are promised a great banquet and, of course, a good time. And when we get there we will pray to be delivered from that long-faced chap, who goes to the "metin" solely for business purposes. That fellow has killed more societies, first and last, than his head is worth. He doesn't enjoy amusement of any sort. He had rather poke over a cadaverous smelling tumor than eat a square meal. He had rather hear a long winded paper on dysmenorrhœa than to listen to a splendid concert. His idea of relaxation, after a year's application to business, is to have more business. Two days of hard reading of papers, and harder discussion of them, will send him home with a tired body and an exhausted brain. And like Mark Tapley, that is just what he wants—misery. The Lord deliver us from him and all his tribe. And let us wisely mingle pleasure with work, and social enjoyment with scientific labor. The Cleveland doctors know how it is done.

PERSONAL.

DR. J. W. GRABILL located at Orville, Ohio.

DR. J. C. FRENCH was married, April 27, to Miss Sue Runyon, of Covington, Ky.

DR. G. D. BEEBE, the well known homœopathic surgeon, of Chicago, recently died of disease of the heart.

DR. W. M. DETWILER, of Findlay, Ohio, died April 30th, of injuries received in jumping from the cars. Prof. Schneider, of Cleveland, writes us that he was at the doctor's bedside two hours before he died, but help was unavailing. Dr. Detwiler was the President of the Homœopathic Medical Society of Ohio, and a man and a physician much beloved.

DR. JNO. T. TEMPLE, of St. Louis, and Dr. W. E. Payne, of Bath, Maine, both distinguished members of the homœopathic school, have died.

THE SOCIETY of Homœopathic Physicians of Iowa, will meet at Oskaloosa, May 30th. So saith the secretary, Dr. Edward A. Guilbert, and he knows.

HOMŒOPATHIC Medical Society of Michigan meets at Grand Rapids, May 15 and 16. There will be a fine meeting. A. I. Sawyer, President; I. N. Eldridge, Secretary.

UNIVERSITY OF MICHIGAN.—The homœopathic medical college department held its first graduating exercises March 28, 1877. The address was delivered by Prof. Samuel A. Jones, and was of course characteristic. The following are the graduates—two of them being ladies:

Erasmus Edwin Adams, Romeo; J. Albert Baker, Three Rivers; Patrick Henry Bumpus, Jackson; Juliet, Caldwell, Chillicothe, Ill.; Charles Hercules Dale, London, Ontario; Sarah P. Engle, Three Rivers; John Oscar Garmon, Adamsville; Chester P. Hubbard, Titusville, Pa.; Charles Perry Miller, Three Rivers; Rollin Charles Olin, Detroit; Warren Harvey Rand, Charlotte; Alexander Hamilton Rogers, Ann Arbor; George Albert Taber, Union Springs, N. Y.

PHYSICIANS and students may be interested in learning that disarticulated skeletons, cleaned and in good order, may be obtained at a reasonable price by addressing Dr. J. J. Marvin, Demonstrator of Anatomy, Pulte Medical College, Cincinnati, O.

A LADY PHYSICIAN, who has had several years experience in Eastern hospitals, of both schools, desires a position in hospital or sanitarium. Address, M. E. Hughes, M. D., Iowa City, Iowa.

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

VOLUME V.

CINCINNATI, O., JUNE, 1877.

NUMBER 2.

All business communications, relating to the *MEDICAL ADVANCE*, should be addressed to DR. T. P. WILSON, Cor. 7th & Mound, Cincinnati, O. Terms \$2.50 a year.

THE HOMEOPATHIC MEDICAL SOCIETY OF OHIO held its annual meeting in Cleveland, May 8th and 9th. The main lecture room of the college was generously tendered for the uses of the association. As early as the opening hour the room was well filled with ladies and gentlemen of the profession from all parts of the state. Dr. S. R. BECKWITH, of Cincinnati, was chosen temporary chairman, after which, Dr. J. C. SANDERS, of Cleveland, delivered the following

ADDRESS OF WELCOME.

The Cleveland Academy of Science and Medicine has delegated me, publically to express to you its deep sense of the high honor confirmed in the selection of Cleveland as the most suitable city in which to hold this recurring annual session of your society, and its great gratification at your coming and presence.

Come from far and near, we appreciate with what sacrifice you are with us. How difficult, out of your hard earnings, to cover the inevitable expense; what homes, on which

the sun will not again shine until your return, you have had to give over to the watch and care of others; what reluctant apologies you had to make in households where those who trust you more than any other earthly helper are in sickness and anxiety, and need your daily and nightly ministering, wherein the angel of death may anticipate your return, and close and seal the record of your saving endeavor.

And with what animus you have come. How longingly for these two days and nights needed respite from the routine of your habitual anxiety and toil; how eagerly for some new thought, some new light, confirmation, or establishment of some new or doubtful experience; how gladly to renew "Auld Lang Syne," and feel again the touch, inspiration and thrill of fraternal fellowship!

We tender you, therefore, all the more cordial welcome. Cleveland welcomes you, though with the din of her busy wheels and hammers, the smoke and jar of her forge and furnaces, and the odor and smoke of her petroleum, yet as the city, beautiful, greets you in the mossy verdure of her parks and lawns, the plume of her now budding trees, the song of her returning birds, the white winged waves of her sounding lake, and the smiles of her beautiful wives and daughters. The Cleveland Academy of Science and Medicine salutes and welcomes you. The College gratefully opens to you her doors and halls. And we all personally beg you take our homes; try our latch strings; sit down by our fire sides, and eat and drink with us.

But alas! A great shadow darkens, and a great sorrow saddens our salutation.

Our worthy and dearly esteemed president, Dr. Detwiler is no more, and mourning emblems fitly drape his vacant chair. His death was so improbable, so unlooked for, and so sudden, I can hardly believe its reality. He possessed a stalwart physique, which had the promise still of great length of years; a well balanced mind, richly stored with knowledge and experience, and a studious, ardent zeal for the science and truth of his profession. He was honest and honorable, industrious, hardworking, and eminently success

ful. He was fresh and vigorous and ever abreast with the van of his profession. He was a patron of its journals, a contributor to its literature, a zealous fosterer of its education. He was frank, courteous, charitable, tender hearted, loving and lovable. And I am constrained, and proud to add, he was one of the founders of your society; a prudent and regular attendant on its sessions, and a valuable contributor to its discussions. With what delicate modesty he accepted the honor of its presidency, and with what pride he looked forward to this hour of exaltation to occupy that chair and preside over your deliberations!

How terrible thus to be plucked out of life just as our feet are nearing the goal and our hands are grasping the prize of our aspirations and endeavors! Yet better far than to battle much farther on and be borne into the years of inevitable decrepitude and infirmity; no longer to be a minister, but to be ministered unto; to stand up by other's limbs, and be fed by other's hands; forgetful and forgotten. "Sans touch, sans eyes, sans taste, sans every thing." But this goal, had he reached it would have soon glided out from under his feet; and this prize, had he won it, would have perished from his grasp like a dream that has passed.

The goals on the race of this life and the prizes which glitter on its way, are not ends, but means to arouse our efforts, to discipline our powers, to try our strength, to test our faith; and the broad fields which stretch out on either hand and on before us, are for our seed sowing, and the harrowing in of the seed we strew, the enduring reward, the unfailing palm of victory, the everlasting crown, the rejoicing harvest, the satisfying fruition are beyond and at the end.

"Who builds on less than an immortal base, condemns his joys to death."

With tears of tenderest sympathy for the stricken wife and hers, who in her lonely home now mourns the light of her life gone out; with keenly appreciative sorrow for that large circle of friends who lament an excellent and trusted family physician, so suddenly taken from them and never more to return, let us, whose loss is no less personal, and inexpressible, bow our

heads before this awful and unfathomable mystery, yet reverently acknowledge the tender compensations of the Divine Hand; the unsullied record of his noble life, his inspiring and conserving influence, his excellent example, and by the presence of these mourning emblems, all the more earnestly take up the duties we are here to perform, and pledge ourselves anew to the great mission to which we are called, that when the summons comes to each of us, as come it must sooner or later, we may be also ready, and with our life work as well finished.

DEATH OF PRESIDENT DETWILER.

R. B. RUSH, M. D., of Salem, Vice-President presided.

Prominently on the platform stood the presidential chair, draped in robes of mourning, trimmed with beautiful smilax vines, and crowned with flowers. By request of the meeting the secretary read Dr. DETWILER'S address, which he had prepared to present himself on this occasion. It was as follows:

PRESIDENTIAL ADDRESS.

Having been called upon to preside over your deliberations, a few brief remarks in accordance with custom are expected from me. Wearied, worn and fatigued by the cares, labors and responsibilities of active practice, which you have left behind; you have convened from all parts of the state, to exchange greetings and renew congratulations. No class of men so need rest; for this alone could you well incur the expense of both time and money; and for this could your families well bid you God-speed; and yet even more so do the sick and suffering, whom you have left behind, still plead as with an angel's voice, that this respite shall be improved, not only for your own, but especially for their advantage. About three-fourths of a century has passed since the hardy settlers of Ohio felled the primeval forests; built their rude cabins, and with a few rude and simple implements won a scanty subsistence from the soil; and now after the lapse of this brief period, our state presents the appearance of a vast cultivated garden or highly ornamented park; its numerous growing cities, its brisk villages, its wide spreading farms

and countless homes, tend, in the mind of the picturesque, to form a landscape of indescribable beauty and grandeur; and to gaze on this, would easily lead us to believe that the narratives of wild adventure of border life in those early times are but as fairy tales or some occidental dream.

Less than one-half a century ago Homœopathy was introduced into this state, and perhaps no reform ever met with a more formidable opposition, yet its powerful influence, with a firm and steadily increasing growth, has spread in all directions throughout the entire state. We now have four hundred and fifty physicians in the active practice of medicine; we have two colleges, one on the coast of our Northern lake; the other on our Southern border; both in a prosperous condition and on a good financial basis, and have good clinical advantages; we have a hospital in this city and a homœopathic hospital in the city of Toledo, with equal rights in her city hospital; our students at Pulte College have equal advantages, with those of other colleges of Cincinnati, to attend the clinical lectures given in the city hospital. We have a number of local societies, four pharmacies, two journals and several private institutions of no small order.

And now, having merely taken a glimpse of the past, let us on this, our twelfth anniversary, consider a few of our greatest needs; let us let the world know that we, representing our school of medicine, have other treasures in store than of continually boasting of the superiority of Homœopathy, of what it can do and has done. What it is doing is a legitimate question, and a fair showing would be desirable. No doubt these things will be brought out in the published transactions of the World's Homœopathic Convention, held at Philadelphia last year.

Above all things else we need is that our physicians attend regularly, and take a deep interest in the annual meetings of our society. It is to be regretted that less than one-third of our number is here; if only our members would take hold of this work and each one do his share of the toil and contribute his mite, such an impetus would be given to our cause as would astound our opponents, and through us as agents prove

a priceless boon to our fellow beings. Any plan that any member of this society can suggest to induce seventy-five per cent. of our number to attend our annual meetings, would well be worth a gold medal.

Then we each and every one should keep a carefully kept record of what we physicians do throughout the entire year. I repeat we want a carefully kept record by each physician of our special cases, their history, diagnosis and treatment; and there is great need of careful systematic observations and records of the relation of clinical, atmospherical and topographical influences, as regards the causes of disease; go where you will in any part of the country, and you will find residents in particular localities more unhealthy than in others, although the physiological conditions are the same. We have been content to explain the phenomena by calling them malarial influences, yet we are daily reminded by our patients how they took cold on a change of the weather, and I think it to be an established fact that much sickness and mortality are due to these influences. The physician attending the commencement of nearly all diseases is one of the essentials, in the pursuit of investigations in reference to their causations, and especially in diseases of an endemic and epidemic nature. Bearing these things in mind, they will produce results of great value in establishing the cause of disease.

Although these reports might be very imperfect, still they should be placed in the archives of the society, and they would be like wine laid in the cellars of the Rhine; of constantly increasing value from year to year, and eventually be of priceless value to the world. It is a possible thing and we wish it would be tried.

In examining Pettet's Directory we find that the young men avoid the smaller towns. This is a serious mistake. Let them spread out and locate in these smaller towns; there is more money as well as better fields of practice.

Our committee in legislation did its work well, and it behooves us to look to our interests, and demand of the public what is justly due us. The bill introduced regulating the establishment of a State Board of Health failed to pass and we

think it becomes our duty to recommend the establishment of said Board; but instead of it consisting entirely of the predominant school, let us demand that each and every school be represented.

The subject of "Medical Education" has engrossed the minds of the profession to such an extent as to bring out many able productions in favor of promoting its standard. It is one of those vexed problems which requires the harmonious and undivided efforts of the profession; organized as we may be to work out a satisfactory conclusion, still this must continue to engage our thoughtful attention until settled upon some satisfactory basis. The difficulty arises not so much from diversity of opinion as from a division of interest. I fear too many inducements are held out by us as preceptors in order to get young men to consent to become students of medicine, with the assurance of an easy graduation.

We are proud of the step taken by the American Institute at its session of 1870, at Chicago, in recommending our colleges to adopt the regulation of a graded course of three years for students before passing them as candidates for graduation. The plan has been adopted to some extent by our colleges, but I think now, in 1877, our delegates to the American Institute should be instructed to do all in their power to have the convention recommend a still higher standard, requiring a preliminary matriculation examination and demanding a reputable English scholarship. While a knowledge of Latin and Greek is profitable and beneficial, yet it should not be regarded so essential as to require a classical education, he should have the mental ability necessary to comprehend the difficult problems involved in the science of medicine. We should at least require four full years of study and three years attendance on lectures, with an examination at the close of each year; then our colleges would no doubt be recognized by those of other nations. Should a proposition of this kind be adopted by our school, our profession then would cease to be disgraced by ignorant, illiterate and uneducated men. I believe this is an effort which is demanded by the best interests of the public good, and will be sustained by wise and prudent men.

The committee appointed to draw up resolutions of respect to the memory of Dr. Detwiler reported the following, which were adopted:

It is with unfeigned sorrow that we record the death of our beloved President, Dr. W. M. Detwiler, of Findlay, O.

We beg to tender to his afflicted family and sorrowing friends our profoundest sympathy. In common with our whole profession we feel the irreparable loss the world has sustained in the death of our distinguished brother and fellow laborer. For many years Dr. Detwiler has sustained a high position among us. Beloved by many and respected by all, at home and abroad; linked by the strongest social sympathies to all who knew him; honored as a man and a physician; the chosen leader of our State Medical Society; an acknowledged representative man of our medical school, whose mind and heart were consecrated to the divine work of healing, we appreciate how inadequately our words must express our thoughts and feelings at the sudden termination of so great and noble a life.

Resolved, That in the life and labors of Dr. Detwiler we have cause for great thankfulness and for the strongest encouragement to seek for ourselves an honorable and useful position in the profession of medicine.

Resolved, That in the lamented death of Dr. Detwiler we have cause to remember our mortality, and that while we minister to others we may ourselves soon be in need of such ministrations. The physician in some special sense has occasion to keep ever before him the words of the poet, who in the Psalm of Life tells us that

"Art is long and time is fleeting,
And our hearts, though stout and brave,
Still like muffled drums are beating
Funeral marches to the grave."

T. P. WILSON,
J. C. SANDERS,
J. D. BUCK,

Committee.

Several addresses were made commemorative of Dr. Detwiler's sterling qualities, and the resolutions were ordered to be placed upon the minutes and copies sent to his family and to the papers of Findlay.

At the conclusion of this address, the regular work of the convention was entered upon with much interest. First came the presentation of the distinguished delegates from Pittsburgh and the state of

Pennsylvania; Drs. H. H. HOFFMAN, J. C. BURGHER, and J. H. McCLELLAND. These gentlemen briefly addressed the meeting, and spoke of the fraternal greeting and good will their presence was designed to indicate. Then came the bureau of Clinical Medicine, with a small grist of papers on catarrh of the air passages. A discussion followed, as a matter of course, but the articles did not deserve the notice they got. Not one of them was finished, or showed either study or experience in that subject.

The bureau of Anatomy, Physiology and Pathology (why not a longer name and more subjects?) did much better. Dr. D. H. BECKWITH's paper on epidemic influenza showed much hard and successful study. It will be printed in the Cleveland Reporter and should be read. Dr. W. WEBSTER had a fine paper on hay fever, a synopsis of which we would give, only it will appear in this journal or the Reporter. Dr. LEWIS BARNES sent up a characteristic paper on sick physiology, and we expect to print it as an offset to Dr. LIPPE's very effective articles on this subject, which have made the *ADVANCE* famous the past year.

After this the bureau of Surgery came upon the carpet, with a small but respectable amount of material. Small as it was it proved fearfully combustible. Over the great(?) question of unity or duality of syphilis the battle raged for an hour or two. BECKWITH stood for one, SCHNEIDER stood for two, McCLELLAND stood for all and WILSON stood for none. The forefathers of these valiant champions "fit into the same revolution," but the question is still unsettled. This work finished up the first day of the session.

The second day opened up with a so-called report from the bureau of Ophthalmology and Otology. It was worse than the bureau of Clinical Medicine we have referred to. Dr. C. C. WHITE had a completed paper, but it sounded like a transcript from some dog-eared text book. It was on granulated eye lids. Dr. PHILLIPS, holding a manuscript dummy in his hand, recited a recent lecture of his, which for the tenth time he had already given to the class. It was about several things in general and nothing in particular. Dr. WILSON, the reputed chairman of the bureau, with shamed face, presented a fragmentary article on trachoma. It looked as though the task had taken him as much as two minutes instead of two years to perform. Dr. WHITE made a verbal report on *Nitrit of amyl* in tinnitus aurium. This we will have soon all written up in proper order for our pages. Dr. HUNT read a report on simulated retinitis brightii, and this closed the face of this bureau's report for the past twenty-four months.

In the afternoon the bureau of gynecology made its offering in the shape of a paper on dysmenorrhœa, by Dr. J. C. SANDERS. This was the ablest paper presented during the session. It did honor to the

distinguished author. We will have the pleasure of presenting it to our readers. The secretary at this point presented a paper from Dr. WM. OWENS on drug action. As it was the solitary effort of a large bureau on materia medica, it was seemingly slipped into the gynecological bureau, evidently under the head of difficult labor. It would have gone to the bureau of obstetrics, but that department didn't appear on the boards. Next and last came the bureau of insanity, Dr. S. R. BECKWITH read a fine paper on the medico-legal aspect of the disease. It will soon appear in the *ADVANCE*. There was no time to discuss it. Dr. E. C. BECKWITH made some spirited reports on legislation. Resolutions of thanks were passed; delegates to various societies appointed; and after many fraternal good byes, one of the best meetings of the sort ever held in Ohio adjourned to meet in Cincinnati, the second Tuesday in May, 1878. Episodes of many sorts transpired to relieve the severe work of the daily sessions. The venerable Prof. A. O. BLAIR came in the first day, soon after opening, and was greeted with applause and many personal greetings, indicating how warm the affection for him in the hearts of his old pupils and co-laborers. The doctor is over seventy years old, and by no means badly broken by his many years of hard professional service. The editor of the *ADVANCE* was victimized by falling into bad company. As indicating his personal need in matters moral and intellectual, he was presented with a white silk hat with all the modern improvements, namely, a sky light and a bay window made of fashionable blue glass. On Monday evening the physicians of Cleveland gave a complimentary banquet to the society. In the spacious dining rooms of the beautiful Forest City House about one hundred guests sat down to a repast that in all respects could not be excelled. Dr. D. H. BECKWITH, chairman of the committee of arrangements, presided with most excellent taste, and to him we were especially indebted for his labors in making the affair a success.

The following toasts were presented and responses made:

"To the memory of HAHNEMANN; linked indissolubly to nature through the discovery and application of her laws, his name will stand while time endures." Drank in silence while standing.

"Our universities and colleges; their establishment, growth and maintenance are the best guarantees of the future of our profession." Response by Dr. HUNT, of Delaware, Ohio.

"Our hospitals and dispensaries; so long as they are fed by the divine hand of charity, and ministered to by the human hand of skill, they will not fail to be a blessing to the world." Response by Dr. J. C. BURGER, of Pittsburg.

"Our medical societies; they are the needed cementing force that holds our grand fabric in bonds of friendship and unity of faith." Response by Dr. S. R. BECKWITH, of Cincinnati.

"*Similia Similibus Curantur*: the fiat of God that brought order out of chaos and light out of darkness. *Esto perpetua.*" Response by Dr. J. H. McCLELLAND, of Pittsburg.

"The press, secular and medical; a perpetual transfusion of life giving blood into the hearts of the people. It saves us from mental débility and fatal anæmia." Response by Dr. T. P. WILSON, of Cincinnati.

"Cleveland, the Forest City; the beauty and pride of the Buckeye State. May she spread like the green bay tree and bloom like the rose." Response by J. C. HUTCHINS, Esq., and Mayor ROSE.

"The clergyman and physician; twin evangels to suffering humanity. May their intercourse be as harmonious as the working of a sound mind in a sound body." Response by Rev. J. W. BROWN, of Trinity Church.

"Our medical societies" was responded to also by Dr. BLAIR, of Columbus.

The Physiological Livery. By Dr. Ad. Lippe, Philadelphia.

The American Cyclopædia, D. Appleton & Co., 549 Broadway, New York, contains an article on Hahnemann and on Homœopathy. The Encyclopædia Britannica also contains an article on Homœopathy, written evidently by an allopathist, and is full of perversions at which we do not express any surprise. The articles in the American Cyclopædia are most assuredly written by a man professing to belong to our school. The writer has failed to make a point of, and states, erroneously, Hahnemann's provings of *Cinchona officinalis*, and the deductions following this experiment; but the article is passably readable, and we wish not at present to dwell on it. When this writer speaks of Homœopathy, he is not only guilty of omissions, but of a willful perversion. He evidently belongs to a class of men who calling themselves homœopaths, desires to make the reading world to believe that patholo-

gy and Homœopathy are now and always have been "wedded." In vol. viii, page seven hundred and eighty-five, we find this sentence:

"To be guided intelligently by the law of similia, the key note of their system, homœopaths believe we must have an accurate picture of the pathological changes resulting from the drug as indicated by the appearance of tissues after death, and its action as shown upon the living structure in vivisection."

By inference homœopaths must first believe that disease can only be intelligently known if we possess an accurate knowledge of the pathological changes diseases cause by the appearance of tissue after death. If Hahnemann was the founder of Homœopathy, (which surely no pretending homœopathist can well have the hardihood to deny), where in all his numerous writings can any such statement be found? Exactly the reverse is the case. Hahnemann gives at the very outset, in the foot note to the very first paragraph of his *Organon of the Healing Art*, his utterances diametrically opposed to such a belief. He there deprecates at the outset the assumption of a knowledge, or as he calls it, the empty notions and hypothesis of the internal nature of the essence of life, and of the origin of diseases in the invisible interior of the human economy. With an unparalleled consistency he makes this the very groundwork of the system of medicine he calls "Homœopathy." He says in paragraph six:

"The unprejudiced observer—who knows how valueless the unfathomable ever so elaborate speculations are, which experience does not confirm—perceives, however great may be his power of penetration, perceives in each individual affection but changes of the state of the body and mind, traces of disease, casualties, symptoms, that are discernable by the senses only—that is to say, deviations from the former sound state of health, which are felt by the patient himself, remarked by the persons around him, and observed by the physician. This *ensemble* of these available signs, represents, in its full extent, the disease itself—that is, they constitute the true and only form of it which the mind is capable of conceiving." And in the foot note to this paragraph he says:

“Do not the symptoms of disease, which are sensibly cognizable, represent to the physician the disease itself? When he can do neither the spiritual essence, the vital power which produces the disease, nor yet the disease itself, but simply perceive and learns its morbid effects, that he may be able to treat it accordingly.”

Hahnemann gave full instructions how to obtain a full knowledge of the action of drugs, how to obtain a *materia medica*, a reliable means to apply the law of *similia*. He nowhere says that he created his first *materia medica*, or wanted others to follow him in first and principally (as is charged) obtaining a picture of the pathological changes resulting from the drug as indicated by the appearance of tissues after death, and its action as shown upon the living structure in vivisection. Hahnemann gives elaborate advice how to prove drugs and ascertain their sick-making power in his *Organon*, in paragraphs one hundred and five—one hundred and forty-five. He says at last in paragraph one hundred and forty-five:

“We ought certainly to be acquainted with the pure action of a vast number of medicines upon the healthy body, to be able to find homœopathic remedies against each of the innumerable forms of disease that besiege mankind—that is to say, to find out artificial morbid powers that resemble them. But thanks to the truth of the symptoms, and to the multitude of morbid elements which each of the energetic medicines that have been tried till the present day upon healthy persons have exhibited, there now remains but few diseases against which we do not find in these substances suitable homœopathic remedies, which restore health in a prompt, mild and permanent manner.”

Does Hahnemann say we must judge the sick-making power of medicine, prove them and fill our *materia medica* with pictures of pathological changes resulting from the drugs as indicated by the appearance of tissues after death? Nothing of the kind does he say. This statement may be in harmony with the conviction, with reasoning, with the wish of a set of men, as we have depicted them before, and who

are rashly now anxious to see Homœopathy wedded to pathology; men who have openly declared that our *materia medica* must be read through the pathological spectacles, and thinking that such falsifications and perversions of the principles of the homœopathic school can be made openly, that they have a right to make them, they feel themselves protected by "high authorities" who have claimed for every member of the professions, "freedom of medical opinion and action." From the very time that this pernicious declaration was uttered, on the eighth day of June, 1870, at Chicago, the departures from the simple teachings of Hahnemann have been rapidly increasing, till now we again present this "caricature" to the profession, either to acquiesce in it, or to unite with the men who hold Hahnemann to be the promulgator of the new healing art, and honestly combat not only this "caricature," but all and every departure not in harmony with the teachings of the master. The profession should unite in denouncing this sentence as absurd, as a falsification and an intentional falsehood, a slander on Hahnemann and the homœopathic school of medicine, and each and all of the members of a noble profession should endeavor to have the history of Hahnemann, and the exposition of Homœopathy correctly published in the next edition of the *Cyclopædia American*. When a man suffers from a chronic disease, and when the healer, after long, vain efforts to cure him completely, when he at last finds out the fundamental cause sustaining the disease, it becomes his duty to remove this fundamental cause; may it be tobacco, the worship of Bacchus or Venus, or any of the many small and large sins and violations of the natural as well as divine laws, violations either affecting the material body or the immaterial soul—or violations either by material or spiritual offences against the laws divine. The departure of the grand masked ball of the medical trades union by homœopaths has only been on exhibition for a few years. And why do they claim the right to indulge in this frivolity? They claim a right to do exactly as they please; they often and again have declared themselves opposed to what they term "dogmatism" what honest men call an adherence to princi-

ples, a fidelity to principles, or even only consistency. They claim this right under the bold but pernicious declaration of freedom of medical opinion and action, a declaration which even now has almost perverted the honorable school of Homœopathy into that detestable eclecticism, a school, if it can be called a school, which appeals to the ignorance of the people, which professes to take the good of every school and asserts that dogmatism is a violation of liberty, that we must be left free to do just what we please, call ourselves homœopathists and set aside all of Hahnemann's teachings, and soundly abuse his faithful followers. And in order that the body homœopathic may be restored to his usefulness, thrive and grow, and shake off the yoke of eclecticism, to banish from its ranks the masked friends of the various departures, but especially the gay dancers in the physiological livery, we must go to the root of the evil according to past Hahnemannian and modern pathology, go to the fundamental cause of the sick body medical, we must insist upon a declaration of fundamental principles, and we must discard the communistic idea of freedom of medical opinion and action. While we love liberty in its fullest sense of the word, and while we would not deprive any one from an honest exercise of liberty, we must remind the advocates of communism and of a licentious exercise of freedom of medical opinions and actions, that the fruits of their teachings are now before us; that these fruits, if allowed to remain among us, will create a pestilential contagion utterly poisoning the school of which we have a right to be proud. The fundamental cause wants to be removed; its removal depends on a declaration and acceptance of principles. Let us have them,

Theory and Practice.

Lac Caninum in Diphtheria. By Samuel Swan, M. D., New York. Part I.

Any remedy which has a controlling influence in this dangerous disease must necessarily be of great interest to physicians, who are so often confronted with it in all its terrors. The morbid cause, whatever that may be, that so poisons the blood as to make the characteristic membrane a possibility, has been renewed by various drugs in whose pathogenesis are found all of the other conditions in the case, and successful cures have resulted.

In presenting the action of this drug, I claim attention to the fact, that in the proving, not only appeared all the other symptoms, but the diphtheritic membrane also; in one case, diagnosed by two or three allopathic physicians, professors in the college where the prover graduated, and in the other case so alarming the prover that medical aid was called and treated as a very severe case of diphtheria. There is no claim made that *Lac Caninum* is a specific in diphtheria, and we have some cases to which reference will be made, where, although indicated by the symptoms, it failed to cure, but the different cases in which it has cured, shows its wide range of action. The late Dr. Reising, to whom the credit of the discovery of this drug is due, told the writer, that its excellence in cases of enlarged glands after scarlet fever, and in cold indurations, indicated its usefulness in scrofula. The question has been ably discussed whether diphtheria attacks only those of scrofulous diathesis. I do not propose to argue that question now, but will say that I have made careful inquiry of the physicians who have furnished me the following cases, and the general opinion seemed to be that they were scrofulous, but very decided, in the most malignant cases. The fact that many persons seem to possess entire immunity from the disease, would indicate that their constitutional con-

ditions presented no favorable soil in which diphtheria could take root. I refer to this question in the hopes that physicians will make careful observation in this direction, for if such be the fact, prophylactic measures might be taken to secure the same immunity to scrofulous persons. It has been found by at least one observant physician, that the remedy that exercised the controlling power in a case of diphtheria in a family, if given to the other members, would limit the disease to that single case. One case will be read with interest where scarlet fever was developed with diphtheria and successfully cured with no change of remedy.

The proving of *Lac Caninum* was made by an exceptionally healthy woman, about twenty-four years of age, and a thoroughly educated physician, having graduated with high honors at the New York College for Women, under Dr. Blackwell. She made the proving "con amore," carefully noting down each symptom, however minute or trivial it appeared, and during the six years that the writer and others have used the drug, the verifications have strongly affirmed the truthfulness and honesty of the prover. Lately new provings have been made that confirm the original in a marked manner. Although this remedy had been used by Drs. Reisig and Bayard for many years, I have never learned of any previous proving.

The throat symptoms of *Lac Caninum* commence on either side, though in most of the cases cited they began on the right. In this its similarity to *Lachesis* and *Lycopodium* will be noted. As in this paper I shall confine myself to noting a few of the throat symptoms of the proving, I will only say in addition that the concomitant symptoms were all experienced by the prover, such as pains in the back, principally in the dorsal region; pain in the head and limbs; coated tongue; chills followed by heat; marked features were, profuse saliva, saturating the pillow; profuse and frequent urination, and a constant inclination to swallow. The throat symptoms were in order as follows:

Second and third day. Some redness on left side of throat, but no sensation of soreness.

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Fourth and Fifth. Same as above, with slight sensation of soreness in the right side, with a raw feeling, and constant inclination to swallow.

Seventh. Throat sore in the afternoon and evening on the right side, with constant inclination to swallow.

Eighth. Throat sore and raw on right side, with tickling sensation in the throat.

Ninth. Raw sensation in back part of throat, with tickling; and a sensation of constriction in the upper part of throat, causing constant inclination to cough.

Twelfth. Throat inflamed and painful; sore grayish-yellow patch on right side, just above the tonsil; constant inclination to swallow, which causes pain; the pain is relieved by eating.

Thirteenth. Roof of the mouth and posterior wall of pharynx covered with a grayish-yellow deposit, which disappeared in a short time.

Seventeenth. Throat well in the morning, but a little sore on the right side in the afternoon, with a sensation as if there were a lump in the right upper part of throat.

As all the throat symptoms would take too much space to enumerate, mention will be made of a few peculiarities, before presenting the cases.

Throat very sore on left side, painful to external pressure.

Throat commenced to be sore on the left side, and by night I was so bad I could scarcely swallow, which caused great pain, with slight increase of saliva.

Throat nearly well in the morning, and by night entirely well on the left side, but very sore on the right, which was covered with a grayish-yellow deposit.

Next day. Throat well on the right side and sore on the left. About twelve hours after it was well on the left side, but sore on the right. This continued about twelve hours, then ceased, leaving me entirely free. All these symptoms, for the last three days, commenced and ended with menstruation. Dr. J. C. Boardman, of Trenton, N. J., was led by this fact to prescribe the drug in a very severe case and made a satisfactory cure.

The prover makes this statement: "Soreness of the throat, commencing with a tickling sensation, which caused a constant cough; then a sensation of a lump on one side, which causes constant deglutition. This condition entirely ceases only to commence on the opposite side, and often returning to its first condition."

The following cases speak for themselves, they have been selected from numbers sent in, because they are clearly defined and illustrative of the violence of the disease and the rapid cure.

CASE I.—Reported by A. K. Hills, M. D., New York.—M. Y., aet. five; complained for thirty-six hours before my visit of soreness of the throat, accompanied by intense heat, rapid pulse, and profound prostration; (Note. Profound prostration has been found characteristic, though in the proving it only appeared as great lassitude causing an inclination to remain quiet and undisturbed;) with entire loss of appetite. At my first visit these symptoms still existed, the pulse being so rapid it could scarcely be counted, and prostration so complete that the patient refused even to make an effort to take a dose of medicine; great sensitiveness of the throat externally; temperature one hundred and two and three-quarters; symptoms aggravated after sleeping; objectively upon each tonsil was found a very thick exudation, covering nearly the entire surface, and, while examining, the restlessness of the patient accidentally caused the tongue spatula to be forcibly struck against one of the tonsils, detaching a large piece of the membrane, which was followed by considerable hæmorrhage. My diagnosis was not doubtful, but my prognosis was.

My first prescription was *Lachesis* 200, given at nine a. m. In the evening patient no better, but still the prescription was continued. At nine a. m. next day patient seeming every way worse, *Lac Coninum* 19m was administered, with the most marvelous results. In twenty-four hours the patient had completely recovered, and none of the sequelaë sometimes following such cases had resulted.

CASE II.—Reported by W. E. Payne, M. D., of Bath, Maine, whose recent decease has left a vacancy in the ranks

of the true homœopaths, that will not soon be filled. His proving of *Lilium tigrinum*, introduced to us a remedy which will always bring his name to mind as an honest, careful, painstaking observer.

CASE. "I was called December 1, 1876, to a boy nine years old, who had been sick three days. Three days before the boy spent several hours on the ice skating. In the night of that day he was seized with severe chills, headache, pain in back and limbs, restlessness and sore throat, which his father attributed to over exertion and cold taken from sudden subsidence of perspiration, after the skating exertion was over, though the boy had a few days before been exposed to some fatal cases of diphtheria which had occurred in another branch of the family. I found the right tonsil covered with an ash-gray membrane, extending along the free palatine border to the uvula, which it had already involved. The air of the room was loaded with that very disagreeable, indescribable odor peculiar to diphtheria. Pulse had little volume and the skin inclined to that clammy condition so characteristic of rapid vital exhaustion. I prescribed *Phytolacca decandra* because I had seen more success from its use than from any other remedy, but the following day the disease had unmistakably advanced; the adventitious membrane had passed the centre, involving the whole arch of the palate, and reaching far down on the left tonsil. I remembered in one severe case the success I had obtained from *Lycopodium*, basing its choice on the fact that the disease began on the right side, and extended to the left. But in this case it showed no controlling influence over the disease in the next twenty-four hours. The vital forces were evidently struggling with more than their equal, and if art could afford no aid, the sequel could not long be doubtful or delayed, and I determined to trust the case to *Lac caninum cm*, Swan, and under its use, repeated every three hours, the case rapidly improved, and on the eighth was discharged cured. On the thirteenth was called to visit a sister of the above, down with the same disease. Without any preliminary experimentation I entered at once upon the use of *Lac can. cm* and continued it through

out, and on the twenty-first day the patient was discharged cured. Some six or eight cases that seemed to be connected with the above, but under allopathic treatment, terminated fatally."

On the afternoon of the day on which Dr. Payne's letter was received, Mrs. W., a lady past middle age, who was proving *Lac can.*, and had taken two pellets daily for three weeks, of the two hundredth potency, called and handed in her proving, from which I extract the following:

"During sleep the saliva ran from my mouth so as to wet the pillow; in the morning woke with intense fever, with perspiration; restless pain in the back, head and limbs; eyes swollen and running water; constant urination; throat very sore, the right tonsil covered with ulcers and patches, which extended over the palate and covering the left tonsil. The next day, the membrane extended across the posterior wall of the pharynx, the uvula was elongated; got frightened and called a physician, who said it was a severe case of diphtheria, but it was rapidly cured."

Carnomania. By E. C. Beckwith, M. D.

Dr. Charles F. Taylor has introduced a new word into our nomenclature, and in the Quarterly Journal of Psychological Medicine, vols. i and ii are well written articles on this subject, establishing his views by a number of cases—called by him carnomania—*caro*, *carnis* and *manis*—insanity of the flesh. He uses this word when the symptoms are real, and not imagined. In most cases of hysteria we imply, if we do not express, the idea that the symptoms of which our patient complains are nervous, that she can control them if she will, therefore she is at once deprived of the sympathy of

her friends and her physicians, and is looked upon as little better than an imposter. While this is often true, there is a class of cases that do not justly come under this sweeping classification. In fact, few physicians seem perfectly satisfied with the term hysteria, when applied to their wives or daughters. In my own practice I have called this class of cases almost everything—ataxia, hyperæmia and nervous exhaustion have been called into requisition when the plain old word hysteria was what was meant.

I have just sent a patient to her friends, whose case will illustrate Dr. Taylor's meaning of his new word. Mrs. B., aged twenty-eight, the mother of one child, of light complexion, light hair and eyes, came to my cure with the following symptoms: For years she had been engaged in teaching school during the week; on Sundays she attended church and taught in Sunday School; on Saturday she visited her home and met her present husband, and often spent half of Saturday and Sunday nights with him—to return to her work on Monday, unrefreshed and exhausted, to repeat from week to week this programme. Soon her food began to trouble her; she was subject to intense pains in the abdomen, often lasting for hours, and at times keeping her awake all night. This strain was kept up for four years before her husband was ready for marriage. The duties of married life and the cares of a household proved no relaxation to her exhausted system; acute pains in various parts of the body harassed her night and day; she was nearly a stranger to sleep; she took the most active medical treatment; cathartics of the most heroic kind kept her well purged; tonics of *Iron, Bismuth* or *Strychnine* were freely used to build up her strength, still she gained no relief; was sent to a water cure, and soon found to be pregnant, and was advised to return home and omit all medicine. After the birth of her child she came to my cure, and I found her to be a case of carnomania. I could find no organic disease in any part of her body, excepting a hyperæmic condition of the neck of the uterus; her appetite was good, still she gained no strength; her flesh had fallen off from a hundred and fifty to a hundred pounds; her most aggravating symptoms were want of sleep and dread of being alone,

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At the end^{*} of four weeks she was much improved. I from day to day impressed upon her that the pains she suffered were not real, and did not arise from a diseased condition of the body. I freely admitted that I believed she had pains, only I assured her that they did not arise from a diseased condition of the various organs, for nearly every organ of her body was at times affected. As soon as I was able to convince her that I was correct in my opinion, she began to improve, and soon slept well, and her food digested easily, and her recovery was rapid.

A Mrs. H., an intelligent and refined lady, found herself swept into the crusade of 1874, after having been actively engaged in a revival meeting for eight some weeks. This excitement proved too much for her delicate organization, and she broke down and took to her bed—to die with consumption. For two days she had not tasted food, fearing it would choke her; she had acute and constant pain in her chest, but no cough, and after a most careful examination I assured her that her lungs were perfectly well and that she had no symptoms of consumption. I called her attention to the fact that she had no cough or expectoration, still she could not at once be convinced; she was certain of acute pain in her chest. The problem was one of reason against sensation. She could not believe I was telling her a falsehood—still her own sensations could not be ignored.

A consultation resulted in an agreement that there was no pulmonary disease. Her recovery was slow but steady until she weaned her child and menstruation returned, when she became better, and was soon free from pain in her chest. She now laughs at her singular carnomania.

I fully agree with Dr. Taylor, that these sensations are real and not imaginary—that the patient actually feels that of which she complains, and is not an imposture. All the cases I have met are among refined, educated ladies, brought on by over work and physical exhaustion. The sensations are false in this, that they do not convey true impressions to the brain. Acting on these false dispatches the patient reasons correctly from her sensations, and we call her hysterical,

which cuts her off from all sympathy; her refinement, education and moral character is no bar to the disgrace of being an imposture. I do not wish to be understood as arguing that there are no cases of hysteria, but I do wish to be understood that many of the old or bed-ridden cases are what Dr. Taylor calls *carmania*—flesh madness—and arise from false sensations conveyed to the brain, and require kind treatment and reason, rather than abuse and reproof.

Dysmenorrhœa. Part I. By Prof. J. C. Sanders, M. D. Read before the Homœopathic Medical Society of Ohio.

There is no disease in the whole range of non-malignant maladies to which women are subject, more intractable under the management on which the profession generally rely for its amelioration and control, than *dysmenorrhœa*—the subject assigned to the bureau of gynæcology.

The following will embrace the several varieties or forms in which *dysmenorrhœa* may occur:

A. *Dysmenorrhœa* from congestion, or congestive *dysmenorrhœa*.

B. *Dysmenorrhœa* from morbid sensibility of the utero-ovarian or general nerve centers, or neuralgic *dysmenorrhœa*.

C. *Dysmenorrhœa* from structural changes, either in the uterus or ovaries, embracing what is ordinarily denominated mechanical *dysmenorrhœa*.

D. *Dysmenorrhœa* from excess of menstrual loss or menorrhagic *dysmenorrhœa*.

We will take up their discussion in the order named:

A. Congestive *Dysmenorrhœa*.—*Dysmenorrhœa* occurs most commonly, perhaps, in this form; and occurring in this form, the uterus is the most common seat of the congestion

or morbid force; the ovaries, one or both, are doubtless often an associate center in such congestive action and not uncommonly the exclusive seat. The term congestion as here used signifies more than the mere fullness of blood vessel and nerve afflux, which characterize the menstrual function and the entire genital center is affected by this as a physiological act. It means such an afflux of blood and nerve force in morbid excess—such a congestion and morbid innervation as foreruns and attends inflammation, and out of which not only suffering arises, but deranged function and slow but unmistakable structural alterations may result. Indeed, in some of the graver cases of this variety, the dysmenorrhœa proves nothing scarcely short of metritis or ovaritis occurring in the most of menstrual cycles.

This special congestion may involve in common, the entire utero-ovarian vascular and nervous tract, but more commonly is doubtless limited to small areas of this tract. It may be exclusively, cervical, parenchymous or endo-mucous, or involve only the fatty or only the fundus of the uterus exclusively, and here be endo-mucous or parenchymal, or both, as it is equally doubtless true that the ovaries is, or both may be the exclusive seat of the morbid forces. This will suffice as a general outline, but the more specific symptoms will be presented under the head of indications of structure.

A special form of this variety of dysmenorrhœa is distinctly endo-mucous and involves chiefly the cavity of the fundus. It is the so-called membranous form in which the discharge is characterized by shreds and patches resembling membrane which the uterus in order to get rid of and pass off, is generally put to great suffering, the pangs of which are like the pangs of a painful abortion. The essential nature of this membranous formation is still speculative, though the opinion now entertained doubtless approximates the truth which more enlarged and careful investigation will probably confirm, viz: That it is a menstrual decidua, and made up of the same elements as the decidua of conception. It is simply a high wrought menstrual act, developing in excess and exuberance a tissue, which in normal menstruation is un-

equivocally, though slightly, developed and removed again, not by violence, but unconsciously to the women, by the stealthy and delicate process of fatty degeneration. Somehow under the irritation of the morbid force, the cavity of the uterus is made the theater of an exuberant development of the mucous lining structure, a kind of hypertrophy, and which by its excess and pressure, impresses the sentient endowment of the organ as any other foreign body would, and challenges it to painful effort and struggle to get rid of the offending mass. Sometimes the uterus throws it off an unbroken coat of the uterine cavity, which is liable to be mistaken for the involucrem of a conception. The diagnosis would be some what confusing in case the cast should be retained and not discharged until the next recurring period, which is an occasional experience more commonly in shreds and patches or in stringy pieces. The true membrane has always a character in common with the mucous lining of the cavity. Mistakes are made in examining these specimens in the liability of considering any shreddy mass as necessarily a part of true membrane, whereas much of the shreddy discharge is nothing more nor less than the fibrine of the menstrual blood, shattered and pressed by enforced transit down from the cavity, or has been so long in transit as to have its red globules discharged. In the loose way these examinations are made, it is not surprising such mistakes should occur. It is this membranous form of dysmenorrhœa which so generally entails sterility. In the shedding, by force, of the deciduous growth, how almost certain an impregnated ovum or germ already in utero, would be cast off and could scarcely escape such disaster, or not descending into the uterine cavity until after the expulsion of the deciduous mass, would find no favoring niches for lodgement and development and no less certainly perish.

Symptoms of Congestive Dysmenorrhœa.—This form of dysmenorrhœa does not ordinarily assail the beginning of the menstrual career; it seems more an acquired condition later along in the menstrual history. This proposition has great practical significance. The subjects of it are predomi-

nantly of full and active habits, well developed physique, firm fiber, full florid face, and with otherwise abounding health, *i. e.* in the beginnings of the dysmenorrhœa course. The exceptions to this are not, however, uncommon.

In the intervenes of the period, there is more or less sense of weight in the pelvis; headache, constipation, leucorrhœa, tendency to hæmorrhoids, and these aggravate with the approach of the period. There is then added severe pain, varying in character and location, in different subjects. With some it is essentially hypogastric and referred directly to the uterus and is cramping, grinding, cutting, as if some foreign body were in the organ carrying it down by sheer weight, or lacerating it. With others it is located more laterally and is ovaric in location, and no less severe and varying in type and degree. With others the suffering is in the similitude of labor, with violent and paroxysmal bearing down pangs, and still with others, the suffering is essentially in the sacral and lumbar plexus of nerves, and most excruciating, reaching down the limbs in crampy, dreadful aching. There is increased headache, quick, full pulse; rigors, painful mammæ, and sometimes delirium. After twelve and sometimes twenty-four hours or even longer, the flow appears, sometimes scanty, sometimes free, sometimes shreddy, clotty, or distinctly membranous; whereon the suffering and vascular and nervous excitement gradually abate and by the lapse of another twelve or twenty-four hours the patient is herself again, and goes on with the completion of her period without any unusual phenomena. In other cases the ordeal of suffering keeps pace with the period, and ceases not until the loss entirely ceases. These cases are most severe.

In the progress of the habitual and regularly recurring paroxysms of congestions, the structures involved are liable to undergo structural changes, perverted nutrition and even heterologous transformation.

Causes.—1. Predisposing. 2. Exciting.

1. Predisposing Causes.—These are sedentary habits, habitual constipation, habitual tight lacing; excessive exercise upon the feet, horseback riding, dancing, indiscriminate ex-

ercise during the menstrual cycles; the use of emmenagogues and irritating injections to prevent conception; certain diatheses, as the rheumatic; certain dyscrasias as the scrofulous or syphilitic; suppressed eruptions; suppressed habitual discharges as the leucorrhœal or lacteal; chronic localized and circumscribed or general metritic or ovaric phlegmasia; areolar hyperplasia, subinvolution, uterine displacements, as well as the severe semi-malignant and malignant maladies of the uterus and ovaries.

2. Exciting Causes.—These are predominantly colds, and exposure to colds during the approach and subsequently during the flow of the menstrual cycle. The possible modes of such exposure are almost infinite. Chilling of the feet, chilling the stomach by iced drinks and food; chilling of the uterus by cold hip baths, chilling of the abdomen by insufficient clothing; in one or another form of such exposure to cold, the perspiration becoming suddenly checked, or the menstrual flow becoming abruptly suppressed, violent mental emotions, whether exciting or depressing, stimulating drinks, as wine or spirits, inordinate and stimulating food; employment of emmenagogue drugs or nostrums; sexual abuse.

Treatment of Congestive Dysmenorrhœa.—I. Regimen.

(a) Prophylactic. (b) Direct.

(a.) Prophylactic Regimen.—This consists chiefly in the control or removal, so far as possible, of the predisposing cause or causes exerting influence in any given case. The proposition to which great prominence was given in the early part of this discussion, viz, that predominantly dysmenorrhœa is an acquired condition, should never be lost sight of in consultations concerning the health of girls just entering, or well advanced in their first climacteric, and they, or their mothers or advisers, should be urged so to order their lives, as to avoid the operation of such cause or causes as surely will make them liable to the acquirement of this distressful and largely factitious malady.

The final climacteric has been characterized as the critical period of women, and this term so applied runs through all our gynæcological literature. In my judgment the term

would be far more appropriately applied to the first climacteric; a period ranging through the first few years of puberty, signalized by the establishment and confirmation of the menstrual function—a period of time so fraught with the possibilities of good and evil, as they concern the physical life, and moral life as well, of women. In this period of time are established the forces which are to mature and maintain the currents of life's greatest, grandest activities, and in this period these forces may be smitten with disease, whose curse is infirmity and suffering and disappointment for all of subsequent life. I am satisfied the people, moreover the profession at large, have not any thing like an adequate conception of the importance of this period of girl life in its possible bearings on the future of her womanhood and on the race. Girls under the necessity of daily toil, girls in school, girls at leisure from both toil or study, should have the tenderest and most careful over watch through the early especially, and the later menstrual cycles of this period; that labor or study, or even the activities of leisure be brought to their greatest possible minimum during these cycles, and their minds kept aloof from all sources of excitation or anxiety. Indeed, in many cases this restraint should be carried still further, and the girl during the cycle, be kept for the most part in a horizontal posture. Any system of education or industry which does not grant special and ample provision for these possible necessities of girl life and early womanhood, however excellent in all other things, falls so far short of a perfect system. I hope the time will come when our schools, our industries to which women have admission, will be so elastic in their regime as to grant all necessary respite through the menstrual cycles of this critical period, and thus to protect her to the greatest possible degree from the contraction of disease, and the heritage of suffering. But this halcyon time is far away; the modern idea of woman's prerogatives, rights and amenities with which, in some things I am in full sympathy, stands in the way of this glorious consummation. Woman has yet to learn, and the experience of time will teach her that though there is nothing

man can do or does, she may not do, and do as well, and in many things even better, there is a mode of doing and a time of doing peculiar to man as a masculine individuality which will be better for her not to adopt or try to conform to, better for her health, her comfort, her happiness and hope. The true inequality of the sexes will never be realized until their inviolate inequality is freely and fully recognized. To make this suggestion more emphatic, I will add that I believe that the majority of threatening dysmenorrhœal cases would be entirely averted by the maintenance of a horizontal posture for the most part, and as a rule, during the period. And this I would urge as the most important and almost infallible prophylactic.

(b) Direct Regimen.—At time of suffering the patient is ordinarily glad to take her bed, and instinctively seeks it; but whether so or not, there she should be ordered and kept, not alone till suffering passes, but until her menstrual cycle is completed. Her food, if any is needed during the suffering, should be fluid alone, and hot as can be swallowed. Her drink, if drink is desired, should also be warm, indeed quite hot, and never cold, howsoever great the thirst may be. The medicine, if administered in other form than dry on the tongue, should also be given in water as warm as possible and not destroy the virtue of the same. I regard this a very important suggestion, not only in dysmenorrhœa, but in all forms of pelvic or abdominal suffering. The temperature of the room should not be less than seventy degrees Fah., and its light so softened as to be equable and soothing, and its sounds hushed. Great aid and comfort may be rendered by hot fomentations to the lower portion of the abdomen, the best of which are elm poultices, spread thin and applied in succession as hot as the skin will bear, and kept renewed until their repetition is unnecessary. The relief they are capable of rendering is very great. Hot rectal enemas, as hot as can be borne, are a valuable and greatly comforting adjuvant. These poultices and enemas may be made the vehicle of local administration of the remedy indicated in the case.

Hot sitz baths may prove very serviceable if the patient possesses great vitality; a general hot bath would prove greatly advantageous.

2. Therapeutics. (a) Prophylactic. (b.) Direct.

(a) Prophylactic Therapeutics.—The possible range of therapeutics in the abatement and removal of the varied morbid conditions which may operate and are recognized as predisposing causes, is very great. An open door here would lead us to the consideration of nearly every remedy in gynecological therapia, and yet there can be no successful grappling with, or mastery of this malady except by the possible use of every such remedy. And this is another corollary of the fundamental proposition before enumerated, that this malady is predominantly an acquired or factitious state, the proximate conditions of which must be fully recognized, and to the greatest possible degree subdued, in order to secure any permanent curative result. The limits of this paper forbids more than this general statement.

(b) Direct Therapeutics.—*Aconite*. Headache; restlessness, apprehension; violent backache, as if bruised, with or without labor like pressure in the uterus; thirst for cold drinks; heat with chilliness; fright has checked or suppressed the flow.

Gelsemium. Chilliness, beginning in the extremities; nervous restlessness; fullness in the head with chilliness; bound sensation of the head and giddiness; sense of heaviness in uterus, violent pains in uterus; violent lancinating pains down and in the thighs; anxiety, agitation, occurring incident to and after fright, especially with a sick headache history.

Apis mel. Labor-like, violent uterine pains; deep seated, ovaric tenderness and stinging pains, frequent micturition; urine scanty and dark; the flow scanty, mucous and dark.

Bryonia. Tearing, remitting pains down the limbs and in the body, and in the bowels stitch-like pains, aggravated by slightest motion; flow dark red; dry mouth and lips; constipation; local perspirations, especially if connected with a rheumatic diathesis.

Belladonna. Painful bearing down in the pelvis towards the genitals and rectum; clutching, violent pains coming and going in spells; abdomen greatly sensitive and heated; suppressed or vitiated flow; constant and ineffectual desire for stool; red and flushed face; starting and inability to sleep.

Macrotine. Labor-like pains in uterus; weight and bearing in the abdomen; colicky pains; tenderness of hypogastric region; heavy ache low down in back and in the hips, thighs and limbs; rheumatic diathesis, or like *Gelsem.*, with a sick headache history and tendency to prolapse.

Cactus grand. Pains periodical, aggravations at evening, suffering so severe as to cause her to cry out; flow scanty and scarce, or are checked by a lying posture; sensation of constriction in the uterine region as if bounded, and in the cardiac region as if grasped.

Conium. Painful drawing in the thighs; painful abdominal spasm; vertigo, especially on lying down; intermitting urine; tender, swollen and painful mammæ; menses scanty; leucorrhœal history with a discharge acrid and burning. Would be especially demanded in parenchymous indurations of the uterus.

Rhus tox. Drawing and tearing pains in the limbs; inability to keep still; labor-like pains in the uterus, flow profuse and protracted; vesical tenesmus; constant chilliness; especial adaptation to rheumatic diathesis, or when induced by getting wet or by strains or falls.

Nux vom. Crampy, griping pains in the uterus; great soreness across the pubes; spasmodic pains in abdomen; nausea; constant and ineffectual desire to defecate; chilliness; fainting turns; flow thick and dark; pressing headache, aggravation of old or chronic suffering, fretful and irritable.

Crocus sativus. Sensation of heaviness in the abdomen, with pressing toward the uterus; sensation of something living in the abdomen; flow dark, stringy, offensive; choretic; gay, loquacious, given to mirth.

Bromine. Pains violent, contractive, spasmodic, continuing for hours during the flow, leaving the abdomen sore; flow patchy, membranous; loud emissions of flatulence from vagina; blue eyed subjects.

Cantharis. Painful, frequent urination; pains in the ovaries; uterus feels large and swollen; flow stringy, flaky, membranous; anxious restlessness; amorous rage.

Phytolacca dec. Pains violent, flow shreddy, flow scanty; cervical indurations, rheumatic diathesis; old chronic cases.

Experience With Typhoid Fever. Read before the Homœopathic Society of Tennessee. By Lucius D. Morse, M. D., Memphis.

The last week in July, 1876, several inmates of the Church Orphans' Home, of Memphis, of which institute I was visiting physician, were attacked with fever. Scarletina was prevailing in the neighborhood and I, at first, thought that the disease had invaded the home. A few days cleared up the doubt and made it apparent that my patients were suffering with typhoid fever.

This disease, as careful observers are aware, is infrequent in climates where malarial affections are predominant, and I watched the cases with a great deal of interest.

Careful search was at once made for the predisposing cause or causes. I found that the water used in the Home for cooking and drinking purposes was obtained from a large cistern. This water was clear, but very offensive to the smell, and I immediately interdicted its use, having recourse to a well which was located upon the place. The cistern was ordered to be cleaned out, and several large buckets full organic of matter, decayed leaves, sticks and refuse generally, were taken from the bottom.

Further research about the premises showed that the basements were damp and unwholesome. The walls and floors of the cellars were covered with mould and other fungoid

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growths. Vigorous cleaning, lime, whitewash and other disinfectants changed the condition of these places, and I breathed much easier, regarding the sanitary status of the institution. But, upon the materialistic theory of the origin of the disease, I was a little too late, for these measures had hardly been completed before several more of the children were prostrated, and soon the number ran up to a dozen.

As I have before remarked, typhoid fever is a rare disease in malarial regions, and these were the first genuine cases that I had seen originate here in the course of my practice in Memphis. I had frequently observed cases among strangers from the North visiting the South, who had brought the poison in their systems, where it had lain dormant, perhaps for weeks, until excited into activity by the depressing influence of the all prevalent malaria; but here were clearly marked cases occurring in persons who had never been a half dozen miles from their present home.

The cerebral and abdominal symptoms were clearly marked. There was the semi-delirium, the apathy, the irritable condition of the stomach, the red, pointed tongue and frequent restlessness; catarrh of the chest; hæmorrhage from the nose; loathing of food and diarrhœa.

The fever progressed steadily, in nearly all cases showing marked morning and evening exacerbation, and in almost every instance great debility and emaciation resulted. The patients were always worse at night, and towards the termination of the fever; there were frequently spells of extreme coldness and prostration with cold, clammy sweat as though death were rapidly approaching. In the natural habitat of typhoid fever the symptoms would have been unhesitatingly pronounced to be the precursors of a fatal termination. I ascribed these alarming manifestations to the wild vagaries of the all prevailing malaria, which rides rough shod over everything in the lower Mississippi Valley, which sets itself up in the line of disease. The sequel—recovery in these cases confirmed me in this view of the matter.

Out of the dozen cases in the home there was but one death. The child, a girl nine years of age, was very large



for her years, of weak constitution and scrofulous. Her mother had died young of consumption, and the daughter had already suffered long with disease of the throat, which had partially destroyed the soft palate, greatly enlarged and indurated the tonsils. Her case proved fatal through nervous exhaustion and pulmonary congestion in the second stage of the disease. ;

During convalescence, nearly every case was attended by an eruption of boils, which appeared mostly upon the face and in some instances attained at maturity a monstrous size. After the fever had spent its force, my little patients gained rapidly in flesh and strength with the exception of two cases which relapsed and were very tardy in recovery.

Treatment.—At the outstart of the disease my chief remedies were *Baptisia*, *Belladonna*, *Bryonia*, *Cinchona* and *Nux vomica*.

I found the *Baptisia* efficacious where there were prominent gastric symptoms, tongue coated white; slight nausea, fetid breath; great debility and dull stupefying headache.

Belladonna 3d *dec.* was given in every case where the cerebral symptoms were most noticeable—nightly delirium; great restlessness; starting and moaning in sleep, fright, etc. The quieting and subduing effect exercised by this remedy was very noticeable.

In cases where the chest symptoms were most noticable; cough with catarrhal expectoration; pains in the thoracic region; disinclination to movement of the body, I had recourse to *Bryonia* 3d or 6th *dec.*

If there were complaint of frequent chilliness, aching in the limbs, white coated tongue, with or without diarrhœa; drop doses of tincture of *Cinchona* every two or three hours or the 1st *dec.* trituration of *Quinia* were administered.

When there was constipation, with severe frontal headache, dirty brownish coating of the tongue, I gave *Nux vom.* 3d *dec.*

As the disease progressed I found that *Arsenic*, *Phos.*, *Rhus tox.*, *Nitric acid* and *Mercurius* were often indicated.

Arsen. 3d *dec.* came in play when there was great debility, with coldness of the surface; watery, painless diarrhœa; thirst

with great irritability of the stomach. This remedy was my sheet anchor in those dreadful cases of prostration, before mentioned, with cold, clammy sweat.

Where the trouble in the chest seemed to increase, with loose, rattling cough, flatulence and rumbling in the bowels, I gave *Phos.* 3.

Rhus tox. 3d *dec.* was administered in those cases which were characterized by great restlessness; cough with tough expectoration; lips dry and cracked, and covered with brown crusts; bleeding from the nose.

In those cases which were characterized by great irritability of the stomach, with bitter sour risings, I gave *Nitric acid* 3d *dec.*, with marked alleviation.

When the attendant diarrhœa was attended with straining and discharge of mucus, I had recourse to *Mercurius viv.*, 3 a dose every three hours.

The diet during the course of the fever consisted of sweet milk, beef tea and mutton or chicken broth—a small quantity every three hours during the day.

When there was extreme prostration I gave a little weak brandy and water—one teaspoonful of brandy to four or five of water—a teaspoonful of the mixture every half hour until reaction set in.

It will be observed that the remedies used were nearly all in the third *dec.* attenuation, and I may add that the time between doses was usually two, but sometimes three hours.

Arsenicum in Asthma.

J. W., act. fifty-five years, nervous temperament, consulted me June 20, 1876, with regard to a dry, hacking cough, coming on in the morning about five o'clock and lasting until evening. By questioning him I learned that he was troubled with asthma; the attacks coming on in the night, sometimes as often as every other night, for a month at a time; there was entire freedom from the attacks during the day. Gave *Arsenicum* 3, ten powders, one powder on alternate evenings. Has had no return of the asthma since taking the third powder.—E. V. C., Burbank, O.

Miscellaneous.

Post Prandial—The Press.

To the toast, "The Press," etc., at the State Society banquet, the following response was made by the editor:

"You all doubtless remember poor Artemus Ward, formerly an elder in the Mormon church. Well, I remember him very well when a reporter on the Cleveland Plain Dealer. He did not, unfortunately, while in this latter capacity learn the art of plain dealing. On the contrary, he was constantly getting into trouble with people who could not manage to understand him. But Artemus was accommodating. After spending an entire evening uttering most incomprehensible jokes he would kindly offer to come round the next day and explain them, which he never did, for people always took the offer as a slight reflection on their intelligence.

“There is another man, whose name I have forgotten, who said there were a great many people in the world into whose heads you could not get an idea until you had subjected them to a surgical operation—namely, trepanning the skull—or, in other words, boring a hole through it and pouring in the idea just as you would melted lead into a mold. Now nobody ever submitted to the operation, though there were plenty of occasions for it. It was never done because the bare suggestion was an insult to the individual in question.

“The toast I am called upon to respond to is evidently in the same line. For the benefit of my Buncombe county friends, and others not well informed, I will say that a transfusion instrument is a thing by which we scientifically rob Peter to pay Paul—that is, we take blood out of one man and put it into another man. I would venture to further explain that sheep are sometimes used and their blood taken, but that would reflect rather severely on the press and spoil the beauty of the metaphor in the toast. In the toast you see blood stands for intelligence. It is taken out of the stalwart arm of the editor or his contributors, who are supposed to represent healthy men or sheep who have blood and to spare, and it is injected into the body politic so that it will not suffer muscular exhaustion or cerebral anæmia. By this perpetual transfusion the people are kept wise and strong.

“I want my Buncombe county friends to know, as you all here present do know, that when the doctors perform the act of transfusion they bore a hole in one man and take out a quantity of blood and then they bore a hole in another man and pump this blood into him.

“Now, sir, to apply the figure to the fact, I can more readily believe that it would take a surgical operation to get anything valuable out of an editor than that such an operation would be necessary to get anything valuable into the hearts of the people.

“Knowledge is not looked upon by the people as so much old school physic to be taken only under protest. Knowledge, on the contrary is candy, molasses, honey and

sugar pills, for which the people go about crying, like so many children. Ask a man whose library of valuable books loaned out have passed unto that bourne from which no traveler of that sort returns, or ask that editor whose sanctum is daily invaded by newspaper pirates what he thinks about being obliged to bore a hole into people in order to make them obtain knowledge.

"The metaphor indicates that the editor is wiser than the people just as the well man is better than the sick man to whom he gives his blood. That may be so; but that it is so is not the editor's fault, let me assure you. It is a clear case of compulsory education. It is one of the necessities of the trade. The editor is obliged to know and he is not to be blamed for it.

"But, Mr. Chairman, I do not greatly marvel that the people lack knowledge upon many points. How can they attend to their ordinary duties and still keep up with the times? When the Almighty made man he must have foreseen that he would not be able to get on with a single brain and so gave him two. It was a mistake. Man should have had a dozen brains—a baker's dozen at that. It's my opinion that a great editor in these days running a daily press has, if the truth were known, a large supply of brains concealed about his person. The trouble is, no editor has ever been dissected. They are not considered worthy to have part in the resurrection. But a real live editor of the modern school is a marvelous thing. A hippodrome, a railroad train, a Corliss engine, an international exhibition—these are nothing compared to this man, who gathers up in his strong right hand all the arts and sciences, all public virtue and honesty, all knowledge and justice, all human aspirations and human love, all of hope and all of vengeance, and hurls them incessantly at the people, as the ancient god hurled his thunderbolts—I beg your pardon, I mean he bleeds with these things at every pore and pours his blood into the hearts of the people.

"But, alas, he is often misunderstood. The people do not comprehend him because he is too far in advance of them.

Rip Van Winkle found himself outgrown after twenty years of sleeping in the Catskill Mountains. But now if your morning paper is stolen and you fail to see it you can not understand the following day what the editors and reporters are driving at. In that short space they have a score of new things on the carpet and if you have failed at the initiative point you must remain forever in the dark unless you submit to a surgical operation.

"A medical friend of mine some months since, when a certain topic absorbed very general attention, was a good deal puzzled by what he read, and so to get himself in some sort adjusted to the times he propounded to the editor this conundrum: What is the difference between the Vaso motor and the Keely motor? Is one as much of a humbug as the other? It is enough to say the editor struck my friend's name from the list of subscribers and would have returned him his money had he ever paid any. Transfusion wouldn't save him.

"It is all well enough, Mr. Chairman, to go on pumping out the editor's life blood for the public weal; but did it never strike you as a necessary thing that sometimes the current should flow the other way. There is another instrument known to surgery which it becomes necessary to use when we wish to take something out of the patient instead of putting something into him. This instrument is called an aspirator. It has long hollow needles which are thrust into plethoric spots and by suction the parts are handsomely depleted. Money is the sinews of war. When the editor can get that for his labor he can afford to bleed *pro bono publico*. If the public live by transfusion it is plain the press must live by aspiration. I feel, ladies and gentlemen, that I have had a bloody task to perform in responding to this toast.

"I hope I have not thoughtlessly revealed any of the sacred mysteries of the profession, and I hope I have made it plain that medicine and literature have some things in common. If you have discovered anything of real value in what I have just said, please reverse the offer of poor Artemus Ward and call round to-morrow and explain to me what it was."

Funerals as Disease Breeders.

There is good reason to believe that disease is occasionally disseminated through the medium of funerals. We have at least one fairly authenticated instance in this country of diphtheria being diffused broadcast through the crowding incident, occasionally, to the last ceremony. In America this question is beginning to receive much attention, and several cases have been reported of late, where the transmission of the disease from the corpse seemed highly probable. The Suffolk District Medical Society sent out four hundred circulars to medical practitioners, with a view to ascertain the opinion of the profession on the alleged danger of permitting public funerals of persons who had died from diphtheria. Two hundred and thirty-nine answers were received, of these one hundred and forty-three writers express a belief in the possible danger of contagion at funerals; seventeen believe that there is danger from funerals in the houses of the dead, but none in churches; twenty-nine fancy that in the present state of knowledge there is no justification in prohibiting public funerals; and eight record circumstances which occurred in their own experience confirmatory of the proposition that peril may ensue; but the testimony these latter advance is not quite satisfactory. The society after due consideration recommend that funerals should be private.

New Jersey State Hom. Med. Society

Held its seventh annual meeting at Newark, N. J., on Tuesday, May 1st, 1877. The attendance and interest manifested were largely in excess of any previous meeting.

The President, G. W. Richards, M. D., of Orange, delivered an able and eloquent address.

The Corresponding Secretary, G. M. Ockford, M. D., of Hackensack, submitted a report detailing the gleanings from correspondence with seventeen state societies and the British Homœopathic Congress.

The Board of Censors recommended the following, who were elected members of the society: E. P. Macomber, M. D., Keyport; A. L. Tafford, M. D., Red Bank; J. P. Whitehead, M. D., New Brunswick; W. F. Wecker, M. D., Paterson.

Dr. Lewis P. Grover, of Trenton, having been adjudged guilty of irregularity in the practice of medicine, was unanimously expelled from membership in the society.

Papers were presented and discussed as follows: "Gastro-bilious Rheumatism," Dr. C. S. Verdi, New Brunswick; "Chlorosis," Dr. A. P. Macomber, Hackensack; "Electrolysis in the treatment of Urethral Stricture," Dr. B. Franklin, Newark; "Successful Cure of Anal Fissure by *Sulphur em.*," Dr. J. Miller, Roseville; "The Art of Midwifery," Dr. J. Younglove, Elizabeth; "*Veratrum viride*," Dr. McGeorge, Woodbury; "Liberal Therapeutics," Dr. E. J. Howe, Newark.

Officers were elected for 1877-78. President, A. P. Macomber, M. D., Hackensack. Vice Presidents, J. Younglin, M. D., Elizabeth; W. S. Kimball, M. D., Eatontown; W. A. Bevin, M. D., Trenton. Recording Secretary, B. Franklin, M. D., Newark. Corresponding Secretary, G. M. Ockford, M. D., Hackensack. Treasurer, G. W. Bailey, M. D., Elizabeth. Censors, Drs. Youlin, Brown, Mandeville, I. T. Kinney and Hunt,

Book Notices.

Explorations in Cell Pathology—Cancer. By Robt. S. Newton, M. D.
Pamphlet, pp. twenty.

Except for the abnormal egotism of the writer, we could peruse this little monograph with considerable pleasure. He puts himself by implication along side Franklin, Fitch and Fulton, as an original discover, and Hughes Bennet, as "a greater scholar and pathologist than Virchow." Dr. Newton thinks he has been ignored and wronged, and in fact not appreciated in regard to discoveries and investigations in cellular pathology. He quotes Dr. Boskowitz, who says: "Prof Virchow, of Berlin, has published a work on cellular pathology, which makes a great sensation in Germany. But Prof. Robt. S. Newton had published a long time before, in 1845, the same ideas and indeed the whole system of cellular pathology, in the Western Medical News, at Cincinnati. *Ergo quod demonstrandum est.* He is over twenty years ahead of the German physicians." Let another praise thee and not thy own mouth. Still Dr. Newton may be right.

An incendiary document is the North Western Ruralist; which, as our readers know, is a new homœopathic journal, published at Dubuque, Iowa. The editor, Dr. Guilbert, is a regular fire fiend. It is well he issues only quarterly, for if he came out in his present style every month, there would be a conflagration in the North West. Only \$1.50, per annum, or \$1 if taken with the ADVANCE.

The Physiology of Homœopathy. A new Exposition of a great Truth.
By W. H. Holcombe, M. D., of New Orleans.

This is a reprint of Dr. Holcombe's well known tract, by the Homœopathic Mutual Life Insurance Co., of New York. This fact renders the exposition not exactly new. And if to the title page had been added, "as he understands it," it would be more nearly true. Dr. Holcombe's exposition is peculiar to himself and a large class of homœopathic practitioners. It is not certainly a pure Hahnemannian view, and does not accord with the "Organon" any more than does Dr. Hempel's exposition. The question, "What is Homœopathy?" is many sided, and there is this virtue in Dr. Holcombe's tract, that it is not dogmatic, and is a very clear statement of the subject "as he understands it," and its general distribution will furnish a valuable

stepping stone to many who will use it in order to climb to higher light than they now possess. But it would be wrong to suppose that this exposition is an ultimatum, or meets with universal acceptance. For copies address the Homœopathic Mutual Life Insurance Co., of New York.

Annals of the British Homœopathic Society, and of the London Homœopathic Hospital.

The papers of this society have been heretofore published in the British Homœopathic Quarterly, but they are now presented in separate form, and if issued in this shape yearly they will constitute a valuable and permanent addition to our medical literature. The present volume is contributed to by Drs. Cooper, Kyngdon, Brice, J. G. Blakley, Roth, Blake, C. H. Blackley, Dudgeon, Hughes, Gutteridge and Wolston. Distinction would be invidious nor are any needed, for all are excellent; which fact can be taken for granted, inasmuch as they have received the approbation of the society and been allowed publication. Dr. Dudgeon's address exhibits the irrepressible humor of the true Englishman, who in spite of his natural outward seriousness, is ingrained with no small amount of love for the ludicrous. The London Homœopathic Hospital reports give promise of a growing work of great excellence, and we hope, as we expect, the enterprise will be liberally sustained. The discussions of the various papers show a free and enlightened spirit of criticism, and much praise is due the secretary, who has the rare ability to put such things in a readable shape. For copies address British Homœopathic Society, 52 Great Osmond st., London, W. C.

Clinical Therapeutics. By Temple S. Hoyne, A. M., M. D., Vol. I. Part two.

We have already noticed the general plan of this work. This is the second installment, and includes *Rhus tox.*, *Sulph.*, *Verat. v.*, *Arnica* and *Carbo veg.* The merit of the work is well sustained, and we are glad to know that the enterprise is meeting with substantial encouragement from the profession. Part three is promised in August. Price of each \$1.00. For sale at the pharmacies.

Therapeutics of Diphtheritis. By F. Ochme, M. D. Second enlarged edition, Boericke & Tafel.

This is now the best monograph extant on this disease. It is very complete, and full of interest to the student.

Editor's Table.



CAMPING OUT—LAKE CHAUTAUQUA.

American Institute of Homœopathy—Thirtieth Session. At Lake Chautauqua.

The thirtieth session and thirty-fourth anniversary of the American Institute of Homœopathy will be held at the Kent House Chautauqua Lake, N. Y., commencing on Tuesday, June 26, 1877, at ten a. m., and continuing four days. A preliminary meeting will be held on the Monday evening preceding.

Arrangements have been made with most of the principal rail roads for greatly reduced rates, and the price of board at the Kent House will be at the rate of two dollars per day.

Members of bureaus will please place themselves in correspondence with their chairmen in regard to the reports to be presented at the meeting. The following are the chairmen of bureaus:

Materia Medica, Pharmacy and Provings, Conrad Wesselhoeft, M. D., 302 Columbus Ave., Boston, Mass.

Clinical Medicine, S. Lilienthal, M. D., 230 W. 25th st., New York.

Gynecology, J. C. Burgher, M. D., Pittsburg, Pa.

Obstetrics, O. B. Gause, M. D., 1519 Arch st., Philadelphia, Pa.

Pædology, T. C. Duncan, M. D., 67 Washington st., Chicago, Ill.

Surgery, E. C. Franklin, M. D., 1402 Olive st., St. Louis, Mo.

Anatomy and Physiology, A. R. Thomas, M. D., 1617 Locust st., Philadelphia, Pa.

Psychological Medicine, T. L. Brown, M. D., Binghamton, N. Y.

Ophthalmology, Otology and Laryngology, W. H. Woodyatt, M. D., Chicago, Ill.

Microscopy, J. D. Buck, M. D., Cincinnati, Ohio.

Sanitary Science, Climatology, Hygiene, T. S. Verdi, M. D., Washington, D. C.

The General Secretary has every reason to believe that this meeting, in point of attendance and interest, will be equal to any previous meeting of the Institute. A circular will be issued prior to the meeting, which will give all necessary information.

Physicians wishing blank applications for membership can obtain them by addressing the Secretary.

ROBT. J. M. CLATCHEY, General Secretary.

918 N. 10th St., Philadelphia, Pa.

THE University of Michigan has lengthened its term of lectures to nine months. This will make a long pull for the medical boys, but it is just what they need. The Pulte Medical College inaugurated a nine months course two years ago and it works well, as we can all testify.

MEETING AT INDIANAPOLIS.—The Western Academy of Homœopathy (what a name is that for a medical society!) and the Indiana Institute of Homœopathy, and every body else will meet at Indianapolis the last three days of May. It will be a grand gathering of the dispersed tribes, and many a lively pow wow will be held round council fires that shall fling their gleaming light and scintillating sparks into the lurid darkness. Indianapolis gives a hearty welcome.

HOMŒOPATHIC MEDICAL SOCIETY OF TENNESSEE.—The next annual meeting of this society occurs in Memphis, in September, 1877. The officers are, President, Dr. L. D. Morse, of Memphis. First Vice President, Dr. C. R. Doran, of Nashville. Second Vice President, Dr. W. A. Edmunds, of Memphis. Secretary, Dr. William C. Dake, of Nashville. Treasurer, Dr. T. E. Enloe, of Edgefield.

LAST year the medical faculty of Harvard University offered the Boylston prize for the best essay on "The Question of Rest for Women," the graduates of any medical school to compete. The prize was won by a woman—Mrs. Dr. Putnam-Jacobi—who had previously won a similar triumph, receiving as a prize a gold medal from the medical faculty of Paris. Dr. Putnam-Jacobi's last essay is said to be exceptionally clever, and will soon be published. Its value will be increased by fac similes of fifty sphygmographic drawings, showing the variations of the pulse in different patients, and at different periods, in relation to the nervous condition.

This is all well enough, only we beg to ask what women are referred to? Are they farmers' wives toiling at their daily household duties, or kitchen girls ready to drop at their sinks, or are they shop girls, whose physical force is daily exhausted at their daily occupation, or are they the pampered children of luxury, who are all their time tired to death for want of something to do? We await the report with interest. Meantime how about the men that need rest? Let us have a prize essay on that subject.

DR. I. W. BUDDEKE has removed from Jackson, Tenn., to Memphis, and formed a co-partnership with Dr. L. D. MORSE.

DR. WALTER DAKE has settled in Jackson, Tenn.

DR. W. L. MORGAN is at Lebanon, Ind.

DR. G. C. McDERMOTT to Warren, Pa.

DR. J. ALBRO EATON removed to 435 Franklin avenue, Brooklyn, N. Y.

THO. WILDES, M. D., removed to West Twenty-third st. New York.

DR. H. C. ALLEN, Gen. Agt. of the Homœopathic Mutual Life Insurance Company has removed to Toledo, Ohio.

DR. GEO. M. DIXON, has removed to Sacramento, Cal., on account of the health of his family.

NEWSPAPER DIRECTORY FOR 1877, by S. M. Pettingill & Co., New York. This book contains three hundred and seventy-six pages, and embraces an immense amount of valuable information, showing great labor and care in its collection and preparation. It gives all necessary facts for an advertiser to know about eight thousand five hundred and seventy-four separate publications, while it is also interesting and valuable for the general reader, the student of American periodical literature, and the observer of American institutions. The book is sold at the low price of one dollar per copy.

A PHYSICIAN of nine years experience in practice, of good habits, active and usually in good health, born and educated in Germany, but speaking English with ease, desires to become a partner in an established city practice, and is willing to do all the hard work if desirable, or to buy a practice if he can pay for it out of its earnings. Address A. B. C., care of ADVANCE.

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J. F. GEPPERT, PR.



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

VOLUME V.

CINCINNATI, O., JULY, 1877.

NUMBER 3.

All business communications, relating to the *MEDICAL ADVANCE*, should be addressed to DR. T. P. WILSON, Cor. 7th & Mound, Cincinnati, O. Terms \$2.50 a year.

Editorial Correspondence.

INDIANAPOLIS, MAY 31, 1877.

We are just finishing up a three days session of the (high) joint convention of the Western Academy of Homœopathy and the Indiana Institute of Homœopathy. Over the door of the little church on the circle, wherein we have convened, we fancy we see written "success." In the beaming face of the members now busy saying "farewell," we see it written "it was a grand success." And so it has been. There was never held a better convention of the homœopathic fraternity. It greatly and happily disappointed its friends. This is all the more gratifying, as the meeting was looked upon by not a few with something more than indifference; with contempt and aversion even. We ourself were not over sanguine of the best results. But we must confess to an unexpected pleasure in the events of the past three days. Dr. Parsons, of St Louis, and Dr. Breyfogle, of Louisville, made excellent presiding officers, and ruled with dignity, promptness and universal satisfaction. Their addresses were well received and approved by the convention. The various

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bureaus were plethoric with papers of a high order. Contributions of great value were received from England, Germany and France. In this respect the convention was almost on a par with the World's Convention of last year. This feature should certainly be continued in all subsequent conventions. Let us make our works international and cosmopolitan. Why should not our mental be like our physical feast, the product of all climes? But our home productions were, in quality, quite equal to the foreign fruit. Better articles than were read at each day's session we have never listened to. We can not, in justice, say as much for the discussions. These were rambling, disjointed and disappointing. So long as members are allowed to spring up at any and every point of the room, and address the chair in that way, the discussions will be too often frivolous and ineffective. In this respect the American Institute of Homœopathy sets a desirable example. It is not our purpose to follow the proceedings through in detail. These will be given fully elsewhere. On Wednesday evening an impromptu banquet was given at the Bates House. It was a well conceived surprise and thoroughly enjoyed by the members. The physicians of Indianapolis left nothing undone to make all welcome and happy. There was on the floor of the convention an excellent representation of Western men. It required but half an eye to see that everything was essentially Western. The freedom and spontaneity of expression would have been refreshing to an Eastern man of conventional habits. Not the slightest unpleasantness occurred during the entire three days session. The sharpest hits, the most brilliant repartees, the most crushing logic, the tartest rejoinders and the most counter arguments, were endured with the greatest good nature. To all this the most lovely weather of the year transpired. Who can tell what might have ensued if the thermometer had ventured to touch 90° F. in the shade? An East wind, a thunder storm or a frost, might have made pandemonium out of even these concordant elements. Let us give Allah praise that one convention at least was blessed with harmony and good fellowship. A description of the personnel of these two medical bodies would over tax our space. A limited notice of some of the leading characters must suffice. Standing at the head, as a matter of course, is the genial, energetic and altogether irresistible Franklin—a man of thirty in the guise of Nestor. We say at the head because out of his fertile brain came this Western Academy, and to him is the West indebted for this enterprise. Then there is the venerable McFarland universally beloved; J. Hartz Miller, earnest, industrious and indispensable; Richardson, with his striking figure and pleasing address, a man for the future; Eggert, courtly, affable and impulsive, always

maintaining the pure doctrines of the school; Eaton, cool, critical and aggressive; Runnells, a man ripening slowly for a grand future, and needing only convention work to develop him; Baer, an erudite scholar and always interesting as a speaker and writer; Haynes, ready, practical and always dead in earnest; Foote, who knows how to make life pleasant as well as useful; and there was Hoyt and Hoyne, Campbell, Duncan, Bowen, Vilas and Walker, who made themselves felt on the floor of the convention—not forgetting our own delegation, Buck, Hunt and Beckwith. Altogether it was a fine assemblage of noble looking, talented men. The next annual meeting will be held in Cincinnati, coincidently with the meeting of the Homœopathic Medical Society of Ohio.

The Physiological Livery. By Dr. Ad. Lippe.

A professedly homœopathic journal, the *Monthly Homœopathic Review*, edited by Drs. Pope and Dyce Brown, exhibits in good earnest the aggressiveness of men who were by Hahnemann (not by us, heaven forbid,) termed “pretenders,” and who were protected as members of the homœopathic fraternity, by men, who believed that by allowing them full freedom they would the sooner become convinced of the fallacy of trying to pervert Homœopathy into Eclecticism, of the fallacy of trying to put the physiological livery on Homœopathy, of the fallacy of wedding Homœopathy to the physiological school; they have been so protected; but now look at the fruits of protecting men who were so severely censured by the father of the school! Did they mend their ways? Not a bit of it! They became aggressive years ago, and men who differed with them widely, exercised a patience which should have entitled them to a place in the calendar of saints, these men who did differ with them and were true to the principles in which they professed to believe, and were by these principles guided in

practicing as well as in developing the healing art, patiently endured to be called "pseudo-Hahnemannians." Awaiting with commendable patience an illustration of the better way to heal the sick by these, by Hahnemann denominated pretenders, and having in vain awaited for two long years, and not receiving an illustration, a letter was advised to these high toned gentlemen, who as editors of the *Review* had called some of the Hahnemannian healers "Pseudo Hahnemannians," and in categorical statements, impliedly contained in their article with our comments on these assertions, which they had published, were in the form of a letter addressed to them. Not only had these high toned gentlemen abandoned all of Hahnemann's teachings, but these same men abandon all former usages of literary men; they have published the letters addressed to them at the very tail end of their journal, (Mar. 1, 1877.) and reviewed it in a style really not becoming refined men and men of letters, not as has always been the habit of literary men after the letter, but behold in very large print as the leading article of the journal. They have an undoubted right to conduct their journal as they please, but others have just as good a right to remind them that such conduct is contrary to all well established rules and regulations governing the world of letters, and if men who propose to publish a homœopathic journal and in its stead try to pervert Homœopathy into Eclecticism do these naughty things—well then they should charitably be excused as men incapable of discerning right from wrong and truth from error.

The learned editors are much dissatisfied with our line of argument, and do not wonder at it; it is the same unsuccessful effort to defend their opposition to the stricter interpretation of Hahnemann's teachings which they so often attempted before this; the only difference is that these now are becoming more aggressive and more intent not to listen to illustrations showing the fallacy of their assertions.

As to our charge No. 1, "That especially in America exists an exaggeration in the direction of infinitesimal doses. When time and again we have contended that without strict observance of the homœopathic law the success of curing with in-

infinitesimal doses becomes an impossibility, we are told that this is an opinion and not a fact. Now an opinion is a consciously insufficient judgment, subjectively as well as objectively. Belief is subjectively sufficient, but recognized as being objectively insufficient. Knowledge is both subjectively and objectively sufficient. Subjective sufficiency is termed conviction (for myself); objective sufficiency is termed certainty (for all). Theories which are true, are facts. What we have stated are not opinions. By knowledge we arrived at convictions and finding Hahnemann's teachings (theories) true we have stated facts. There is no transcendentalism about the infinitesimals. If a number of healers cure the sick year after year with infinitesimal doses under a strict interpretation of Hahnemann's teachings, no amount of vague contradictions will annihilate these facts. When another set of pretending healers see nothing but transcendentalism in the infinitesimals it is charitably to be supposed that they have also made an attempt to cure the sick with similar small doses, but having failed to do so, they do not, like prudent men, seek to find the cause of their failure to obtain results which others have reached, but in their blindness talk of exaggerations and might just as well have given the lie direct; in fact their abuses of their more industrious and painstaking neighbors amounts to an insult. No. 2. Infinitesimal doses are the bane of true science. Our objection to this statement was based on two propositions. First, that medical science comprises a knowledge how to use, and second, that if men can cure better with infinitesimals than without, then the knowledge of infinitesimals has advanced science. Now, in order to set aside the statement that there are men who have cured better with infinitesimals than without, we are met by a series of questions. The questions are: Where shall be found such paltry cases as reported? In answer, we ask just another question. Where shall be found a single solitary case reported by these progressionists backwards, showing that one of the many has in a given well described case administered under the strict homœopathic practice an infinitesimal dose without success, and then succeeded by prescribing material doses for sick

physiology? Paltry cases indeed! For the full illustration of the strict homœopathic practice we have individually published many a case, among them one of a case of typhoid pneumonia two years ago. This case was criticised by Dr. R. Hughes and his criticism has been answered, and what fault did he find with it? that our mode of applying the homœopathic law is too painstaking, and he shows us a better, less painstaking way, viz: to prescribe for sick physiology—that is all there is about it. Now it is a homely axiom that the proof the pudding is the eating of it! The patient so cured two years ago remains well. It was a paltry case to be sure, was it not? When we are told that the so-called success of a high dilutionist should be compared, not with his own previous experience, but with the work of a man who, with a good knowledge of disease and Homœopathy, uses freely a good range of dose instead of prescribing by the rule-of-thumb method in vogue with Dr. Lippe's school; it really amounts to this, we set aside your veracity, you have only so-called success, which means no success at all to be compared with men who know more of disease and Homœopathy than you do. Thanks for this polite remark.

No. 3. That the colleagues, you designate as pseudo-Hahnemannians, annoy you in England and also your friends in America. There is no soft impeachment to be denied, as the statement is not denied; not annoyed, say you, as long as they conduct themselves as gentlemen, but as you say you are annoyed by them, then the soft impeachment is, that these bottle washers you call pseudo-Hahnemannians have not conducted themselves as gentlemen. Well that is an opinion! Is your opinion. The five homœopaths in England, you say, have never yet dared to express their collective opinion on your side of the Atlantic in favor of the doses to which he (Lippe) is so much addicted. Collectively, the British as well as American homœopaths have never expressed any opinion, and for this simple reason, that they have never yet established any society (trades union) which found it necessary to protect themselves against intimidation, or as we here term it "bull dozing," now daily exercised by a school which

Hahnemann called pretenders. Our individual appeal is now as taught by Hahnemann, to the intelligence of the people. The results speak for themselves now as well as in Hahnemann's days. In order that the profession at large might learn how the pseudo-Hahnemannians, by you so called, were instrumental in advancing our school in America some thirty odd years ago, we did give the outlines of the cure of Chief Justice Gibson, of course that is also called a paltry case, and while the result of strict homœopathic practice was a perfect cure, these fault finders are not happy. In re-relating the case, we find the critic to be guilty of an accustomed perverseness, of an unpardonable inaccuracy, of a wilful perversion of my relation. I stated in my relation of the case, "that on examination the large swelling was found to look black, began to fluctuate." Our critic gives it, "the swelling looks dark and fluctuates." Are dark and black identical? Does a swelling which only begins to fluctuate really fluctuate? If a swelling begins to fluctuate, every intelligent reader will, by inference, understand that the swelling is still hard. If it said "it fluctuates," it will also by inference be understood that no hardness exists. If *Plumbum met.*, which we administered under the strictest law of the similars, had no reference whatever to the constipation of the patient, or to his perineal abscess as our fault-finding critic says, why was it that the obstinate constipation disappeared and the perineal abscess softened? To give *Hepar*, as our critic in his generalizing mania would have done, is but a clap-trap and bungling homœopathic practice. And why did we not use the lancet? Just because we are a homœopathician and could see no reason why one should interfere with a natural process which was evidently aided by the *Plumbum met.* administered, because there was gangrene apparent and we touched it not. It proved to be the most prodigious fistula ever by us observed, and it yielded readily to strict homœopathic treatment. What else in the manner of common sense does our critic want? The fears of the eminent diagnosticians who sent the judge home were but too well founded. They knew his mode of life, his habits and they had no means at their command to control the im-

pending gangrene. But our critic knows better, it was a paltry cases, like all the case by us reported.

While our critic is unable to find out why *Plumbum* covered the totality of symptoms, and it did such admirable service in the case, the critic sees in the near future the approach of a true and noble unity of medical schools. There is the rub—a unity of the medical schools—the Millennium is fast approaching, the lamb and the lion will lay down together—when? Why at the doors of the “undertakers.” Truth and error will co-exist together. The physiological livery will adorn the “pretenders,” and the pseudo-Hahnemannians are expected to fall in line under the intimidations and bull-doing of men who in turn have begun their work of destruction by advocating each for himself a different caricature of Homœopathy. We have the organopathist, the advocate of the sick physiology, the pharmacodynamist, the twelve tissue remedies, the advocates of phlebotomy and blister plasters, opiates and palliatives. They are “all honorable men.” Why did not Hahnemann relate more cases cured? Because he thought it “useless.” Each case was to him a case *per se*, a case no more likely to return with all its various characteristic combination as it is unlikely that the same figure will ever be reproduced in the kaleidoscope. Hahnemann and his followers have learned to forget a cure of the sick, never remembering it as the cure of a disease, but remembering the confirmation of the symptoms found in our *materia medica pura*. If finally the critic asks us to explain our own standing and that of our friends, we merely ask, who are you? Ye critic have even not manhood enough in your composition to sign your name to your criticism, you are what? The critic as well as the learned editors of the *Review* will hear from us again. They ignore our well intentioned communications, that we expect. We ask no favors and shall show none either.

The critic wrongly thinks that our differences consist in the “dose question.” That is and always has been a false issue. It has been a stumbling block from the first to the last. If Hahnemann cured the sick better with progressively appar-

ently smaller doses, why should his followers not develop his teaching? Why should there a limit to the dose? And if, as by the testimony of the earliest disciples of Hahnemann, is proven without a possibility of contradiction, that they achieved their cures by doing as the master did, administered the 30th potency as he did, guided by all the rules laid down by him, why should their testimony be set aside because the bunglers reach no such results?

Mr. Critic and your friends may just as well be told that we differ first and last, that we differ all the time, and there is nothing on which we can agree. We have been held together by a rope of sand, by a mere name, by nothing else. We differ from the very outset. We can't even agree on the first paragraph of the *Organon*. There we already part for good, having nothing in common but the name you have assumed, but which, according to the newly developed light the *British Journal* gives us, you are now beginning to be ashamed of, and for that we praise you really.

The first paragraph of the *Organon* reads thus: "The first and sole duty of the physician is to restore health to the sick. This is the true art of healing." The foot note fully explains the meaning of it and shows you the folly of your interpretation of the Alpha of the healing art. You interpret it thus, "The duty of the physician is to cure diseases." First diagnose and do exactly what the master so much deprecated, string together empty ideas and hypotheses upon the origin of diseases, account for the morbid phenomena and their nearest cause (sick physiology), and then administer a drug which your pharmacodynamist teaches you (falsely) has caused the same disease. The Hahnemannians treat the sick and individualize. You treat diseases and generalize. And here at the very outset we differ and there can be no union between such differing healers. We keep on differing all the time, and when we come to posology we keep on differing. You, Mr. Critic, have only one poor weapon left. You deal out the same ridicule which we meet at the hands of the "regulars" from the beginning. You, Mr. Critic, treat us just with the same ridicule, without any argument, with the same

no longer concealed bitterness as did the "regulars." You see in the near future yourself wedded to these regulars. So we were told by you, and also by the celebrated Dr. R. Hughes. We have already alluded to this wedding. We hope it will soon come off. No true healer will stand sponsor to the offspring to this mixed union; but I for one wish you a happy departure. What if the other party should relentlessly refuse you? Will you be happy then? What of it—there are the Eclectics, they will accept you. So fare you well.

Theory and Practice.

Dysmenorrhœa. Part II. By Prof. J. C. Sanders, M. D.
Read before the Homœopathic Medical Society of Ohio.

B. Neuralgic Dysmenorrhœa.—Next to the congestive variety just considered, this is the most common form of dysmenorrhœa. It is greatly favored by, or indeed rarely occurs apart from, a strongly marked nervous temperament. Its approximate cause is either direct and dependent on a morbid irritability of the uterine or ovaric nerve centers, or indirect, and dependent on a similar morbid condition of the general nerve spheres, and from these as reservoirs of morbid force. The irritation is reflected off and thrown upon the uterus or ovaries, one or both, which are thus made the centers of distress and suffering.

The essential nature, therefore, is an offended or overwrought nerve centre, and predominantly occurs independent of any inflammatory or congestive history, though such a

history or concomitant would greatly aggravate and complicate the gravity of the case.

Symptoms.—This variety of dysmenorrhœa more often than the congestive form, is found to wait upon the opening of the menstrual history, and assails the climacteric, but this is not universal. At the period there is more than natural weight, and sense of fullness and pain, and bearing down felt in the back, vulva pubis, perineum, and even in the vagina, rectum and bladder, hips, thighs and limbs. The pains become spasmodic, crampy and violent. Sometimes continuous, and sometimes simulative of labor pangs; sometimes there are great disturbances of the emotional sphere, and well marked hysteroidal phenomena declare themselves; palpitation, syncope and spasms. They sometimes assail suddenly, at other times come on gradually. They generally precede the flow or abate only as this becomes well or fully declared—sometimes continuing twelve to twenty-four or thirty-six hours—rarely the suffering continues through the entire period. Whether continuing longer than the established flow or not the poor sufferer comes to the close of her period in a condition of exhaustion, depression and hot, and requires days to become herself again, and sometimes she hardly recuperates before the return of another menstrual cycle, and is rendered almost disqualified for even ordinary duties or social gratifications. Indeed the interval in such cases is marked by a tracing of all the phenomena which distinguished the period of suffering. No day can the sufferer really boast of immunity from some form of distress or discomfort. The specific or individualized symptoms will appear under the head of remedies. This will suffice for a general statement.

Causes.—(a) Predisposing. (b) Exciting.

(a) Predisposing causes.—These are diathesis and dyscrasias predominantly inherited, sometimes acquired; constitutional delicacy or local frailty, entailed by inheritance or the product of imprudent and harmful habits of life; subtle blood taints, which escape all classification, express themselves only in morbid excitability of one or more of the great nerve

centres; indolent habits; luxurious living; mental dissipation of exciting and sensuous reading; masturbation; sexual excesses.

(b) Exciting Causes.—Fatigue with excitement; violent emotion; exposure to cold; cold drinks when the body is heated by exercise; suppressed perspiration; suppressed leucorrhœa; cold vaginal injections; sexual excitation unduly prolonged or ungratified.

Treatment.—1. By Regimen. 2. By Therapeutics.

1. By Regimen. Prophylactic and Direct.

(a) Prophylactic Regimen.—The field here is broad, and the occasions for good counsel are multiplied. So ordering the life of the sufferer as to avert or bring to its minimum influence, the particular cause or causes which are recognized as predisposing, or directly provocative of the malady, so counseling as to correct or improve her habits of exercise, eating, drinking, reading, social fellowship, so directing her whole life as to make it conservative and encouraging to the regainment of good strength, equable and harmonious, energizing all her powers, and at the same time conducive to the most simple and innocent gratification and amusement—these are the province and sphere of prophylactic regimen. The suggestion made so prominent under the head of the prophylaxis of congestive dysmenorrhœa, in regard to the necessity of a lying posture, I would urge as no less equally important and successful in this variety. Indeed there is great need of revolution in the habits of women. She will be subject to suffering in her menstrual cycles until a proper and higher appreciation of the import or possibilities of the menstrual function shall teach her that her life habits shall duly respect this function and for the periods of its manifestation shall treat herself with more or less consideration, tenderness and care. Duties should conform to this. Labor should defer to this. Engagements of pleasure should yield to this. In brief the menstrual period of woman should be sacred to the greatest possible immunity from labor, care, excitement or exposure. This counsel has but little sympathy with the modern and popular sentiment towards woman,

which seems to be to enlarge her sphere; broaden the field of her activities; to draw her out; stimulate and make the most of her; ignoring the great factor of her physical life and the great questions of her physical health, and her best adaptations and qualifications for home blessing womanhood and motherhood.

(b) Direct Regimen.—Same as in congestive variety.

2. By Therapeutics. (a) Prophylactic. (b) Direct.

(a) Prophylactic Therapeutics.—All the varied causative pathological conditions out of which this malady may spring, as they may be declared in their subtle varying symptomatology, furnish a broad field for prophylactic therapeutics. Not to enter this field or employ these means will be to bar us from our best possibilities in attempting to secure abiding curative results.

(b) Direct Therapeutics.—*Caulophyllum*. Fullness and tension of the hypogastric region; spasmodic pains in the uterus; intensely powerful and irritable vagina; scanty flow; flying pains in legs and arms; colic; empty eructations; sour, bitter belchings, with vertigo characterized by swimming sensation; dimness of sight; hysteroidal spasms of chest and larynx.

Pulsatilla. Pain violent and causing her to cry out and toss about; the flow is by fits and starts, and is thick and dark, or pale and watery; chilliness; thirstlessness; disposed to vicarious blood losses, pale and mild; light haired, blue eyed and tearful; loud grief; feels better in the open air.

Sepia. Pains colicky, with great bearing down; flow scanty; capricious pains; headache; toothache; obscuration of sight; sensitive to odors; constipation; acrid leucorrhœa history.

Colocynth. Pains colicky, obliging her to draw her limbs up for relief; stitching pains in ovaries; restlessness and moaning; sufferings aggravated by eating or drinking.

Coculus. Crampy pains, and sharp and cutting low and deep in bowels; distended abdomen; flow absent or scanty and fitful; faintings, sobbings and moaning; chest oppression and anxiety; so weak as scarcely able to speak; paralysis,

weakness and benumbed pain in back and lower extremities, convulsive motion of the latter when attempting to use them, every attack followed by hemorrhoids.

Coffea. When not dependent on coffee drinking, pains colicky and excruciating, making her frantic; flow profuse; sleeplessness; headache as if the brain were torn or pierced; chilliness, twitching of the limbs.

Moschus. Pains violent, and drawing, and pressing, and cease with the appearance of the flow; is sure she is going to die; wants stimulus; fainting and weakness; hysteroidal spasms of the abdominal muscles, hysteroidal convulsions.

Nux mosch. Pains low down in back and violent, with debility; pressure in the stomach; water brash; pain in liver; all preceding the flow, which is thick and black; objects appear too distant and grow larger on looking at them; dry mouth and tongue on awaking; slowness of ideas; dullness of senses; absent mindedness.

Hyoscyamus. Preceding the period hysteroidal spasm; during the flow great suffering, with violent trembling of the hands and feet; severe headache; perspiration and nausea; is restless; starts at least noise; is afraid of every one and stares wildly about.

Ignatia. Pains colicky, contractive, with anguish, languor palpitation; headache, with heat and heaviness; weak, empty feeling at pit of stomach; insomnolence; silent grief.

Castoreum. Pains commence in the middle of thighs, extend over the limb and more or less over the whole body.

Causticum. Pains, tearing in the abdomen and in small of back as if bruised; flow profuse, no loss by night; yellow face; trembling weakness of the limbs; peevish; easily angered.

Cinnabaris. Pains, tearing and crampy, felt in the bowels, with diarrhœa prostration; tearing pains in forehead; weakness of vision; lacrymation; fretful, easily provoked.

Graphites. Pains crampy in bowels and chest, and labor-like in small of the back; flow scanty, thick and dark, or thin and pale; morning nausea; vertigo and headache; full of

grief; pimply or tettery symptoms; constipation before and diarrhœa after the period.

Cuprum. Violent colic spasms in the abdomen, extending up into the chest, with nausea, retching and spasms; convulsive laughter; suffocating breathing; chilliness; epileptic attacks.

Magnesia carbonica. Pains reflected upon the head and right shoulder, feet and knees; flow dark and acrid, and takes place only in absence of pain and during sleep.

Calcarea carb. Pains in the back, teeth, face; bloated face and distended abdomen, which ill bears pressure; cold hands; damp, cold feet; incontinence on taking exercise; sensitive to cold air; vertigo on going up stairs; leucophlegmatic temperament.

Alumina. Pains chiefly wait on an evacuation of the bowels, and are characterized by pinching, writhing tenesmus; frequent and corroding urination; preceding dreams from which she awakes with headache, flushed face and palpitation; flow pale and scanty; subsequent languor of mind and body; easily offended and disposed to weep.

Asclepias syriaca. Pains labor like, intermitting and severe, and accompanied with copious discharges of pale limpid urine; headache and nausea.

Ammonium carb. Pains in the abdomen, back and teeth, and between the shoulder blades; swelling and itching of the vulva; flow black, scanty and too brief; acrid, watery leucorrhœa; constipation; paleness; sadness; forgetfulness.

Asarum europeum. Pains in the small of the back, which become so violent as to almost take her breath; over sensitive to sound and light; night perspiration smelling sour; prolapsus ani during stool.

Baryta carbonica. Pains of weight and pressure just above the pubis; flow scanty and preceded by toothache; tearing in the limbs; beating and pulsation in the back; self-distrust.

Berberis vulgaris. Pains in small of back, in region of the kidneys, down the thighs and in the calves of the legs; pain-

ful pressure in the perineum; flow grayish or brownish, scanty or suppressed; inclined to weep; melancholic.

Carbo animal. Pains pressing and violent in small of back, groins and thighs; flow too soon; yellow staining leucorrhœa; indurations of the mammæ; weak digestion; period followed by great languor; capriciously cheerful and melancholic.

Glonoine. Pains in head, with congestion of the head and chest, and fainting; pulsating toothache, with headache; giddiness when head is moved; unsteady gait; pale face; unusually bright and loquacious.

Helonias. Pains drawing and cutting, and passing from behind forwards; ovaric region sore; mammæ tumid and tender; delicate constitution; chlorotic diathesis.

Indigo. Stinging pains in mammæ during the period which are relieved by friction; chilliness, with constant desire to urinate; bandaged feeling around the forehead; sadness.

Lilium tig. Pains in the uterus ovaries extending down into the inside of the thighs; flow only when in motion.

Magnesia Sulphurica. Pains in the groins; bruised pains in small of back; flow stops for two days then starts again; great heaviness in the head; ill humor and irritable.

Lobelia inflata. Pains violent and confined to the sacrum; vertigo, with nausea; burning feeling in chest; desponding apprehensive.

Lachesis. Pains colicky and beginning in the left ovary, pains labor-like, as if every thing were pressed downward, followed by a slight flow, flow scanty and black; sense of suffocation as of something tight about the neck; exaltation of sexual desire; loquacity; tearfulness.

Kali carb. Pains colicky, cutting, stitching in abdomen; flow pungent, acrid excoriating headache, with heaviness coryza; itching of the whole body; irritable; anxious.

Natrum mur. Pains cephalic, before, or during, or after the flow; pressing and bearing down; hysterical, general weakness; great and abiding sadness.

Phosphorus. Pains colicky, with great restlessness; sour eructations, and great fermentations; stitches in the mammæ; vertigo; chilliness; drowsiness; constipation; tall and slim.

Sarsaparilla. Painful urging to urinate during the flow, flow too scanty and acrid; soreness in right groin; soreness of the inside of the thighs; itching, pimply eruptions; giddiness when looking at an object; mental depression produced by the suffering.

Petroleum. Painful pruritus during the period; herpetic eruptions here and there; burning in the palms of the hands; sad and inclined to weep.

Sulphur. Pains crampy, colicky, with a feeling of knotting up of the bowel; flow scanty, thick and acrid; terrible face-ache; head congestions; spotted redness of face; cold hands and feet.

Thuya. Pains terribly distressful in left ovarian and iliac region; flow scanty, preceded by profuse perspiration; heat and redness of the face; freckles, blotches and sycotic eruptions; vertigo on closing the eyes.

Zincum. Pains, rheumatic in the limbs and tensions of the knees; soreness of the vulva and mammæ; pale face; weakness of memory.

Anti-Syphilitic Remedies. By T. S. Hoyne, M. D., Chicago.
Read before the Western Academy of Homœopathy.

Although we have not as yet been (nor probably ever will be) able to produce syphilis by the internal use of any one of our drugs, we can cause glandular swellings, sores, ulcers, eruptions and disease of the osseous system, which are very similar to those occasioned by the specific poison. Quite a number of remedies have this power, but the greatest is *Mercury*. In the provings of this valuable medicine we find the following symptoms: inflammation of the prepuce; swelling of the prepuce, with burning, smarting and redness,

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with cracks and rhagades in the internal surface, and a red fine eruption on the surface. Vesicles on the fore part and sides of the glans, penetrating into the part and spreading; vesicles on the inner surface of the fore skin, which soon form little ulcers; small red vesicles behind the prepuce at the termination of the glans, changing to ulcers, which burst and discharge a yellowish-white, staining, strong smelling matter, . . . they are round, their edges, which look like raw flesh, overlap the ulcers, the base of which is covered with a cheesy lining. In fact the only thing these sores lack is the specific poison; they are very similar to chancre. Let us glance at the symptoms of the lower extremities, we find, hard elevation on the right tibia, red and shining with a tensive pain; a number of ulcerated sores on the left leg remaining open for eight or ten days—at first they were small itching pimples; the bone pains become intolerable at night (in bed). All of which are symptoms quite frequent in the tertiary stage. I might quote pages to you, instead of the few symptoms which I have selected, all of which would bear some relation to this affliction.

Mercury therefore, being the great similitum for syphilis is used by all schools, but not in the right doses, even by those of our own faith. What difference does it make whether you give as an allopath one grain of *Mercury* a day, or as a homœopath one-tenth of a grain every hour or two?—the amount taken by the patient is about the same.

After a somewhat lengthened experience I have come to the conclusion that *Mercury* ought never to be given below the eightieth or thirtieth. In Hahnemann Hospital all syphilitic patients are now treated with the thirtieth or two hundredth and our success is truly wonderful.

Mercurius corrosivus is I believe the best remedy for chancre if the patient has not received treatment from any one. The thirtieth or two hundredth potency will cure such a case inside a week.

Mercurius sol. is indicated for the symptoms I read a moment ago, when speaking of the sores occasioned by *Mercury*, if not due to it.

Cinnabaris is particularly indicated in scrofulous, intemperate and ill-fed persons, if other preparations of *Mercury* have failed.

Mercurius iod. has in my hands proved of but little service, except in the second stage, with characteristic ulcers about the mouth and fauces.

When we remember, however, that in the great majority of cases of syphilis that come into our hands, the patient has not only taken *Mercury*, but altogether too much of it for his own good, we are not disposed to give him any more of it, but select that remedy which will best antidote the excessive doses of *Mercury* taken, and also prove curative in syphilis. This combination of syphilis and mercurial poisoning is the very worst possible form of the malady, and is better met by *Nitric acid* than any other remedy. We might really head the list of anti-syphilitic remedies with *Nitric acid*, for it is the cure called for in nine cases out of ten of secondary syphilis. When the primary sore is not properly cured, and this is possible only under strict homœopathic treatment, the secondary stage of syphilis is generally complicated with mercurial poisoning. In the proving of *Nitric acid* we find symptoms like the following: considerable swelling and phymosis of the prepuce, without much redness on its internal surface and border, and in the orifice of the urethra; chancre-like, suppurating ulcers, with flat edges, without inflammation, but with violent lacerations; flat, yellow ulcerated places, like flat chancres, humid but painless, on the inner surface of the prepuce; flat ulcers on the corona glandis, looking clean, but emitting a fetid pus; all of which show that *Nitric acid* is entitled to take equal rank with *Mercury* in the treatment of primary syphilis. From experience I have found it to be the best antidote to mercurial poisoning and hence to secondary syphilis; for many of our old school authors attest that secondary syphilis is more apt to follow, or is due to, the use of mercurials in the primary stage.

In the pathogenesis of *Arsenicum* we find many symptoms which are similar to those occasioned by syphilis, and from clinical experience we know it to be curative in phagedenic chancres, syphilitic psoriasis, and other skin diseases.

Aurum metallicum acts especially on the bones of the head and face, and in syphilitic ozæna, and caries of the nasal bones, is the remedy par excellence. In one case which I recall to mind, the patient, a man aet forty-six, with syphilitic caries and ozæna, who had been under homœopathic treatment for a period of three or more years without any improvement, but getting worse all the time, so that he talked of committing suicide, and did actually attempt it, was entirely cured in about two months with *Aurum* 30th. His wife who had syphilitic psoriasis took *Ars.* 200 with great benefit.

Conium maculatum has proved of great service in syphilitic diseases of the testicles, particularly when the swelling of the testicle can be traced to a bruise or other injury. It is truly wonderful how soon the swelling subsides after a few doses of the two hundredth potency. A tramp came into Hahnemann Hospital not long since with syphilitic sarcocele, occasioned as he said by a bruise. He was totally unable to proceed any further, and we were obliged to take him in. Three days of *Con.* 200 enabled him to resume his travels.

Iodine well meets glandular swellings, particularly when chronic. Chronic buboes, when the swelling is very hard, and the patient very weak; trembling when walking.

Lachesis I have found of service in gangrenous ulcers, where it takes equal rank with *Ars.* and *Carbo veg.*

Natr. mur. always should be administered if the primary sores have recently been burnt with lunar caustic. It is a remedy of great power in the thirtieth.

Phosphorus seems to meet the third stage best when the hair falls out, leaving exposed ulcers of the scalp, which may implicate the cranial bones. A very fine cure was made (in a darkey with the above symptoms,) after the failure of other remedies with *Phos.*

Rhus tox. has not seemed to be of much service except in some few cases complicated with phymosis. *Sil.* comes into play in the third stage when the long bones are diseased and partions are thrown off with a profuse secretion of pus.

Thuja I am always reminded of when fig warts are present.

It is more often curative than *Nitric acid* which has been highly recommended for these growths. *Thuja* has not failed me as yet.

Quite a number of remedies might be mentioned such as *Apis*, *Argent. nit.*, *Fluoric ac.*, *Phos. ac.*, *Asafet.*, *Caust.*, *Hepar*, *Kali iod.*, *Mezer.*, *Puls.*, *Sarasap.*, etc., etc., all of which in their provings present many symptoms similar to those of syphilis, but they really occupy a second place. The ones I have briefly considered, *Mercury sol.*, *Merc. cor.*, *Cinnab.*, *Nit. ac.*, *Arsen.*, *Aur.*, *Con.*, *Iod.*, *Lach.*, *Natr. m.*, *Phos.*, *Rhus.*, *Sil.* and *Thuy.*, are the main anti-syphilitic remedies, and are sufficient to cure the great majority of cases. I say cure, for there is no question about the cure of syphilis when treated scientifically and homœopathically.

Medical Geology. Read before the Western Academy of Homœopathy. By Lucius D. Morse, M. D., Memphis, Tenn.

The influence which soil, and its various underlying strata, may have in modifying health, is a subject which has received comparatively slight attention from scientific men. Perhaps the reason of this may be found in the complexity of the subject, and the difficulty of discriminating other simultaneous and powerful influences. Nevertheless it requires no deep study to discover the importance of the geological factor in the development of the organism. That simple locality conjoined with climatic causes, exercises a marked sway over the development of races, is not for a moment to be denied. A glance at savage tribes in different parts of the globe will show us what conditions of environment are enabled to effect, where the bias of customs and manners,

incident to civilization, does not enter, and where man is more in a state of nature. Although it may be exceedingly difficult, perhaps impossible, to separate the factor of pure locality, and express the value of strictly telluric influences, still it must be seen that these influences are very powerful indeed.

Man is nourished by the food which he eats. Change of diet produces change of structure. Difference in soil where climates are the same bring about differences in product—hence modifications in diet. The character of the strata in any locality determines the nature of the springs, whether the water be comparatively pure or loaded with mineral products. Heat, cold and moisture acting upon soils produce various miasmata, tending to the development of diseases widely different in character, as witness yellow fever, the different types of intermittent fever, typhoid fever, etc.

Mark also the influence which a lime stone country seems to have upon its inhabitants, as regards development of the osseous system, seen, for instance, in the splendid stature of natives of many portions of Tennessee and Kentucky. It is also instructive to remark the frequency of cases of gravel and stone in the bladder in these self same localities—resulting from excess of lime in food and drink. In middle and East Tennessee stone is by no means rare, while in the Western portion of the state a case of this trouble is seldom seen. The character of the country could be predicted from this fact.

The Eastern and middle districts are hilly and mountainous, with plentiful development of lime stone, while West Tennessee is, in general character, a flat alluvium, entirely destitute of rock. We are prepared to learn that Dr. Eve, of Nashville, has operated for stone more than one hundred times—his youngest patient being only about three and one-half years of age, while Dr. Dudley, of Kentucky, during his life time, operated more than two hundred times.

There are particular localities where goitre prevails to a surprising extent, caused it is supposed by influence of soil or strata upon the water supply.

Many endemic diseases, I doubt not, are to be ascribed more to the peculiar structure and composition of the earth's crust than to climatic influences proper.

This subject is worthy of far more attention from physicians than it has yet received, and these hurried reflections are presented simply for the purpose of awakening an interest in it.

There is one element in this complex problem of climate which man is able to modify in a greater or less degree, and that is moisture. The close relationship which exists between the geological and the meteorological branches of the subject is easily seen. By decreasing, on a grand scale, the forest growth of a country, the average rain fall can be materially reduced—by increasing this growth a corresponding increase in amount of annual rain can be brought about.

By means of drainage, man can exert a still more considerable modifying influence over the conditions which produce certain miasmata. The health of whole regions of country has been modified in this way. Careful drainage of swamps has reclaimed fertile lands, and rendered comparatively healthful, localities which were previously the hot beds of disease.

Guide Boards to Prescribing. By Geo. M. Ockford, M. D.,
Hackensack, N. J.

Much has been written of late upon the "physiological livery," of "Schuesslerism" and kindred topics; and elaborate arguments have been entered into to prove either side of the question, but leaving the discussion of these matters to more able disputants, I merely want to call attention to the value of closely observing all the symptoms of a case possible, in

order to get one that will point like a guide board to a certain remedy being indicated by the totality of the symptoms. And it makes no difference whether the remedy is one laid down for the particular disease or not. Get the peculiar characteristic symptoms of a drug manifested during the course of a disease, and unless the vitality is so low that there can be no reaction, the remedy will do good. Probably the most satisfactory class of symptoms are those called "mental." How often the peevishness of *Chamomilla*, the mild yielding disposition of *Pulsatilla*, the sighing of *Ignatia* and the irascibility of *Bryonia* have pointed to these remedies, like straws that show which way the wind blows. But not alone with these mental symptoms are we to be content; other symptoms fully as reliable exist and in children and a great many grown people it is utterly impossible to get hold of any mental or in fact other symptom. They perhaps want something for a cough, but are unable to describe its character or aggravations. And as a large majority of our remedies have this particular trouble in their pathogenetic effects as laid down in our materia medicas, the choice is difficult. A case of this kind occurred in my practice a short time since. The patient was a female, who appeared much frightened about her condition, but about the only symptom that I could elicit was the fact that she had a day cough, until I noticed a sudden movement and inquiring the cause was told, "I feel every little while that a pin was sticking in me." Here was a straw. "Fine stitching pains, *Kali carb.*, I uttered mentally, and following up this clue, I found a whole group of *Kali carb.* symptoms, and giving that remedy in the 30th potency, the improvement was rapid and lasting.

Another, a case of typho-malarial fever, the patient was very sick and I had counsel, the counseling physician recommended *Baptisia* and *Eupatorium perf.*, excellent remedies in that class of cases, and possibly *Podophyllum* might benefit. I gave these remedies but still the patient did not recover, when one morning on going into the room, I was asked if I would allow my patient to drink beer. Here was another straw, "Thirst for beer," several remedies. Examining further, I found a "bitter foul taste" with "morning nausea" and

“an accumulation of water in the mouth,” and upon talking to the patient I found “loss of memory” and also a “fetid breath.” Here was enough—*Petroleum* was the remedy, and giving that in the 6th dilution, the improvement began immediately and a rapid convalescence ensued. Another case illustrative of this method of prescribing is that of a little girl, aged 7 years, who was attacked with a chill followed by a fever, and the fever continued with remissions for several days. At first there was considerable abdominal tenderness, but under the action of appropriate remedies this subsided, but instead of this, daily at 2 p. m., severe colicky pains would set in and continue till midnight, attended with frequent diarrhœic discharges. Several “regular” anti-periodic remedies were given without relief, when the mother remarked that the child’s bowels kept up such a rumbling, “just like water being emptied out of a bottle.” Upon further inquiry, I found another straw, “discharge when passing flatus,” and this was about all, but I resolved to trust to *Alæ*, and gave it the 12th potency, about 7 o’clock p. m. After the first dose, patient went to sleep and slept till midnight, took another dose and went to sleep till morning; woke up without pain, and has had no return of it. The fever and all the accompanying symptoms disappeared. I had never read that *Petroleum* would cause typho-malarial fever, or that *Alæ* would cause remittent fever. Neither of these pathological states had been known to be cured by these drugs, and yet corresponding to the peculiar and individualizing symptoms, cures were effected. But these symptoms sometimes require great patience and acute observation to elicit. Once secured, however, they are like Aladdin’s lamp and open up a vast amount of pure gold in the facility for successful prescribing. He, who like Dryden’s swain, who

“Trudged along, unknowing what he sought,
And whistled as he went, for want of thought?”

Expects the finer symptoms to be obtrusive enough to thrust themselves upon his observation will never find them, and will fail to give himself that exquisite pleasure one feels when they know they have made a brilliant cure, no matter whether your patient appreciates it or not.

General Clinics.

A CORRECTION. WHAT IS THUS?—Dr. Ockford on page 583, Vol. IV., reports intermittent fever cured with *Thuj*. This is a mistake. It should have read *Thus*. Dr. Ockford, in answer to what the abbreviation meant, says:

“*Thus* is a trituration of common *Frankincense*. We read in the U. S. Dispensatory, 13th edition, p. 861, under the head *Terebinthina, U. S.*, as follows: ‘Off. Syn., *Thus Americanum*, common *Frankincense*. The concrete turpentine of *Pinus Tæda*, the *Frankincense* pine and *Pinus palustris*, the swamp pine. From the southern states of North America.—Br.’ The remedy is catalogued as *Thus* in our eastern pharmacies, and is known under that name among us. Several physicians have used it with success in this state, notably Dr. G. W. Richards, of Orange. I know of no provings of the drug, but I have now used the drug for five years, and my experience points to the indications as stated in my former communication. Trusting this will give you light on this subject, I remain faithfully yours, G. M. O.”

A CRITIQUE ON DR. PARSON'S SURGERY.—On p. 42, vol. V., of *Medical Advance*, I find an article on surgery winding up in this form: “It is unusual to witness so many changes occurring so rapidly in any case, medical or surgical, and we may justly attribute his being alive to-day to the efficiency of remedies administered on the inimitable principle of *similia*.” Now if I were allowed to judge, I would say, had that limb after the first amputation been dressed with a layer or two of cotton, saturated with a weak lotion of *Arnica*, then bound with dry cotton thick enough to exclude the air, and *Arnica* 3 every four hours, with one dose of *Sil*, 200 every evening, and if need be to control any febrile symptoms that might arise, *Aconite* in alternation with *Arnica*, there would have been no need of erysipelas, gangrene, reamputation, pyæmia

and retention of urine, with a great deal less suffering for the patient and less trouble to the physician, and no need of taking up five pages of so valuable a journal.—J. D. G.

A NOVEL CURE FOR AGUE.—I want to say a few words about a mechanical or mechanico-physiological cure for ague and get from some body the philosophy of the thing. It is a sure cure in the old chronic agues that have assumed a habit of returning at stated periods, where remedies do not seem to meet them.

I submit it for your consideration. It is as follows:

About an hour previous to the chill (time) wrap the arm above the elbow sufficiently tight to impede the circulation, that there may be perceptible enlargement of the veins. Also wrap the leg of the opposite side of the body, above the knee, sufficiently tight to produce a slight tingling sensation, but not enough to cut off circulation entirely. This process to continue until the chill time passes. It has been successful in many cases, but should be repeated two or three times. Now here is a good opportunity for a trial of the circulation cure. I have tried one case, success followed. I know of an old physician who says it never failed him.—A. P. DAVIS, M. D., Paris, Ill.

CLINICAL CASES. By E. W. Berridge, M. D., London, Eng.—CASE I. *Lachesis*. Miss — had a feeling of talons sticking into the larynx, worse by coughing. *Lachesis cm* Fincke only relieved it very slightly; *Lachesis mm* Boericke removed it quickly. Another proof that the higher the potency the more rapidly and completely curative is the action thereof.

CASE II. *Sulphur*. Mrs. —, aged "between fifty and sixty." (She would not tell me more exactly!) April 13, 1876. For two months has had the following symptoms: inner surface of right lower eyelid red: the lids adhere on waking in the morning, especially the right lids: lashes of right lower lids fall off: right lower lid everted. For these symptoms she had consulted Dr. Joseph Kidd, (the pretended homœopath who treated the late Dr. Phillips with leeches, blisters and twenty grains of *Bromide of Potassium* every

two hours.) Dr. Kidd prescribed *Zinc* powder as an external application; it simply made her eyelids feel stiff. (N. B. Dr. Joseph Kidd is on the council (!) of the new "London School of Homœopathy." How can anyone have any confidence in a school presided over by such a mongrel and quackish prescriber?)

For two years she had been using the Mexican hair wash, for though she belonged to the "straitest sect of the Pharisees" of the nineteenth century, she had almost worldly pride in trying to preserve as long as possible a youthful appearance, which she by no means succeeded in doing. This hair wash is said to contain *Sulphur*. I gave her a globule of *Sulphur* 10 mm (Swan) three times a day.

April 17. Inner surface of lid less red: is better for the first time to-day. No adhesion to-day. Yesterday she smelt *Sulphur*, and to-day tasted it, and so concluded that I was giving her *Sulphur*, though I had given her no idea of what the treatment was. This new symptom of course arose from the elimination of the *Sulphur* by which she had been poisoned, in her attempt to be made "beautiful for ever." Continue medicine.

20th. Lid less everted; itching rash on abdomen and lower part of back for three or four days, worse upon undressing: lids move, no adhesion to-day, a little yesterday: no more taste or smell of *Sulphur*. Continue twice a day.

26th. Lids scarcely at all everted: less itching: lids less red: have adhered only twice: lashes still fall off. Continue every morning.

May 3d. Felt better up to yesterday: not so well to-day: lid not everted: less itching: rash less: lids less red. For last two mornings lids adhere on waking, but less than before. Stop medicine.

16th. Reports by letter that the eyelids have adhered more: rash gone. No medicine.

29th. Reports by letter that lids often adhere in the morning. As the action of the *Sulphur* seemed to have ceased, I now gave her *Sulphur* 20 mm (Swan) three times a day.

June 19th. Has taken no medicine for a week. Eyes much better: no adhesion. Stop medicine.

July 25th. Having been at a distance from me, and feeling weak from the heat of the weather, she consulted a reputed homœopath who gave her what she called "a very mild preparation of *Green Iron*." She says her eyes have been worse since she took it: the inside of right lower lid very red, and lids adhere in the morning.

Diagnosis. Serve her right for her folly. Treatment, *Sulphur 20 mm* (Swan) three times a day.

Aug. 1st. Eye looks quite well: very little adhesion. Continue medicine.

20th. No redness or eversion: no adhesion for fourteen days: lashes no longer fall off. The patient did not consult me again.

As in this case the *Sulphur 20 mm* had a more lasting effect than the *10 mm*.

CASE III. *Lachesis*. 1876, Dec. 20. Mr. — for fourteen days had complained of numbness in occiput, with pain in forehead: on touching throat, darting from throat to occiput: chest feels dry. *Lachesis mm* (Boricke) three times a day.

1877, Feb. 14th. Reports that he was better next morning, quite well in four or five days, and has had no return. Probably a single dose of *Lachesis* would have been sufficient. I tried both plans, single doses and repeated doses, and find that, with these very high potencies, single or rarely repeated doses as a rule are preferable.

BROOKLYN HOMŒOPATHIC HOSPITAL SURGICAL CLINIC.
—A Couple of Cases.—By Geo. C. Jeffery, M. D.—During the year ending May 1, 1877, I treated in my clinic at the Brooklyn Homœopathic Hospital (an institution where an average of fifteen thousand patients are treated annually) between seven and eight hundred surgical cases, embracing a list of many diseases of considerable interest. I will here transcribe a couple, and possibly they may contribute a share of interest to some of your readers.

CASE I. VARICOSE OF THYROID. Treatment Progressing. Mrs. W., aet. thirty-eight, nativity U. S.; occupation, dress maker. Mother of four children. Up to the time of her last confinement she enjoyed a fair degree of health.

Her last labor was protracted and was overcome with many difficulties. After recovering from the immediate effects of her confinement, she experienced an uneasy sensation just to the right of the meridian line of the neck, with some pain on pressure and a slight enlargement. Before she came under my care she had consulted a number of reputable surgeons, and all agreed on the common diagnosis of goitre. After getting a detailed history of her case, I made a thorough examination, and with as much surprise to myself as to my patient, I viewed the case differently from my medical predecessors, and termed it, with much certainty, varicose veins of the thyroid plexus. The reasons why to my mind bronchocele did not exist were most evident. First: Because in directing my patient to swallow, the enlargement remained perfectly unmoved, and was not in the least influenced by the act, when in cases of goitre the thyroid gland, owing to its anatomical attachments, must follow the movements of both the larynx and trachea in the process of deglutition. Secondly: Because there was no special influence made upon the size of the swelling during the catamenia, when in bronchocele it is a proven fact that the thyroid gland is enlarged during this period. These I consider positive evidences on the negative. Now for the probable ones. First: During this disease, in the vast majority of cases, both lobes with the isthmus of the gland are involved, completely filling the whole front of the neck. Very seldom indeed is either one lobe or the isthmus independently affected. Secondly: Owing to the feel which is given off by a varicose collection of veins as described by my much respected preceptor, Prof. S. R. Beckwith, "that they always feel like a collection of worms under the fingers." I found such a collection and well knew that a varicose engorgement was no part of bronchocele. Thirdly: Her condition was one of anæmia. The vast majority of cases of goitre are found in plethoric women, and mostly of the German nationality. Fourthly: Considering that the condition assumed itself during confinement, and well knowing the tendency of congestion of the head and neck during the parturient act, tended with the

other facts to make the theory of varicose veins more reasonable. Appreciating how the engorged veins would expand their coats and thereby allow the dependent valves to fall backwards, and hence establish a chronic stasis of blood. Fifthly: Her eyesight was perfectly acute. Bronchocele is the frequent companion and forms a pathological intimacy with a disease known to oculists as "Basedow" or "Graves" disease, in which there are certain disorganizations of the internal structures of the eyes. Sixthly: Because there was swelling on but one side of the neck, immediately over a portion of the thyroid plexus, having the pathognomonic feel as described. Seventhly and lastly: Because of the sensitiveness on pressure, and constant soreness upon moving the neck. Hence my diagnosis of varicoses of the thyroid plexus.

Treatment, locally, the following

R	Potass. iod.	grs xx
	Tr. Hamamelis	ʒi
	Aqua	ʒii

M.

My treatment has been chosen with a view to combat her anæmic condition, and at present she is on *Ferrum met.* ʒo, and *Arsenicum* ʒoo. Up to this point my success has not been as encouraging as I should like to report. I think, however, that there are a few points of improvement, and in this view I am so fortunate as to be possessed of the gratuitous confidence of my unfortunate patient.

CASE II. EPITHELIOMA. Operation. Recovery. L. H., aet. forty-eight, Irish, laborer. Had been suffering several months when he first presented himself to me. I was directed to examine a small growth upon his lower lip, which I immediately recognized as an "epithelioma." I, for a few times, made the application of caustics, but with no effect except to add malignity to the appearance of the sore. I decided to temporize no longer. After freezing the lips with an *Ether* spray, a V shaped incision was made, either side meeting at about one inch below the vermilion border of the lip. After suppressing the hæmorrhage, the usual operation for hare lip was instituted; the wound was brought together

with three silver pins, and the edges united with a figure of eight suture. Recovery was complete, no new appearances having yet shown themselves, and over six months have now transpired since the date of the operation.

CLINICAL CASES. By E. W. Crooks, M. D., Santa Barbara, Cal.—CASE I. DIPHTHERIA. *Opium* ʒ. Leslie D., aet. eight years. Had slight attack of diphtheria which yielded to *Merc. prot.* ʒ. Not a great amount of membrane formed and little prostration. Discharged him apparently well, Was called the following day and found him in all the agonies of suffocation from the deposit of membrane in the trachea and lungs. Had taken cold, hence the relapse. I tried all the remedies spoken of by Oehme and Raue without any relief. Child growing worse all the time. Then I put him upon *Opium* ʒ which I find no where recommended for diphtheria. Put eight drops in one half glass water, two teaspoonfuls every ten minutes. After a few hours the membrane commenced to loosen and come away, when the remedy was given every half hour, then hour, and by the second day the membrane all came away. The symptoms for which I prescribed *Opium*, and which I find in Lippe, were, suffocative attacks during sleep; cough, with dyspnoea and blue face, with profuse perspiration on whole body. The attacks of coughing and strangling were fearful, and I left the room several times to avoid seeing him die. I used *Kali bi.*, *Ammo. caust.* and *Bromine* without any effect.

We have been having an epidemic of diphtheria for five months. *Merc. prot.* ʒ and *Lach.* ʒ have been my principal remedies.

CASE II. NEURALGIA. AMENORRHŒA. *Bryonia* ʒ. Mrs. C., aet. thirty-four, married, sanguine nervous temperament, Thirteen years ago was confined, had instrumental delivery; after a slow recovery she got up, but almost immediately had a severe attack of facial neuralgia, which she had not had before her confinement. She was treated regularly for the following eleven years without a return of the menses unless operated upon, and without much relief from neuralgia. She was operated upon thirty-seven times she told me.

Miscellaneous.

Our Indiana Letter. The Western Academy of Homœopathy. The Indiana Institute. Personal Sketches.

EDITOR ADVANCE:—Hearing that a combination convention of "littlepillists" was on the tapis, and having business that called me to the city of Indianapolis, I arranged my programme so as to take in the gathering of the like-like doctors.

Out of the prejudices of my early education, I was not prepared to see so fine looking a body of men. Hitherto, Homœopathy has been associated, in my mind, with long, ragged locks, lantern jaws, cavernous eyes, cadaverous faces and seedy apparel. No description could more ill suit the gentlemen (or ladies) of this convention. Most of them were large men; well fed men; sleek as dry goods clerks; stately as railroad officials and as affable as clerical book agents.

Speaking about large men reminds me of a thought that has assailed my calvarium many times. What mysterious providence shapes all the obstetricians after the bay window style of architecture? Don't tell me there is nothing in the association of ideas. The pot-bellied doctor gravitates irresistibly into the obstetric practice of his location, or the obstetric practice of a locality inclines a fellow to be pot-gutted about it, one of the two. There are just enough exceptions to this rule to establish the fact that it is a rule. Dr. Baer is a notable exception to the above. In fact, he is an exception to anything above or below. He told some anecdotes in mss. (which he read by proxy) that beat Beadle's dime novels hollow, and compelled my capillary substance to bristle like "quills upon the fretful." He has seen more things than are dreamed of in most men's philosophy—monstrosities, marvelously monstrous. Creatures with horns, things

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without heads, and things with more than their share of heads; alligators, and perhaps hippopotamuses—I'm not quite sure—frogs and guillotined rats, and lizards, and gibbering monkeys, all products of that wonderful contrivance, the human female uterus.

The most wonderful part of this story is that nobody doubted that Dr. Baer saw all he said he did. And when Dr. Wilson, after his usual sarcastic style, had expressed his astonishment at the wonderful facilities of Richmond as a monstrosity center, and the inability of his exhausted organism to take in any more facts of this kind, the old doctor, with a dry twinkle in his little blue eye, remarked that the parents of the alligator had removed from Cincinnati to Richmond, hence Richmond was not entitled to the proud position of banner city in this line.

The high-joint sessions were presided over by Dr. Parsons, of St. Louis, a clever gentleman and skillful surgeon, with a knowledge of sub-periosteal surgery, and a faculty of presiding according to the most approved parliamentary tactics. I am grieved to record the fact that he parts his hair in the middle. Dr. Breyfogle, of Louisville, was his alternate in the chair, being president of the Indiana Institute. I am gratified to know that the Institute showed its good sense by re-electing him president, although upon general principles I am a one term man.

Dr. Beckwith is a solid man whom I would have labelled a Methodist preacher, with a first class city pastorate. He is a wheel horse in Homœopathy, and (strange to say) although a pioneer, is fully up with the modern ideas. Dr. Buck is a good talker, and has a way of getting at the meat of the nut immediately.

These gentlemen were called out by Dr. Breyfogle's paper criticising the two term plan adopted by Pulte College. The arguments sustaining the spring term were sound and convincing. Currying horses, posting books, and collecting bills for a country doctor were not deemed indispensable to the culture of the modern medical student.

Of the many papers presented and read, I will say nothing

more than that some were good, some indifferent and some trashy. The committee will use a good deal of waste basket in its discriminations, or vice versa.

The dose question maintains a white heat, regardless of thermometrical aberrations; and there really seems no prospect of the cooling to crystallization.

Dr. Eggert, of Indianapolis, met with a contretemps that will increase the attitude of his disdain for the "lows." Dr. Eggert is a "high," and while making a violent harangue, in which he repeated that low dilution cures were not "homœopattee," a jeering interlocutory was put in relation to the patent nostrum he was in the habit of recommending for the cure of ague. To this the doctor replied he had given something of the sort, but only at the patient's request.

Really, I have, for the first time, been struck by the possibility of a cure being made by something above the 3x—even when the 3x will not cure. After seeing and hearing and talking to Hoyne, can I longer doubt that the 200th is a medicine? And when Wilson tells me that *Lac Caninum* the *cm* is not to be snarled at, can I "squual?"

Just here it may be well to state that Halsey, of Chicago, states on his word as a pharmacist, that the *cm* can not be made by Fincke's process, which I understand to be the putting of one drop of the drug in a vial, and turning on Croton to the amount of one hundred thousand drops. This would be a little less than two gallons of water. If I am wrong, somebody right me, or write me. Really, this question of pharmacy is of importance to more persons than pharmacists. If there is no such preparation as the *cm* let us know it. Let us know all about it. Some pharmaceutical papers are in order.

In this rambling letter I have omitted mention of many worthy gentlemen. The Messrs Runnels were notably the only practical morbid anatomists in the convention. They should be encouraged. Prof. Franklin, of St. Louis, had the enterprise to bring an illustrated subject of practical interest before the convention, for which he deserves thanks. In short, the display of professional talent was such as make it certain that Old Physic must go the wall finally. "Lo."

I was sent for when she had an attack of neuralgia. Found her suffering with neuralgic pains in the left side of face and head, relieved by hard pressure: some nausea and vomiting. I prescribed *Bry. 3*, five drops in one-half glass water, two teaspoonfuls every ten minutes. In one half hour was relieved and in twelve hours was over the attack. After hearing the history of the case I put her upon *Bry. 3*, six pellets at night for two weeks: omitted one week: commenced again, a dose every second night. At the end of the first month had a slight show, with no neuralgia. Continued medicine every third night and at the end of the second month the menses returned promptly, and have continued to appear regularly, with no return of the neuralgia, though several months have elapsed.

The particular symptoms for which I gave *Bryonia* were, pains relieved by hard pressure and by cold applications: nausea upon rising.

Coition and Fecundation. By H. R. Arndt, M. D., Ionia, Mich.

Among the many duties which life imposes upon all mature men, that of perpetuating the race is prominent; it is coupled with an act exceedingly pleasurable, the act of coition. Men are given to overlook, in the intoxication of the latter, the stern responsibilities of the former. The enraptured bridegroom forgets that he is a prospective father—the young bride yields to the present only, without realizing that wifehood brings motherhood in its train.

Few people have a proper appreciation of the act which results in the creation of a new life. Its indulgence to some

is a ruinous passion, a fatal poison; others partake of it simply because it is expected of them and is proper; and a few claim not to be troubled with it at all and are even silly enough, on strength of professed abstinence, to call themselves "chaste." Nor do many of our better informed fellows presume that there is more in cohabitation of the sexes than the legitimate indulgence of a strong and legitimate instinct, which nature has implanted in us to avoid depopulation.

First of all I am ready to claim reproduction is not the only object of sexual life. This union of man and woman, if complete, will not only under favorable circumstances produce a new being, but it will tend to develop into maturity and full bloom the physical, mental and moral nature of both participants. Without it none can reach physical perfection or a fully developed, harmonious spiritual existence.

The sexual embrace consists essentially of a physical and spiritual union. The former, wholly mechanical, is simply the means of bringing into contact the seminal fluid of the male and the ovum of the female; the latter unites soul to soul, mind to mind; if it does not amalgamate into one the strength and energy of manhood and the tender grace of womanhood, it softens down the harshness of the one and gives greater firmness to the other; or if impregnation takes place gives to its product those peculiarities which will fit it for a successful career in the future or destine it to be a drone in the great beehive of humanity.

I insist most emphatically upon the necessity of more fully and practically recognizing this spiritual part of sexual life. It is that which lifts man up into his proper sphere, and its recognition alone will be a strong barrier against excesses.

It seems strange that even medical men are slow to acknowledge and to teach the fact, if they do not deny its truth unconditionally. But observation proves that sexual life brings with it changes which can be explained upon no other basis.

Do women, who have during maidenhood enjoyed but

poor health and who, as is often the case, improve visibly, in health, do so simply because of the physical relation which they have assumed, or because a new life power has been instilled into them while pressed closely to the heart of a strong manly frame, which was so full of vitality and magnetism that their own feeble body could imbibe from that source the vigor it needed, and drink at that fountain the strength which gave to it a new lease on life?

'Tis the married woman unconsciously impressed with the individuality and the peculiarities of the husband to such an extent that they will be a part of herself ever after, not only transmitting them to her own children by him, but stamping them in many instances upon her children by another husband, simply because she bears his name, sleeps by his side and submits occasionally to a tame embrace, or is it because the stronger spirit has by the very intensity of its love, by the very nearness of its approach impressed upon the gentler and weaker life indelibly and unconditionally the mark that will claim her his own even in the hereafter?

It is true we find, according to good authorities, something similar in animals; as the case of the mare so often referred to, which had born a colt by a quagga and whose subsequent colts by horses were marked like the first. Such cases in animals are however exceedingly rare, and in the instance cited probably due to an impression conveyed to the brain by sight and depending upon the (to the mare) exceedingly striking appearance of the quagga and have reference only to physical marks; while in man they are not only frequent but extend to mental peculiarities.

I have a near relative, a lady who married young, a man of a peculiarly unhappy temperament, which by its fitfulness eventually caused a separation. In the course of time she married a man of the utmost patience and of unlimited kindness, but every child born them, especially the older two, partook to a very marked degree of the peculiarities of her first husband, although the mother, a large, fleshy woman, was remarkably even tempered until suffering in

after life from a very painful disease. I may also add that of the four children of the second husband three died with a brain difficulty, and that her first husband died at the age of forty-six, after having for a long time shown symptoms of cerebral irritation, while her second husband is living now and is apparently in the enjoyment of full health.

It is generally known that a negress, whose first child was born to a white father will ever after give birth to children of lighter color than herself, even if the father be black. Is this due to the peculiar relation which the fœtus in utero holds to the mother, affecting her system in a peculiar manner, because by means of the placenta excrementitious substances, produced in the correlation of the fœtus (vide Dalton on physiology, page six hundred and forty-eight) are transferred into her organism and are discharged by her excretory organs? Have the most careful microscopical examinations shown conclusively an absolute and undeniable difference in the blood of the white and of the black man, which might affect the question? Were the case reversed, the father black and the mother white, we might manage to make out a showing by falling back upon the pigment of the father and claim that its trace remains forever in the mother; as it is none exists in the white father and its absence can certainly produce no positive effect upon the mother.

No, it is that subtle but powerful magnetism of a strong organization which infuses itself into the very fountain of the weaker vessels of life so strongly, that its imprint can never be wholly eradicated.

As we look upon sexual life in the light of a union, spiritual as well as physical, it certainly becomes an exalted act; and if it be true that it brings two human beings into such close relation as to effect not only their bodies, but their souls as well; if it be true that the stronger will influence the weaker (for upon this ground only can the man impress the life and being of the woman, and if himself the weaker he will be one who from necessity must submit to the influence of a superior and stronger force) then the marriage

bed becomes at once a powerful lever for the weal or woe of the individual and of the race, it then not only provides for the future by sowing the seeds of life, but takes care of the present by modifying and ennobling the present generation; and it is only when such union exists, full and complete, that we can look forward to the fruits of the marital bed with pleasurable anticipation.

It is somewhat surprising and saddening to know that of the millions, who beget and cherish children, who will slave and toil patiently to supply their wants and to see them grow up to usefulness and to honorable employment in life, so few understand how much of this ultimate success will depend upon the amount of strength, health, patience, energy, perseverance and intelligence transmitted to them from their parents. It becomes us then briefly to consider at least a few of the influences which will affect the welfare of the child "to be," confining ourselves to the period of conception.

While impregnation will take place whenever the seminal fluid of the male comes in contact with the ovum of the female, it is generally presumed that the child in shape will be more perfect, stronger and healthier if both parents participate in the transport of the act at the same moment. The supposition in itself seems reasonable, especially if the views expressed before, are correct; and if so, coition should not be indulged in, unless both parties are in a condition to enjoy it and are desirous of it. The fruit of a conception that has taken place under other circumstances can not help but be listless and dull, if well otherwise; and with the pressure of the nineteenth century upon society such people can be of little use to their fellowmen, and of little comfort to themselves.

(In conversation on this point with a "Christian gentleman," a few days since, I was severely criticized and reminded of both law and gospel. I nevertheless hold to my view and despise the man who can be satisfied to claim as his right that, which can confer pleasure only when freely offered by love.)

The state of either parent at time of conception has much influence upon its fruit. The effect of intoxication, for instance, is too well known to require special mention, for cases are by no means rare (and quite a few have come under my personal observation) that clearly prove idiocy and insanity, to be caused by either parent's being under the influence of drink at time of conception. That the state of mind at time of conception materially affects the nature of the child is shown by the fact that in large families each child, while possessing the family likeness, will have its own, well marked peculiarities, while twins generally resemble each other closely in every respect.

Is not, in speaking of the influence of the parents upon the offspring, that of the father often underestimated? Is not the ovum of the female absolutely negative, containing nothing but the possibility of a future life, without any other attribute whatever, until it comes in contact with the fecundating fluid of the male, containing in itself a germ of all the father is, physically, mentally and morally, and giving to the egg not only the power to live and to produce, but impregnating it also with the complete and full impress of his own life and then leaving it to the mother, through the intimate relation which she holds to the fecundated ovum for so long a time after to exert her influence upon the being that is budding into life?

Is it true, that marriages between near relatives are unadvisable, warranting the interference of legislation, (vide action of Michigan Legislature, 1877)? Statistics show that the prejudice against such marriages is largely unfounded, and that in Europe at least, where intermarriages are much more frequent than on this continent, no evil results have arisen from them, unless a special taint was hereditary in the family; and in that case healthy offsprings could hardly be expected under any circumstances. Almost all of the reigning families of Europe are nearly related by repeated intermarriages, but are, as a rule, healthy, long lived and many of them talented. The same applies to a very large majority of the old nobility of England, Germany, Austria and other states.

Is it true that great genius is hardly ever transmitted from father to child? While we acknowledge that at first glance such seems to be the case, we must also remember that we are apt to overlook the genius of a son in the splendor of a father's fame; that great men often marry inferior women, and give their children mothers far from brilliant (see wives of Shakespeare, Goethe, Schiller, Shelley's first wife); that many men of fame either exhaust themselves through arduous labor and unceasing toil, at the direct expense of their descendants, leaving them, it is true, a celebrated name, but robbing them at the same time of the vigor necessary to gain distinction themselves, or that they waste it in a variety of excesses, such as tempt a man of prominence in high and fashionable life, at least at the great commercial, political or intellectual centres of Europe. But upon a careful and painstaking canvass we must conclude that brilliant talent is apt to run in a family, giving its members distinction in science, in the professions, in art, commercial life and statesmanship, (see the families of Agassiz, Beecher, Sieboldt, (Dr.) of Berlin, Thackeray, Bulwer, Astor, Disraeli, Adams, of Mass.)

Lastly, is it well for a poor young woman to marry a reformed rake? A somewhat distinguished New York phrenologist has published a popular work on "love, marriage, etc.," which has been sold largely. In it he asks the above question and encourages an affirmative answer. Shame on such advice? Mate daylight and darkness as well. Will the reformed "rake" be a better husband because his youth has been spent in the sink holes of a large city—in the society of prostitutes and their boon companions? Shall he hold the pearl of great price, the heart of a pure woman, in the hand soiled by familiar contact with the very dregs of humanity? Will he be the kinder, the truer, the nobler, because he has loved that which is coarse, and false, and vile? Will he be a better father because he has ruined others' homes, and perchance is ready to transmit to an affectionate wife, and to her children, the fruits of his own evil doings, and cause them to suffer the horrors of the damned by a bequest of the foul poison he contracted while "raking" it in the dens of iniquity?

No, she had better die at once than sink beneath the waves of bitter anguish inch by inch; or rather let her mate herself to a fair type of pure young manhood and raise for herself an enduring monument, by giving to her country daughters to love it and sons to defend it.

What is Moderate Drinking?

The advocates of total abstinence from intoxicating liquors are wont to condemn even a moderate use of stimulating drinks, on the ground that "moderate drinking is the parent of excessive drinking." The Lancet questions the correctness of this proposition, but in its negative definition of what is meant by "moderate" drinking the votaries of Bacchus will find but very little comfort. "The man" says the Lancet, "who begins the day with a 'soda and brandy,' has very little respect for his constitution, and if he does not alter his habits, they will alter his health. Odd glasses of beer and glasses of spirit in a forenoon do not come within the range of moderate drinking. That is not moderate drinking which adds fifteen or twenty beats to the pulse, or which flushes the face. Finally, all casual drinking is bad, presumably, and not moderate drinking. The system will not receive food merely as a matter of conviviality, at all sorts of odd hours. Still less will it receive with impunity drink in this way. Drinking which disturbs sleep, either by making it heavy or by driving it away, is not moderate. Moderate drinking is that which exists with a clean tongue, a good appetite, a slow pulse, a cool skin, a clear head, a steady hand, good walking power, and light, refreshing sleep. It is associated with meals, and is entirely subordinate to more convenient and less objectionable forms of food. That such drinking produces drunkenness, has yet to be proved, as it has yet to be proved to be essential to health."—*Popular Science Monthly*.

Commencement Exercises Pulte Medical College.

The exercises took place in the large pavilion on Price's Hill, on the evening of May 24, 1877. The weather was fine, a trifle cool perhaps, making a fire in the hall a very comfortable addition. Price's Hill is, we may say, a new addition to the city, for although nominally a part thereof for many years, it has not been accessible to the denizens of the valley, save by methods too expensive or laborious, to make it a place of resort. All this has been changed however by the enterprise of its owners, and all that is now required to reach its heights is to take a seat in a comfortable car and in two minutes you are transported from the lower level to one of the most attractive and beautiful resorts our city can afford. It is a paradise to the dwellers of the town. It differs from other resorts in, that you can not buy anything more stimulating than coffee or tea, not even a cigar. Well, it was a novel thing for the faculty to go to such a place to hold their public exercises, but the result proved anything but a disappointment. The audience came principally from the neighborhood, though many were there who came from below the hills. All seemed to enjoy the occasion and commend the selection of so beautiful and appropriate a place. The class, numbering twenty-four, made a fine appearance. In quality it was one of the best that ever went out from the college. The programme of exercises is printed in another place. The address of Prof. Bronson was a model, showing close and careful thought and much literary excellence. The valedictory by Dr. Grant was well delivered and received much commendation.

After the literary exercises were over, the faculty, students, and their friends, to the number of eighty, sat down to a banquet prepared by mine host Schmidt, which was a most enjoyable affair. The table was spread with taste and displayed a profusion of substantials and delicacies. After the wants of the inner man were supplied, of course there came the toasts and responses. Some of these were well conceived, and we may mention as worthy of special mention the

speeches of his honor, Mayor Moore, Judge Oliver and J. B. Peasley, superintendent of public instruction in our city.

Everything passed off pleasantly and the universal expression was, "We have had a most enjoyable time."

PRIZES.—The following were successful competitors for the various prizes given by the faculty:

J. C. Kilgour, first clinical prize. The second clinical prize was divided between J. G. Scarff and R. W. Muhleman.

Edwin Smith took a special prize for a series of well written papers in the eye and ear department.

Programme of Exercises.

Prayer,		By Rev. Dr. S. K. Lavitt.
	MUSIC.	
Address,		By Prof. C. C. Bronson.
	MUSIC.	
Presentation of Society Diplomas.		
Presentation of Diplomas of the School of Ophthalmology and Otology,		By the President, Hon. M. H. Tilden.
Presentation of Certificates from Gynecological Department,		By Prof. D. W. Hartshorne.
	MUSIC.	
Maledictory Address,		By E. F. Grant, M. D.
	MUSIC.	
Conferring of Degrees of the College,		By Prof. S. B. Beckwith, President of the Board of Trustees.

LIST OF GRADUATES 1876-77.

Geo. R. Bissell,	N. Y.	S. N. Cross,	Cal.
R. F. Buchannan,	O.	E. W. Earle,	N. Y.
Alex. Curtiss,	N. Y.	J. F. Edgar,	Iowa
M. H. Cleary,	Wis.	J. M. Fackler,	O.
J. L. Cleary,	Wis.	E. F. Grant,	N. Y.
J. W. Griffin,	N. Y.	Jas. P. Geppert,	O.
A. E. Gesler,	Mich.	E. Huntsinger, M. D.,	Cal.
J. C. Kilgour,	Ky.	R. W. Muhleman,	O.
S. E. Peck,	Conn.	C. F. Sterling,	Conn.
C. A. Quirell,	Tenn.	J. P. Rhoades,	Iowa
Edwin Smith,	O.	Isaac Secor,	N. Y.
J. G. Scarff,	Md.	R. F. Taylor,	Ind.

E. Anderson,	Ind.	A. P. Davis, M. D.,	Ill.
A. L. Davis,	O.	W. E. Gill,	O.
Robt. Furnas,	O.	S. G. Hastings,	Ind.
S. S. Holtz,	O.	Chas. Kaetel,	Wis.
B. S. Hunt,	O.	H. C. Levesque,	Ky.
W. A. Lail,	Ky.	Alex. McTaggart,	Ont.
Chas. E. Littler,	Mich.	J. E. Welliver,	O.
A. J. Phinney,	O.	E. E. Williams,	Ind.
W. F. White,	Canada	T. E. Wells,	O.
Geo. H. Deacon,	Peru, S. A.		

Book Notices.

The American Homœopathist. A monthly journal of Medical, Surgical and Sanitary Science.

This is a new candidate for public favors. It is to be published by A. L. Chatterton & Co., 121 Dearborn st., Chicago. Price one dollar. Cause why? "The Homœopathist will supply a widely extended want among phisitists that is not met by any other publication, native or foreign." These nondescript "phisitists" have never before had a journal, and we hope they will step forward and subscribe. We look with interest for the initial number, for that will unmistakably show the kind of meat this Cæsar feeds on. No doubt the impersonal editor will photograph himself in his leader so as to be recognized.

Ziemssen's Cyclopædia of the Practice of Medicine. Vol. IV. Diseases of the Respiratory Organs.

The contributors to this volume are Ziemssen and Drs. Riegel, Steiner, Frænkel and Fræntzel. Short biographical sketches of the last four are found at the beginning of the volume. Then come methods of examination of the pharynx, larynx and nasal passages, with illustrations of the appearances of the parts, and cuts of the instruments used. The remarks on physical diagnosis, scattered through the volume in connection with the diseases treated of, are very full and complete. In fact, we have here another illustration of the great

amount of study and attention paid to diagnosis and pathology by the allopathic school. Every resource that science can give for the investigation and study of the pathogeny and pathology of disease, everything that can contribute to a knowledge of its beginning, continuation and termination, is worked up with the most scrupulous and painstaking care. All praise to them for their patient, persistent and thorough work. An acute and realizing sense of the paucity of their therapeutical literature and a knowledge, that as a school, they must build their superstructure on some other foundation than their knowledge of curing diseases, pushes them into these fields of research to maintain their existence as a school. The same energy, observation and method if devoted to the study of therapeutics and the action of curative agents upon diseased conditions would contribute something of transcendent importance to the world. The study of the ætiology and pathology of disease, of its diagnosis, duration, course and prognosis are all of them important in and of themselves, but unless these studies contribute something to our knowledge of how to cure disease, their practical usefulness will be promptly questioned. They may attract the enquiring mind, but they do not make us real physicians. The therapeutical sections are generally very short and unsatisfactory. Drugs have no characteristics or individualities. Certain of them will produce nausea and vomiting, and all having such actions are classed as emetics. We have *Crude antimony*, *Tartar emetic*, *Ipecac*, etc., in this class, but when one is to be preferred to the other, and when any one is contra-indicated is not worthy of attention, at least none is given it. They generalize beautifully, and as a result their best authors often doubt the efficacy of any treatment because they have not studied the powers and forces existing in the drugs they use. To your true allopath, one emetic or diuretic or cathartic is as good as another. For pathology and diagnosis we repeat this volume is of unequalled value, being, in this special field, far in advance of all contemporaneous works. These volumes, supplemented by our therapeutics, give us the whole medical field.

BOOKS RECEIVED.

- Hunterian Oration. By A. J. Howe, M. D.
 Class Valedictory. Hahnemann Medical College, Chicago. By H. N. Baldwin, M. D.
 Brooklyn Homœopathic Hospital Report, 1876.
 American Clinical Lectures, Vol. III, No. 2. Hydrocele. By D. Hayes Agnew, M. D. G. P. Putnam's Sons, New York.
 Dual Character of the Brain. By C. E. Brown-Sequard. Smithsonian Collection, pp. 21.
 Valedictory Address. By W. H. Woodyatt, M. D., Chicago Homœopathic College.

Editor's Table.

DR. B. S. HUNT married to Miss Josie Wooley, May 2d. Settled in DeGraff, O.

DR. A. O. BLAIR will spend the summer at Little Mountain, Lake Co., Ohio.

DR. HENRY POND, brother of Dr. J. N. Pond, of Meadville, died May 21st, 1877.

THE FIRST annual meeting of the Am. Dermatological Association (old school) will meet at Niagara Falls Sept. 4th.

DR. J. W. ROUTH, formerly of Decatur, Ill., has settled in San Antonio, Texas, and will make lung diseases a specialty. Patients may be sent him with full confidence in his skill and care.

ELEVEN POUNDS have been added to the weight of the world in the form of a baby born to Dr. Jno. T. Edgar, first assistant to our eye and ear clinic.

THE ESTIMABLE wife of Dr. D. S. Kimball, of Sackett's Harbor, N. Y., died June 4th. Her life was spent in public teaching and lecturing.

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T. F. WELCH, M. D., GENERAL EDITOR.

VOLUME V.

CINCINNATI, O., AUGUST, 1877.

NUMBER 8.

All business communications relating to the MEDICAL ADVANCE, should be addressed to Dr. T. F. Welch, 408 1/2 W. Market, Cincinnati, O. Terms \$1.50 a year.

Editorial Correspondence.

LAKE CHARLEVOIX, JUNE 30th.

The American Institute of Homoeopathy has just finished its twentieth annual session. The bright faces and busy tongues, that have given us such pleasant companionship during the past long to be remembered days, are all gone. Alone, upon the green banks of the lake, we are looking into the deep, blue waters, wondering how old it can be. Not a drop of water, not a pebble, or an atom of sand, not a blade of grass, not a tree whose shadow falls upon the rippling wave—nothing is here, that helped to form and adorn this spot in its infancy. And so, in a less degree, is the American Institute of Homoeopathy. Thirty-four years ago, when Homoeopathy was unthought of and almost unknown, the Institute was formed. Its years are few and small, compared with the centuries of Lake Charlevoix; but it shows the same tendency to intertidal change. A glance at the personnel of the convention would have satisfied any one, that ten years were rapidly and surely sliding by. Where are DENHAM and SMALL, and DENHAM, GRAY, LOTT, WILLIAMS, TRAVIS, HUMPHRIS, SLOAN, CLARY, and many others, who were once the life and soul of the Institute? Some, indeed, are dead; some



Ad. Lippe.



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

VOLUME V.

CINCINNATI, O., AUGUST, 1877.

NUMBER 4.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, Cor. 7th & Mound, Cincinnati, O. Terms \$2.50 a year.

Editorial Correspondence.

LAKE CHAUTAUQUA, June 30th.

The American Institute of Homœopathy has just finished its thirtieth annual session. The bright faces and busy tongues, that have given us such pleasant companionship during the past long to be remembered days, are all gone. Alone, upon the green banks of the fair lake, we are looking into the deep, blue waters, wondering how old it can be. Not a drop of water, not a pebble, or an atom of sand, not a blade of grass, not a tree whose shadow falls upon the rippling wave—nothing is here, that helped to form and adorn this lake in its infancy. And so, in a less degree, is the American Institute of Homœopathy. Thirty-four years ago, when Homœopathy was unhonored and almost unknown, the Institute was formed. Its years are few and small, compared with the centuries of Lake Chautauqua, but it shows the same tendency to interstitial change. A glance at the personnel of the convention would have satisfied any one, that the years were rapidly and surely sliding by. Where are HERING, and SMALL, and DUNHAM, GRAY, LIPPE, WILLIAMSON, THAYER, HEMPEL, BLAIR, CLARY, and many others, who were once the life and soul of the Institute? Some, indeed, are dead; some

are bending under the weight of years; and all, we fear, have given way to a class of rising and ambitious young men, who have bravely leaped into the breach, and who are striving to carry the battle flag, without taint or dishonor, on to other, and perhaps, wider fields of conquest. Still, our convention was not without honored veterans, willing, and anxious, to lead us on to victory.

There was that grand and true gentleman of the olden time, the courtly and enthusiastic D. S. SMITH, of Chicago, the well known pioneer of Homœopathy in the North West. There was F. R. McMANUS, of Baltimore, before all others, the model man of the Institute; faithful and untiring in his labors; paternally watchful of the Institute as chairman of the Board of Censors; a man universally beloved, but never fully appreciated. There is E. D. JONES, of Albany, whom it is always a pleasure to see; the more so as we are not often allowed the pleasure of hearing him; in open convention a silent man, as compared with many of his younger associates, but one whose geniality, modesty and wisdom have endeared him to all. There is H. N. GUERNSEY, of Philadelphia, the faithful and honored follower of SAMUEL HAHNEMANN; the true exponent of a logical and successful Homœopathy. He is a man whose presence in such a convention is indispensable, but who is loth to do the work that none can do so well as he. It is these noble few that link us to the past history of the Institute; and around them were gathered, each day, a company of youthful, earnest men, upon whose shoulders must soon rest the fate of Homœopathy in America. We can scarcely test the standing and the progress of the homœopathic school in this country better, than by making a careful estimate of the work being done by the Institute. Undeniably, this has been the best session ever held by this body. It has done better work, and had more enjoyment than at any former time in its history. It was not the largest, but in the practical ends of pleasure and profit, it has had no peer. The beauty of Lake Chautauqua, the inspiration of its thoroughly oxygenated air, the all pervading spirit of restfulness, that supremely controlled and interpenetrated all, had much to do with the excellence of the results reached.

But any convention formed of men like VERDI, McCLATCHEY, BROWN, FRANKLIN, WESSELHOEFT, MOORE, BURGHER, LUDLAM, HEDGES, WILLARD, HALL, G. H. WILSON, D. H. BECKWITH, SCHNEIDER, LILIENTHAL, BIGGAR, McCLELLAND, SANDERS, GAUSE, RUNNELLS, JAMES, T. F. SMITH, VALENTINE, and many others, whom we have not space to name—any convention formed of such material, will be anywhere a success. Still, it is well to note how charming the effect of such a place, far removed from the heat, noise and dust of city life, upon the soul and body of the members of such a convention. To Drs A.

L. COUCH, and CORNELIUS ORMES, as representatives of the Chautauqua County Homœopathic Medical Society, much praise is due for the completeness of arrangements, and multitudinous courtesies enjoyed. Among these, the excursion on the Steamer Jamestown to Fair Point and Mayville, will not soon be forgotten. Music, dancing and wine were in abundance and quality all that the heart could wish. Mrs. BENNETT, of Rochester, the charming wife of our fragile(?) friend, the doctor, graced both our excursion and our banquet with her presence and her songs. It is not strange that she was unanimously elected the *singer laureate* of the American Institute.

Just as the convention and its invited guests sat down to enjoy the Thursday evening banquet, a vision of glory burst upon the assembly. It was something not put down in the bill of fare. It was the sun just dropping down into the lake, and bursting into such a shower of gold, that all the clouds of heaven, the trembling waters of the lake, the silent air, and the hitherto invisible ether, burned and flashed with auriferous flames. The auroral waves flooded the banquet room, and for a little space held each one spell bound. It was the solemn injunction of President FRANKLIN, that the editor of the *ADVANCE* should fittingly describe the scene, indescribable as it was. We beg to follow the example of the august sun on that occasion—we *decline*.

MR. CHAS. BRADLAUGH and Mrs. ANNA BESSANT, the well known English radicals have been tried and found guilty of publishing and circulating an "immoral work" entitled "The Fruits of Philosophy." The Lord Chief Justice administered a stinging rebuke to the Solicitor General for bringing such a causeless and hurtful prosecution into court, but insisted that as the parties were before him, they should be tried according to the strictest terms of the law. The book is a reprint, in the main, of a work issued years ago by an obscure American doctor. Its design is to check over population by showing married people how to avoid conception. Many years since, MALTHEUS, the great apostle of a social scheme for preventing a multiplicity of human beings, insisted that people should marry late in life. JNO. STUART MILL, dealing with the same problem, recommended that the married should live continently. Mr. BRADLAUGH's and Mrs. BESSANT's plan, as embodied in their book, was that late marriages and continence were out of the question, and so furnished explicit direction how the natural results of sexual intercourse might be avoided. It is not at all wonderful that over two hundred thousand copies of the book have been sold. No doubt a million copies could be disposed of in this country. For the present, however, the sale of the book is suspended. The distinguished defendants are by no means immoral characters, but they hold themselves martyrs to

social idea. They are reaping the "fruits," in our judgment, of a questionable "philosophy."

FOLLOWING HARD upon "The Fruits of Philosophy," comes the discovery that in the Established Church of England, a book is being circulated among the clergy entitled "The Priest in Absolution." This book is used to aid the priest at confessional, so that he may know how to diagnosticate the spiritual diseases of penitents; especially to help him to get at the root of the matter in the private vices of the person confessing. This includes a strict investigation of married women, and their mode of performing marriage duties, and of unmarried people as to their sexual vices, be they secret deeds or thoughts. In the House of Lords the *expose* came like a thunder bolt in the crystal sky of English virtue, and throughout the nation holy hands are held up in horror at the sacrilegious invasion of private life. The point is not that these private affairs are inquired into, for, as everybody knows, medical doctors have exercised this prerogative from time immemorial. The scandal is, that divinity doctors should usurp such powers. And if the English clergy know as little of these things as do ministers of the gospel in America, it certainly is a very absurd procedure. It is a clear case of playing with edged tools. But now suppose the clergy should introduce a study of these subjects into their theological course, and should pursue them as does the doctor, until they have mastered all their intricacies, what in heaven's name could be the objection to their making use of such knowledge in helping their parishioners out of trouble? These sexually abused persons are the very ones who most abound in spiritual troubles. What good can a clergyman do in singing and praying over a person who need simply to be told that he must stop masturbating? Doubt and despair are borne out of venereal excesses. Soul and body are crumbling under a common cause. And its our individual opinion that the clergyman who knows nothing of the physical life of his parishioner, and the doctor who knows nothing of the spiritual (psychical) life of his patient, in many instances must make a sad failure in the discharge of their duties. It must be some consolation to Mr. BRADLAUGH and his companion, to learn that some of the distinguished clergy who have aided in their prosecution, have been caught with the latter book in their hands. It's a queer world.

THIS IS WHAT CAME OF IT.—When at the Indianapolis meeting, Dr. J. T. BOYD asked us to sign his recommendation to an appointment on the hospital staff of that city. In our verdant innocence we did so, and the good Doctor was appointed; and now, heavens, what a row! But the directors stick, and the plucky homœopaths are ahead. Good.

The Physiological Livery. By Dr. Ad. Lippe, Philadelphia.

The May number of this journal contains a paper with this same heading by Dr. L. Barnes, Delaware, Ohio. We do sincerely thank Dr. Barnes for having picked up this "*bone of contention.*" It is *the* bone of contention between the consistent homœopaths and another inconsistent set of medical men who are trying to pervert Homœopathy into Eclecticism. The posological dispute seems to have entered into a state of truce by common consent, and will so remain till more vital questions have been settled. The great question of the day is, "Shall Homœopathy, as a school, be forced into the Physiological Livery?" We have first and last, and shall forever advocate our well-matured conviction that the physiological livery must not and can not be put on Homœopathy. Dr. L. Barnes, as it appears, is good enough to take up his pen in defense of the other side of the question, viz: that Homœopathy, or the healing art, will be very much benefitted by adjusting all previous differences by just sporting the livery physiological for the sake of *appearing* "*learned.*" Dr. Barnes rightly suggests that many of our remarks are made in open opposition to a new doctrine introduced and defended by our late friend Dr. C. Dunham; but Dr. Barnes has not seen proper to go to the bottom of our argument. We have and do now most positively state that the premises on which Dr. Dunham based his argument were erroneous in fact as they were contradicted by history. If an argument can be correct when it is based on erroneous premises, then we are of course all wrong in our earnest opposition to the argument. Let us for a moment examine the situation, and show that force of circumstances compelled Dr. Dunham to use his suasive gifts to sustain the men who desired above all things to put the physiological livery on Homœopathy, to shelter and defend them. On the eighth day of June, 1870, Dr. Dunham delivered an address on Freedom of Medical Opinion and Action, before the American Institute of Homœopathy at Chicago. In this address he said: "When

the members of the Institute were few in number, when to avow ones self a homœopathist required moral courage such as only a profound conviction of truth could give, there was in all the members absolute belief in the homœopathic law, and a general acceptance of the corolaries which are usually conceded to attach to it." He continues to say, that as the new practice became *popular*, men took the name of homœopathic physicians who did not believe in and accept the homœopathic law as of universal application in therapeutics, and they did not accept, for instance, the single remedy and the minimum dose. He then admits that there are among those who call themselves homœopathists, some who are imposters; that such men should be regarded by the community as belonging to it, and should tarnish our fair name by their foul deeds, is certainly a misfortune. He thinks the time has come for the Institute to establish at least the general spirit and animus of its future action. He confesses, further, his own individual faith in our formula, and in the practical rules laid down by Hahnemann. Further he says: "Notwithstanding this belief, I advocate entire liberty of opinion and practice. Nay, *because* of this belief I plead for liberty, for I am sure that perfect liberty will the sooner bring knowledge of the truth and that purity of practice which we all desire." We can not help to admire the *nobleness* of this sentiment, but we doubted the wisdom of adopting it. What was the result of this plea for liberty? Did this perfect liberty bring knowledge of the truth and that desired purity of practice? Not at all. The slight departures in which the alternators indulged in then, rapidly widened, till we find Dr. Dunham only six years later again addressing the Institute. We found a large majority of the members of the Institute openly and avowedly opposed to all of Hahnemann's teachings; opposed to the application of his practical rules; we found our fair name tarnished by the deeds sanctioned by a license to exercise entire liberty of opinion and practice. The principles which had guided the early members of the Institute, and which, in their application, had made our school "popular," were no longer considered good for the progressive times.

We were boldly asked to abandon the painstaking injunctions laid down by Hahnemann, and treat again *diseases* as they were formerly, and are now treated by the so-called "regulars." Public teachers in our own schools had already bedecked themselves with the physiological livery, and were teaching gross errors to the students in our schools. Phlebotomy and tissue remedies, organopathy and sick physiology were taught in our schools and were advocated by members of the Institute. There was in fact such a rapid progress in the line of the various "departures" that the whole aspect of the Institute had changed; papers were received and laid before the Institute which six years previous to this World's Convention in 1876 would not have been tolerated for a moment. The evils of which Dr. Dunham complained of in his address in 1870 in very plain, and by no means flattering terms, to the offenders, had very rapidly increased, and instead of finding, as a result of his pleading, that purity of practice which we all desired, it became very evident that a majority of the members of the Institute were in no humor to hear anything not in harmony with the progressive departures, or in defense of the teachings of the master. Under these circumstances, Dr. Dunham again addressed the members of the Institute and the visitors to the World's Homœopathic Convention. Dr. Dunham had been pleading for perfect liberty of opinion and practice, and now behold the results of his policy, which, during the six years of its following, now presented more and much wider dissensions than we were accustomed to see before its adoption. That he might be considered consistent, he found himself compelled to make it appear that the most serious departure added greatly to that purity of practice which we all desired, and that therefore his pleadings for perfect liberty of opinion and practice had not failed to be crowned by his predicted desired results, that in fact now, if not in Hahnemann's days, we might and should treat (at present) pathology differently, nay, as a positive science, and adapt ourselves to this positive science. To make good this point, he ventured (as a basis for his argument) on erroneous premises. Dr. Dunham said:

"Pathology which hardly existed as a positive science in Hahnemann's day, has been diligently elaborated by ingenious and exact experimentation, until to-day it holds no mean rank among the positive sciences of observation. Must we denounce it as Hahnemann did the pathology of his day? Can we not use it?" Will Dr. Barnes take notice that these are the premises on which Dr. Dunham depended for further deductions and remarks? If these premises are false in fact, historically, and in fact as stated, then Dr. D.'s following argument is utterly worthless. The premises are false. First and foremost we are bold to say that pathology *never* will be deserving to be ranked among the positive sciences of observation, and the proof is found in the very literature of the day. Pathology *now* a positive science! Far from the mark. Will Dr. Barnes, or any other learned man who did thoughtlessly swallow Dr. Dunham's premises, read the diverging papers on diphtheria to be found in Ziemssen's *Cyclopædia*. Vol. I, page 574, Oertel leads off; he is followed in Vol. VI by Wagner, page 924, and when Wagner says on page 925, "Finally, I have included it, because I differ essentially from Oertel (Vol. I) in several theoretical points." Again, Vol. VII, page 70, Wendte enlarges on the subject. Where is there to be found a positiveness resulting from what Dr. Dunham terms ingenious and exact experimentations? Second. Pathology was just as much a positive science of observation in the days of Hahnemann as it is this very day; as much a positive science as it ever will be; not that pathology by force of circumstances, as for instance, the perpetually changing character and aspect of so-called diseases, from the epidemics down to the skin diseases, will not have to be rewritten, and to the observer of the future will be as interesting in medical literature, as will be the fashion plates of past and present generations to the women of the future; or as interesting as to the student of music it will be to read of the music of Kossie (the Chinese) who says that when he played on his king, the animals ranged themselves spellbound before him, and of the present music of the future, (Wagner). All music, all classical, all just suitable and

characteristic of the people, and also in the days thereof, but on that very account, pathology can never become a positive science of observation. And if, as Dr. Dunham says, pathology *now* enables us thus to trace the relations of symptoms to each other, enables us, in the first place, to follow Hahnemann's advice more extensively than in his own day, then we at once discover the absurdity of the premises. Now we can trace the relation of symptoms—and if we could what would Hahnemann's advice be? What was it? Now, can we trace the relation the mental symptoms of the sick individual have to the "sick physiology"? No! Try to explain, try to illustrate it Dr. Barnes! We have, in the very article our learned friend finds greivous fault with, (April number of the *ADVANCE*) plainly stated that Prof. Schoenlein's lectures on pathology and therapeutics, and even the second edition of them were published just one year before Hahnemann published his (last) fifth edition of the *Organon*, we there and then stated that Prof. Schoenlein was in reality the father of the modern and well classified pathology. To all these, our historical statements, Dr. Barnes has "nothing to say." We not only beg, we ask, nay, we demand "logic." If pathology before and during Hahnemann's days was taught and properly classified by Prof. Schoenlein, then Dr. Dunham's premises are historically wrong, are *false*, and his arguments based on false premises are just not worth arguing about, they are utterly worthless; and really, after Dr. Dunham had gone through the ordeal of playing loose and fast, he comes to his senses, and later in his address he forgets his bad logic, and, as if awaking from a dream, he had in a room in Tammany hall, when a "primary election" was held, he proclaims himself a true follower of Hahnemann in the repeatedly quoted sentence (vide April number) beginning, "But if, diverting pathology from this, etc." What Dr. Barnes now has to do, is to show that the premises above stated are not in fact and historically false, but are true. That accomplished we may take pleasure to show that the argument and the deductions are just as fallacious as were the arguments and deductions which our late learned friend exhibited

in his famous address on freedom of medical opinion and action. When in that address the premises stating that the early members of the American Institute held fast to the teachings of Hahnemann, and had the moral courage to do so, that thereby they gained for this strict following the master's teachings, popularity, that later, men who did not believe in all or in any of Hahnemann's teachings joined our societies; that there were some of them imposters; there were designing men among them who tarnished our fair name, when these premises were correct, what of the deductions? Does it follow that they were correct because the premises were? Not at all. What were Dr. Dunham's pleadings? Why just this: "Because bad men among us have brought disgrace upon us, therefore, we must invite all bad men laying loose in the world, and professing to be medical men, and not recognized by the regulars, to come to us, enjoy full liberty of opinion and practice, and as the result of this unlimited liberty we must expect to see that purity of practice which existed before any such unbelievers in Hahnemann's teaching joined us, re-established." That was the logic of the orator. Why, then and there, measures were not proposed to purify our ranks we know not, but we do know that from the moment this unlimited liberty was proclaimed, the evil complained of rapidly and alarmingly increased; and we do know that just as long as our societies sustain this unlimited liberty to be enjoyed by old and prospective members, we can not hope to see that purity of practice prevailing, that purity of practice which made our school popular in spite of the ridicule heaped upon us by the "regulars." The necessity that something should be done to check the unbridled license of many merely professing homœopaths is felt by all the old members of the American Institute, and the more so when these men enjoying the exercise of unbridled license now undertake to ridicule, and in some instances, to persecute the very men who made Homœopathy popular, these very men who under cover of this hard earned popularity, commit the grossest impositions, claiming a right to do so under the broad proclamation of

freedom of medical opinion and action. The old members did not sport the physiological livery, many pretenders do sport that garment. The question now is, will the pretenders be stripped of that livery, or have they cheek enough to ask the old members to sport it with them? Will Dr. Barnes answer?

"Sick Physiology." By L. Barnes, M. D. (Homœopathic Medical Society of Ohio).

The term is used in these latter days by way of reproach, and those who are supposed to follow or recognize it in practice are charged with belonging to an altogether antiquated and worn out system of practice. They are also taunted with wearing disrespectable clothes called the "physiological livery." Those who make these charges are wise and honorable men, relying, indeed, upon their wisdom and weight of character, chiefly at least, as their prime argument in the case. This, with the adverse weight of the terms themselves, appears to be thought sufficient.

And yet I am disposed to enquire what sick physiology is and why it is not the proper thing to engage our attention? If physiology is the science "which relates to the laws of life, and the functions of living beings," and if sick means diseased, then sick physiology must be a diseased action of the system, or some part of it. And this is what we call pathology. When the vital action of a man goes wrong, out of the healthy channel, his physiology is diseased—sick; if in one way, it is called by a certain name, as one sort of disease; if in another way it has a different name.

Our wise monitors tacitly admit all this as quite inevitable and respond that distinct diseases ought not to be recognized.

They say, "As homœopaths we can never acknowledge the existence of any disease." It may be answered, that disease does exist, whether we acknowledge it or not; and that different kinds of disease exist; that they are also called by different names; and that all our authors recognize them as such. Even those who protest against it go on and speak of them by their names. They can not do otherwise. The things exist before our eyes, and often in our own systems, and must be recognized. They sometimes grip us and our friends with such energy that we confess their existence pretty loudly. And they are so different in their action and effect that we must give them different names, or we could never refer to them with any sort of intelligence.

But it is said that we should just speak of them by naming their symptoms. Well, this is just what we do as far as possible. Our term fever simply means heat, ague means cold, diarrhœa means flowing through, constipation means crowding together, hæmorrhage is bursting blood, catarrh means to flow down, and so of all the rest. The names are mere statements of the varied symptoms—the leading symptom or key note—as concise and accurate as possible. What more would our ultra wise men have?

But we are told that "it is all materialism, and that it is our duty to ignore all materialism." We answer that the proper inquiry would be, Is it true? Is there such a thing as disordered physiology? Or, really, as pathology? Are there different kinds of disease? Are they properly recognized by different names?

But if we answer all this in the affirmative, as we must, how does materialism spring out of it? Suppose man to be an organized body, not only of matter but also of spirit, of spirit within the matter, if you please; suppose this united organism in its joint action—its physiology—to be sick; how does that include the idea that matter alone composes it, or that matter only is sick? Is it not still a fact that both may be sick, and that both are so? Is not mental disease manifest in mental derangements, insanity, perhaps—and physical by heat, swelling, ulceration, disorganization, etc.? At any rate, is it not sick physiology that we have to deal with?

Our exclusively high dilution critics appear to have an idea that such medicinal treatment as they insist upon is of a purely dynamic nature, in the sense of being somehow above material agencies, that drugs are dynamized until they have nothing in common with matter. And this spiritualization is wrought by trituration or subdivision of the material substance. Just how far this division has to be carried before the great change comes, or what is the nature of the connecting link, we are not informed. They do not say this in so many plain words, but it lies at the bottom of the charge that others are materialists while they are not. Now it may as well be understood that here is a necessary fallacy. The mere division of matter, whatever may be the extent to which it is carried, must leave it matter still. If we go even to the ultimate atom, however far that may be, it is yet an atom of matter. It may be more volatile or free, able to penetrate the system more deeply, reach nearer the immaterial soul or mind, perhaps, but it can be no more spiritual in itself than it was when connected with its fellow atom in the lump. And whether it goes nearer the mentality or not, can be known only by the symptoms. Does a high dilution effect the mind more positively than a low, or even the crude material? A dose of *Belladonna* for instance. It may be true that the alembic power of the system can surpass all the "potentizing" of artificial effort. But this determines nothing in favor or against the crude or low, as compared with the higher dilutions. That must be settled by experience, each practitioner for himself, with what help he may get from others.

Meanwhile, the spirit already referred to as manifested by the wise men who claim immateriality through the division of material things must have a damaging effect upon their side of the question. Men who think differently from themselves, no matter how excellent their character, how high their attainments, how honest and careful their investigation, are glibly spoken of as "our erring brethren who sport (!) the physiological livery." Truth does not fall readily into contemptuous minds, and the presumption therefore rises, that

such men are quite likely to be in the wrong. This presumption is increased upon looking into their work and finding it full of bold assertions; and more still in finding very little argument of any other sort. The sooner we learn to follow the great sentiment, "With malice toward none and charity for all," the sooner we shall be in condition to advance our great art of mercy to the suffering. Those who think we have nothing more to learn, that some man or men have already told us all that is knowable, may use their strength in repelling sarcastic remarks against all ideas of an onward march, if their mind runs in that disreputable way.

Theory and Practice.

Dysmenorrhœa. By Prof. J. C. Saunders, M. D. Read before the Homœopathic Medical Society of Ohio. Part III.

C. Mechanical Dysmenorrhœa. This variety embraces the whole range of structural obstructive conditions of the uterus. It is very extensive. The os externum may be partially or wholly occluded by atresia from many possible causes—a prolific one is the old use of caustics—by tumors, such as polypi; the os internum may be similarly affected by like causes; the canal of the cervix may also be constricted to a greater or less extent by parenchymous or muco-cervicitis, benign or heterologous; by flexions; and great embarrassment, even obstructive, may be imposed on the menstrual function by simple displacements of anti and retro-versions in confirmed cases, and even prolapsus, by its disturbing in-

novations, may entail great suffering upon this function. It is doubtless true that a spasmodic closure supplements existing structural obstructive conditions in many cases, greatly intensifying the embarrassment and suffering, as it is equally true such spasmodic closure explains in part the suffering in many cases of the neuralgic and congestive varieties.

Granting the existence of these obstructive conditions, the embarrassment and suffering imposed on the function are self-evident. The menstrual fluid after escaping from its vessels, finds no way of ready and easy escape from the uterus, and there retained to a greater or less degree, provokes distress and labor-like effort at expulsion by irritation of presence, by its varying properties of acidity, by its varying degrees of alkalinity, by its clotting and bulk and weight.

Symptoms. These are quite distinctive, and yet not so absolute as to be clear and indisputable. Existing as a sequence the malady will inevitably take coloring and expression in its phenomena from the various pathological conditions out of which it springs. The symptoms, so far as they are direct, are prominently made up of two factors, one of weight and pressure, and the other of the expulsion type of the suffering. The reflex symptoms are not essentially different from the ordinary expressions of the congestive and neuralgic forms of the malady. The subjective symptoms should never be exclusively relied on in any important case, but a careful and exhaustive examination be instituted, in order to remove all doubt and furnish all possible light to our opinion and course.

Treatment. 1. Prophylactic. 2. Direct.

1. Prophylactic. (a) By regimen. (b) By therapeutics. (c) By surgery and surgical appliances.

As the regimen and therapeutics capable of exerting prophylactic influence have been fully discussed under the heads of the congestive and neuralgic forms of the disease, and as the requirements under this form embody nothing essentially different from what was therein suggested, we will pass to the consideration of (c) prophylaxis of surgery and surgical appliances.

It is not surprising that we find so discrepant views on this subject as we do, even among the representative men of the profession. The pendulum of opinion which measures our progress as it swings from end to end in the arc of truth, marks the different points or places where men labor and aspire. Some are found only at the extremes, their instincts, their tastes, their ambitions are here, and they look with doubt and suspicion, and treat with asperity, those who occupy a different point on the same arc. When Prof. Guernsey asserts, as in the last edition of his work on obstetrics, that in the management of these causative conditions of dysmenorrhœa, such as strictures, atresias, flexions, displacements, "all topical treatment is worse than useless," we are driven to the conclusion that he occupies one of the extremes. The same proposition applied to corresponding conditions of the urethra, rectum, lacrymal duct, eustachian tube would rob minor surgery of many of its finest triumphs, as well as humanity of much of its present relief and immunity from suffering and loss. Why not apply to uterine maladies all the advantages which rational modern surgery applies so successfully to corresponding maladies of other viscera. While I would grant to gynæcology all these possibilities, I would guard it against an exclusive reliance on mere surgical art. Gynæcology never will take its true and best position until its votaries are willing to bestow upon it, not only all the possibilities of rational medicine, but of rational surgery as well. In the malady under consideration, what of obstructive structural conditions not surely amenable to relief and cure by therapeutics should be overcome by surgical art, so far as they are amenable to art. If polypi, by removal; if occlusion, partial or complete, by the dilator, supplemented with the bistoury; if displacements, correction of these by every approved appliance.

2. Direct. By regimen and therapeutics.

As the resources both of regimen and therapeutics which are applicable to the direct treatment in this form, have been sufficiently furnished in the discussion of the congestive and neuralgic varieties.

D. Hæmorrhagic dysmenorrhœa.

There are many cases of dysmenorrhœa which may properly be designated hæmorrhagic, as the suffering attendant on the person depends chiefly¹ or solely on the fact of the hæmorrhagic flow.

Whenever the amount of the menstrual excretion is out of proportion to the receiving capacity of the uterine cavity, or the carrying capacity of the cervical canal, it is held so long within the cavity as to clot, and after clotting can be discharged from the uterus only by painful effort and struggle, and can not be retained without entailing a sense of weight, fullness and pressure and all the reflex symptoms incident to the irritation of a foreign body in utero.

The suffering is in an increased ratio to the amount of loss. That is, if there is menorrhagia to any special extent, there is secured so great relaxation of the cervix walls as to admit of ready and unpainful escape of the flow. It is just that degree of loss which, while it entails clotting, is not sufficient so to relax and dilate the walls of the cervix as to admit of the blood's escape without effort and distress. I am satisfied that the number of these cases is far greater than is generally conceded, and that it is an unsuspected factor in cases imputed as belonging to other varieties.

Symptoms. These are quite characteristic, and yet simulate those of the last named variety. They are the expression of uterine effort to dislodge and expel something from its cavity, and of being burdened by the same. Weight, pressure, dragging in front, in the loins, in the groins, in the hips and limbs; spasmodic and more or less violent uterine pains; bearing down, labor-like struggles persisting so long as the flow is clotted; the flow showing a great variety, sometimes in small, round lumps, sometimes in long, shreddy fibers, firm and tenacious, sometimes bright, sometimes dark and black, sometimes rank, acrid and offensive. The reflex symptoms are very acute, sudden *nausea*, headache, palpitation; distressed bowels, oppressed breathing, chilliness; face flushing, cold hands, icy feet. The fact of the clot and the labor-like type of the suffering are the distinctive symptoms.

Treatment. 1. Prophylactic. 2. Direct

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1. Prophylactic. (a) By regimen. (b) By therapeutics.

Regimen and therapeutics should be made to bear on the recognized causative conditions of the recurring dysmenorrhœa, to abate and remove them and thus anticipate and prevent the suffering. The regimen is so largely that which has already been made so prominent as not to require any further consideration. The therapeutics properly prophylactic has a wide range, and should be carefully studied.

2. Direct, (a) By regimen. (b) By therapeutics.

The direct regimen suitable in other varieties is especially important in this variety; it can scarcely be too rigidly enforced.

Therapeutics. I will not burden the society with any further recital of therapeutic hints. It is sufficient for my purpose to have invited attention to the fact of this form of dysmenorrhœa, and that in my opinion it has an unsuspected commonness of occurrence. The remedies which invite attention in this variety, and which we have occasion largely to consult are, viz: *Aletris far.*, *Antimonium crude*, *Apoeynum conn.*, *Arnica*, *Belladonna*, *Chamomilla*, *China*, *Coccus cacti.*, *Crocus. s.*, *Ferrum.*, *Fluoric acid*, *Hamamelis*, *Iodium*, *Ipecac.*, *Lycopodium*, *Muriatic acid*, *Nitric acid*, *Nux juglan*, *Platina*, *Plumbum*, *Sabina*, *Secale*, *Trillium*, *Ustilago madis*, *Zincum*.

Lac Caninum. By Samuel Swan, M. D., New York. Part II.

CASE III. From Joseph Finch, M. D., New York: A. McH., girl, aged thirteen, complained on Friday of sore throat. On Saturday still complaining, but went out and wet her feet in snow water. Saw her on Sunday the third day and found the right tonsil swollen and on it a small diph-

theritic patch, the rest of the throat being inflamed. Gave *Lac caninum* in water and sent her to bed. On the morning of the fourth day found both tonsils swollen and covered with diphtheritic patches, with difficult deglutition. There were evident symptoms of scarlet fever; high fever, restlessness, cried out and talked in sleep; complained of pains in the head, back and limbs, with bright scarlet redness on chest and around the neck, which, on the fifth day, extended all over the body, except the legs, which, however, were covered that night. On the fifth and sixth days the fever and diphtheria were at the highest point; the skin, in large patches, assumed the dark red color bordering on purple, as seen in malignant cases, while the whole body seemed swollen. Up to this time the membrane, swelling and soreness were most marked on the right side of the throat; deglutition was impossible; the patient refusing to drink while complaining of intense thirst; the room was filled with the feter so characteristic of diphtheria. The soreress on the right side decreased and commenced on the left; the tonsil and posterior wall of pharynx being covered with the membrane, and the voice gave evidence that it had invaded the posterior nares; there was a marked sensation of a lump in the throat on the left side when swallowing, and the pain from the act extended to the left ear; the tongue had a dirty coating, yellow-white and slimy.

On the seventh and eighth suffering ceased, and the patient wanted to eat; the scarlet redness of the skin, the swelling and soreness of the throat rapidly dissappeared, and on the ninth the patient declared she was well and wanted to get up, while there were still ragged patches of membrane hanging from posterior walls of pharynx, and which were occasionally coughed up.

A marked feature of this case was the absence of prostration which is always an attendant upon severe cases, but this absence may be accounted for, by the remedy having been given from the first and none other.

All medication was discontinued on the seventh day, as soon as symptoms of improvement appeared, and the patient

was up and about on the ninth day. The potency used was the *cm* Swan.

CASE IV. Reported by Thos. Wildes, M. D., of New York. On November 18th, 1876, was called in the forenoon to a child eight months old, who, I was told, had "been drooping and ailing since the day before, grew worse through the night, and had something the matter with its throat." Found the child with fever, and bathed in a warm perspiration, especially about the face, neck and hands; with anxious expression, eyes watery and discharging; child preferring to sit up in mother's arms; although weak, would desist and cry at every attempt to nurse, and reach for water, yet refuse to take it; respiration hoarse, crying was whispered and broken, often no sound at all; pulse one hundred and seventy; tongue, fauces, tonsils all swollen, and covered with a dirty coating, drooling from the mouth; throat tender to the touch externally. First examination revealed no diphtheritic patches, but it was evident that either diphtheria or membranous croup was rapidly progressing. A second examination, with the spatula, made in spite of the child's struggles, and with the base of the tongue greatly depressed, revealed a thick, dirty gray diphtheritic membrane, covering the free border of the epiglottis, and extending off to each side.

I inferred that the lower border of the glottis was also involved, and because of the great external tenderness, perhaps the larynx likewise was affected. I prescribed *Lac caninum cm*, Swan, in water, but the child refused to swallow, and sputtered out the medicine, some returning by the nose. I then gave it in powders, dry, on the tongue, to be repeated every hour. That evening there was a slight improvement, and the child had nursed twice. Next morning marked improvement, child stronger, pulse one hundred and forty; perspiration and drooling had ceased, deglutition less painful.

That evening, shreds of membrane were coughed and vomited up, and some pieces were discharged in my presence. The following morning the child was bright, cheerful, and seemingly well.

CASE V. By W. P. Wesselhoeft, M. D., Boston, Mass. Girl, ten years old, blonde. November 3d, 1876. Returned yesterday from New York, where she had spent four days, after visiting Centennial Exhibition. Condition: Drowsy, complained of sore throat; a thick membranous mass was lying on soft palate, left side; diphtheritic masses covering uvula and posterior wall of throat; dry, hot skin, red cheeks; pulse one hundred and twenty; external swelling left side; not much soreness on swallowing, but whole side very sensitive to touch. Gave *Bell.* 200.

Next day very difficult deglutition, but little pain; feels as if the fluids swallowed would return through the nose, but do not; has passed a restless night; external soreness much increased; membrane on soft palate thicker; dirty brown exudations on uvula and posterior walls, and pillars of throat much more extensive and offensive; pulse one hundred and thirty to one hundred and forty. Gave *Lachesis* 200.

Lachesis was taken in water until morning, November 5th, no improvement, but cough and dyspnœa. *Lac caninum* cm, Swan, until evening, ten p. m., when I gave *Ignatia* 200, chiefly on account of the slight pain on swallowing, and the sensation of a bunch as big as a fist, and no improvement from *Lac caninum*. Was called in the night with the message that the child was strangling. On examination found that the membrane, which had covered the soft palate, hanging down the throat, and evidently pressing upon and irritating the glottis and strangling breathing. Caught the membrane with forceps and pulled out a large membranous mass as thick as my little finger, and two inches long and one inch wide. The child breathed easier and I left it *Ignatia*, hoping I had found the proper remedy. To my astonishment, the following morning, I found that a second membrane had taken the place of the first, quite as extensive, although not as thick and the walls of the throat were covered with dirty gray exudation, the uvula almost black, and coarse shreds of membrane hanging from it. I now gave *Merc. cyan.* 3d. In the evening no change; child was much prostrated, with anxious face; pulse one hundred and forty; could swallow only with

great difficulty, although anæsthesia of the throat continued as before. When I had given up all hope of recovery, on the recommendation of Dr. Swan, I gave *Lac caninum mm* in water, at first, every two hours. The next night there was a little sleep, less choking, membrane loosening a little on soft palate. Next day, Nov. 8th, great part of membrane gone from soft palate; uvula pretty free from its membrane, was intensely sore and bleeds; swallowing had become very painful; pulse one hundred and twenty to one hundred and thirty. On the ninth a copious nose bleed occurred, at four p. m., returning at intervals until the tenth. Throat appearances gradually improving, and soreness on swallowing increasing. Gave *Lac can. mm* every four hours in water during ninth and tenth, then no more medicine. Child discharged well November 9th.

Dr. C. F. Nichols, of Boston, a very careful observer, sends me the following clinical observations in cases cured by *Lac caninum*:

Pains in limbs, small of back and head disappear, and the throat becomes more painful but looks better. Often the ulcers increase in size or number, but the neighboring membrane looks clearer; worse by empty deglutition; throat feels stiff; relief after drinking, warm or cold, no thirst but dry mouth; pain pushes toward left ear; right tonsil raw, swollen, gray-white membrane there and on the fauces; epistaxis when speaking or swallowing, in one case; sweat all over; great exhaustion with "poisoned feeling"; frequent micturition, urine dark; restless, legs and whole body; face burns dry; constant spitting, drooling—in one case, a man, very quickly relieved; imagines he wears somebody's else nose—same case; ulcers small, round or irregular, gray-white; voice hoarse, interrupted by weakness and hoarseness. Several cases cured resembled *Lachesis*.

Did not cure sore lumps in left throat, not sensitive externally; pain during empty deglutition, also painful deglutition with liquids and food; restless anxiety; thirst for large quantity; blue engorged tonsils. *Lachesis* cured. Perhaps in this case the blue, engorged tonsils is the indication for *Lachesis*, as the other symptoms seem to clearly indicate *Lac can.*

The late Dr. Reising was successful with *Lac can.* in membranous croup. I have verified its power in buboes and chancres. When the entire proving is published, it will be seen why this drug is held in such high estimation in dysmenorrhœa. The preparation I use, and which was used in the above cases, was made from the milk of a black and tan terrier. I am of the opinion that the milk from the "Spitz" would be more efficacious.

Recently an allopathic physician ascertained that "dog's milk" was a cure for rachitis.

It is possible that some self-abnegating individual may be waiting to prove this drug to the point of membranous croup or rachitis, possibly Pott's disease. By all means let them do it. One thing is certain that a proving only brings out or develops the disease that is in the prover, either hereditary or acquired, and such proving is always beneficial to the prover, establishing their health and making them positive against subsequent attacks of the disease brought out by the proving.

Transfusion of Blood. By Thomas Skinner, M. D., Liverpool, England.

"Who loves not knowledge? Who shall rail
Against her beauty? * * * *

* * * *
What is she, cut from love and faith,
But some wild Pallas from the brain
Of demons? fiery-hot to burst
All barriers in her onward race
For power. Let her know her place:
She is the second, not the first."

—Tennyson.

In our search for truth let us never forget that the precious gem is nothing

"But some wild Pallas from the brain
Of demons,"

when divorced from its legitimate spouse, love. Knowledge when divorced from goodness becomes a mere fiery lust for power or fame, which ends in ruin.

To a very large extent, hitherto, the study of medicine has been a soulless affair. Materialism has ruled our council chambers, and a cold intellectuality has taken the place of wisdom. The run of our studies and the bent of our thoughts have been of the earth, earthy—we "smell of the shop," the chemical laboratory and the dissecting room, which are all very well in their way, but science is not wisdom until wedded by faith to love.

"She is the second, not the first."

Since reading the review on "Transfusion of Blood," in the May number of the *ADVANCE*, my thoughts have been variously affected between admiration of the gifted and philanthropic men who have so long worked at the subject of transfusion, and the hopelessness and unwisdom of their cause. The history of transfusion as given by Dr. Morton in his monograph in the American Clinical Lecture Series is very interesting as showing the antiquity of the operation, but it shows nothing more. On the contrary it shows that men are much divided and subdivided, and that the whole question is still one *sub judice*. The operation has risen in favor and died out repeatedly, the same as capital punishment and that of flogging. If we look into the history of transfusion, we shall almost invariably find that the advocates for it are of a surgical or material turn of mind—men who are accustomed to look upon blood as a living fluid and nothing more, and that all healthy looking bloods are the same, chemically and physiologically—they do not see beyond. Among the more recent and distinguished transfusionists, Dr. Morton gives due honor and credit to my countryman, the late Dr. James Blundell, of London, a man who railed against "meddlesome midwifery" in every page of his obstetric works, and for all that, to judge him by his writings, no man ever meddled more or half as much as he did.

If we are to be decided as regards the wisdom or justifiability of transfusion by surgeons and obstetricians who have performed the operation with more or less of success, and if we are to listen to what they have to say without looking carefully into all the facts, we shall frequently fail to distinguish between the *post* and *propter hoc*. "Four ounces were injected by means of a syringe, and the woman recovered without a bad symptom," and this was "a desperate case of postpartem hæmorrhage." *Andi alteram partem*. In this town of Liverpool, only the other day, two medical men were put upon their trial before the coroner in consequence of their injecting four ounces of blood into a young man on account of secondary hæmorrhage after amputation. They were not arraigned because of the death of their patient, who did die in spite of the transfusion of four ounces of the vital liquid, but they were arraigned on account of the death of the donor of the "four ounces," who died within a week with all the symptoms of a malignant or typhoid form of general erysipelas. And this is an operation which no less a man than Sir James Paget has lately testified to as being "as simple and as little dangerous as phlebotomy." (The instrument used was that of Dr. Aveling, of London.) It was stated in court that if Higgonson's apparatus had been used, the donor, who sold his life for twenty shillings, might now have been alive. What are four ounces of blood, the very best, in a desperate case? Nothing! I should say, if the patient got better, it was just as much due to the stimulating action of the lancet and the excitement attending the operation as to the addition of the four ounces to the circulation. But I may be wrong.

The justifiability or non-justifiability of the operation of the transfusion of human blood is not to be settled on the plane of the intellect, we must take higher ground. There is a great moral responsibility involved in this operation, and I am sorry to see that the profession hitherto has failed to recognize it.

The blood is the life, and as is the life of man so also is the constitution of his blood. Every drop of a man's arterial

blood is himself in miniature. We know that the blood contains all that is essential to the life and growth of our souls and bodies, and although the blood of a person in health looks in all respects the same as that of another, they are not the same, but far from it. To the chemist or the physiologist who can not see beyond his science, this may sound as nonsense, but to the eye of the enlightened psychological physician, he who conjoins religion to science, he who never divorces truth from goodness, sees that the blood of individuals are all different and may be as wide asunder as the poles. The living blood contains not only all the elements necessary for nourishing our tissues, but it contains the seeds of every hereditary and acquired disease; it also contains the spiritual elements of good and evil in various proportions necessary for the growth of our souls in evil or in grace, in accordance with our love or lusts; and is any man or woman justified in setting the laws of God at defiance, by putting together what He has in His divine wisdom thought proper to keep asunder and inviolate? What do we mean by "the hereditary transmission of qualities" if it is not that children take on the likeness, qualities and characteristics of their parents, aye, even their insane, criminal, sinful and drunken, as well as their better propensities, which are fed and transmitted by or from the blood which is the life.

Your space will not permit of further extension of this subject at present, but I will only add that all I have seen or heard of the transfusion of human blood as a *dernier resort* in serious cases of loss of blood, or in cases toxæmia and phthisis is against it. Much that I have read I take *cum grano salis*, a pretty large grain too. If the operation be at all admissible, the blood of an animal, not human, should be substituted, such as the sheep, the lamb or the calf. But the true disciple of Hahnemann soars high above all this allopathic remnant of barbaric materialism. He knows that he has a materia medica rich in remedies, "a salve for every wound," and every form of hæmorrhage. If he doubts it let him think of the miraculous power of *China*, and let him study, get by heart, and put in daily practice the key notes

of Professor H. N. Guernsey in his great work on Obstetrics and in his supplementary monograph in the *Hannemannian Monthly*, for January, 1876. With such an amount of knowledge furnished to our intelligence, and wedded in the bonds of holy matrimony to a loving heart, we shall never require to palliate a bloodless condition by transfusing a few ounces of blood, which the very next beat of the heart may as forcibly eject—the constitutional origin of the hæmorrhage still remaining.

General Clinics.

CLINICAL CASES. By E. W. Berridge, M. D., London, Eng.—CASE I. *Sepia*. April 12, 1876. For six or seven days a child had a whitlow. The last joint of right thumb is inflamed, swollen and itches, with throbbing, shooting and burning. The redness was mostly in the dorsal surface of the phalanx; the throbbing was in the palmar surface; the part is dark red and pus is visible. Ordered a bread poultice to thumb and *Sepia cm* (Fincke) every two hours.

April 15th. On evening of thirteenth pain suddenly went away; the abscess broke yesterday at two p. m. Thumb now feels very sore and itches a little. No throbbing, shooting or burning. Stop medicine.

April 21st. Thumb nearly healed; no pain; itches still.

May 2d. Quite healed; skin peeled off; thumb aches a little on using it.

May 8th. New nail forming, otherwise quite well.

In this case the relief from pain took place before the matter was evacuated, showing that it was a cure and not a re-

covery. The child's mother had, of course, given her *Hepar* at first, according to the miserable routine practice taught in many of the works on domestic Homœopathy, but she became worse. I selected *Sepia* according to the symptoms given in Hering's Analytical Therapeutics.

O Constantine Hering! Do give us quickly a repertory to take to the bed side of the patient, arranged like your Analytical Therapeutics, and we will bless you. There is not one reliable repertory in the English language yet completed in all the regions of the body.

CASE II. *Lachesis*. May 22d, 1876. Mr. — applied an ointment to the right tibia for some slight eruption about a week ago. Erysipelas came on, with pustules. The affected part of the leg became swollen, bluish-red, and discharged matter from several holes, presenting the appearance of a large carbuncle, with itching. *Lachesis cm* (Fincke) every three hours.

May 23d. Less inflamed. Continued medicine.

May 26th. Better; still blue, less itching. Continued medicine.

June 1st. Has steadily improved. For the last few days has had *Lachesis mm* (Boerick) every four hours. Carbuncle now healing, less blue; looks red round edges; a core has come out of the holes.

June 7th. Much better. The carbuncle has now become an open wound, which is now healing. Stop medicine.

June 30th. Wound healed. Can bear pressure on it.

April, 1877. No return.

CASE III. *Kali carbonicum*. January 24th, 1876. Miss — for thirteen days has had an enlarged gland in right axilla, with aching, burning pain in it, and shooting to ends of fingers of right hand, to left hypochondrium, to inner edge of left scapula, and to left breast; the gland itches. Guided by Jahr's German Repertory, (vol. ii, page 963) I selected *Kali* as the only remedy, and gave a dose of 4m (Jenichen) three times a day.

Jan. 26th. Better since yesterday; itching still, pain nearly gone. The pain got better on evening of 24th. Swelling

gone. She took the remaining five or six globules, a dose night and morning, and in two or three days was quite well and had no return. One dose would have probably cured this case.

I shall feel obliged if any adherent of the physiological school will favor me with the pathology of the above case, and will point out on physiological principles, why *Kali* cured, and will also, if possible, show how I could have made a better cure by forsaking the rules of Hahnemann, and prescribing according to their "more scientific" method.

CASE IV. *Hydrophobinum*. Miss — yesterday and to-day, constant desire to urinate on seeing running water; she urinates only a little at a time. At twelve-forty p. m. I gave her one dose of *Hydrophobinum em* (Swan). Within an hour she was much better and was soon well.

N. B. Those physicians who object to *Hydrophobinum*, et hoc genus omne as being "nasty", are respectfully requested to find another similitum for the above case.

HÆMATURIA-HEMIPLEGIA. *Acon. 1* and *Mill. 3*.—W. F. M., aet. forty-eight, occupation, confectioner. Mother died of paralysis, third stroke, at eighty-five. Father healthy. Was confined to house four years in succession by typhoid fever, pneumonia, typhoid type, congestion and ulceration of lungs. This was when he was thirty-five years old, and is his own account of past troubles. For one year during this time could not walk alone. Present condition: Has had a numb feeling in the whole of right side for past three months. If he holds the right hand over the head he becomes very dizzy and things turn black, or seem to. Holding left arm over the head produces the same result, but in a less degree. At one time could not raise his right hand to his head; the trouble seemed to be in the muscles of the shoulder. Urine is very red, sometimes seeming like pure blood, very slight sedimentary deposit, normal in quantity; can go a whole day and feel no inconvenience therefrom; bowels regular, appetite good; sleeps well, no pain. Would not know of any urinary trouble if he did not see his urine. About a week

before consulting me, in walking around the city, became confused, lost his way, was obliged to sit down, and does not know how long he remained there. Recovered, however, and got home alone. Had never had such an attack before. First prescription, *Acon.* 1, five drops every four hours.

May 26. Reports the numbness of the hand much improved; thinks he has more strength in his hand. Urine as highly colored as before. Second prescription, *Acon.* 1 and *Millefolium* 3.

June 2d. Reports himself cured. Urine has a normal color. Feels almost no numbness in right side, and says the right hand is perceptibly improving in strength. *Cin.*, May 12, 1877.—M.

VENEREA VIRUS. By Dr. Bojanus, of Moscow. (From *Der Alg. Hom. Zeitung*. Translated by A. McNeil, M. D.) —During the Novgorod fair people gather from great distances, even from eastern Prussia, who traffic in human females. They are in such numbers that one quarter of the city is given up to them, the notorious Kunawino. The most vivid imagination can not, on this field of prostitution, imagine what rude young men in the delirium of wine will do. "*Sine Baccho frigit Venus.*" Thirteen merchant's servants, in their drunken revelry, conceived the wicked and disgusting idea of each of them having sexual connection with one and the same woman. The design was carried out, the order being decided by lot. The result was that the fifth, seventh and tenth were infected, the other ten escaping entirely. Before this all of them were healthy, but after the freak was executed, the fifth had a hard chancre, the seventh a soft one, and the tenth a simple gonorrhœa. The prostitute was immediately examined, and a hard chancre was found on the mucous membrane of the right labia near the commissure. I can vouch for the truth of this, for my position as physician to the governor general of Novgorod gave me the opportunity to investigate thoroughly. Here we have three different forms of one fundamental disease which all arose from one form of that disease, and only three of the thirteen were in-

fectured who were exposed. Logically, the first would have been the most likely to contract the disease, why the fifth should have been the first to catch the same form with which the infecting subject was afflicted, and why the seventh and tenth should contract another form. How can this be explained?

SUPRA-ORBITAL NEURALGIA. *Mezerum*.—H. G., a stout, healthy looking negro man, came to my office seeking relief from a severe supra-orbital neuralgia, left side, beginning regularly at nine o'clock a. m., or therabout, increasing in severity until noon, and then subsiding gradually until near four o'clock p. m., when the pain entirely ceased. He had suffered in this manner daily for about a week, using only cold compresses as a paliative. The pain was intense, and yet it seemed to extend only along the supra-orbital ridge to the temple, the patient being able to cover the whole extent of the pain with the points of two fingers. I prescribed *Acon.*, *Ars.*, *Bell.*, *Gels.*, and *Spigelia* at different times, but without success. My failure led me to a more careful study of the case. The patient was in good health excepting the periodical neuralgia. The only symptoms for which to select a remedy were supra-orbital pain, at times extending into the left eye causing a flow of tears, beginning at a regular hour, nine a. m., increasing until twelve m., and decreasing gradually until four p. m., leaving the patient perfectly free from pain or soreness of the part affected; left eye injected. The pain was described as of a heavy, aching character.

I find, when studying the remedies more closely, that neither of the drugs I had prescribed possessed the characteristics of the case in hand, as for example:

Acon. Pressure in the forehead, temples and top of the head; violent sticking pain in the upper orbital border, extending upward and across the forehead, and across the temples and cheeks into the molar teeth; worse on pressure and toward evening; the supra-orbital region becomes swollen in consequence.

Arsenicum. The pathogenesis of this drug presents only the following symptoms resembling the case: Intense frontal headache, with vertigo; drawing, pressing pain in the right side of the forehead; the pain in the head is especially severe on the left side; tearing in the left half of the face.

Belladonna. Has crampy pain in the right frontal eminence extending to zygoma and lower jaw.

Gels. Has neuralgic headache, beginning in the upper cervical spine, pains extend over the head causing a bursting pain in the forehead and eye balls; worse at ten a. m. when lying, with nausea, vomiting, cold sweat, cold feet; sensation of a band around the head above the ears.

Spigelia. Super ciliary ridge pains, worse from any change in the weather. Periodical pain in the head beginning in the cerebellum in the morning, spreading over the left side of the head, causing a violent pulsating pain in the left temple and left eye.

In reviewing the characteristics given above, I find very slight, if any, resemblance to the symptoms of the patient under treatment, and hence my failure to give relief. On turning to *Mezereum*, in Hering's Condensed Materia Medica, I find in the pathogenesis of that drug the following symptoms: Ciliary neuralgia, especially after operations on the eye; prosopalgia, left sided, from over the eye to the eyeball, cheek, teeth, neck and shoulder; lachrymation, conjunctiva injected parts sensitive to the touch; worse from warmth. Here I found the symptoms covering the case, excepting the periodicity. I therefore prescribed *Mezer. 1x* and permanently cured the case.—J. W. VANCE, M. D., College Hill, O.

CARNOMANIA *versus* HYSTERIA.—Dear Doctor; I am glad that the mint in which our nomenclature was coined is still running. On page eighty-five, vol. v, is an article by E. C. Beckwith, M. D., in which one of the latest coinage from this mill ("carnomania") is explained and illustrated. Let us thank God and take courage for we are truly advancing in knowledge." "Carnomania, insanity of the flesh" is good. Although a poor patient might be expected to control her *nerves*, and we be-

come disgusted that she does not, who would expect one to control her flesh, especially if said flesh was affected with "carnomania?" In this area of conciliation and mutual concessions politically, it is no more than right that we should give the nervous system fair play, and shift a part of the responsibility for the sad havoc and general confusion induced in the patient upon the flesh. The flesh may be weak, but should be made to bear at least a part of the burden. Besides "hysteria" is a term that is too well understood; its meaning is too plain to the vulgar mind, it is becoming too common, and there is no credit attached to its treatment. I have been treating two cases of this disease for the last eighteen months, under the common name of "hysteria," which is no great credit to the patients or myself. They have been improving slowly, but now I will change the name of the disease, and if there is any virtue in that, will have them cured beyond the possibility of a relapse in a very short time, and thereby gain immunity from sneers for my patients, and notoriety and *shekels* for myself.

Let us change the remainder of our "nomenclature," ignoring pathology, paying no attention to roots, mystifying as much as possible, then swear the elect to eternal secrecy, and we will have the vulgar herd at our mercy. But seriously, Doctor, I must ask your pardon for trespassing so much on your valuable time, and will subscribe myself, fraternally yours, E. V. COBB, Burbank, O., June 6, '77.

NEURALGIA-AMENORRHŒA. *Bryonia 3*.—Mrs. C., æt thirty-four, married, sanguine nervous temperament. Thirteen year ago was confined, had instrumental delivery. After a slow recovery she got up, but almost immediately had a severe attack of facial neuralgia, which she had not had before her confinement. She was treated *regularly* for the following eleven years without a return of the menses, unless operated upon, and without much relief from neuralgia. She was operated upon thirty-seven times she told me.

I was sent for when she had an attack of neuralgia. Found her suffering with neuralgic pains in the left side of face and

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head; relieved by hard pressure; some nausea and vomiting. I prescribed *Bry.3*, five drops in one-half glass water, two teaspoonfuls every ten minutes. In one-half hour was relieved, and in twelve hours was over the attack. After hearing the history of the case, I put her upon *Bry.3x*, six pellets at night for two weeks; omitted one week; commenced again a dose every second night. At the end of the first month had a slight show, with no neuralgia. Continued medicine every third night, and at the end of the second month the menses returned promptly, and have continued to appear regularly, with no return of the neuralgia, though several months have elapsed. The particular symptoms for which I gave *Bryonia* were, pain relieved by hard pressure, and by cold applications; nausea upon rising.—E. W. CROOKS, M. D., Santa Barbara, Cal.

[NOTE—This case was imperfectly printed in July number.—ED.]

Miscellaneous.

American Institute of Homœopathy. Meeting at Lake Chautauqua.

July 24th, 9:30 a. m. President E. C. Franklin, M. D., of St. Louis, called the meeting to order and delivered his address, which was replete with many telling points, and greatly enjoyed by the audience. Treasurer E. M. Kellogg M. D., of New York, reported a large balance in the treasury, but soon to be all used in issuing the forthcoming volumes of the World's Convention. The secretary, R. J. McClatchey, M.

D., reported a large necrological list, and the matter was referred to a committee: B. W. James, Valentine, Lilienthal, Ludlam and E. D. Jones.

In two years, with a membership of over one thousand, there have been twenty deaths. Among these are the following well known names: Richard Gardner, Carroll Dunham, Saml. B. Barlow, Lyman Clary, Wm. C. Paine, Chas. H. Skiff, W. H. Baxter, W. H. Guernsey, Wm. L. Cleveland, M. M. Marix, W. M. Detwiler, and many others.

Bureau of Pædology reported. W. H. Jenney, M. D., of Kansas City, acting as chairman. Dr. Jenney read his own paper on hydrocephalus, etc. Recommends treating the child through medicines given the mother; bathe daily in salt and water; cotton, wool or flannel next the skin; diet of milk and bread. Apply, in some cases, an elastic cap to keep the head from spreading. Use *Calc. phos.*, *Silicia phos.*, etc. Death in such cases is the exception, not the rule.

By request, Dr. H. N. Griswold's (San Francisco) paper on Experience on Pacific Coast, was read. It was largely statistical, and not easily reduced to an abstract form.

Dr. H. N. Guernsey. Bathing as a rule with such children, is injurious. If it weakens the patient, it should be discontinued. Pure water is preferable. *Sulph.* is, of course, a remedy often indicated. When it does not act well, and yet seems indicated, use *Psorinum*. Strapping the head does no good, but causes much suffering. *Psorinum*, child smells of decayed eggs.

Dr. J. C. Sanders. Bathing is much abused; delicate children bear it ill, hot and cold baths are exhausting. Dr. Jenney's suggestion as to wet nurses is good. Milk is only exceptionally good when condensed. Liebig's food and other animal broths are not always tolerated. They disturb the bowels and heat the head. Mother milk is the true type of food, cow's milk is a poor substitute. It should not be given unless it is digested. Ridge's food is excellent, as are most kinds of vegetable food.

Dr. S. P. Hedges. Have had charge of the Chicago Half Orphan's Asylum for the past nine years, and had ample op-

portunity to study cases of this kind. Agrees with Prof. Sanders as to bathing. Generally uses inunctions of *Almond oil* once a day—little water, and that tepid, barely to cleanse the skin. Use Eagle brand of condensed milk. Sixty per cent of the children improve on it. A favorite preparation is the pulverized yolk of a very hard boiled egg; the children generally like it. The *Almond oil* is used, because it is rapidly absorbed by the skin.

Dr. Thos. Moore. The predisposing cause is defective nutrition. Failing to get the right kind of food, we have, first, summer complaints and then hydrocephaloid. First and foremost keep the mother well fed. Before teething the child should not have solid food. After the first teeth, use farinaceous food. Give no potatoes until the molars appear. A good substitute for the mother's milk is cow's milk and hot water, equal parts, to which add sugar of milk. Allow the child no animal food (meats) until dentition begins.

Dr. L. E. Ober. Animal food is of great value. We can not use farinaceous food if the digestive tract is irritated.

Dr. T. J. Patchen. I believe in "slopping" the mother to make good milk. Never allows alcoholic preparations; if the mother drinks beer, and the child sleeps well, it is because the child is drunk.

Dr. W. H. Jenney. I beg to thank the convention for the courtesy shown my paper. I wish to say in answer to my critics, that we have in Kansas an excessively dry atmosphere. Bathing might kill your babies out here, but it helps ours. A child of my own, nearly dead from mal-nutrition was given by the hired girl a hot soda biscuit. We expected death, but it didn't come; the child, like *Oliver Twist*, wanted more, and we gave it hot soda biscuit three times a day, which it ate eagerly, and soon got well.

W. H. Jenney elected chairman the coming year. (A well deserved tribute to the Doctor's energy.)

Medical Literature. Transactions of the American Institute. The Committee on Medical Literature respectfully submit the following report:

The addition to our Book Literature during the past year has been of a character that commends itself to the entire profession. It is scientific and practical in its sphere, and reflects a credit upon the indefatigable labors of the respective authors, which can not fail of being appreciated as greatly in advance of the medical periodical literature of the day.

The Condensed *Materia Medica*, by Constantine Hering M. D., furnishes a book of ready reference to the practitioner, and is but another gem in our literature to be placed side by side with the other valuable works of their indefatigable author. The two additional volumes of the *Encyclopædia of Materia Medica*, by T. F. Allen, M. D., indicate the advance that is being made in the publication of one of the greatest and most valuable works that can adorn a medical library. The nature and extent of the enterprise, as well as the reliable knowledge it imparts concerning the capacity and powers of so vast a number of remedies, must secure a unanimous verdict in its favor, and also an abiding gratitude and admiration for the industry, perseverance and accurate labors of the author.

Not less meritorious is the work on *Clinical Therapeutics*, by Temple S. Hoyne, M. D., of which the first and second parts of volume 1 have been issued, showing the clinical uses of *Aconite*, *Belladonna*, *Bryonia*, *China*, *Nux vomica*, *Phosphorus*, *Rhus toxicodendron*, *Sulphur*, *Gelseminum*, *Veratrum viride*, *Arnica* and *Carbo vegetabilis*. This book, issued in parts of 112 pages each, and now in course of publication, promises to be a work of great merit when complete. Judging from the two parts already published, it must be conceded that the plan adopted by the author is eminently practical, and fills a niche in our book literature which competes successfully with all preceding efforts to delineate the therapeutic use of remedies.

The third edition of the work on Diseases of Women, by Reuben Ludlam, M. D., has come fresh from the press since the last meeting of the Institute, and reflects the usual credit upon the well earned reputation of the author. It has been translated into the French language, and is now in course of publication in Paris.

A new treatise on Ophthalmic Therapeutics, by T. F. Allen, M. D. and Geo. S. Norton, M. D., has also been published during the last year, the merits of which can be judged of from the well known reputation of the authors.

The above works have severally been noticed, as being valuable additions to any well selected medical library. Some of them have not escaped the flirtation of the critic's pen. It is well understood, however, that some writers have more talent for magnifying unimportant defects than for comprehending on a grand scale the utility of an author's labors. Nevertheless, praiseworthy authors usually invite fair, truthful and wholesome criticisms, upon their labors, but not from those so smitten with the "cacoethes scribendi" as to write for all the journals and upon all subjects, without the ability of rightly comprehending any of them. It requires but little thought and less talent to be so filled with self-conceit that one can criticise or even puff a work, which, to say the least, has been a severe tax upon the author's time and brain. When works, written for the profession, are issued from the press, it would seem to be incumbent on the journals to give a brief but careful analysis of their contents, in order that some thing like a just estimate of their value may be made. This would pave the way for the critical examination and improvement of our literature—a hint from which our periodicals may profit.

Our periodical literature during the past year, though quite as well sustained as in former years, has apparently fallen below that of our books, and suggests the thought of there being ample room for great improvement.

The North American Quarterly, the oldest of our periodicals now published, under the able editorial management of Lilienthal has lost none of its prestige. Its pages continue to be well filled with well written, selected and translated pa .

pers. Some of which seem a little verbose and heavy, and apparently wanting in the vivacity and brilliancy which usually mark the editorials of the indefatigable managers, and yet its loyalty to the cause which it advocates, as well as the number and variety of valuable papers which each number contains, renders it one of the most valuable periodicals of our school.

The American Observer still continues to be industrious in furnishing its readers with a fair amount of matter from its correspondents. It is in many respects valuable and interesting, on account of its aptum for gathering up medical news, facts and clinical experience. This journal has never been tardy in making its mensual round among its subscribers, although its infirmities for several successive years were made apparent by the amount of drugging to which it was subject from "new remedies." The profession may well rejoice at its present healthy condition, and the improved tone and vigor of its contents since its overstock of Eclectic preparations have become exhausted.

The Ohio Medical and Surgical Reporter, with its excellent editors, chronicles much that is valuable, but its readers are somewhat inclined to complain for having to drink four or five cups before they come to the coffee. It will nevertheless repay those who have sufficient leisure to sit long at meals, to indulge in a monthly feast with this journal.

The Hahnemannian Monthly still fills its pages with material drawn from its ample resources. It maintains its loyalty to genuine Homœopathy, and fearlessly exposes the charlatany of those whose fondness for notoriety leads them to write so flippantly for all the periodicals of the day. Its pages are, for the most part, filled with well written articles, void of prolixity and eminently practical. There has been a wise consolidation of this journal with that recently edited by Dr. A. R. Thomas, and this promises to be a fruitful marriage.

The CINCINNATI ADVANCE is still advancing; its editorials are full of youthful vigor. Its articles are for the most part brief and enjoyable, some of them betray a pugnacious or controversial proclivity, spiced with a microscopic criticism, far

more amusing than instructive. But on the whole, this periodical is well esteemed, and would be sadly missed if discontinued.

The U. S. Medical Investigator is a semi-monthly periodical, and from the fact that each issue is the fruit of two weeks almost incessant care and the attention of its editor, its merit must be apparent. It is generally well filled with communications, clinical essays, hospital and dispensary reports, new and fresh from various fields of labor. While a just criticism might mete out a degree of severity to some of the correspondents, and especially to the careless proof reader of this journal, it may be said to be one of the best channels through which to gain information concerning the progress that medical science is every where making. It would, however, add greatly to the respectable standing of this journal, were a greater care exercised in excluding from its columns worthless communications, void of dignity or good sense.

The New England Medical Gazette still maintains its regularity as the star in the East. It appears to be under the control of the less experienced members of the profession, and contains many well written essays and clinical hints, more spasmodic in style and character than well digested articles from the experienced members of the profession.

The only remaining journal to notice is the American Homœopathist, born yesterday, and so far as we have learned, the mother and child are doing well.

With regard to our periodical literature in general, much might be suggested by way of improvement. The columns of our journals are too frequently filled with a rehash of old controversies, as dry as dead cedar in a lime kiln, and of as little interest to their readers. Our therapeutics might be greatly improved were the fields of clinical experience more thoroughly cultivated and the results given to our journals. The review department, with one or two exceptions, has dwindled into dwarf-like notices, which consist of the title pages, and the names of the book sellers who vend certain books. The need of a periodical review of the medical lite-

rature as it emanates from the press, both dignified and just, is felt generally by the patrons of our journals. There is a growing distaste for controversial articles, and the pages of a dignified medical journal will soon dwindle into personal diablerie and contention for the last word, where personal controversies are permitted. Liberty of speech and candid statements of the differing convictions of well trained minds are always in place when there is no bigoted strife for the mastery. One of the most sacred of all incalculable rights, is the privilege of reading, reflecting and meditating upon different views, with the right to choose from conviction, without the fear of partizan favor. Another obstacle in the way of elevating to a properly dignified standard our periodical literature, is the proneness of certain scribblers to send communications, of no value, except to make their names prominent as writers. When a writer becomes a universal correspondent of all the journals, he simply contributes to their weakness, and makes himself notorious among their patrons as one anxious to blow his own horn.

We hope the time will come when the proprietors of each journal will discriminate between such scribblers and careful and truthful observers. When we look back to the days of the old Medical Examiner, the Boston Quarterly Journal and the early volumes of the British Journal of Homœopathy, and compare many of our modern magazines with those dignified journals, we are forcibly reminded of the degeneracy of most of our periodical literature.

Our foreign English journals, under the direction of such men as Pope, Dudgeon, Hughes, Drysdale and Shuldham, furnish us constantly with an exemplary literature, which we ardently hope will exert a benign influence in this country.

We have had a sufficient number of articles from the French and German journals translated into our vernacular, to render it probable that the cause of Homœopathy throughout the world is not wanting in an able literature to sustain it.

All of which is respectfully submitted.—A. E. SMALL,
Chairman of Committee on Medical Literature.

Ad. Lippe, M. D.

This gentleman by way of reputation needs no introduction to the readers of the *ADVANCE*. Many of them not having met Dr. Lippe in person, will be glad to look upon this counterfeit presentment of his face. And to those who are versed in the science of physiognomy there will be much to be seen and read in the Doctor's expressive features. Dr. Lippe was born in Germany, May 11, 1812. He is the oldest son of the late Count Ludwig and Countess Augusta zur Lippe, and was destined by them for the profession of law; he finished his academical preparations and was graduated at Berlin. While prosecuting legal studies there, taste and opportunity attracted him to the more congenial pursuits of Medicine, and at the close of a year he devoted himself thereto. Emigrating to the United States in 1839, he presented himself to the sole homœopathic school there sustained, at Allentown, Pa. After a critical examination he was graduated there, and received his diploma from Dr. Constantine Hering, July 27th, 1841.

Removing to Pottsville, Dr. Lippe practised with success and growing ability until called to a larger field at Carlisle. Here the prevalent epidemics of the Cumberland Valley gave him a new distinction, by means of which he was, six years later, induced to settle in Philadelphia. Here he speedily attained a distinction that needs no publication and can not be overthrown. Aside from his strictly professional labors, Dr. Lippe has been a regular contributor to homœopathic literature. He filled the chair of *Materia Medica* in the Homœopathic College of Pennsylvania from 1863 to 1868 with distinguished success and to an universal acceptance. He also translated valuable Italian, German and French homœopathic essays and treatises, that are now standard; and augmented and improved its *Materia Medica*, and by his clinical reports has shown how this may be rendered practically available and utilized in the application of homœopathic knowledge and principles.

Adopting Homœopathy after careful examination, when qualified to institute and conduct it; believing it to be progressive rather than stagnant, and having devoted the best years of a prosperous life to establishing its claims in this country, Dr. Lippe has rejected all solicitations that recalled him to Germany. Defending the school in its infancy, and nursing it through a crescent youth, he has had the rare felicity of witnessing the realization of his best hopes, and enjoying a success to which his labors contributed a full share. Unwilling to abandon results he did so much towards securing, hopeful of

further progress and more decisive victory, when all but the last blow seems won, and supported by both pupils and patients, Dr. Lippe is continuing his career in the field of its greatest triumphs with undiminished energy and an ability that is increased by every day's labor, study and experience. He is assured of an honorable niche in the American chapter of homœopathic history, and may eventually challenge a foremost. The peculiar advantages of family and educational discipline in one of the best schools of Germany, that he enjoyed, were thoroughly utilized by original capacity and mental bias. Intellectually rounded and well stored, as well as disciplined, his signal success is a motive as well as a guide to others. He has shed lustre upon German capacity, and identified his native land more closely with the scientific life of his adopted country.

Cincinnati Medical Advance Bureau of Medical Information.
In charge of A. McNeil, M. D., New Albany, Ind.

Dr. McNeil has kindly consented to take charge of this department, and we solicit for him the co-operation of the profession. We desire not medical information merely, but *valuable* information. Such information as the busy practitioner will glance at eagerly in order that he may find practical suggestions. The Doctor opens his department with a report from his own city and practice.

NEW ALBANY, IND., July 19th, 1877.—The prevailing diseases here have been cholera morbus and cholera infantum. The symptoms, vomiting, usually with excessive thirst; diarrhœa, with colicky pains; drowsiness always present. *Tartar emetic* is the similitum in these cases, and brings improvement in a very short time. Frequently no other remedy is required, but sometimes a reaction sets in, with high fever, restlessness, and anguish; the thirst still continuing, which exactly corresponds to *Arsenicum*, which soon controls the case. I have used the *Tart. em.* in the 200th, but if a relapse sets in, I give the 300th, which has acted as promptly as the 200th did at the beginning of the case. There are

some cases of diarrhœa in adults, but more in children, which require the same remedy. There are a few cases of intermittents, which, from the varying symptoms indicate a change in the genus epidemicus. *Natrum mur.* corresponds to some cases, but others require *Arsenicum* and even other remedies.—A. MCNEIL.

Book Notices.

Cyclopædia of the Practice of Medicine. Vol IV. Diseases of the Respiratory Organs.

The contributors of the present volume are Fraenkel, Von Ziemssen, Steiner, Riegel and Fraentzel. As usual, there is at the beginning, a biographical sketch of each author, by which it appears they have each already achieved some notoriety, not only in the general field of medicine, but in the special department included by this volume. The opening chapter on diseases of the nose, pharynx and larynx, is amply illustrated, showing how laryngoscopic and rhinoscopic examinations should be made. We have seen nothing extant equal to this as a guide to studies in this department. One can not help admiring the assiduity and ingenuity of these men who are so wholly wrapped up in the belief that diseases are only material conditions. No doubt if they were charged with this they would indignantly deny it; yet it is not possible in looking through all these large and well written chapters to come to any other conclusion. It seems like one raking amid the ashes and embers to find the conflagration, when we see men so painstakingly uncovering every bit of morbid tissue and attacking that as the disease. Such notions are fashionable now, but will they always be? The balance of the volume is taken up with diseases of the trachea, bronchi and pleura. Each subject is skillfully elaborated, and the whole must stand as the best text book we have had yet presented by the allopathic school—or shall we say, the physiological school?

The American Homœopathist. Vol. I, No. 1, Chicago, July, 1877.

A journal of that name once existed in Cincinnati, and it died of inanition. There is no danger of that with this new journal. It is much more likely to die of plethora and congestion. J. P. Mills, M. D., is editor, and for the rest it is filled with Chicago brains. It is neatly printed and cheaper than dirt up to August 1st, after that it will be held at two dollars a year. We give it a hearty welcome and commend it to all our household.

Papers of Carroll Dunham, M. D.

Mrs. Carroll Dunham is about to issue a splendid volume of the writings of her late husband. They will consist of a collection of papers, articles, addresses, etc., each and all illustrating the principles of Homœopathy. It will undoubtedly be the most valuable and interesting book of the kind ever given to our literature. Price \$5.00. Address Carroll Dunham, Jr., Irvington-on-Hudson, N. Y.

Common Sense. Devoted to Free Thought and the Downfall of Supernaturalism. R. Peterson, editor and publisher, Paris, Texas. Price \$1.50.

Popular Science Monthly, *Supplement*.

In addition to the regular monthly issue of this universally favorite journal, the publishers, D. Appleton & Co., have commenced to issue a monthly supplement. It is a journal nearly as large as the parent journal, and consists of the best of foreign articles selected with great care and taste. The two publications are furnished at \$7.00 a year.

The American Naturalist.

The July number commences with the interesting article, "Notes on the Age and Structure of the several Mountain Axes in the Neighborhood of Cumberland Gap," by Professor N. S. Shaler, of Harvard University, well known also as at the head of the Kentucky State Survey. Mr. Charles Sedgwick Minot continues his suggestive articles on The Study of Zoology in Germany, this time describing "The Methods used in Histology and Embryology." I. C. Russell writes for the general reader especially a paper "Concerning Foot Prints," not those made by Friday on Robinson Crusoe's Island, but the tracks left behind by the ungainly creatures that died before

they could frighten Friday. Published monthly by H. O. Houghton & Co., Boston. \$4.00 a year, 35 cents a number.

BOOKS AND PAMPHLETS RECEIVED.

Toner Lectures. No. V. On the Surgical Complications and Sequels. The Continued Fevers. By Wm. M. Reed, M. D., Smithsonian Institution.

Notes on the History and Climate of New Mexico. By Dr. Thos. A. McParlin, Smithsonian Institution.

History of a Case of Recurring Sarcomatous Tumor of the Orbit in a Child. Illustrated. By Tho. Hay, M. D. Lindsay & Blakiston, Philadelphia.

Second Annual Report of the Chief of Staff of the Homœopathic Hospital and Inebriate Asylum, (Ward's Island). New York, 1876.

Editor's Table.

A SUMMER HOLIDAY number may be considered as hereafter a regular feature of the *ADVANCE*. This, with a special New Years number, will give variety and value to our journal.

THE AMERICAN OPHTHALMOLOGICAL AND OTOLOGICAL BUREAU.—Among the many matters of interest that transpired during the recent meeting of the American Institute of Homœopathy, at the Kent House, we notice as especially significant the fact that there was organized a new and most promising society called the American Homœopathic Ophthalmological and Otological Association. The need of this has grown out of the fact that there has been such a rapid advancement in the homœopathic school in the study and practice of diseases of the eye and ear. A bureau for this department has for the past six years been connected and actively at work with the regular proceedings of the Institute. But it has outgrown the narrow limits of bureau work, and has now been formed into an additional and independent society, but its meetings will be held in conjunction with the American Institute, and will, it is hoped, enhance the work of the bureau on eye and ear diseases. The following officers were elected: President, T. P. Wilson, M. D., Cincinnati; Vice President, W. H. Woodyatt, M. D., Chicago; Secretary, A. K. Hills, M. D. New York.

DR. A. C. COWPERTHWAITTE, of Nebraska City, and Dr. Dickenson, of Des Moines, have recently been elected to professorships in the Homœo-

pathic Medical Department of Iowa University, the former to the chair of theory and practice, and the latter to the chair of materia medica. Our informant adds: "It is understood that these gentlemen represent *pure Homœopathy.*" We congratulate the new school on the teachers they have secured, and the gentlemen in question on the honorable and useful positions they have accepted.

THE International Congress of the Medical Sciences (allopathic) will be held in Geneva, Switzerland, from the 9th to the 15th of September next. Just imagine these wise doctors looking over the whole world and too blind or too bigoted to see what Homœopathy is doing!

SOME English homœopaths have recently been hobnobbing with some soft shelled allopaths, concocting a grand plan of union between the schools. Who objects? If their mutual misery is assuaged by being in each others company, let them affiliate and be blessed. As for the two schools, *c'est impossible.*

M. A. O. DUB. UNIV. This is a new degree to be issued by the Dublin University, M. A. O. (Magister Artis Obstetricæ). That beats the O. G. D. of our Cleveland friends. The trouble with the latter was in its inevitable transposition of letters. Dublin has stolen the idea and improved on the monogram.

"THE Children's Homœopathic Hospital of Philadelphia," is a new and promising enterprise; a godsend to the little ones. It will succeed beyond a doubt.

CHICAGO had eighty deaths from scarlet fever during June.

DEATH RATE OF RICHMOND, IND.—1874-'75, thirteen; 1875-'76, twelve and seven-tenths; 1876-'77, twelve, in one thousand population.—T. HENRY DAVIS, M. D., Pres. Board of Health.

LOCATION.—For a good location address J. W. Neal, M. D., Hutchinson, Kansas.

STUDENTS wishing to locate in Germany may learn something to their advantage by addressing S. V. Martinitz, Rochester, Minn.

MISSOURI SCHOOL OF MIDWIFERY.—The fifth regular commencement exercises of the Missouri School of Midwifery and Diseases of Women and Children was held Monday evening, June 11th, at the College building, St. Louis. The class valedictory was delivered by Mrs. M. B. Pearman, of St. Louis, and that of the faculty by Dr. J. Martine Kershaw. The degrees of the college were conferred by Dr. Wm. C. Richardson, president of the institution. The list of graduates was as follows: Elizabeth Weis, O., Augusta Weiterer, Mo., Anna Kost, Mo., Hilka Bauer, Ill., Mary Ettling, Mo., L. Harm, N. Y., Caroline Wulfer, Mo., J. H. Miller, Ill., M. B. Pearman, Mo., Louisa A. Coy, O., M. DeYong, Mo., Julia A. Lee, Cal., J. Derx, Ill, Anna Anderson, Iowa. Mrs. Schiøreck delivered an

address in German, and, on the whole, the exercises were heartily enjoyed by the large and attentive audience present.

DR. M. M. HAMPTON, a Pulte boy of promise, is of the firm of Drs. Teague & Hampton, Richmond, Ind.

DR. M. M. EATON, of Peoria, Ill., has removed to Cincinnati, and entered into copartnership with Prof. S. R. Beckwith. The Doctor is a valuable acquisition to our working force, especially as he has consented to give the college the benefit of his experience and abilities as a practitioner and teacher.

DR. R. L. SHOE is at Monroe, Butler county, O. Sufficient to say he is an alumnus of the Pulte and its worthy representative in the field of practice.

DR. J. P. RHOADS, late of the Pulte graduating class, has settled in Bedford, Iowa.

DR. A. E. GESLER, graduate of the Pulte Medical College, has located in Saranac, Mich. He will do honor to the cause.

PROF. W. C. RICHARDSON, M. D., President of the Missouri School of Midwifery, has just issued a text book on The System of Obstetrics on Homœopathic Principles. We have not seen it, but we know the Professor well enough to take his writings on trust.

DR. T. J. PATCHEN, the veteran of Fon du Lac, has removed to Hot Springs, Ark. Send your patients going thither to his care.

DR. W. T. KNAPP, has removed from Delphi, to Muncie, Ind.

DR. W. C. NELSON has removed to Chelsea, Kansas.

DR. J. C. KILGORE, graduate of Pulte, has located at Hebron, Ky. He may be relied upon.

DR. GEO. D. STREETER, has removed from Quincy, Ill., to Hot Spring, Ark.

CORRECTION.—In our notice of the Lake Chautauqua meeting we failed to give all the names of the committee of the Chautauqua Co. Med. Society, to whose kind care and attention much of the pleasure and success of the Convention were due. The gentlemen were, Drs. C. Ormes, A. S. Couch, C. P. Alling, A. F. Ward, A. B. Rice and F. D. Ormes.

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

VOLUME V. CINCINNATI, O., SEPTEMBER, 1877. NUMBER 5.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, Cor. 7th & Mound, Cincinnati, O. Terms \$2.50 a year.

SIZE OF DOSE NOT A PART OF HOMŒOPATHY.—An Eclectic friend of ours, a clever gentleman at observing things, writes the following to the Eclectic Journal:

I am acquainted with several homœopathic practitioners who prescribe larger doses of medicine than I do. One of these "little pill men" is giving a patient of his thirty-five grains of *Iodide of potassium* at a dose, repeating it three times a day; and another is dealing out grain doses of *Morphia*, and repeating them every few hours, to quiet a neuralgic patient. Still another is accustomed to prescribe twenty grain doses of *Sulphate of quinia*. I speak from actual information in these three instances; and I know that all of these physicians are fine practitioners who enjoy an extensive patronage.

If an eclectic or allopath indulges the delusive hope that his rival homœopath can not cure patients because he does not give medicine enough to do any good, he is innocently cherishing a mistake.

There may be a transcendentalist or high dilutionist here and there among our homœopathic brethren, who swears by the "upper potencies," and curses those of his fraternity who prescribe appreciable doses. But such are rapidly "running out," and their places are being filled by rational prescribers. The sticklers for infinitesimals are usually thick headed Teutons whose stomachs are never bathed with thin *Beer* or very dilute *Whiskey*. The doctrines and practices of Hahnemann are no more followed by progressive homœopaths, than are those of Samuel Thomson by live eclectics.

According to my observations, Prof. Scudder prescribes smaller doses than the average homœopathist. The tendency of the age seems to be for allopaths and eclectics to diminish their doses, and

for homœopaths to increase theirs. Perhaps a golden mean is to be reached.

The gentlemen whose pictures have been here so skillfully drawn are no myths we are ready to believe. Our own experience accords with the writer that there are men as well as angels who

"Have taken the livery of heaven to serve the devil in."

And they call themselves homœopaths and pretend to practice Homœopathy, and boast of "progress" and "liberty of opinion" and "collateral sciences" and "medical reform" and God knows what else. And they are foolish enough to believe that they are in the vanguard of Homœopathy; that they are an improvement on the previous generation of homœopathic practitioners; that they represent the general status of the school to which they profess to belong; that following them, the homœopathic school is rapidly advancing to higher grounds of rational therapeutics, or rapidly coalescing with the allopathic school and in either case is being greatly improved. Yes, we have plenty of such men, and they have generally had the good sense to keep very quiet, realizing their imperfections and the anomalous position they held in professing what they did not and could not practice. But of late these men have been putting on unwarranted airs. Assuming to own and control the homœopathic school, they have offered to sell it out for the contemptible *quid pro quo* of a recognition by the "regulars." They have offered to strike out the word "Homœopathy" because forsooth it was objectional to allopathic eyes and ears. They have offered to put the law of *similia* out of service on half pay or relegate it altogether to limbo. Now it is plain to us that these men don't represent Homœopathy. On the contrary they grossly misrepresent it. Their self-assumed leadership is a sham, and it's a sad mistake to suppose that the great body of the profession is rushing into the maelstrom of Eclecticism or is to be entrapped by the snares of Allopathy. The "high dilutionists" are not "running out" nor are they selling out to "rational prescribers," as understood by the writer. If the balance of his article were no more truthful than his uncalled for aspersion of "Teutons" it would not be worth while to notice what he has written. Because SAMUEL THOMSON happens to be out of date, it doesn't follow that SAMUEL HAHNEMANN has outlived his usefulness. Men who could not reach his point of advanced outlook if they were to live a century, are still loud in their declarations that they have gotten far beyond the teachings of SAMUEL HAHNEMANN. There were never more men in the United States than to-day who are genuinely and honestly practicing Homœopathy. They are not to be bought or sold, brow beaten or bull dozed, and they are holding to the truth and practicing according to the law of

Similia Similibus Curantur, and using high attenuations because they can cure best with them.

TOO BAD—A correspondent who does not belong to any medical society, complains that these gatherings, notably our state and national organizations, are, as far as he can see, "mutual admiration societies." Well it is a pity that medical men have learned the art of courteously treating each other. They had better pull hair and pummel each other as of old. Instead of praising the gentleman present, they ought to spend their time lauding the gentlemen who never attend society meetings and never contribute anything for the advancement of medical science. It is a serious state of affairs.

The Physiological Livery. By Dr. Ad. Lippe, Philadelphia.

There was received this day, the 27th day of July, 1877, (memorable time on account of the strikes instigated by the Internationals and Communists) an anonymous circular evidently emanating from some high toned party professing to belong to the homœopathic school of medicine and anxious to further the progress of said school by exposing, what to them, appears to be "Transcendentalism in Medicine." Why is the circular anonymous? Are the authors afraid to show their hands? Singular, indeed they strike and the hand that strikes is invisible; the strikers lay in ambush! Would it not be the right thing, just now, to draw them out? Let us know who they are? But if they will take silently the little pleasantries we intend to say to them, they may and be welcome to keep in ambush if they can, for by and by we hope to drive them out so that the people at large can see who and what they are. The best thing, and by all odds the politest thing, we can possibly do is to give the circular in full, every word of it; and after giving it a large publicity may we not indulge in the liberty of exposing their misconception of liberty?

May we not take the liberty to make a few comments on the circular?

The extracts we take as we find them, under the supposition that they are correctly given.

TRANSCENDENTALISM IN MEDICINE.

Extracts from proceedings of the Homœopathic Medical Society of Northern New York, held July 10, and of the Albany County Homœopathic Medical Society, held July 17, 1877.

Dr. Swan's Provings.—Whereas, At the annual meeting of the State Homœopathic Medical Society, held February 16, 1877, a resolution was adopted authorizing the publication in the Transactions of the Society, of Provings of Skimmed Milk, made by Dr Samuel Swan, of New York, which were presented to and refused publication in the Transactions of the American Institute of Homœopathy in the year 1871; therefore

Resolved, As the opinion of this Society, that the provings of non-medicinal and inert substances and fluids and compounds, having no fixed chemical form, are unscientific, untrustworthy, and should not receive the approval of the medical profession.

Resolved, That we respectfully yet firmly protest against the publication in the Transactions of the State Homœopathic Medical Society, of the provings of Dr. Swan, many of which are made of such inert or non-medicinal substances, some of them in very high potencies, as liable to jeopardize the reputation of our school, and weaken public confidence in the homœopathic system of practice.

Resolved, That we urgently request the State Society, at its next meeting, to rescind the resolution having reference to Dr. Swan's provings, adopted at the last meeting of the Society, and that the original resolution, as adopted by the Society at its semi-annual meeting in 1871, be restored to full force.

Use of Remedies in Inappreciable Doses Non-Homœopathic.—Whereas, After repeated trials of the higher potencies of remedies during many years past, great diversity of opinion still exists among homœopaths regarding the utility of such potencies; and

Whereas, We believe that the curative action of such potentized remedies seldom, and perhaps never, depends upon the application of the homœopathic principle, and, in most, if not in all instances, is plainly traceable to forces which have no relation to the homœopathic law of cure; and

Whereas, The publication in the daily press and in the medical journals, as a part of the proceedings of the meetings of this Society, of alleged cures by the use of the higher potencies, exposes the principle on which the homœopathic system is founded to merited ridicule and severe criticism on a non-essential question respecting the

dose—one that can not be explained or defended on either reasonable or philosophical principles—is discourteous toward that portion of the membership of this Society who view this phase of medical transcendentalism with the most profound regret and disfavor; and

Whereas, The methods by which the so-called higher potencies are prepared are not generally known to the profession; and, as serious doubt exists regarding the accuracy of preparations furnished by different manufacturers, no uniform standard for their preparation having been adopted by which alone the relative strength of the remedies can be accurately determined; therefore

Resolved, That until a uniform system for the preparation of so-called higher potencies, of acknowledged reliability, shall have been adopted, these remedies ought not to receive the approval of the profession, and their use should be deemed empirical.

Resolved, That the use of remedies so reduced by potentization as to be inappreciable in quantity, is non-homœopathic, unsound and unphilosophical in principle; is unscientific and unreliable in practice, and merits the unqualified disapproval of all true homœopaths.

Resolved, That the Secretary be hereby instructed to withhold from publication in the proceedings of this Society, all reports of cases alleged to have been cured by the so-called higher potencies.

Medical Colleges which Indorse High Potencies Unworthy of Confidence.—Whereas, Strenuous effort is being put forth by a few homœopaths in support of the use of the so-called higher potencies, particularly by members of the faculties of Homœopathic Medical Colleges, thereby inducing many of the younger members of our profession to place undue confidence in comparatively a non-essential requisite to successful practice, viz: the question of the proper homœopathic dose; and

Whereas, We believe that the prominent indorsement of this extreme and essentially erroneous mode of treatment by the faculties of Homœopathic Medical Colleges is largely contributing to the promulgation of unsound theories of practice; therefore

Resolved, That in the opinion of this Society, all Homœopathic Medical Colleges, whose faculties indorse, theoretically or practically, adherence to the use of so-called higher potencies, are unworthy the confidence and support of the homœopathic medical profession.

Proving of High Potencies Useless and Discreditable to Homœopathy.—Whereas, Of late years there has appeared a disposition on the part of homœopaths to make provings of medicinal and non-medicinal substances so attenuated by potentization, as to be utterly inappreciable in quantity; and

Whereas, We believe the provings of such substances are alike useless and unscientific; and, being of no positive or practical value, are discreditable to the homœopathic school; therefore

Resolved, That in the opinion of this Society, the provings of medicines in doses so small as to be inappreciable in quantity, have no qualities that can commend them to the confidence of the medical profession, and that all such provings should be rigidly excluded from the standard records of the homœopathic materia medica.

The Election of Dr. Skinner an Indorsement of Error in Practice.—Whereas, Dr. Thomas Skinner, of Liverpool, England, was nominated for honorary membership at the last meeting of the State Society; and

Whereas, It is well known that Dr. Skinner represents extreme and essentially false theories of homœopathy; and

Whereas, The election of Dr. Skinner to honorary membership in the State Society would be an indorsement of the transcendental views held by him; therefore

Resolved, That while we entertain no personal ill-will toward Dr. Skinner, we believe his election would be prejudicial to the true interests of the State Society, and retard, rather than promote, the progress of real and rational medicine.

DR. SWAN'S PROVINGS.

Extracts from the proceedings of the Annual Meeting of the State Homœopathic Medical Society, held in Albany, February 16, 1877.

Dr. Conger offered the following:

Resolved, That the resolution found in the Transactions of the Society in the year 1871, derogatory to the provings of Dr. Swan, of non-medicinal and inert substances, be rescinded and expunged from the minutes of the Society.

The above resolution was seconded by Dr. Wildes, who stated that he was acquainted with Dr. Swan, and that he had learned more of the materia medica since that acquaintance began, than he had ever known before, also in regard to the treatment of symptoms, and the characteristics of drugs and how to prescribe them. He also moved to amend the resolution by adding:—"and that those provings which had heretofore been refused admission into the transactions of the State Society shall now be admitted."

Dr. Conger accepted the amendment,

Dr. Wildes stated that many leading physicians were in the habit of using the provings of Dr. Swan, and that he himself had occasionally prescribed the millionth potency.

Dr. H. M. Paine stated that the resolution referred to was adopted at the semi-annual meeting held in Saratoga, and the purpose was to bear witness, to as great an extent as possible, against Dr. Swan's provings of skimmed milk of the four thousandth potency. There is nothing in the scientific world so absurd as these high potencies.

Are we, a body of scientific men, prepared to offer a millionth potency of a drug to cure disease? No one, with a single iota of com-

mon sense, would entertain so absurd a proposition. He hoped no action would be taken, and moved that the resolution be dropped.

After further discussion, the resolution, as amended, was adopted.

ORIGINAL RESOLUTION.

Resolved, That we view with distrust, as liable to bring discredit and ridicule upon the medical profession, the provings of non-medicinal and inert substances and hereby respectfully protest against the publication in the Transactions of the American Institute of Homœopathy, of a paper by Dr. Samuel Swan, presented and read at its late meeting held in the city of Philadelphia.

Transactions, vol. ix. p. 50, 1871.

Dr. Swan's Provings.—There is a protest against the publication of Dr. Swan's Provings of Skimmed Milk, and the society express an opinion that the provings of non-medicinal and inert substances and fluids and compounds having no fixed chemical form, are unscientific, untrustworthy and should not receive the approval of the medical profession. When Hahnemann's pupils proposed to prove *Charcoal*, because they thought it must possess sick-making as well as curative powers he consented, and the provers did take *Charcoal* in substance and obtained no symptoms; they so told the master, who then, for the first time, told them to make triturations and finally potentize the drug up to the sixth potency. They did so; they proved the sixth potency, and the characteristic symptoms so obtained by his pupils were and are now trustworthy, are scientific in more than one sense. We learned how to use *Carbo veg.* scientifically for the cure of the sick, and it opened the eyes of Hahnemann's pupils so that they could see that which science never taught before, that by potentization sick-making and sick-healing properties were developed which apparently were lying dormant in the crude substance. If the Homœopathic Medical Society of Northern New York meets again, and tries to be consistent, they should resolve that hereafter *Carbo veg.*, *Lycopodium* and *Silicia* should be expunged from our materia medica, and that any book containing these drugs should be condemned as unscientific and untrustworthy.

Why all this bitter objection to publish Dr. Swan's Provings? The society by publishing it by no means endorses

these provings, and if a majority of the members of this society really believe that the proving of the four thousandth potency can cause no symptoms, then really the best mode of silencing Dr. Swan for ever, nay, of annihilating him for all time to come is to do just the very thing they decline to do! Why should he not have a hearing? Why judge of the provings and their value *a priori*? The reputation of our school could not be jeopardized; it is only Dr. Swan's reputation which is at stake; or should we shrink from the practice of pure and undefiled Homœopathy because such a course would weaken public confidence in the homœopathic system of medicine? The confidence did and always does come when results are satisfactory.

Use of Remedies in inappreciable Doses, Non-homœopathic.—Here they strike on a revelation. Grand idea! How did Hahnemann and the early pioneers cure the sick? By inappreciable doses. We are told that the curative action of such potentized remedies, seldom, and perhaps never depends on the application of the homœopathic principle, and that publications in the daily press and in the medical journals, as a part of the proceedings of the meetings of this society, of alleged cures by the use of the high potencies, exposes the principle on which the homœopathic practice is founded to merited ridicule and severe criticism on a non-essential question respecting the dose, . . . is discourteous toward that portion of the membership of this society who view this phase of medical transcendentalism with the most profound regret and disfavor. Well, then, if the dose question is a non-essential question, why strike such hard blows at the members who report cures made with high potencies? Why use such discourteous language? Why talk about alleged cures? Do you really mean to curtail the liberty of publishing or stating one's experience? Do you take the freedom to play the censors and profess disfavor towards members of your society who may be, unfortunately for our cause, in a numerical minority? And a relation of such alleged cures are by you considered discourteous. Will the society passing that resolution permit an old pioneer to be discourteous? Here is your

humble servant, who since the year of our Lord 1845, has exclusively administered only high potencies—has been ill himself, never deviated, stuck to them, and by the help of the Lord will stick to them forever. Now strike if you dare! But when it is said, “The methods by which the so-called higher potencies are made are not generally known to the profession,” that is all correct, and if any body wishes to know why the profession has been kept in darkness about it, they will find an exposition of it in the third volume of the Hahnemannian Monthly. The curative power of a preparation can be accurately determined only “by the use of it,” always provided the preparation is used under the homœopathic law, and its strictest rules for applying it. This or any other society of allopathists or eclectics may exercise their freedom to resolve till doomsday, “That the use of remedies so reduced by potentization as to be inappreciable in quantity, is non-homœopathic, unsound and unphilosophical in principle; is unscientific and unreliable in practice, and merits the unqualified disapproval of all true homœopathsists.” All their resolutions will not make it so. Who, pray, has the best right to judge whether remedies so reduced by potentization as to be inappreciable in quantity is homœopathic or not, or reliable or unreliable in practice? If reliable in practice then surely they are homœopathic! The only men fit, capable and adequate to render a verdict are those who habitually cure by aid of highly potentized drugs; men who have before hand formed a judgment can not be admitted into the jury box; their verdict would be set aside by any righteous judge were it proved that they sneaked into the jury box under false pretenses and with a biased mind. And when the secretary is instructed to withhold from publication in the proceedings of this society all reports of cases alleged to have been cured by the so-called higher potencies, we really do not find appropriate language to express our astonishment of a course which on first sight looks like “insurrection.” It smells of persecution!

Proving of High Potencies Useless and Discreditable to Homœopathy.—The only proving we had of *Theridium* for many a long year was a proving with the 30th potency which has

proved itself to be correct. Must it as well as *Carbo veg.*, *Lyc.* and *Silicia* be rigidly excluded from the standard records of homœopathic materia medica? If the learned members of the society are more consistent, this is just and liberal of course!

The Election of Dr. Skinner an Indorsement of Error in Practice!—Well done! The society saves Dr. Skinner the very painful duty to decline to accept the proposed membership of a society who are bold enough to say that the secretary shall withhold from publication all reports of cases alleged to have been cured with the so-called high potencies.

It is refreshing to find that the State Society did better, and there is at last some hope that Dr. Swan's Provings will see the light of day; although Dr. H. M. Paine immortalised himself by striking at the high potencies. We thankfully accept his compliment when he utters, "No one with a single iota of common sense would entertain so absurd a proposition as to offer the millionth potency of a drug to cure disease." Fact, sir, fact. We as true healers do not cure diseases! Please talk Homœopathy. You would if you knew how. We cure the sick, we individualize. Now please learn a fact if you have a single iota of common sense. It is this, *That the millionth potency cures the sick.*

Argument.—We find in this anonymous circular a homœopathic medical society arbitrarily denouncing some of their members; we find them condemning in round terms the provings of one member of the profession, and decline to honor another one because they declare him to represent essentially false theories in Homœopathy; they refuse to publish cases in their proceedings, reported in good faith, because high potencies had cured these cases; they boldly declare that inappreciable doses are not homœopathic and that medical colleges which endorse high potencies are unworthy of confidence. Now, to our mind, this does look very bad indeed; colleges, journals and equals are told "what they must not do." Before an individual can comprehend the wrongfulness of his action it is supposed that he must be aware of that which is a right action.

The lawbreaker, may he be a doctor or a striker or a communist, is supposed to know the law he violates, and for this violation he is punished. The existing law as it stands is open to the inspection of all, and when the lawbreaker is sentenced by a judge who knows the law and is sentenced in accordance with a verdict by a jury which was instructed by the judge what the law is and how it was violated, he is supposed by his fellowmen to have had fair dealing. In the case before us, we find it all sixes and sevens. We are only told what should not be done, and the organic law on which our system of medicine was based by Samuel Hahnemann is not only overlooked, nay, it is terribly mutilated, falsified and arbitrarily ignored. Let us now make a kind suggestion to these men who were carried away thoughtlessly, carried away till their actions, as shown in this anonymous circular, is very much like the manifesto of a rebellious meeting, regardless of law, justice or order; let us suggest to them to first give the law, a definition of Homœopathy based on the great text book of our school, the *Organon of Hahnemann*, and if their definition is supported by the teachings found in the *Organon*, and if a violation of principles so explained and adopted as a law, takes place, then it will be time to call the violators and lawbreakers to order. To our mode of thinking this very medical society are the lawbreakers. There is nothing in all the writings of Hahnemann or of his followers to justify the course pursued by these men, when they denounce Dr. Skinner, when they declare that inappreciable doses are not homœopathic, when they denounce as "alleged" the cures with high potencies, when they reject the provings of substances of no fixed chemical form, they surely expose our school, as far as they assume to represent it, to terribly well-deserved ridicule, as they presume to strike at all the great principles governing the homœopathic healing art, strike at all the laws governing the school as every reading man can find them clearly, logically and philosophically laid down by Samuel Hahnemann in his *Organon of the healing art*. Let our respective societies give us a definition of Homœopathy that we may have a law to guide us at all times and under all possible

contingencies; let the societies either accept or reject the Organon; if it is accepted then this circular is revolutionary, if rejected the circular is in harmony with men who profess to be homœopaths and reject the Organon and with it all principles and practical rules by which the followers of Hahnemann are guided in their therapeutics. Our suggestions are for the support of the supremacy or the law of our school as well as for the law of the land; and when a school professes to accept certain laws, and allows at the same time some members to openly defy these laws, allows them to slander and abuse men who are true to the law as it was promulgated and accepted by the followers of Hahnemann, then we live in open rebellion, and it is high time that the law be defined and sustained by all possible means. We advocate law and order, and now once more repeat the often before asked favor from our societies to define in clear and unmistakable language their definition of Homœopathy and the laws governing this school, and now suggest to also devise means to protect every man who proves himself law-abiding and faithful to his trust.

Theory and Practice.

Acne. By Cl. T. Campbell, M. D., London, Ontario.

Physicians in the olden time did not pay much attention to those skin affections, which at their worst were only facial deformities. They were deemed of too trifling a nature to

require treatment among men, and their consideration was thought better suited to the ladies' toilet chamber than the physician's consulting room. "It is almost absurd," said Celsus, "to treat varilenticulæ and ephilides; but a care for personal appearance is a part of the nature of women."

In our day, however, a care for personal appearance is not confined to the female sex, and the modern physician is consulted by men as well as women, for disorders which trifling in themselves, yet mar the countenance divine. Of this class is the eruption called acne, especially in its milder varieties.

Acne is essentially a disorder of youth, as the name (a corruption of acme-puberty) would indicate. It is seldom seen in persons over thirty, while the greater number of cases occur between the ages of fifteen and twenty. Baehr says it is most frequent in males; Wilson says the contrary. I am inclined to the opinion that it is found in both sexes in about equal proportions; though usually more females than males consult the physician.

The eruption appears chiefly on the face, occupying the forehead, cheeks and nose chiefly. In a small percentage of cases we find it on the back between the shoulders and hips, and on the front of the body in the sternal groove, but it may be found wherever hair grows.

It is difficult to estimate the relative frequency of acne as compared with other skin affections, because many cases are never brought under the notice of the physician. In eleven thousand cases of skin diseases tabulated by McCall Anderson, acne constituted about three and one-half per cent. It is probable five or six per cent would be a fair estimate.

Acne has its seat in the sebaceous glands, their ducts and the hair follicles. These glands, which are the special organs producing the oily matter provided for the skin, are connected with the hair opening into the hair follicles, but are also found isolated in some situations. They are located in the corium. Within the glands is found a fluid consisting chiefly of cells filled with oil globules, and with a yellowish, transparent, homogeneous substance. These cells, together with

free oil and water, constitute the sebaceous secretion, and when this secretion is detained in the duct of the gland it produces acne.

In its simplest form there is neither irritation nor inflammation. The inspissated sebum accumulates in the duct of the gland, or in the associated hair follicle, forming a small pimple. At the orifice the dried matter, mixed with dust and dirt, shows itself as a small black point. By squeezing a fold of the skin containing one of these spots, the secretion may be pressed out in the form of a little white cylinder with a darkened extremity. These are known to the people as worms or grubs; to the physician as comedons. This, the simplest form of the disorder, is termed acne punctata.

Sometimes the secretion is retained in the gland itself; in which case it appears as a minute pearly tumor, about the size of a millet seed, and is called *grutum millium* or miliary tubercle. These usually appear in clusters on the face, more especially on the eyelids.

In some cases, acne remains in its simplest form above described, in others the retained secretion becomes a source of irritation. At first there is a slight degree of congestion and inflammation, giving the little pimple a well marked prominence, and tinging it more or less deeply with red. This is the *acne coniformis* of Wilson. Advancing further, pus is noticeable on the summit of the cone, constituting *acne pustulosa* of the same author.

These varieties may end in a resolution or surrender to appropriate treatment. If, however, the disease progresses further, we find it taking on a more indolent and chronic form. The pustules have now a hard dull-red base and are painful with but scanty suppuration. The skin is more or less congested, giving rise to a tense, uncomfortable feeling. There is considerable induration of the tissues, which is removed but slowly, and may leave a permanent scar. This is the *acne indurata* of Virchow, Fox and others. Wilson divides it into two varieties: *Tuberculata*, when the skin is thickened with infiltrations simulating tubercle; and *indurata*, where it is more deeply scarred and indurated.

All these varieties are classed by Neuman under one head, *acne disseminata*, and then again sub-divided in accordance with their pathological characters. Indeed, there is no lack of classification in skin diseases by professional dermatologists, the only trouble being that the student and general practitioner is apt to become more confused the more classification he gets.

The simplest classification would be: *Punctata*, retention of sebum without irritation; *Simplex*, more or less congestion, inflammation and suppuration; *Indurata*, skin infiltrated, indurated and scarred.

The cause of *acne* is to be sought in a defective nutrition of the skin, essentially a debility. In some cases the patient appears quite well, in so far as his general health is concerned; more frequently there are signs of impaired digestion; sometimes there is evidence of a too rapid growth of the body, and in females there is often disordered menstruation. Baehr attributes *acne* largely to a diet of fat meat, especially goose meat, and to excessive use of wine and alcoholic stimulants. The skin is often pale and dirty looking, showing that nutrition is defective. It would seem also that there is some connection between *acne* and the sexual system from the fact that it occurs among young women in connection with irregularities of the *catæmenia*, it is also very common in young lads addicted to self-abuse.

In undertaking the treatment of *acne* careful attention should be given to diet, though this is a difficult matter, for patients seldom feel sick enough to be willing to diet themselves for any length of time. Spiced and highly seasoned foods, fats, whether in the form of rich pastries or meat, and stimulating drinks should be prohibited. Where there is *anæmia* and general debility, the diet should be generous and nutritious, without being greasy or stimulating. More frequently, however, we find it necessary to regulate the diet, and prohibit improper articles, than to recommend any increase in either the quantity or quality of the food. Fresh air and exercise are of course useful in this as in most diseases.

In selecting remedies, attention should be given to the general condition of the patient, as the indications for the appropriate medicine will be found more clearly marked in the constitutional symptoms than in the form of the eruption. Where there is disordered menstruation, dyspepsia, scrofula or other constitutional affection, the remedy that will clean up these fundamental troubles will be sufficient to wipe out the local disorder.

Several medicines have been found to produce acne eruptions in the hands of the old school practitioners, and should, therefore, be good remedies. Tar acne is a well known artificial eruption. Not only does it frequently appear when preparations of *Tar* have been liberally applied for the treatment of skin diseases, but it is also of common occurrence in tar factories. I should be inclined, however, to consider the action of *Tar* mainly, if not entirely local. The internal exhibition of *Iodine*, *Iodide of potassium*, and *Bromide of potassium* will sometimes develop acne.

We may get some idea of the variety of remedies which have been used for acne by glancing at the recommendations of some of our authors. Baehr suggests *Arsenicum*, but depends chiefly on local measures. Hartmann mentions *Sulphur*, *Antim. crud.*, *Dulcamara*, *Sepia*, *Natrum mur.*, *Nitric acid*, etc. Raue gives *Belladonna*, *Carbo veg.*, *Hepar s.*, *Lachnanthus*, *Sulphur*. Lilienthal recommends *Phosphor.*, *Merc. sol.*, *Hepar s.*, *Rhus tox.*, *Iodine*, *Conium*, *Clematis*, *Silicia*. Hughes advises *Belladonna*, *Pulsatilla*, *Sulphur*.

When the number gets so large, selection would appear difficult, but as previously stated, the choice will have to be based on the general rather than the local symptoms. Among the remedies usually indicated, the following seem to me to be the most suitable:

Kal. brom. Acne simplex and indurata, on face, neck and shoulders, preceded and accompanied by heat and itching, leaving red and indurated spots; pustules with depressed center and indurated base. Seborrhœa, millium.

Kal. iod. Acne punctata. Comedones very abundant, especially on wings of nose, with itching; useful in syphilitic

patients, or those who have been over treated with *Mercury*.

Sepia. The pustular form situated on the face, especially the chin; skin dirty-yellow and scurfy; venous plethora; digestive and uterine derangements; patients addicted to self-abuse.

Arsen. Acne punctata on face; skin dry and dirty pale; impaired nutrition.

Bell. Especially in females with dysmenorrhœa or menorrhagia; eruption red and irritable, painful to the touch; arterial plethora.

Pulsat. In females with amenorrhœa and the *Pulsatilla* temperament; skin pale; anæmia; eruption caused by eating fat food.

Merc. sol. Acne coneiformis, after a time becoming scaly; syphilitic patients.

Rhus tox. Acne pustulosa, with itching and burning, especially on hairy parts. *Silicia* for indurations in same localities.

Thuja. Acne indurata and pustulosa, especially on wings of nose; skin greasy; (also *Natrum m.*) livid spots of induration.

Hepar s. Acne pustulosa; sensitive to touch; worse at night, accompanied by glandular swellings.

Local treatment is of great importance. One authority in our school, Baehr, goes so far as to say: "A medical treatment of acne is possible, yet in most cases superfluous. * * We are of the opinion that we ought not to try anything internally so long as an external, non-medicinal treatment is sufficient."

The removal of the plugs of sebum may be expediated by bathing, with friction, in hot water, containing *Bicarbonate of soda*, one drachm to six ounces. If there is considerable irritation, the *Benzoated oxid of zinc ointment* may be used. In acne indurata, the absorption of the inflammatory products may be promoted by an application of *Sulphur*, as for example, the following: *Sulphate of zinc* and *Sulphuret of potassium*, one drachm each to four ounces *Rosé water*. Or the *Citrine ointment* may be used, and in some bad cases a cautious application of the *Acid nitrate of mercury* to each spot will be found of advantage.

Baehr, as I have already stated, depends almost exclusively on local treatment. He advises rubbing the face gently night and morning "with a soft piece of flannel, moistened with warm water and well soaped, then wash off with clean warm water, and again with cold water." Before washing the comedons may be pressed out. This he does "by placing a watch key, which ought to have neither too small an opening nor too sharp an edge, over the comedo, so that its black point shall stand exactly in the opening of the key, then press the key vertically against the skin."

In many of the books a disease is described under the name of acne rosacea. This is not, however, a true acne, but a chronic hyperæmia of the face, with an effusion of lymph into the papillary layer of the skin. Acne spots at times appear in connection with it, from the fact that an inflammation could scarcely exist in the skin without affecting the glands. But the seat of rosace is not primarily in the sebaceous glands, as is the case with true acne.

Potency and Dose. By W. L. Breyfogle, M. D., Louisville, Ky. (Indiana Institute of Homœopathy.)

After the last meeting of the Indiana Institute, I was much surprised to find a bureau on "Potency and Dose" had been manufactured, and that I was expected to take some part in discussing the subject. I am, Mr. President, very sorry that there was any such bureau appointed, and personally do not desire to discuss the question of potency and dose, where there is such a diversity of opinion. I should much prefer, even at the risk of being "counted out" to leave the matter to a "tribunal" to be decided.

I was not present at the appointment of bureaus, but I suppose the origin of this one was due to the heated discussion

which took place the day previous over a case of *Chloral* poisoning, in which the remedy prescribed was crude "*Musk*" in three grain doses. This prescription, (given by myself) although it cured the patient in a very short time, was pronounced "unhomœopathic," "unscientific," and even "unallopathic."

Now, Mr. President, leaving out of the question the above prescription, which was given as an antidote in a case of poisoning, and the necessity of which every intelligent and successful physician is bound to admit, I propose to discuss the question of potency and dose a little, and to afford those gentlemen who have been struggling for so long a time to bring this subject before our body, and who so love to soar above the level of common thought, an opportunity.

In considering the subject of potency and dose, I shall hold that the potency of a drug can have nothing to do with a man's Homœopathy. If he gives the tincture or the 100m he does not violate the law of the similars. The dose I believe to be that amount of medicine necessary to cure without producing toxic effects.

There are a few members of our profession who attempt to draw a line, and to arrogate to themselves superior skill and the practice of a refined and double distilled Homœopathy, in prescribing high potencies solely in the treatment of disease. I can not understand how this can be, as a man with a large practice, and the most violent forms of disease to treat, can not always make those nice distinctions between remedies, which favors high potencies, even if he believes in their efficiency.

Disease waits for no one, and the patient in his anxiety to be relieved, is not always willing to wait, after two or three unsuccessful attempts have been made to produce the effect with high potencies. I myself much prefer in chronic cases, and where the remedy is very clearly indicated, to give a high potency, generally the 30th. But when I am called on to wrestle with those acute, malignant diseases, I use active remedies, in doses that produce quick results, conscious that

if my patient does die, I can at least say, I did my best, and it was through no fault of mine.

What one of you would stand by the bedside of a little patient with membranous croup and prescribe *Hepar sulph.* or *Spongia 75m* or *100m*, and fold your hands and await the result? In that case I would prescribe *Mercurius 3*, or whatever remedy indicated, in a low potency and in frequent doses. I would, if necessary, vomit him with *Alum.* I would use the fumes of *Lime*, or some other ready expedient, and stand ready, in case all failed, to use the knife.

Am I the less a homœopath because I treat a disease of the eye with *Atropine*, a case of poisoning with an antidote, or cure a case of gonorrhœa with an injection?

There are some physicians who will tell you that they have never lost a case of membranous croup, congestive chill, etc., etc., and that they never prescribe less than the 200th, when the fact is, they never had a true case of either disease to treat.

We should endeavor, above all things, to be honest with each other, and tell the whole truth in our society meetings, otherwise we can not expect to succeed. The younger members of the profession visit our societies to learn, and it is the prerogative of the older members to teach. Is it any wonder then that when they endeavor to carry out those teachings that they are so often deceived in the result?

They do not comprehend that when certain distinguished physicians get up in our society meetings, and report all their cases of chills cured by the highest potency and single dose, that it is only intended as a joke! That the druggist will tell you that these same men buy their *Quinine pills* by the thousand, their *Podophyllum pills* by the hundred, and that their patients often complain of the taste of their high potencies.

Now, gentlemen, this is all wrong. We should endeavor, instead of hiding our failures, to consult each other, and endeavor to find some good way out of it.

I believe that some physicians honestly deserve the reputation of high potency men, and that they actually practice what they preach, but certainly these men can not have much practice.

For some years I tried to use them exclusively, and where I often had wonderful results following their use, as often did I have patients quit the treatment, disgusted perhaps, at the frequent return of the chill, go to his druggist and purchase ten or fifteen grains of *Quinine* and cure himself.

I do not wish to be understood as advocating the use of *Quinine* in every case of chills, not by any means. If I prescribe it at all, it is where I have reason to suspect serious damages from the result of another chill, as in congestive chills. I can illustrate this by citing a case which came under my observation. Mr. C., aet. about forty, active, vigorous man of business, was taken with chill, followed by great prostration, vomiting and stupor, which lasted six or eight hours. Physician called and gave *Arsenicum* as the indicated remedy. Second day, another chill; symptoms more alarming than the first; consultation called; same remedy continued but a change in potency made. Fourth day, another chill followed by death. I feel safe in saying that twenty grains of *Quinine* would have saved Mr. C.'s life, and saved to Homœopathy the sacrifice of a vast amount of reputation.

Now in these cases I confess that I resort to expedients, and as success is the true test of merit, I believe I am right and unless some one can show me a better and safer plan, I propose to follow it.

In my daily practice I much prefer the 30th as a potency, and have reason to believe them as efficient at least as either the lower or higher. I believe every physician should endeavor to select his remedy carefully, and wait a reasonable time for the result, but, in cases where a life is involved, and he can assist his patient, to do so.

In cases of malignant diphtheria, while I always endeavor to prescribe the indicated remedy, I use local applications to the diseased part. A member of this body said to me some days since, that he always treated such cases with high potencies alone, and had never lost a case. Now, gentlemen, one of two things, in my mind explains that. Either that he deceived me, or deceived himself.

One other member of this body called me in consultation to a case of irido-choroiditis, where he had been giving the in-

icated remedy, and where the eye was finally destroyed by inflammation, which I believed could have been saved by the timely use of a solution of *Atropine*, together with the remedy. Is it not better for Homœopathy and for ourselves, to cure our patients, and not force them to seek relief elsewhere?

I remember a physician, an old "college chum," who said to me, after he had been practicing medicine for some years: "I don't understand why it is, that you have such a hold on your patients. Why, you have so many more malignant cases to treat than I." Said he, "If I have a patient who is dangerously ill, and he does not improve very rapidly he slips out of my hands, thus injuring Homœopathy and my own reputation. I certainly do my best to please. Why is it?" I answered him about as follows: "You and I were both taught medicine together, and have both pursued the same course. We were taught to give the high potency and the single dose, and as far as we could we have practiced according to our teachings. We have paid more attention to symptomatology than to pathology, but I have learned to study pathology more, and in prescribing, when it comes to a question of whether I shall lose my patient or my high potency theory, the bread and butter theory always drives the high potencies out of sight."

I argue, therefore, that if our profession would pay less attention to theories, and more attention to results, we would advance our cause much more rapidly. We are apt to go to extremes. I may have given too large a dose of *Musk* to my patient, but I wished to produce certain effects, which I am sure could never be produced by high potencies, and, to be successful physicians, we must all do it when the occasion demands. Even my distinguished and respected teacher Dr. Ad. Lippe, in a conversation last summer over the above case endorsed the treatment, and stated that it became necessary in his own practice occasionally, to produce certain chemical effects which could only be produced by such means, giving as an illustration a case of poisoning by *Mercury*, so complete, that *Potash* had to be used for its chemical effect before any other treatment could be given.

May we then not leave this question of potency and dose out of our deliberations? At least rub out that imaginary line which is supposed to exist between the "blue bloods" and the "plebs". We are all searchers after truth and working in the common interests of Homœopathy. Why not work together? When we see an erring brother doing something a little unorthodox, instead of seizing him by the nape of the neck and kicking him out, would it not be better for Homœopathy to endeavor to teach him a better plan?

In conclusion, I do not wish to be understood in this little paper, as favoring mongrelism. Mongrelism, in my judgment, consists in mixing homœopathic medicines, a practice which no one should be guilty of under any circumstances, but simply to advocate the use of expedients in emergencies. I have been actuated, not through any personal pique, but with a desire to defend myself from a charge made at the last meeting, of unhomœopathic treatment in resorting to an expedient in an emergency, and to say that it is my deliberate conviction that a physician ought to be allowed more liberty of thought, and to prescribe the *room* or the crude drug as he thinks advisable in each particular case.

Uterine Displacements and their Treatment. By H. R. Arndt, M. D., Ionia, Mich. Part I.

The medical profession in its practice presents some very peculiar features. In spite of the atmosphere of apparent omniscience with which a part of the fraternity know how to surround themselves so successfully, that a share of the people take the glitter of the metal as sufficient proof of its hidden preciousness, in spite of the most conscientious study and observation of others, with an enthusiastic and

life long devotion to the study of disease in its endless variety, there is not only much left in a state of uncertainty if not of absolute darkness, but it is often the case that this twilight of knowledge rests upon questions that confront us almost daily in the sick room, and in some shape effects the treatment of diseases that are not only painful, but from their frequency, and from the peculiarity of their surroundings, weigh heavily upon families whose every chance in life depends upon the health and strength of the afflicted. Uterine displacements belong to that class.

In these cases the condition of the afflicted organ, and the causes of the derangement are hardly subject to doubt; but the study of their treatment forms one of the most curious, if not most instructive, chapters of medical literature. In using the word curious, we speak of the medical man of experience who has learned to give due weight to text books and to the views of others, and still stand firmly on his own foundation; to the young student or practitioner who leans heavily upon others, such chapters are perplexing and discouraging in the highest degree.

Perchance a young practitioner, fresh from college, is consulted in a severe case of retro-version. The wife of a prominent citizen of whose friendship our brother can feel sure, should his treatment prove successful. If the town is small, the case one of long standing and has been in the hands of other physicians, our friend feels as if the eyes of the universe were upon him, watching his every move. A careful examination is made, and he is quite sure of two things at least, viz: that he has a job, and that the case is a clear case of retro-version. But what next? Oh! for the genius of the professor who taught him that the 30th or 200th dilution would inevitably cure, if he would only find the right remedy. The more he thinks about it, the more he becomes convinced that the professor is right, but as he carefully studies the symptoms of the case, he grows less and less confident of his ability to find the right remedy.

Alas! That he lacks the skill of the learned specialist who cures all these cases in a little while. "Just insert a pessary you

know, no trouble about her getting along; but get the right one." He tries; tries again and again; he uses instruments, "embracing every variety, from a simple plug to a patent threshing machine which can be worn only with the largest hoops," (Ohio Med. and Surg. Reporter, page 176, 1867) but in vain. He loses his appetite from anxiety; his brow becomes furrowed with care; he spends his nights reading up cases and doubts his fitness to live, as he ponders over cases of prolapsus of nine years standing cured in sixteen days by eight powders of *Sepia* 10, and eight powders of *Nux* 5. (See Med. Observer, 1866, page 470). He grows so desperate, that finally, in a last spasmodic effort to leave nothing undone, he insists upon the patient having a room and bed by herself and sleeping with doors locked and the key under her pillow. But even that does not help much, and after months of care and worry he is obliged to acknowledge himself defeated, and to realize that the case has gone out of his hands, leaving him only the satisfaction of having made a bill, which it requires a moment of utter financial dearth to make out and to present, and which, if paid at all, will be so under protest, and with a proper seasoning of criticisms on quackery, etc.

There has for years a war been waged between the friends of purely medicinal treatment and the advocates of mechanical means as the mainstay in the treatment of these diseases. Both parties have ridiculed each other heartily, and have placed upon the records of the school, reports of cases that show conclusively that if their theories are not absolutely faultless, the talent of the respective writers must be of the very highest order.

The friends of mechanical treatment advance the very plausible argument that dislocation of the womb is to be treated like any other dislocation, and make sport of the absurd idea of treating a dislocated bone by internal remedies and absolute rest. (See, among others, Dr. Hale on, "Value of the Pessary," Hom. Observer, page 161, 1868).

At first glance the argument used seems not only very plausible, but even unanswerable. A dislocation of the bone however is not caused by a loss of tone of the muscles upon

whose vigor and action that bone depends for retention in its proper place, but by some accident necessitating a certain degree of violence, and furthermore, there exists a vast difference indeed between the dislocation of a bone that is intended to be held with all possible firmness within a very circumscribed and narrow space, and the displacement of an organ whose freedom of movement is as remarkable as that of the uterus.

It seems to me in fact, as if too much fuss were made over partial and temporary leaning forward or backward on part of the uterus, wholly due to temporary causes and sure to disappear with their removal, (for instance, displacements caused by presence of impacted feces in the rectum,) going so far as to gravely report such cases and the remarkable cures made. Only lately I found in a journal of a few years ago such a report, "the most important case of a number." A chronic state of constipation had existed, with symptoms indicating *Podophyl.* The remedy was used for some time, and lo! this most important case of chronic prolapse cured. Leaving out of consideration the fact that the case was very imperfectly reported, there seems no real call for its being published at all, because of its presenting no feature of especial interest.

Considering the fact that there exist at least one hundred and fifty varieties of pessaries and contrivances for the support of the uterus. (Dr. W. D. Buck states that in the year 1864 their number had reached one hundred and twenty-three varieties,) we must admit that a large number of physicians must employ them, and do so in all probability because they have confidence in them. This fact is urged upon us with the added testimony in their favor of medical men of high standing (Meigs, Simpson, Smith, Helmuth, etc.,) and we are told that lack of success on our part is due only to our lack of skill in selecting the proper instrument, (as to make, material and size,) and in not applying it as it should be.

Very plausible again. And when reminded of it by men who are and perhaps ever will be, our superiors, we are apt to swallow the bitter pill without grumbling, although we

have often done our very best to fit pessaries and supporters and feel that we are not wholly void of good judgment in selecting, and of tact in applying, and yet, take all the pains we could, we were generally disappointed in the result. Not satisfied, however, with our own experience alone, we have taken pains to inquire of neighboring physicians, men whose testimony would be treated with respect in any court of justice, and their statements fully endorse the result of my own observation. We can go farther. Several years ago we made the acquaintance of an allopathic practitioner of fine acquirements, who had given some considerable time to the exclusive treatment of uterine difficulties, and who was almost an enthusiast on the efficacy of proper mechanical treatment. We placed under his care a number of our patients, who were anxious to do all a patient can do in the way of assisting medical skill, and whose circumstances permitted them to second every effort on part of the attendant. In every instance the treatment, begun with the utmost confidence on part of all concerned, was quite unsuccessful. Nor do respectable authorities fail to bear testimony to similar experience. Dr. West, in his lectures on diseases of women, after stating his objection to the use of instruments (more particularly Simpson's uterine sound) closes with these words: "On these accounts I have now for some time given up its employment, and content myself with a mode of treatment which, though it seems to promise less, yet almost always affords great relief, which, in a large number of instances, quite removes the patient's sufferings, and is not unfrequently followed by the complete rectification of the position of the womb. The principle, indeed, upon which I act in the management of these cases amounts pretty much to this: That to the best of my power I take care of the general symptoms, and leave the displacement to take care of itself."

Churchill states: "It must be evident that when displacement of the uterus does not exist to an excessive degree, pessaries and similar means, so commonly resorted to, are not only useless but injurious. M. Dubois resorts to a pessary only in cases of considerable prolapsus uteri."

Miller, in his practice of Surgery, says: "Treatment (of displacements of the uterus) consists in removing all local congestion and inflammation, combating uterine hypertrophy and engorgement and arresting leucorrhœa; in short, removing as far as possible, everything which can be regarded as a cause of the production or continuance of the displacement. Maintenance of the horizontal posture for a length of time, is often of great service as an adjunct. In some cases the vaginal and in others the intra-uterine pessaries may be tried with caution. They are in the majority of cases, worse than useless."

In our own school the prejudice against the ready use of mechanical means has been still more decided, and many of our strongest men have been forcibly and persistently advocating their discontinuance.

The objections urged are manifold. The very constant and habitual use of that class of treatment is disagreeable and blunts the finest sensibilities of both patient and physician, by trampling under foot propriety and modesty. It is true that the latter must often yield to necessity; that at best everybody has more or less of that business to do; that to the pure all things are pure, etc., etc.; but after all, medical men who are ready to introduce pessaries and to adjust supporters upon trivial provocation, no matter what the motive may be, sacrifice their fine and keen sense of gentlemanly propriety, and often enjoy a reputation by no means to be envied, and frequently unjust to themselves. And then, medical men must remember that it is a moral crime to place a lady in a position, the remembrance of which can not help but be associated with a feeling of regret and of embarrassment, provided there was any possibility of avoiding it.

My eye now rests upon the following lines from a report published several years ago: "As the lady lived at some distance, I improvised a new mode of introducing the pessary, etc. I caused my patient to lay on her face, her hips raised, by resting on her knees, sufficiently to bring the body at an angle of thirty or forty degrees, so to remain until the vagi

nal walls were dilated and unobstructed, then the pessary was to be introduced vertically, etc." What a posture!

In the instance cited, the physician's care was to instruct the woman in the adjustment of the pessary on account of her living at some distance from his house. Of course, unless the woman was unusually intelligent, she needed the instruction she had, and the doctor was excusable. But time and again refined women are made to assume that disgusting position, when it is no more necessary than to have them standing on the head. In the name of decency I protest against this reckless and vulgar exposure of person under the ridiculous and unfounded plea of absolute necessity and of professional privilege.

But leaving this consideration aside, I am confident that instruments in the hands of the "many" medical men have been productive of enough harm to more than counterbalance all the good their use has done in the hands of the "few" who may have employed them successfully.

In the hands of inexperienced or of bungling operators, slight uterine irritations often assume a very unpleasant form if there has been much manipulation, and the application of pessaries, etc., and their subsequent use will produce the most intense agony in many cases, though selected, fitted and placed by a physician in every way qualified to judge and to do wisely. One of the greatest sufferers I ever knew was a lady who had years ago permitted her physician to use a pessary, (not the one so highly recommended by Dr. E. M. Hale) in treating her for retroversion. Its presence caused her much pain, but the doctor assured her after repeated examinations and changes in adjustment, that everything was lovely, and that with a little patience she would soon be all right. After weeks of acute suffering and changing from one instrument to another, she finally could bear the misery no longer, and "with thanks" returned to her attendant the accumulated stock of machinery. That woman has suffered everything for the last six years with neuralgic pains of the uterus, and the pelvic viscera are all in a state of sub-acute inflammation. She attributes all of this intense misery to the

enforced use of the pessaries, and the fact that all the violent symptoms date back to the very day when their use was commenced, certainly favors such presumption.

In examining the claims of that part of the profession who advocate "exclusive" medicinal treatment, we can not help but acknowledge a big stride forward, in so far that they take into fuller consideration the primary causes of the disorder, and by adopting the plan at which good Dr. West at last arrived, viz: of paying very careful attention to the general health of the patient, they often succeed in curing, permanently and completely, well marked cases of uterine prolapse and displacement. It is only to be regretted that so many of the cases reported either fail to be minute and at the same time to the point, clearly giving the special indications upon which the selections of remedies was based, or are such remarkable cures made with such remarkably high preparations and given so fully in harmony with the laws of extreme high dilutionism, that a reading of the report either takes away one's breath altogether, or causes one to harbor a vague regret at the thought of sure fame which the author might have acquired as a writer of fiction.

It may not become us, a younger member of the profession, to speak thus disrespectfully of our peers and superiors, but we feel somewhat annoyed at our own failure to produce wonderful results with remedies that under the same circumstances have been the means of not only doing much good to the sick, but of overloading with distinction those who, as we know, have tried no harder to cure than ourselves. They never fail, they always hit the nail on the head at the first blow; their patients, like many of ours, never hang on for months without getting better, for we looked anxiously through many volumes of medical journals of our school without finding reported a single case of "failure to cure," and we have too much faith in the honesty of our betters not to feel confident that they would note such cases for our benefit and instruction if they occurred in their practice.

General Clinics.

DYSMENORRHŒA. (American Institute of Homœopathy, Gynæcological Bureau, sectional meeting in parlors, Kent House).—Prof. Ludlam in the chair, C. Wesselhæft, M. D., Secy. Subject of discussion was dysmenorrhœa.

Dr. H. N. Guernsey advised the disease be treated according to the Organon, following strictly the law of similars as directed by Hahnemann. The main point is to get a perfect picture of the disease. If remedies given low do no good, then use the same in higher potencies. Cease your prescription after the menstrual period, and wait until the next period. In dysmenorrhœa particularly we should wait long for the medicines to act. In this way, membranous dysmenorrhœa may be relieved and no longer be an obstacle to conception. Any remedy can do it provided it corresponds to the disease. If ingrowing toe nails be a part of the picture of that disease they should not be torn out. I have never had a case of the kind I did not cure, unless the patient left too early.

Question.—Is tetanus never caused by tearing out the toe nail?

Dr. G. replied he had known such a case. In one case *Nitric acid* 5000 had cured it. [Note. At this point *toe-podography* was ruled out of order, and dysmenorrhœa resumed.]

Dr. West cured a case of memb. dysm. with *Borax* 1. Don't know the indication.

Dr. Sanders.—There is no universal remedy. Has not seen many cases of membranous dysmenorrhœa. They are always obstinate of cure.

Dr. Moore.—No matter what the cause, the homœopathic law should be followed. Cured one case with *Cham.* because the patient was cross.

Dr. Gause.—Have seen a few cases of membranous dysmenorrhœa. We can not disregard the causes. The Organon directs us to go back to the foundation. It may be a diphtheria or induced by suppressed skin disease. Sterility

comes when there have been frequent ovarian abortions. One case, complete cast of the uterus was thrown off. That case was so far cured that pregnancy progressed so far as the seventh month. The husband of patient had eczema of recurrent nature, upon legs chiefly. If Dr. Gause remembered rightly *Kali bich.* was one of the chief remedies.

Dr. Guernsey.—As to treatment of ulceration of os uteri, it is a mistake to treat such cases topically, because other diseases result, such as chest affections. He, as usual, is helped out by the Organon. Hahnemann's plan is the best.

Dr. Lungren has treated many cases topically, without any serious affections.

Question.—Does Dr. Guernsey ever apply topical applications to external ulcers?

Answer.—To keep the air from them.

Q.—Why not then to uterus?

A.—Because not necessary.

Q.—By Dr. Dake regarding objective symptoms.

A.—Dr. G. does not ignore them.

Dr. Wilson, Ct.—The local symptoms are the important symptoms. They should be the key notes. Visible ulceration should be the strongest key note. Should not the remedy be applied to the seat of the disease if it produces a similar disease?

Dr. Ormes.—Epithelial ulceration of os, he seldom treats by local applications; black wash of *Mercurius* and *Lime water* cured a case with reddened edges, condylomatous enlargements.

Dr. Ludlam.—We have generalized too much; let us have more definite information.

Dr. Guernsey.—It could all be done by applying the laws of the Organon. We should cure our cases homœopathically if we call ourselves Hahnemannians, whose name we blaspheme if we desert him.

Dr. Ludlam requested that the conversation diverge from the proposed order, and asked for some definite remedies. It does not help us to go back to the Organon constantly, but it leaves no specific directions for the case in hand.

Dr. Higby, Minn.—In case of prolapsus uteri or ante flexion, difficult micturition, etc., are we to select remedy and wait for months, or to apply other means? He was taught to reduce the displacement and apply emollients. If there is a better way he should like to know it.

Dr. Barnes says the word cure was used too loosely. Too many remedies applied leave us in doubt. Where washes and internal remedies were used, which cured? Let patients alone and they will get well without remedies, including local applications.

Dr. C. Wesselhoeft.—How long does a displaced uterus stay replaced by replacing it mechanically?

Dr. Pearson thinks very little good can be done by replacing. Spoke of a case of a woman who had an ulcer on the leg; uterus not complained of. Prescribed and cured that case with *Sulphuric acid* 10m. Has also certainly cured ulceration of the os with *Lycopodium* 200. The hæmorrhage was cured by *Crocus*.

Dr. Gatchell.—Waiting is of great importance. In old times, when we applied pure Homœopathy, we made more cures than now when we apply hot irons, cauteries, etc.

Dr. Brown has recalled to mind three cases of ulceration of womb cured by *Merc. viv.* 30. The first case was three weeks in being cured, by 3 *grs.* each day, night and morning.

Dr. Haynes gives three cases where displacement would not be relieved by replacing. *Sul.* 5000 cured at once and forever. A case of ulceration began after scarlet fever, *Benzoic acid* 200 every morning.

Dr. Ludlam.—We have to cure many cases by internal remedies; it is fortunate we can not make topical applications in some cases. A case of ulceration of uterus resulted from syphilis. *Thuja* cured it without any other remedy. On the other hand mild measures of replacement are useful. With reference to uterine deviation, if we know enough to take recent and remote bearings, we could cure them. By so doing the Doctor has for ten years discarded pessaries, *i. e.* by attending to all functional and abnormal conditions and uterine anomalies. The best plan is to replace uterus just be-

fore menses, and to await menses over their term. A mild ulceration of uterus may not only be harmless, but helpful. A good way is by covering it with a bland application of *Oleaginous collodion*, making an artificial epithelium. The opposition to topical applications should be limited to caustics.

ACONITE.—CYSTITIS.—Was called to see J. Y., aet. fifty-eight, lucophlematic temperament, at six p. m., July 4, 1876. He had been suffering with what his medical attendant called nephritis for three weeks, had been growing constantly worse until his physician gave him up, when his friends decided to call me. His condition when I saw him was as follows: Frightful paroxysms of urinary tenesmus, with complete strangury, the tenesmus coming on about every ten minutes, and lasting for one or two minutes; some mucus discharging from the urethra, the orifice looking red and inflamed; no pain in the lumbar region, and no tenderness over the region of the kidneys; some pain over the region of the bladder, and considerable tenderness manifest on pressure in that region; tongue slightly furred; pulse accelerated about ten beats; there was considerable mucus discharged with the urine; the prostate gland was enlarged and tender to the touch. R *Aconite* 3 ten drops in three oz. of water; *Belladonna* 3, ten drops in the same quantity of water, one teaspoonful every half hour alternately. Was called at eleven p. m. so see the patient again. The paroxysms had recurred about the same in frequency and severity. *Aconite* 3 ten drops in four ounces of water, two teaspoonfuls every half hour until better, then to be given once an hour. In one hour and a half there was sufficient amelioration of the symptoms for the nurse to lengthen the intervals, which he accordingly did.

July 5, eight a. m. The patient was resting easy between the paroxysms which came on about once an hour, with decreased severity. I introduced a number three catheter, and withdrew ten ounces of clear, amber colored urine. Continued remedy, one teaspoonful every hour during the day.

Six p. m. The patient was still improving; had but four paroxysms during the day, and during the straining passed about six ounces of urine. I decided not to use the catheter that evening.

July 6, eight a. m. Patient improving; had slept about four hours during the night, and passed a normal quantity of urine. *Aconite* 3, five drops in four ounces of water, one teaspoonful every two hours.

Six p. m. Patient improving, continued the medicine. From this date the patient continued to improve, and in three weeks had made a complete recovery.—C., Burbank, O.

Miscellaneous.

The Capitulation of Homœopathy. A Broad Farce. By Dr. Ad. Lippe, Philadelphia.

Attired in the newest fashioned physiological livery, stepped out of the Homœopathic Association, of Great Britain, the vice president of said society, a Dr. Wyld, and with olive branch in his button hole, and probably also in his hat band, he approached Dr. Richardson, whom we so well know as the gentlemanly, polite and liberal editor of that politest of all medical papers, the "London Lancet." And could that paper have a more significant title than "Lancet," impliedly suggestive of no possibility of any progressiveness ever to be advocated by the otherwise absolute, and to all practical purposes, abandoned "Lancet." Vice-President Dr. Wyld did beard the lion in his den, and made his speech, olive branch in hand, but it so happened that Dr. Richardson could not take in the full meaning of the incoherent and illogical talk

of Dr. Wyld, and that there might be no mistake in the matter, Dr. Wyld was, by Dr. Richardson, invited to put his speech, his grievances and his peace offerings down, black on white, and then after committing himself in writing, commit the committal to the large hearted, generous and liberal Dr. Richardson. Dr. Wyld, overwhelmed by the kindness (apparent) of the Lancet's gifted and sharp editor, set himself to work, and in a few days committed himself in the shape of his written statements by sending them to the Lancet. For the time being, Dr. Wyld is a big man; he represents himself to be the representative man of the homœopathic school in Great Britain, and, of course, elsewhere, all over the world indeed, and he makes statements and a peace offering. He assumes all these grand acts as "vice-president;" he did not know that a "vice-president" is of not much account. Did we not in the United States, at the World's Homœopathic Convention, in 1876, make Dr. Richard Hughes a "vice-president" out of politeness? Would *he dare* to palm off his crooked opinions as those of that large assemblage? Certainly not! But Dr. Wyld thought he might try this little game. How did those he pretended to represent like it? Why not at all. Dr. Skinner, of Liverpool, was the first one to expose the erroneous position assumed by Dr. Wyld, and gave him a plain talk and a very deserved castigation in the public press. Dr. Thomas Skinner writes to the Daily Post of Liverpool, protesting against the proposal of Dr. Wyld for an accommodation between the two schools of medicine. Dr. Skinner distinguishes between the true "*Hahnemannians*," who "would much sooner die than be patronized, recognized or received again into the allopathic body," and the "*mongrels*," who have given up some of the essentials of the homœopathic system, and, having long been retrograding towards Allopathy, "feel themselves so much akin that they can not rest until they are absorbed into the main body of medical men. Let them go. Take them by all means. A blessed riddance." The little game which Dr. Wyld tried to play, miscarried. We have first the true, honest Hahnemannian, who protest in the public press against the assump-

tion of Dr. Wyld to be a representative man of our school, and the London Lancet does not gracefully accept the olive branch as Dr. Wyld presumed it (the Lancet) would

Now even comes a report of Dr. Wyld's wild gambols to us in the United States, through the pages of our own medical journals, edited by the school physiological, and while we must say that the conduct of our "Philadelphia Medical Times" is not up to the sharpness of the "London Lancet," we nevertheless necessarily feel sorry that this otherwise to us, to our school and to our literature, unknown Dr. Wyld, has disturbed the otherwise tranquil state of indifference-so generally assumed by our allopathic neighbors to our steadily progressive position in North America. They, our opponents, of course, make the best of Dr. Wyld's gambols, and we blame them not. We have before us the Philadelphia Medical Times, No. 251, July 7th, 1877. Very cleverly and in keeping with the world's reputation of a Philadelphia lawyer, the paper (editorial) on Homœopathy, states, as an introduction to the subject, (Dr. Wyld's gambols) as follows: "Whilst, under the shadow of the upas tree of imperfect education, Homœopathy flourishes in this country, in England and upon the Continent of Europe it is being strangled by the growth of knowledge within and without the profession. A very noteworthy evidence of this is furnished by a letter recently published in the London Lancet, which, from its importance, we publish here almost in full."

Comments.—The learned editor starts on a high trotting horse, and tells the world at large, that Homœopathy flourishes in this country under the shadow of the upas tree of imperfect education. The imperfect education dodge is a gratuitous fling at our school. In the first place, most all of the earlier practitioners, and a great many of the present practitioners of the homœopathic healing art, were educated in the old medical universities and schools, and if, as the learned editor insinuates, the homœopathic medical colleges, chartered by a generous people, do not come up to the general standard of medical teaching and education offered at the common medical schools also chartered by a generous peo-

ple, then it is the duty of the learned editor to so expose the homœopathic colleges, and have (for good reason) their charters revoked. Even in England there are at this very time, the graduates of the schools of that country prominent in advocating, practicing and upholding this new healing art. In this free country, where the upas tree does not grow, but where oppressive laws, as they still exist in Europe, protecting the interests of a caste to the prejudice of the interests of its people, can no more flourish than the sleeper under the upas tree. In this free country the growth of knowledge within and without the profession, does its work nobly; the knowledge without the profession, especially causes a ready adoption of the new healing art. The premises on which the learned editor starts, are false from beginning to end.

We are now told how Dr. Wyld approached Dr. Richardson of the *Lancet*, and how he tried to bring about, if possible, a reconciliation of the two schools of medicine. Dr. Wyld began his letter by howling over the expulsion of the homœopaths by the British Medical Association.

Comments.—If ever medical societies committed a gross error, became guilty of a crying injustice, exposed themselves as trades unions, it was when they expelled men from their societies who knew as much as they did, were educated as they were, but incurred their displeasure because they knew *more* than their old colleagues did, and on account of this additional knowledge, which they were applying for the better cure of the sick, they were expelled. And for this folly we do now thank these men; but never, never would we accept an invitation to return to the fold or to the ranks of the materialists of the common school of medicine.

Dr. Wyld now states that a great change has taken place since 1851. Men, he says, have removed all the heroics of the past, others called homœopaths have almost wholly abandoned the use of globules, have substituted doses in tangible form, that the modern so called homœopath makes frequent use of occasional aperients, anodynes, opiates, tonics, galvanism, mineral waters, etc., and under these altered circumstances, the ostracism, probably justifiable in 1851, will no longer hold good.

Comments.—That there have been, and still are to this day, some members of the Homœopathic Association of Great Britain bold enough to call themselves homœopathists and indiscriminately use a perients, anodynes, opiates, tonics, etc. contrary to the teachings of the school to which they profess to belong has been well enough known. And such admissions as Dr. Wyld here makes, surely do stamp him as an out and out “Eclectic,” who has nothing to expect from a system of the healing art, the principles of which he so grossly violates. There is less Homœopathy about this peace seeking doctor, than we find among the more progressive men of the allopathic school, when these progressive men boldly teach that the physician must treat individuals (individualize) and not treat diseases (generalize) they show their ultimate fate clearly, viz: that by a logical sequence they must adopt one after another of the logically developed principles governing the healing art, as laid down by Hahnemann in his Organon. These advancing men are sure to reach the goal from which men like Dr. Wyld flee with a bad conscience and worse logic. How can success, such as Hahnemann promised his followers, crown their practice when they boldly violate every principle which governs that school? By what logic does Dr. Wyld & Co. excuse the setting aside of all fundamental principles, and in their stead substitute vile eclecticism?

And to show his earnestness about the “reconciliation” of the two schools, Dr. Wyld appeals to the fact that a large number of their body (Wyld & Co., Eclectics,) have objected, in a memorial, to the title “*Homœopathic School*.”

Comments.—That is just as it should be. For this act we praise Dr. Wyld & Co.—but he merely talks for his “*clique*.” He offers the olive branch just because he found out that he was not a homœopath, and that the true Hahnemannians would have nothing to do with him or other pretenders.

Dr. Wyld goes on and demands the same liberty of opinion in medicine as in religion and politics, and what to him is the rational upshot of this liberty, an amalgamation with the great body of the profession on equal terms which, by his

mode of reasoning, would bring a higher professional status for all in the estimation of the public.

Comments.—The much desired liberty of opinion in religion and politics has been the boon of millions of people, religious intolerance in our days the exception; but does this learned supplicant for a reconciliation know what absurdities he talks about? Certainly not! In no country in this world of ours is liberty of religion more highly esteemed, more sacredly guarded than in this great republic; but what would a member of the Society of Friends say if it was claimed by a Roman Catholic to be his right and privilege under this liberty-dodge, to hear mass celebrated in a Quaker meeting house, or a confessional put in a corner of said meeting house? Or would it be tolerated by the people for a moment were the government, state or general government to interfere with the dogmas or discipline of any religious denomination? Each is permitted to hold its own dogmas and exercise its own discipline governing the church meeting, denomination or synagogue, according to their own chosen rules, just as long as the rights of others are not interfered with. How would the great philosopher, Dr. Wyld, amalgamate the Chinese, the Hebrews, the Catholics and innumerable divers Protestant denominations? But he is not clear in his illustrations, except where they assume a practical shape. He thinks such an amalgamation would bring about a higher professional status for all—in the estimation of the public! Exactly so. What does this man really want? He (Dr. Wyld) wants a higher professional status in the estimation of the public. What his ignorance and indolence, and what fraudulent representations would not secure him, he now desires to obtain by—an amalgamation. A prospectively profitably trades union is his objective point, and he is honest enough to say so himself, for himself and his friends.

And now Dr. Wyld *recapitulates*. He says that *He* admits, First, that the views expressed by Hahnemann are often extravagant and incorrect.

Comments.—The fact is that this Dr. Wyld does not know what he is talking about. Hahnemann has laid down funda-

mental principles based on natural laws to guide us in our therapeutics—not views. Hypothesis and views we had *ad nauseam*, we had to have unerring, infallible principles. Hahnemann gave them to the medical world, and they began to adopt them. But Dr. Wyld fables about extravagant and incorrect views! Why will not this bold man come out and state them? Come out like a man and when you make a wholesale accusation, please illustrate it. It has been our painful duty to call on such men as Dr. Hughes, and ask them to read up Blackstone on "Evidence." Dr. Wyld cries out, "Hahnemann often expressed extravagant and incorrect views," but this bold accuser does not substantiate his accusations. We now hereby ask him to substantiate this, by us now called maliciously false accusation, this slanderer, or stand committed as he deserves richly.

Secondly, Dr. Wyld admits that Hippocrates was right when he said, "Some diseases are best treated by similars, and some by contraries."

Comments.—The reviewer in the Medical Times very correctly says, "This is an impossible thing in the economy of nature." We further venture to suggest to Dr. Wyld, the propriety to read Hippocrates once more (if he ever read it?) he may later be able to profitably read the Organon of the healing art.

It appears that the letter addressed by Dr. Wyld to Dr. Richardson has drawn out an angry reply from the President of the Homœopathic Association. Glad to hear it! There are some of Dr. Wyld's associates anxious to keep on the cloak of righteousness and cover by it, in name, the physiological livery, which they deem it impolitic to exhibit just now. Dr. Wyld, you were too fast, but in parting with you, we promise to help you all we can in showing the sincerity or insincerity of your opponents. Next time we shall salute them, in connection with that new school of scandal opened at Londontown under false pretenses.

Round His Neck.

Do our journals hope to do missionary work among our allopathic brethren to any extent? At least as these journals may fall into some old school physician's hands occasionally, why not try to command the respect of our brethren if not their approbation?

If any homœopathic physician happens to receive the (April) No. Eight of the U. S. Medical Investigator, we hope he will put it where it will do the cause no harm, else possibly some one of fair scientific attainment, who may be holding in abeyance some of our homœopathic truths may inadvertently glance over a paper in said journal entitled "The Chemistry of Our Materia Medica."

The paper makes some statements truly startling. I quote page 417, ninth line: "The atmosphere we breathe, the water we drink, and the food we eat, when used in accordance with hygienic law, will positively support or sustain life, and, we will add, if neglected, will as surely induce disease."

Hygienic law—Well, how about raiment in our climate? Is it necessary to support and sustain life? And who but the author of this paper would have been struck with the original thought that to neglect the use of either air, water or food would "surely induce disease"?

He continues: "Every substance entering into structural growth is composed of one or more of the four elementary substances, oxygen, hydrogen, nitrogen, and carbon. These symbolized and systematically arranged, represent every substance of either an acid, alkali or of neutral base, entering into the construction of the tenement—man."

Now he may be right as far as he is concerned, but for the sake of Homœopathy, at least, I hope some of us have a little *Phosphorus* incorporated in our economy, besides several other very important elements,

Then we hear that, "Many of our remedies are inorganic substances—chemical products. To these, the following, I especially refer, because of an analysis already made," and he

begins the list with an organic acid and ends with another organic acid.

There is less objection to some of his statements; they evidently mean nothing, were intended only to sound well, and therefore do no particular harm. I quote again: "As we have remarked, plant life is an intermediate, a stepping stone in the progression of an all wise Creator—the link that binds man to earth." Does the author mean that he has so far lost faith in pills, that he gives his patients "plant life"? Or is terrestrial gravitation powerless in itself to keep him with us longer, and may he be seen linked to this mundane sphere with a mullen stock round his neck?

WM. M. CATE, M. D.

Meeting of the Missouri Institute of Homœopathy.

The new Institute of Homœopathy had its second annual meeting at Boonville, May 9th, and there was a very general attendance of physicians throughout the state. Many able papers were presented by different members of the society. The bureau of surgery was represented by Drs. E. C. Franklin and S. B. Parsons, of St. Louis.

Dr. Franklin gave several cases of resection of the jaw and other interesting operations, one where the hip bone was reset in hip joint disease, and the patient made a fine recovery.

Dr. Parsons gave a very fine paper on Operations on the Genito-urinary Organs.

Dr. Philo G. Valentine, of St. Louis, chairman of clinical medicine, read several papers of interest, one in particular, where hydrophobia was cured by the bite of a rattle snake. A man had been bitten by a rabid dog, and when he felt the

symptoms of hydrophobia coming on, he went to his family and told them he must leave them, and must shut the house and not let him in as he might injure some member of the family. He accordingly went out, and coming to a spring of water, the sight of which threw him into convulsions, and while writhing on the ground was bitten by a rattle snake, and almost instantly cured, and never troubled by the poison thereafter.

Dr. W. C. Richardson, of St. Louis, and Dr. Jenney, of Kansas City, represented the bureau of obstetrics, and presented long and interesting papers.

Dr. W. John Harris, of St. Louis, presented a highly interesting paper upon Climatology.

The bureau of ophthalmology and otology was represented by Drs. Jas. A. Campbell, of St. Louis, and W. H. Jenney, of Kansas City. Dr. Campbell illustrated to the society by several cases presented, that diseases of the ear heretofore considered incurable, are now amenable to homœopathic treatment, and save such as chronic diseases of the middle ear, where the drum of the ear is perforated, it can be healed and hearing re-established nearly as good as in the natural ear.

Dr. Jenney presented a case of scrofulous ophthalmia, where a child, Jennie Barrett by name, had been blind for a number of months and was completely restored to sight.

Dr. D. T. Abell, of Sedalia, presented a paper on Hydrocephalus, and gave the treatment where several cases had been cured. All the discussions were very animated, and many days might have been consumed had all the papers introduced been read, but the time was limited to one day.

The exercises were concluded by an able address from the president, Dr. D. D. Miles, when the following officers were elected for the following year:

President, Dr. W. H. Jenney, Kansas City; Vice-President Dr. W. O. Richardson, St. Louis; General Secretary, Dr. D. T. Abell, Sedalia; Corresponding Secretary, Dr. W. John Harris, St. Louis; Treasurer, Dr. D. D. Miles, Boonville.

The meeting then adjourned to meet at Kansas City, subject to the call of the executive committee. Thus ended the pleasantest meeting and best attended of any society yet held in Missouri. The effort of all to excel, in the excellency of their papers, was very encouraging.—*Med. Investigator.*

Book Notices.

Lectures on Acute and Chronic Diseases of the Chest, etc. By R. D. Hale, M. D. Published by Henry Turner & Co., London, Eng.

This little brochure of ninety-five pages and preface of sixteen pages, treats in a popular manner, the diseases laryngitis, pleuritis, pneumonia, phthisis, pulmonalis and pericarditis. The author does not present anything specially interesting to the practitioner of Homœopathy, but seems to have adopted the generalizing so common in family works for domestic practice. In the text the author states the importance of individualizing but his clinical cases are generally treated by what seems to be routine practice. The remedies used are very limited and vary in number, and usually range between the tincture and third centesimal. The separation of the homœopathic and allopathic schools seems to be the great obstacle to progression of medical science in the minds of our English brethren, and the author deeply deplors this separation in his introduction to the second edition. We are unable to see how the union of the two schools could benefit the homœopathic branch or retard progressive investigation. To us it seems that the efforts put forth for this blending would profit mankind more if diverted to scientific investigation.

The Practitioner's Reference Book, By Richard J. Dunglison, M. D. Lindsay & Blakiston, Phila. 1877.

CONTENTS.—1. Hippocratic Oath. 2. General Information for the Practitioner. 3. Therapeutic and Practical Hints. 4. Dietetic Rules and Precepts. 5. How to Conduct a Post-Mortem Examination

Under dietetic rules and precepts there are given numerous receipts for preparing food for the sick and convalescent. They are not too numerous and are well selected. The physician is frequently at a loss to know in what direction to look, in order to procure such facts and hints as are here collected, some of which are widely scattered through voluminous professional treatises, or the—in many instances—inaccessible pages of medical periodicals. It is a "handy book for every day consultation."

For sale by Robt. Clarke & Co., price \$3.50.

The Medical Profession and Homœopathy. London, E. Gould & Son.

This is a reprint from the Monthly Homœopathic Review of a strong editorial called forth by the recent effort of Dr. Wyld to join the homœopathic and allopathic schools. It is a well considered discussion of the question and is a final answer to those who would have a union of things which do not possess affinity. The idea is shown to be illogical, unscientific and absurd.

BOOKS RECEIVED.

Eight Lectures on the Homœopathic Treatment of Acute and Chronic Bronchitis, Laryngitis, Pleuritis, Phthisis, Pulmonalis and Pericarditis. By R. Douglas Hale, M. D. Henry Turner & Co., London.

North American Journal of Homœopathy, August, 1877.

Yellow Fever, Its Treatment and Prevention. By E. A. Murphy, M. D., New Orleans.

Baron Cuvier. Biographical Sketch. By A. J. Howe, M. D. Read Before the Cincinnati Society of Natural History.

Annals of the British Homœopathic Medical Society, and of the London Homœopathic Hospital. No. xlv. Trubner & Co., London.

Popular Science Monthly, September.

Scribner's Monthly, September.

St. Nicholas, September.

American Naturalist, August.

Editor's Table.

IS THE DOCTOR A TANNER?—There's nothing wears like leather. And if the doctor can reduce his patients to a leathery condition, pa-

rodoxically as it may seem, they would not soon peg out unless they had too much *sole* in them. Dr. Hunt, in the M. and S. Reporter, Phila. has hit it exactly. He has discovered that *Gallie acid* in phthisis "by a species of tanning will harden the lung tissue and prevent destruction of that organ." Good! This is on a par with the greater part of the speculations of the "physiological school." Now let them go on giving *Gallie acid* until all the other organs and tissues are effectually tanned, and then death and the grave will be both vanquished. How futile the ravages of bacteria when all parts of the human body are effectually, as it were, iron clad within and without with the *Tannate of albumen*. Now the millenium begins to dawn. Those who are already sick may die, but those who are well need only rational doses of *Gallie acid* to be taken until their tissues are saturated with this life preserving principle, and then live forever. One might *Hunt* a long time for so much valuable information as this in the allopathic school.

THERE'S nothing like a middle term. Cause why? It's at neither extreme, and, therefore, *prima facie*, it is nearer the correct thing. Speaking of the late attempt of Dr. Wyld, of London, to hand over the homœopathic school to the allopaths, the Med. Review, of Indianapolis, says: "Nothing will come of it, of course, but it is a straw and shows whither the medical world (!) is tending. Not many decades hence will witness the abolition of medical sectarianism, and a perfect community as to medical canons. In the natural course of events, Homœopathy will absorb Allopathy (both being medical extremes) then eclecticism will suck up Homœopathy, when all will be lovely."

THE Cincinnati Medical News, J. A. Thacker, M. D., editor, is making a specialty of microscopical investigations. Each number contains valuable articles on microscopical studies, and we beg to recommend it to students and to others interested in such subjects.

DON'T Put the Poor Workingman Down. Song and dance. Published by F. W. Helmick, Cincinnati. The sentiment suits us, and the music suits everybody.

THE Homœopathic Medical Society of Pennsylvania, meets in Philadelphia, October 3d and 4th. M. M. Walker, M. D., Secy.

REPORT of Cincinnati Homœopathic Free Dispensary for the quarter ending June 30, 1877:

	NO. OF NEW PATIENTS.	PRESCRIPTIONS.	VISITS.
April,	276	924	119
May,	240	785	70
June,	245	743	85
Total,	761	2452	274

J. J. MARVIN, M. D., Resident Physician.

DR. B. L. CLEVELAND and Miss Jennie Graham, of East Saginaw, Mich., are ticketed for marriage Sept. 4th. Our congratulations are given to the happy pair.

MARRIED.—On July 12th, '77, Dr. Chas. A. Littler, to Miss Laura E. Trumbull. Settled at Tompkins Centre, Jackson Co., Mich.

AMEN. A mid wife who attends a case of child bed fever, is a walking magazine of pestilence. How often do we hear country practitioners say they are visited with an epidemic of puerperal fever, and that it is very fatal! Why can not these boobies ever think that they may be the carriers of the infection from one laying in room to another. May God enlighten their souls.—VIATOR in *Med. Review*.

WHAT IS IT?—It looks like phonography. It seems to say, "Please notice us in your excellent journal." Ah! we have it. It's a lot of bacteria strung along, much after the manner of Ben Pitman's short hand characters. They come from that indefatigable society of workers in microscopy at Dunkirk, of which Dr. G. E. Blackman is president, and Dr. C. P. Alling is secretary.

H. W. TAYLOR, M. D., of Connersville, Ind., has suffered a double amputation. He writes that he got "a hundred dollars" for his "feet" meaning his *feet*, as it is clear he lost his understanding in securing so extraordinary an amount of money. We hope he won't sell his head for any sum.

THE Medical Review, of Indianapolis, we are glad to see, has returned to life. We hope it maybe heard from as of old, for it has no peer for spice and variety.

E. HUNTSINGER, M. D., one of the Pulte Alumni, has located in Rockfield, Ind.

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

VOLUME V.

CINCINNATI, O., OCTOBER, 1877.

NUMBER 6.

All business communications, relating to the *MEDICAL ADVANCE*, should be addressed to DR. T. P. WILSON, Cor. 7th & Mound, Cincinnati, O. Terms \$2.50 a year.

THE VALUE OF SMALL AND FREQUENTLY REPEATED DOSES.—On June 15, 1877, Dr. S. HENRY DESSAU read a paper with the above title before the N. Y. Medical Journal Association, (old school), and the paper was printed in full in the *Medical Record* of July 28th. It stands, therefore, to some extent endorsed by the allopathic profession, and has, so far as we have observed, been received without protest. To say the least, it is a remarkable exhibition of the drift of the allopathic school—for drifting it is, or what is more, it is perhaps sailing out into, to them, new and unknown seas. Said one of old, "There is but a step twixt me and death," and if the intelligent portion of the old school can stand upon this platform as indicated by Dr. DESSAU, it can truly say, There is but a step twixt us and Homœopathy. Not that the reduction of the size of the doses makes it in any respect homœopathic, for such is not the case, but it must be seen by any one who will read the article, that the larger part of the remedies mentioned are clearly homœopathic to the diseases for which they are given. The simplicity and unaffected honesty of Dr. DESSAU leads us to believe that he has builded better than he knew. He goes with childish amazement over ground that has been familiar to others for many years. And child-like, he can not take in the whole truth, and rests satisfied that he has found a good thing, though it be but fragments of the truth. The article will, we are sure, be

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read with interest, and we hope not spoiled or marred by our interjected remarks:

MR. PRESIDENT AND GENTLEMEN:—In response to the kind invitation of your Secretary, I have the honor to present to you the paper of the evening, on the subject of "The Value of Small and Frequently Repeated Doses." In doing so I regret that my limited experience and lack of necessary facilities will not enable me to furnish you with any very new facts. The object of this paper is more for the purpose of directing your attention and consideration to a feature of the therapeutical art which has only recently received due recognition at the hands of some of our best authorities in this branch of medical study, and to invite your discussion upon its merits. [For over three quarters of a century a very large body of medical gentlemen have been giving very special and public attention to this same subject, and have written no end of books upon it. This would seem to be to Dr. DESSAU "only recently," or wholly unknown].

The scientific spirit that has marked the progress of medical study has encountered more difficulties in the domain of therapeutics than elsewhere, [It has indeed, as the whole history of the homœopathic school will show], but it has at the same time engendered and cultivated a spirit of liberalism that pre-eminently entitles us to the use of the term eclectic. [Then why do these allopathic gentlemen ignore the Eclectic school? Is it because two of a trade can not agree?] We winnow valuable facts from the chaff of our own and others' experience, and appropriate them to the advancement of the medical arts and sciences. In therapeutics especially the presentation of a new fact to the profession invites a series of careful, accurate and thorough investigations and observations, that must tend to develop in the end a pathway that may lead us at some future time to that utopian goal—a scientific therapeutics. [We are in doubt if the Doctor has uttered something sarcastic, or perpetrated an Irish bull. For "utopian" read homœopathic. That makes sense of the statement].

Upon the appearance of that now indispensable little book, RINGER'S Handbook of Therapeutics, [RINGER'S book is a bald plagiarism on homœopathic literature, and far from bettered by the transfer. He has picked out the poorer parts as evidence of his scientific eclecticisms.] my attention was particularly attracted to the frequency with which he recommends small doses of medicines, that we have been accustomed to use in much larger doses, for entirely different diseases. Some of these remedies were recommended so strongly that I was induced to give them a trial, more especially as my practice among children impels me, for many reasons, to administer as little unpleasant-tasting medicine as possible. [Children are powerful persuaders, no doubt, but in following them is it science or necessity?] Their use with children first having been found satisfactory, my position in connection with the New York Dispensary afforded me the opportunity to further test their value in numerous cases of adults. I submit the results of my experience in the use of these remedies to your consideration.

In the treatment of vomiting in children, whether due to stomach and intestinal disorder, or as a complication of pneumonia, following the recommendation of RINGER, I have found the administration of drop doses of *Wine of ipecac*, repeated every hour, act with the greatest success in checking the vomiting. It also appears to have a curative effect upon the diarrhoea of children when attended with vomiting, especially that form where the stools resemble those of dysentery. But the vomiting is the symptom that is most markedly benefited. [What kind of vomiting, Doctor? You will find it makes a good deal of difference in the result to

discriminate as to the character of the vomiting. These gentlemen who prate of pathology should analyze pathological conditions better]. I recall the case of a little patient at the New York Foundling Asylum, suffering from a severe attack of croupous pneumonia, where the stomach was so irritable for the first two days of the attack that not even a teaspoonful of toast water would remain. This condition, of course, prevented the retention of any remedies, but after the first dose of a drop of *Wine of ipecac* given in toast water, the nurse reported that the vomiting entirely ceased and did not return. The remedy was, however, continued for two days longer. Frequently, where other remedies would not be retained in the vomiting of children suffering from acute gastro-intestinal catarrh, the drop dose of *Wine of ipecac*, given in toast water or the mother's milk, would remain and quiet the stomach to receive other remedies, and, most important of all, the mother's milk.

I have not had much experience with the use of *Ipecac* in small doses in the treatment of vomiting in adults. I have used it in one case of chronic bronchitis with fibroid degeneration, subject to frequent attacks of vomiting, independent of the vomiting excited by the cough, but with not such good results as followed the small doses of other remedies that I will mention later. [There is where your discrimination would have saved you a failure. Some other remedy was homœopathic to the case and should have been used.]

In the vomiting sometimes following a debauch, especially in women, of which I have seen several severe cases, drop doses of FOWLER'S solution of *Arsenic*, hourly repeated, appeared to act like a charm. This remedy is also highly recommended by RINGER in the morning vomiting of drunkards, where this symptom is indicative of a chronic affection of the gastric mucous membrane. Here the dose is not so frequently repeated, however, a drop of the solution given three times daily, before meals, being sufficiently often. Where there is a disgust for food, in addition to the morning vomiting, in these cases of chronic alcoholism, I have used a combination or a drop of FOWLER'S solution of *Arsenic* and from three to five drops of the tincture of *Capsicum*, given before meals three times daily, with good success.

In the vomiting which often complicates phthisis pulmonalis and its allied affection, chronic bronchitis, independent of that brought on by the cough, it is of the utmost importance to be possessed of a reliable remedy to check it. The power of the stomach to retain its contents is here the only hope of any chance to strengthen and build up the general system, and so enable it to resist the encroachment of the disease action. [Dr. HUTT says the important thing is to take *Galic acid* so as to tan the lung tissue and then it will not waste. There's nothing like rational medicine for theories]. Moreover, the frequent attacks of vomiting tend to weaken and exhaust an already feeble organism, and so hasten dissolution. It is almost astonishing to observe with what happy success small doses of *Alum*, say from three to five grains, given in solution with some aromatic water, as *Cinnamon*, for instance, acts here.

When the vomiting in these cases is severe and frequent I have given the *Alum* every second or third hour, but otherwise three times a day is sufficiently often. Rarely does the remedy need to be used beyond twenty-four hours. In a few cases that came under my observation, the vomiting, after having disturbed the patient for several days, has ceased after the second dose of the *Alum*. This is the remedy used with such good effect in the case of chronic bronchitis before mentioned. For experimental purposes, hourly drop doses of *Wine of antimony* were also

used in this case, more especially as in certain attacks of the vomiting there was also an acute exacerbation of bronchitis, causing much dyspnoea, with wheezing respiration. The attacks of vomiting and dyspnoea appeared to be speedily relieved by this treatment, although it is fair to state that additional treatment, to produce sweating, was used to relieve the dyspnoea and wheezing. [Now there's honesty and good sense for you. Unlike most of his class he appreciates the uncertainties of polytherapeutics].

After some children have passed through an attack of pertussis, especially those of a lymphatic temperament, they are apt to be harassed with a troublesome cough for many months, which appears to be a slow winding up of the original disease, and is often so considered by the mothers. There is a certain amount of laryngeal spasm during the cough, which is liable to induce frequent vomiting. I have seen this condition existing in a severe degree in a child at the New York Foundling Asylum, a year after the original attack, and after the disappearance of the cough for an interval of several months. There is generally no great amount of bronchitis. In such cases I have used small doses of *Alum*, one to three grains given in *Syrup of wild cherry* three times daily, with the result of checking the vomiting speedily and relieving the cough of its spasmodic elements, if not curing it entirely. There is a form of bronchitis seen amongst children where a large number of coarse mucous rales produce loud wheezing with an asthmatic quality of cough. The wheezing is the symptom that the mother is most likely to complain of, and together with the cough is most intense at night, both almost disappearing during the day. Such cases very readily yield in my practice under the use of *Tartar emetic*, given in solution in the proportion of a grain to the pint of water. Of this solution a teaspoonful is given every one or two hours, with the best results, sometimes, according to RINGER, relieving the noisy wheezing after one or two doses.

Often in children we find a catarrh of the bronchial and intestinal mucous membranes, either co-existing or alternating with each other. When such a condition persists after the employment of the ordinary household remedies, *Tartar emetic* in the same doses of the solution just before mentioned, hourly repeated, will check both catarrhs without the use of further treatment. This plan is, at least, an advantage over the usual one of prescribing separately for the cough and diarrhoea. I am indebted to RINGER for the suggestions of the foregoing treatments. [And of whom, pray, did RINGER obtain his suggestions regarding treatments so evidently homœopathic? We know; so does he].

In the treatment of syphilis we have come, as an almost universal rule, to rely upon the benefit of some form of *Mercury*. That form most ordinarily in favor, in the earlier stages of the disease, is, I doubt not, the *Protiodide*, and that in the more advanced stages the *Biniiodide*, in combination, perhaps, with *Iodide of potassium*. Special symptoms will arise, however, during the progress of such treatment, or present themselves primarily for treatment, that do not appear to be immediately influenced by either of the forms of *Mercury* mentioned. Such, for instance, is the cephalalgia that I have seen rack and torment the patient, in spite of large doses of *Chloral hydrate* and *Bromide of potassium* in combination, *Phosphorus*, the hypodermic employment of *Sulphate of morphia*, or even free doses of *Iodide of potassium*, the patient in the meanwhile undergoing a course of *Mercurial* treatment after the plan above mentioned. The *Iodide of Potassium* may, however, afford relief from the pain after a certain duration of time, but not until much exhaustion has been caused by the intense suffering.

It was after I had almost been baffled in dealing with such a case that I read in one of our journals, I think the Medical News and Library, an extract from a foreign journal upon the treatment of this complication in syphilis, by Dr. PETER, of Paris. He recommends the use of *Calomel* in the one-sixtieth of a grain doses every hour until the pain is relieved. Coming from such respected authority, I determined to use this treatment at the first opportunity. The case presented itself in time and was a fair one to test the value of the treatment upon. No sleep had been obtained for three nights, and so great was the pain that there was complete anorexia. Before using a dozen of the powders, in which form the *Calomel* was given, relief was obtained and sleep procured. In thirty hours the pain had entirely ceased, and no more powders were used. No signs of *Mercurial* salivation were shown, and the appetite returned as soon as the pain was relieved. The result was a decided advantage over that obtained in another case from *Iodide of potassium*, when it was at least three days before any relief was experienced from pretty free doses. No form of *Mercury* had been previously used in this case, as the cephalagia was the complaint that caused the patient to seek medical advice. Its syphilitic character was readily determined by the aid of other symptoms present and the history of the case.

A favorite treatment with many physicians in the summer diarrhœas of children is *Calomel*, either alone or combined with some adjuvants, given in varying doses. I can not express much of an opinion concerning this treatment though I doubt not it is of value, when the doses do not exceed a certain limit. I have, however, frequently had occasion to prescribe *Calomel* in doses of one-sixteenth of a grain, hourly repeated, in the gastro-intestinal catarrhs of infants, especially where the vomiting was a troublesome element of the complaint, with beneficial results. It is a treatment that I first heard recommended by Prof. J. B. BIDDLE, of Philadelphia, when I was a student.

Following the suggestions of RINGER, I have lately given preference to *Mercury* with *Chalk*, as the form of *Mercurial* to administer in the summer diarrhœas of children. The usual dose is one-sixth of a grain given either with *Sugar* or with three to five grain doses of *Subnitrate of bismuth*, hourly repeated. TROSSEAU recommends this preparation of *Mercury* in catarrhal diarrhœas, but in somewhat larger doses.

In a form of diarrhœa in children, likely to be mistaken for dysentery, but where the general symptoms are mild, and the special features are secondary to the diarrhœa, *Corrosive sublimate* will be found to render most satisfactory service in effecting a cure. The principal indication for the use of *Corrosive sublimate*, according to RINGER, [O! O! What a discovery for RINGER to make!] is the mucous character of the stools, whether containing blood or not. There may also be more or less straining at stool. I have used the *Corrosive sublimate* in such cases, in the proportion of a grain to sixteen ounces of water, which is half the strength recommended by EUSTACE SMITH. RINGER recommends a grain to ten ounces of water. Of this solution, a teaspoonful is given every hour, or two hours, as the severity of the case demands. I have seen the character of the stools changed, and the number considerably reduced within six hours under this treatment. HUGHES also recommends this treatment in his *Manual of Therapeutics*, a *quasi* homeopathic work. [This is a discrimination to be commended. Even Dr. DESSAU can see that HUGHES is "*quasi* homeopathic." We know some even in the homeopathic school who think him a thorough bred].

Gonorrhœa may be said to be a specific catarrh of the urethra, where every practitioner has his own favorite remedy. This, of course, may depend upon the stage of the complaint, and other modifying circumstances. I here acknowledge my thanks to Prof. RINGER for his valuable suggestions on the treatment of this complaint, in his work so often quoted by me in this paper. When a case of gonorrhœa can be seen in the first twenty-four hours of the attack, as has been my good fortune in several instances, an injection of a *Solution of chloride of zinc*, one grain to a pint of water, used every hour, will cut short the attack in twenty-four hours. I can bear testimony to this fact. My impression, from the trial of other remedies, is, that an important factor of this treatment is the frequency of repetition of the injection, especially when the agent is mild.

NOTE.—The balance of this article we shall give in the next number.

The Homœopathic Livery. By Dr. Ad. Lippe, Philadelphia.

For some time past we have commented on the physiological livery; we have endeavored to show how Schuessler, followed by teachers in our own colleges, in our own country, and various other public writers and speakers have from their chairs in the schools, in the journals medical, and as officers presiding over medical societies, taken pains to exhibit a livery which does not harmonize in cut or material with the garment fashioned by Samuel Hahnemann, and adopted by his true and faithful followers. We have tried to show the inconsistency of men calling themselves homœopaths to adopt such a garment; we have tried to show that such a garment is exhibited for some specific purposes, to appear "learned," or preparatory to a peace offering to the common school of material medicine. Since these various papers commenting on the physiological livery have been written, we have learned that our prognostications have been verified, not only in a single instance, but simultaneously in Old England and in these United States. We have witnessed the vice-president of the Homœopathic Association of Great Britain to start with a full physiological livery, and with the mytho-

logical olive branch in hand, and send up his card, on which was written, "George Wyld, M. D.," to Dr. Richardson, editor of the "Lancet." The vice-president was kindly received by the custodian of the Lancet, by a learned man who is charged by his brethren of the allopathic trades union to see to it that the Lancet may not become obsolete, that the traditional gold headed cane may also be preserved, to be swung over the cranium of any man who has the temerity to read Hahnemann's Organon, or tries the experiment, or having tried it, testifies in favor of the principles laid down in that text book of the healing art, (the Organon), upon which latter occasion the said traditional cane comes down on the offender—he is annihilated as far as the trades union medical is concerned. Well the card had admitted Dr. Wyld, and after conversing for a time, he (Dr. Wyld) was induced by the foxy Dr. Richardson to reduce his peace offering to writing, and sure enough, Dr. Wyld did write his confession of faith, his enlarged views on "the situation," and on the propriety of his returning to the folds of the common school of medicine, and expressed his conviction that if such a thing was done, "he could see solid advantages to the profession on all sides, an increase of amenities and dignities of medical life, and a higher professional status for all in the estimation of the public." Dr. Wyld, for the time being, became the most widely known (notorious) medical man among the English speaking nations; his declarations, his peace offerings spread from Londontown clear over the Atlantic, and over the North American Continent clear into the state of California; it stopped not there and then, even the Germans had to hear of it and noticed this "man of peace." The allopathic journals took quick advantage of Vice-President Wyld's written declarations, and we were told by these men of the Lancet, that Dr. Wyld being a representative man, the offer for reconciliation came from the whole homœopathic school and its practitioners; that such quick advantage should be taken by our natural opponents is not strange at all. Dr. Wyld made wild statements and can not substantiate them. The Lancet could not see "solid advantages" in the acceptance of a sur-

rendering outsider, who had professed to belong to a new school of medicine, impliedly because his aims were "solid advantages;" he was now hoping to gain them if he was admitted into the old medical trades union. The *Lancet*, also having an eye to "solid advantages," and being in full possession of them through the well established organization of the school, did very naturally decline to divide the solid advantages, and therefore declined the proffered olive branch. Dr. Wyld was even very mildly reminded by men like Dr. Pope, that he had acted unadvisedly, and we understand these mild, kind and brotherly remarks to mean that while the act itself, (the peace offering), was not wrong, that it was rather premature, unadvised, without authority, and in hot haste.

George Wyld, M. D., from London, gained great notoriety. If this secures him that of which he is in search, "solid advantages," we shall congratulate him. There was not a paper (newspaper) or medical journal in these United States but had the story of the *Lancet* and Dr. Wyld in it. The allopathists were jubilant to a degree, but always displayed as a mental reservation bridling their joys "if Dr. Wyld is endorsed by his own school which is doubtful." The public press were all full of adverse comments on the unwarranted position assumed by Dr. Wyld.

Simultaneously were we greeted in the United States by a circular, to be sure anonymous, but nevertheless publishing the deeds, resolutions and comments of a majority of members of certain homœopathic societies. This document, revealing the intention of certain so-called homœopaths to prepare the way, not like Dr. Wyld to join the opposition old school of physic, but to pervert our school into eclecticism, to first denounce in strong terms the practice of the Hahnemannians, to strike at the fundamental principles taught in the *Organon*, to assume the right to condemn the fellow members of the profession who were true to their professions. In the same strain we find now* that a new departure is on foot, we find that on the 12th day of June, the Albany (N. Y.) County Homœopathic Medical Society held its

*Vide the *North Western Annalist*, Vol. I, No. 4, July, 1877, p. 66.

regular monthly meeting, and on this occasion, Dr. H. M. Paine proposed the expulsion from the constitution of the society of the clauses which require of applicants for membership, an avowal of a belief in the homœopathic maxim*—*similia similibus curantur*. He (Dr. Paine) thought the admission of members should depend on educational qualifications alone, that an acknowledgment of adherence to any principle of therapeutic belief† should not be a requisite to membership. He offered the following proposed amendment to the constitution: "The society demands for itself absolute liberty in science, and hence requires of its applicants for membership, no creed or confession of medical belief, but only a willingness to act for the furtherance of its declared objects, which are, the advancement of the science of medicine, particularly the improvement of homœopathic therapeutics." The ballot showed an equal number of votes for and against its adoption. The further consideration of the subject was postponed for a future meeting.

What does Dr. Paine's illogical proposition amount to? Why, to substitute Eclecticism for Homœopathy; illogical because we can not possibly advance the science of medicine and particularly improve (develop) our therapeutics without having a belief in the superiority of the principles governing our therapeutics. Absolute liberty is the slang phrase, the catch word of all men, either in politics, religion or sciences, who decline to be governed by established principles, who disregard laws, dogmas and logic; it is an absolute denial of absolute necessities for the proper government of the people, of state, church and medicine. The "absolute liberty men" require no constitution of a society. "Absolute liberty" was the aim of "Jack Cade."

Simultaneous and as a logical sequence, when the rights, privileges and immunities of the followers of Hahnemann were threatened, when the healing art revealed to a benighted medical profession through Hahnemann, was in danger of being perverted into vile eclecticism, there were also on the side

*"Why not "formula?"

†Principles of therapeutic belief is an absurd expression.

of truth and by those who were true to the principles they professed, by the law abiding members of the homœopathic school of medicine, movements set on foot to stay the proceedings of the law breakers. While men apparently bent upon evil deeds, were doing their utmost to injure the school to which they professed to belong, others resolved upon such measures as might be useful in showing these blind, freedom seeking and law defying erring members of the school the folly of their doings.

In Old England where the school had suffered long from the various departures which had crept into it, Dr. Thomas Skinner proposed to establish a new medical journal; the object of it was declared to be the promulgation of such principles as were taught by Hahnemann, and belonged necessarily to his school; to comment on them, to illustrate them, to promulgate them and show the detrimental results of the daily increasing and multiplying departures; the journal was proposed to be published in the interest of orthodox Homœopathy, and the hope was expressed that many of the members of the profession who had been led astray, not knowing better, not having the means of learning, to see the errors of their misleaders, would be brought to see the truth, fully learn to appreciate the teachings of Hahnemann, and become good, faithful and successful healers. This proposition was seconded on this side of the Atlantic, and the arrangements are now on foot to give it vitality. It was resolved to make the journal a quarterly, and to add to its usefulness a full repertory by Dr. Berridge will be published as an appendix. Dr. T. Skinner will be *the* editor, and Dr. Berridge will be co-editor in England, and Dr. Ad. Lippe will be the co-editor in the United States. It will be an Anglo-American journal, by title "The Organon." It will be dressed in the homœopathic livery, and if possible, will make its first appearance on the first day of January, 1878.

Simultaneously there met in the city of New York, some members of the profession who became alarmed and grieved at the multiplying departures, who deprecated especially the anonymous circular to which we alluded to in the last num-

ber of this journal, and asked one another, What are we going to do about it? The profession had been made to believe that freedom of medical opinion and action granted to the members of our societies would bring them back again to that purity of practice which prevailed when we were but few in numbers, and when it required no ordinary amount of courage to become a pioneer in our school and face the opposition. The early pioneers had established our school, had gained their hard fought victories by their steadfast adherence to principles, they had gained the confidence of the most intelligent part of the community; they established various local societies and finally the American Institute of Homœopathy. The success of these persistent and faithful pioneers induced many men to join this victorious small army of men, but some of them showed an unwillingness to enter upon the painstaking labors of their successful elder colleagues, by and by they so caricatured the practice that it so glaringly showed decreased beneficial results, that they became really a disgrace to the profession; still the hope was held out, nay, it was absolutely demanded, that they should neither be restricted in their abominable practices, nor should they even be reprimanded; it was hoped they would see the errors of their ways, and in the language of a distinguished man, would the sooner return to that purity of practice which we all desire, provided we gave them freedom to do just as they pleased. The assembled members of the profession who had asked one another, "What shall we do about it?" took all these historical facts into consideration. They found that "Dr. Wyld," in England, and an "Anonymous" in the United States revealed the alarming picture of an overt declaration that the principles which had governed the early pioneers, and many of the present healers, and under the application of them had led them to victory, should be not only ignored, but the adherents were with malice aforethought represented as advocating extreme and essentially false theories. These overt acts required a remedy, the men who had been true to our principles, could no longer permit such represen-

tations, and it was therefore resolved to publish a declaration of homœopathic principles, and we here republish them:

DECLARATION OF HOMŒOPATHIC PRINCIPLES.

To Homœopathic Physicians:—

As the certainty of medicine depends on the establishment of fundamental principles, based on natural laws, to guide the healer in his therapeutics;

And as Samuel Hahnemann was allowed to reveal to the world such principles, and their application for the cure of the sick in his *Organon of the healing art*;

And as the homœopathic healing art dependent on these principles and rules for their application, has been defined by different men so very differently;

And as the *Encyclopædia Britannica*, the *American Encyclopedia* and *Johnson's Universal Cyclopædia*, contain as different and contradictory definitions of Homœopathy as we find are taught in our colleges and advocated in our journals;

And as our medical societies, our colleges and Journals have failed to give a satisfactory definition of Homœopathy, and as the chaos arising from this confused condition is becoming detrimental to the progress and development of our school;

We, the undersigned, deem it timely, and deem it our duty, to affix our names to a declaration of principles and a definition of them, which has guided and shall continue to guide us in the practice of Homœopathy.

ESSENTIAL POINTS OF THE HOMŒOPATHIC DOCTRINE.

The cure of the sick is most easily, mildly and permanently affected by medicines that are themselves capable of producing in a healthy person morbid symptoms similar to those of the sick.

The morbid conditions of tissues and organs are results of a dynamic disturbance, and not the cause of the disease.

The totality of the symptoms, subjective and objective, is the sole indication for the choice of the remedy.

The only proper way to ascertain the sick making properties of medicines is to prove them on the healthy.

In order to secure the best possible practical results, medicines must be administered singly, and in a dose just sufficient to cure.

And local treatment of all kinds in non-surgical cases, is not only unnecessary, but is apt to change the location of the disease, and induce dangerous complications, and never permanently cures.

This circular was sent to a number of known homœopaths, and they were asked to return it, if they approved of

it, to Dr. Ad. Lippe, Philadelphia. In the short space of a month a very large number of signatures were obtained, and "when the time comes," they will be published.

An adherence to principles had been the means of establishing Homœopathy; these principles had been and can only be now learned from the writings of Hahnemann; are elaborately and logically given in his *Organon* of the healing art, and the failure of our societies to declare in plain language that they adhere to certain (by them enumerated) principles, was in the opinion of the men who met in New York, the cause of the alarming increase of departures; it was evident from the late actions of Drs. Wyld and H. M. Paine, that the principles governing our therapeutics were to them a sealed book; that they had resorted to all sorts of practices, even to palliatives, to therapeutics contrary to those adopted by homœopaths, and that having gone from bad to worse, not finding results corresponding with those of the faithful healer they now in utter despair, in disregard for truth, in forgetting even common decency, now discredit the statements of their painstaking colleagues, deny these statements publication in their transactions, and arrogate to themselves the right to blame their ill successes on the fallacies of principles of which they know nothing, and which they never applied in therapeutics. The overt acts of these men have passed into history, their ill advised course must bring its legitimate fruits, and while in the course of time such evils cure themselves, it became, as it struck us, our duty to clearly define our principles and doctrines, and we felt also a desire to ascertain how many of our colleagues sanctioned our efforts by subscribing to them. We have been pleasantly disappointed; there are more homœopaths in this free country who are willing to be governed by principles in their practice, than either Dr. Wyld, who claims that they have been thrown overboard long ago, or Dr. H. M. Paine, who abhors any binding, leading principles, and roars out for "absolute liberty," can dream of. All these approving men will in future as in the past, put on as their armor the principles we state, and fight a noble fight for the preservation of pure, unadulterated Homœopathy in the homœopathic livery.

An Open Letter to Dr. Ad. Lippe.

DEAR SIR:—Your series of articles in the *MEDICAL ADVANCE* and in the *U. S. Medical Investigator* has been the subject of frequent conversations between neighboring physicians and myself. It is remarkable that in spite of the clearness of your articles, they create contradictory effects upon different readers. The fact that from mature age, great experience in practice, and especial fitness, you are above all men the one to assert the claims of pure Homœopathy, encourages me to appeal to you directly for an endorsement of my interpretation of yourself, if correct, or for a correction if I am mistaken.

Permit me then to say that I have, in your behalf, made the following claims: First, That you do not intend to discourage the study of pathology and physiology, but that you insist upon their remaining secondary, auxiliary studies. Second, That you do not teach that a close acquaintance with symptomatology is the only qualification necessary to be a homœopathic physician (or healer), but that you insist upon a clear appreciation of the fact that a thorough understanding of *materia medica* as first taught by Hahnemann, must, and ever will be, the corner stone of pure homœopathic practice, and its patient and discriminating study and thoughtful application of its teachings the distinctive feature between empiricism and true science. Third, That you do not claim the judgment of Hahnemann to be infallible, but that you insist upon a recognition of the master's genius, an appreciation of the grandeur of his teachings; upon a more thorough study of his writings, and upon referring to his authority all questions which involve the fundamental principles, and combat each effort to mix up pure and well tested Homœopathy with the uncertainties of merely speculative science.

On the other hand, am I right in denying positively and without qualification: First, That you would exclude, if you could, from the ranks of homœopaths, all who do not exclusively use the single remedy in the minimum dose. Second.

That you have any sympathy whatever with the spirit shown in a communication to the editor of the U. S. Medical Investigator, published in Vol. V., No. 4, and signed, "An Inquiring Parent," advocating the study of Hahnemann's writings and a few specified works on materia medica, to the exclusion of every thing else in medical colleges, and the issuing of degrees based upon proficiency in that one particular branch of medical education.

Pardon me, dear sir, for this direct appeal to yourself, but I have been intensely interested in the controversy in which you have been engaged, and it has been a matter of regret to me to hear many of my professional acquaintances charge you with an utter lack of charity; making you, a persevering and close student yourself, the advocate and champion of a limited and narrowed medical education, and above all, claim a persistent effort on your part to divide the school.

On the latter point I admit that I fail to quite understand your position. If you, in your mature judgment, often feel impatient at the thought that the great bulk of the profession does not occupy so exalted a plane as yourself; if to your well trained mind the giving of lower dilutions, and above all, the alternating of two remedies seems unpardonable, I beg of you, in the name of the "many," to believe that we honor the healer whose intimate acquaintance with remedial agents enables him to use the single remedy, that the profession at large acknowledge his superiority, and that, as we grow older and closer students, we endeavor more patiently, (and more successfully as well), to imitate his example. In behalf of the many who have never seen you face to face and yet honor you, I assure you that the profession generally realizes the work before it; that many, who to a distant though close observer may seem indifferent and averse to exertion are bravely struggling toward the light. They are toiling patiently and with an intense earnestness to place upon an absolutely firm basis the teachings of that medical philosopher whose very name is dear to us all, and whose memory is sacred, not only to the veterans of the school, but to its younger members as well. It will ever be a labor of

love to an overwhelming majority of the school to prove themselves worthy of the trust they hold as physicians, and to see that by no act of theirs disgrace shall be brought upon the cause committed to their care. Do you take into consideration the fact that, numerically, only a small portion of the profession occupy the ground which you do, and that even in that small number serious differences of opinion exist, and that you have no guarantee that these differences of opinion will not sooner or later create disharmony and division? Even if you claim (and you may do so with a certain degree of justice) that that minority, small though it be, represents many of the most experienced, the best trained and the finest cultured minds in the profession, would you for a moment, refuse to recognise the fact that all over this country, hundreds and thousands of men are scattered, who, in spite of their using low attenuations, in spite even of alternating them, have made many sacrifices to advance the common cause? They have faced the ridicule and persecutions of an unbelieving crowd, led by bigotry and arrogance, just as squarely and fairly as any one of the old pioneers of our school. They have often preferred, like the master, actual want to a compromise with principles which they were opposing. They have in the country homes, in the small villages, in the suburbs of your large cities, created that universal confidence of the people in our school which has had much to do with the success the few have achieved in the centers of civilization. They have, above all, relieved suffering and defeated death with the pellet and the low dilution, and the tincture, selected in accordance with the law of the similars. And their names (the names of those whom you would cover with disgrace) are carried to heaven's door in the prayers of those whom they succored in the hour of need and pain by following, to the best of their knowledge, the laws of the master of the school. Would you, my dear sir, if you could by the raising of the hand that has done, I doubt not, many a kind deed, banish from our ranks these men because they do not see quite as clearly as you do the necessity of not letting a thirst for more light, a desire

for more and more varied knowledge, darken the brilliancy of the light and knowledge which we already have?

Truly, my dear sir, let patience have her perfect work, and do not permit indignation to quite take the place of kindness and of charity.

I am, sir, respectfully your obedient servant,
Iona, Mich. H. R. ARNDT.

Theory and Practice.

Medico-Legal Relations of Insanity. By S. R. Beckwith, M. D., Cincinnati. Read before the Homœopathic Medical Society of Ohio.

What is insanity? is a question often asked and the answers are various, but no definition that I have yet heard seems to answer the query.

According to the books of law, it is defined to be such an aberration of the mind as to incapacitate a party to judge right from wrong. Under this imperfect definition the plea of insanity is often set up to screen criminals from punishment, or the claim may not have been made when it ought to have been, and the unfortunate lunatic is often compelled to suffer punishment for the committing of a crime that he could not avoid doing.

That justice may be more easily dealt out, it is eminently proper for the medical profession to agree upon some definition of insanity, that as clearly as possible expresses the condition of an aberration of the mind that makes a man unamenable to courts and justice for the commission of crime.

Oct-2

It is evident that no one should suffer for doing what he can not avoid doing, or that any person should hide his guilt under the cloak of an unfortunate lunatic. Numerous indeed are the instances where crime has been committed in fits of anger or jealousy, and the perpetrator has escaped punishment through the cunning of some acute lawyer, in setting up the plea of insanity for the benefit of his client. And through the cupidity or ignorance of medical experts juries have given verdicts of acquittal.

No less marked, but truly more unfortunate, are the numerous cases where the poor insane man, suffering under a delusion from whose firm grasp he can not escape or avoid doing just what his deluded mind compels him to do. Unfortunate and pitiful have been the instances where the supposed criminal, appearing at the bar of justice with an apparent rational mind as any, yet the medical expert could not, from his want of psychological knowledge, detect the delusion that drove the man to the commission of the crime.

The case of Henrietta Cornin reported by Georget, and copied into almost every modern book on insanity is a fair illustration of the too frequent punishment of lunatics. Today a patient of mine is serving out the term of his sentence in our penitentiary for committing a crime of which he is no more morally guilty than the parties who sent him to prison. An indictment for murder is now on the trial books of Hamilton county, where an abused mother cut the throat of her only child, and because she showed neither fear, remorse or sorrow at the time or after the act was committed, she was held to be sane until complete aberration of the mind caused her to be sent to an asylum.

It is evident then that the medical profession should agree upon some definition of insanity, so far at least as it applies to the responsibilities of persons who have committed crimes. The law has fixed its inflexible rule, he shall know right from wrong, and it seems, notwithstanding all the advance made in psychology, that no change is to be made in this law. I am aware of the difficulties in attempting a definition, of the impossibility in locating in the brain the seat of the mind or the pathological changes that cause its alienation from health.

Distinguished physicians, wise philosophers and profound logicians have signally failed to unvail the mystery, or analyze and penetrate into the darkness that covers the unknown explanation of aberration of the mind. But as Dr. Reid has so wisely said, let us, although the labyrinth be intricate, and the thread too fine to be traced through all its windings, let us trace as far as we can and attempt to go no further; secure the ground we have gained, and hope a quicker eye may see the ending further on.

It is extremely difficult for a medical witness to give a definition of insanity, so various are the authors in their attempts. Dr. Haslow says it can not be done. Dr. Winslow says, "I do not know how to define a disease of which I know so little." Hoff bom says a man is insane when the understanding is diverted or changed in its operations. Dr. Bucknell defines insanity as a condition of the mind in which false action of the mind or judgment, a defective power of the will, an uncontrollable violence of the emotions and instincts, has separately or conjointly been produced by delusion. Dr. Guislar says insanity is a morbid derangement of the mental faculties. Dr. Luke says that it is a disease that alters the action of the will. Prof. Gilman, for short, says it is a disease of the brain impairing the function of the will. Prof. Howard has so many kinds of insanity, especially emotional, and so many definitions that no man can find out all of it.

All these various definitions are interesting to the physician and instructive in teaching us the difficulties we have in giving any one definition that will cover all cases of insanity, and we shall only try to define what rule should govern the physician in a medico-legal opinion by claiming that the rule of law is wrong; that a large majority of the insane do know right from wrong, but can not avoid doing a wrong act although they know it is wrong. Ask a lunatic in any asylum why he is wearing a hand cuff, he will tell you the crime he committed and admit he did wrong. From these then can we not learn that insanity, so far as a legal definition is required, is a loss or impairment of will power to govern, control or regulate physical acts, with or without a mental knowl-

But by all means let the profession endeavor to tear out by the roots this idea that seems to have so great a hold upon our younger men, that a case of displacement of the womb is as good as cured the moment they succeed in crowding into the vagina a pessary or a supporter.

A lack of proper understanding of the requirements of the case, the peculiar charm of using an instrument of some kind, the desire to produce a rapid cure and thus to build up a reputation quickly and I believe above all the desire to escape the drudgery of laboriously studying and analyzing a case—all these are powerful motives and apt to lead the young practitioner from the road of patient work and honest toil into the byways of superficiality and quackery.

On the other hand cease to advocate and to teach what but few of us believe in our heart of hearts, that you can cure anything and everything by the simple administration of a drug, high or low.

I hope the day will come soon when all will realize that medication, instead of being the corner stone of all successful treatment, is only a valuable auxiliary at best, and that those hygienic and moral influences, which to-day occupy a secondary position only, and are wholly ignored by many, are after all the real means of cure in a large majority of ailments, both of the body and of the mind.

There exists a class of uterine displacements of a chronic nature, in which I can not help but look upon the displacement itself less in the light of an independent disease than as a symptom of the case. We find in these cases a complete listlessness, an absence of everything that would indicate healthy and vigorous action of any part of the system; there exists much general weakness and great laxity of the muscular tissue; there is often an appreciable enlargement of the fundus uteri, as the immediate cause of the displacement. Leucorrhœa quite frequently exists, varying from a discharge offensive only for its copiousness, to one highly irritating; there is generally a state of sub-acute inflammation or of congestion of all the pelvic viscera; generally an absence of pain, with occasional intervals of suffering brought on by

aggravation of all the symptoms through exposure of some kind, or in certain temperaments during the menstrual period, and in nine cases out of ten, that characteristic dull, heavy dragging pain in the small of the back.

At times such condition can be traced back to severe labor of nervous and weakly women, followed by complete prostration, from which the patient never quite rallied. At times in women of originally hearty constitutions, the raising of a large family, with its cares, pain and toil, its work by day and watching by night; domestic unhappiness, associated not merely with drudgery, but with that constant bitterness and constant carrying of a very heavy load, so well calculated to rob a woman of all ambition and interest in life; voluntary or enforced sexual excesses, with their train of unavoidable consequences, all these are apt to produce such a condition by striking at the very root of life, by destroying all energy of action, and all vitality, and thus bringing about a state of affairs in which usually slight derangements, apt to right themselves with common good health, are almost sure to become serious.

The only course of treatment in such cases, with a ghost of a chance for ultimate and permanent relief lies in a physician's ability to remove the cause. In rare instances local treatment may be used as an auxiliary, although it has rarely done much for me; but the salvation of the patient depends unquestionably upon the judicious care, and upon the perseverance with which the medical attendant will apply himself to the improvement of the general health of the patient, physical, mental and moral, and in an overwhelming majority of instances, the displacement will gradually take care of itself as the system regains its lost energy and strength. When the eye begins to brighten and to lose its habitual expression of utter hopelessness, when the flesh becomes firm and the skin loses its sallowness, when an occasional hearty laugh greets your entrance and the world commences to look a little brighter than it did three months ago, you may congratulate yourself upon having received the first intimation of an approaching surrender of the enemy.

But the physician that depends upon exclusive medication in the management of that class of cases, is sure to be as disappointed as he, who places his sole reliance upon the support of an instrument. Attaching due importance to, and placing much confidence in the action of appropriate remedies, regardless of potency, I am nevertheless confident that the main work must be done by a healthy personal influence upon the patient, by regulating her diet, her hours of rest, by modifying her employment, by appealing to her will force to aid us in getting her out of the slough of despondency, by giving her mind food to strengthen it, and if over burdened with care and anxiety, relieve the constant pressure upon it by causing the husband and all the members of the family to unite with us in making recovery a possible and desirable thing for her, by rest, not indolence, and lastly, by a proper system of bathing, employing, if we can, a judicious and proper use of the electrical current.

The use of the electrical bath is of the highest importance in such cases, but as yet a small number of medical men realize its value. Many, it is true, profess to have employed both bath and current, perseveringly, but meeting with little if any success, have discontinued their use.

My observation has taught me to believe that both lose not only their entire value if not properly used, but become absolutely mischievous and dangerous in the hands of the careless and ignorant operator. Novices are given to using them by far more freely than is advisable, thus producing a severe depression where the result ought to be the very opposite. Baths taken too frequently are very exhausting, and an electrical current used with anything but very moderate intensity is apt to produce very considerable irritation of the nervous system and to become positively painful within a short time.

I have found both sitz and shower baths satisfactory, but follow both with a continued gentle rubbing, first with bath towel, and then with the bare hand. If I use electricity, I employ a very gentle, continuous current over the surface of the whole body, preferring to continue such for a greater

length of time, to the use of a strong current for a few minutes only. After its use I have been in the habit of dashing cold water upon abdomen, chest and small of the back, if the patient has become strong enough to bear this treatment, but it must be done quickly and at once followed by thorough friction. As a rule, not more than two baths a week ought to be given, and every physician ought to educate some woman of intelligence to attend upon lady patients who need this treatment. (For further use of electricity, see Althaus' "Medical Electricity," page 631, et. al.)

It is not always possible for a practitioner to give a patient the benefit of such treatment. If that be the case he ought not to let selfish motives stand in the way, but send her to an institution where she can get the needed attendance. I must confess that my attention to its value was called by the remarkable success of hydropathic and electrical treatment in a number of ladies, who had been under my care for some time, and derived little, if any benefit from the most strenuous efforts on my part to relieve them.

Miss W. A. had been under my care for several months, at least six, for retroversion. Predisposed to it by habit, temperament and almost inheritance; melancholy; muscular tissue exceedingly flabby; profuse leucorrhœa; patient a perfect picture of her mother and maternal grandmother, both of whom had suffered for years with displacement; lives on a hilly street, necessitating frequent walking up and down.

Replaced uterus at least a dozen times; kept her on the bed for a week at a time; used a number of pessaries; wore Palbrook's supporter for three and one-half months; seemed better at times, but the slightest provocation would bring on a relapse. Gave *Puls.*, *Sepia*, *Nux*, *China*, etc., high and low. Finally sent her to New York. Became inmate of a hydropathic establishment, staid four months, came home cured. Been well two years, runs up and down hill daily; had no medicine while gone, no instruments, but lots of sport, a good time generally and two to three baths each week, with occasional use of electricity.

Mrs. G. B. H., aet. thirty-four, was confined seven years ago, never rallied; left her very feeble, with a displacement, (retroversion), discovered in about three months after confinement; bowels passably regular; profuse leucorrhœa, slightly acrid; tenderness to touch of all the pelvic organs; enlargement of both neck and fundus uteri; severe pain in back. Has been treated for occasional ulceration at the os externum. Devoted husband and sensible, refined woman herself.

At the time when I was first consulted, found severe ulceration. Used medication, injections included, and *Nit. of silver* sparingly. Relieved the ulceration; leucorrhœa also became gradually less; general but slow improvement for some time, until after several months of treatment we came to complete standstill. Continued efforts proving unavailing, and severe neuralgic pains in the lower spine making their appearance, I persuaded the patient to place herself under the care of a medical friend who was confident of his ability to benefit her by mechanical means, myself watching the case, and prescribing when advisable.

She remained under Dr. B.'s care four months; no improvement. Former sensitiveness of the uterus and viscera had increased to excessive tenderness; the fundus was much more enlarged, and the leucorrhœa has returned in an aggravated form, with increase of other symptoms. I again took complete charge of the case, and succeeded in relieving some of the most violent symptoms.

Upon hearing the patient express a desire to get advice of a former family physician, persuaded her to place herself under his care. Treatment much like mine, with addition of the use of a health lift, and the advantage of patient being away from home and home cares. Improved for a short time, but returned home and into my care feeling too badly. Gave her another trial of two months treatment, and disgusted with the case, (as the "case" undoubtedly was with its managing physician), sent her to a water cure where she staid six months. Her treatment was homœopathic, consisting of same remedies which she had taken, (relying upon the statement of the patient in this particular). She had

while there, baths, electrical and others, no mechanical treatment, and while she is not quite as robust as she was before the above mentioned confinement, she is able now, for the first time in years, to see to her duties at home, and to take her place in society with freedom from pain.

I have cited these two cases out of a number, because they indicate a line of treatment, the value of which most of us fail to realize, and which, if properly understood and practiced by the profession, will give us greater facilities for doing good to our patients, and make the treatment itself more satisfactory to ourselves.

Cases From Practice. By Dr. Carl Koeck. Translated from Die Internationale Presse, by A. McNeil, M. D., New Albany, Ind.

CASE I. I give verbatim the words of the patient as reported by a stenographer, as is my custom. She said; "I have been sick for three months. I do not know what brought on my disease nor what ails me. I have taken ten or fifteen bottles of medicine without receiving any benefit. I am becoming thinner every day, and yet I can not get enough to eat, and I also have such a thirst that I often drink, particularly at night, two to three gallons of water; it seems as if I would dissolve into urine, as I pass so much of it, for I must often employ the night vessel two or three times during the night." She showed me a urine bottle containing her urine.

Dr. Struich who visited my office, because interested in Homœopathy, recognized the woman, having seen her at the allopathic polyclinic, said Prof. Seitz, diagnosed diabetes, which had been confirmed by frequent chemical examinations

of the urine. I therefore made no analysis, but questioned her more fully to complete the case, and learn the cause, but learned nothing further. Heart and lungs were sound, she complained of no pain any where, and was only anxious about the extreme emaciation and the feeling of weakness. She thought her stomach must be healthy as her appetite was so good.

The thirst at night reminded me of *Arsenicum*, but the rest of the symptoms did not point to any other remedy. I will acknowledge I tried a drug which has been so famed, *Uranium nitricum*, which Dr. Buchner was proving at that time. A glass containing one-eighth grain *Uran.* to an ounce of water was standing on my writing table at the time; I took two drops of this solution and mixed them immediately with a drachm of *Alcohol*, which I gave to her with directions; two drops three times a day. I requested her to refrain from coffee, to eat but little bread, plenty of meat, but no vegetables. Stewed fruit was also allowed. In fourteen days she returned saying she perceived considerable improvement, inasmuch as her enormous appetite was less and she did not drink more than half as much water, although there was but little difference in the quantity of urine passed. She had taken all her medicine. I gave her the same but ordered only two drops a day. In fourteen days she again returned. She said, "How is it possible that a few drops can have such an effect? For five days the amount of urine is so small that I fear I shall have the dropsy, and yet I can once more do most all of my own work."

This astonished my colleague, Dr. Struich, so that he could hardly believe his eyes on examining the urine to find it entirely changed, both in color and specific gravity, and by two different tests he could find no sugar in it. This was in a month from the beginning of treatment.

As the disease was now to be considered cured, yet I thought she ought to have a so-called restorative medicine, so I gave her *China*, first centesimal, a drop every day. I believe I do not err in statement when I, based on her strength and visible increase of weight, say that in two months there was no perceptible trace of that dangerous disease.

CASE II, Feb. 9, 1874, a well digger from Holzkirchen came into my office and showed me two bottles of urine which had been passed by his two boys, the one three, the other five years of age. He said a strange disease had broken out in Holzkirchen. The children who were cheerful became ailing; had frightful heat as if they would burn up; thirsty; toss about restlessly and sleeplessly in bed. Our doctor stands helplessly before the little patients, and says he had never seen the like, for nothing helped them, and in four days some of the children die.

I could learn nothing concerning the cause of the disease; there were no pains, nor could I learn anything of any eruption. The two children had neither cough, hoarseness, diarrhœa nor the like present. In short I had no basis on which to prescribe, except the urine, which corresponded to No. III of Newbauer's table of colors, and had a specific gravity 1018, was somewhat diminished in quantity, which I attributed to the increased bodily temperature. On testing with *Nitric acid* I discovered albumen in large quantities. This gave me a basis for my choice of a remedy, without which there were merely symptoms of synochal fever to be treated. Although the presence of albumen may arise from many causes, and as it ever occurs in most severe diseases, so the brief course of the disease was striking, and I also concluded from the anamnesis, and the rapidity of its course that I had a dangerous disease (modern epidemics always have a dangerous character) and therefore required a powerful remedy. What is to be done in this case?

Without wishing to be subjected to the reproach of swerving on the words of the master, yet I confess that in relation to the importance of albumen in the urine, Prof. Buchner's work, "Morbus Brightii" is my only homœopathic guide. Among the remedies which are considered in that work, viz: the *Arsenical* preparations, *Phosphorus*, *Cuprum*, *Arum*, *Digitalis*, *Bryonia*, *Helleborus*, *Dulcamara*, *Colchicum*, etc., none appeared to correspond more closely to the case than *Arsenic*. I chose not the *Arsenious acid* but *Kali arsenicosum* because from the absence of many symptoms which would

have pointed to an acute disease of the kidneys, I decided that there was a probability of an affection of the heart, and the inner membrane of the arteries, in which Prof. Buchner praises that preparation of *Arsenicum*. I gave the fourth centesimal potency, a drop in a teaspoonful of water every two hours.

In eight days the well digger returned with the report that the children had been better for three days; an eruption had appeared on the entire body which had got better very soon. They were out of bed, had an appetite, and he only wished to inquire what they might eat. He brought two bottles of their urine, which I examined, but it contained no albumen. On going away he wanted some of the same medicine for the children of a neighbor who had the same disease. At the same time a peasant came in and related the same disease manifestations, and also brought albuminous urine with him. He also received *Kali ars.* In half an hour a woman came in weeping over the sickness of her little daughter. Where do you come from? Holzkirchen. Well, *Kali ars.*

The recovery of all these children excited a good deal of comment in the village, so that I was induced to go regularly once a week. Among the twenty-seven patients I treated, all children, the disease was exactly the same, with some trifling differences, chiefly in the more or less violence of the fever and of the affection of the sensibility. First a violent fever with a bodily temperature of 40° Celsus and upwards, without any remission; no pains anywhere; extreme restlessness and jactitation; albuminous urine in every child; auscultation of the thoracic organs revealed irregular respiration in some cases, and slight bronchial catarrh in others. More severe affections of the bronchia, lungs or pleura were present in no case. The heart beats visibly and almost audibly, the first sound of the heart was much increased. After the use of *Kali ars.* the symptoms abated gradually, but the fever in particular subsided; on the third and in many on the fourth day, an eruption appeared on the breast, this ascended to the face, and descended to the bowels and extremities, which in appearance resembled scarlet fever, only it was paler. By con-

tinuing the medicine to the children, and keeping them warm, it soon disappeared, and in eight to fourteen days, they were out of the bed or room.

The course of the disease treated allopathically was, I heard, rapid, some of them dying in four days. The people said "the patients were burned up with the heat." Others became dropsical, continuing fourteen days or more, and most of them fell into homœopathic hands.

It may not be well known, but the first homœopathic practitioner of Munich, Dr. Quaglis, has very thoroughly proved *Kali ars.*

CASE III. I will now report another case which happened in my own family:

On the tenth of October, 1874, my wife and myself returned from a concert at half past nine o'clock. The weather was tolerably cold. We both complained after reaching home, of pains in the bowels. We both took some pellets of *Aconite* 2 and went to bed. I slept, but was awakened by my wife after a quarter of an hour, who complained that the pain had increased; it was in the bowels below the umbilicus, extending both right and left; above that point was entirely free. The pains were indefinite, but the cutting prevailing, alternating with contractions, as a cramp; she could not bear the slightest touch of the abdomen; she could not stretch out her legs, they must be drawn up; she could not lie on her side because the pains were thereby increased; lying on her back ameliorated the pains, but she could not keep still because of continued shaking through the entire body, so that I had to hold her. She did not attribute this shaking so much to the attending chill as to a feeling which did not permit her to lie still. After some hours, diarrhœa set in which was so violent that it had the appearance of cholera; simultaneously vomiting commenced, at first of half digested food, then of the water which she had drank. She continued to grow worse, so that I found that she would die, as nothing I gave her did a particle of good. In the beginning she received *Aconite*; and on account of the intolerable pain in the abdomen, *Belladonna*. As the cutting pains ap-

peared I gave *Colocythis*, all at intervals of from half an hour to an hour. Later, when the vomiting began, she received *Veratrum* and *Arsen.* but all availed nothing. In my extremity, as nothing helped, I sent about two a. m. to Dr. Quaglis a statement of her symptoms and what I had prescribed. He sent me a card with the inscription, "*Cuprum arsenicum* 3 every ten minutes a drop."

After an hour, about three o'clock, the first symptom to cease was the shaking; she could rest quietly and was warmer; the diarrhœa and the vomiting also. In the abdomen contractions still occurred occasionally, and about five she fell into a quiet sleep. Pressure of the abdomen caused pain for a longer time, and the legs must be still drawn up because extending them caused abdominal pains. On account of these symptoms which I considered signs of an exudation, I ordered *Sulphur* 3. In two days she could leave her bed and her appetite returned. If I must give a name to this complex of symptoms, I must say that it was partly inflammatory and partly spasmodic in its character. In the former condition appeared the peritoneum, in the latter the plexus mesentericus superior to be affected, the whole resembling cholera. Dr. Quaglis said to me that at that time he found that remedy specific. Two days after some cases occurred to me in which I found it gave striking benefit. He also called my attention to it in cholera epidemics.

IS THE EARLY CESSATION OF MENSTRUATION HEREDITARY?—Mrs. S., tolerable good health, with the exception of an occasional headache, age thirty-eight years, informs me that she has not menstruated for sixteen years and but once since the birth of her boy, he being now seventeen years of age. Her sister aged thirty-three ceased menstruating at the age of twenty-two, is a strong hearty woman. Her mother ceased at thirty-five and her grand mother at the age of thirty, she being now upward of eighty and in good health. It looks as though early cessation of menstruation is hereditary. I would like to have the opinion of older and more experienced physicians.—J. D. G. Orrville O.

Bureau of Medical Information.

In Charge of A. McNEIL, M. D., New Albany, Ind.

We have a few words to say in accepting a position so responsible. We feel the magnitude of the task set before us, but we do not imagine that we ourselves can do the work. We have chosen gentlemen well known to the profession whom we expect to do most of the work; in fact we only organize the workers in order that there may be unity of design. If those we have selected perform the duty imposed on them, the work will be well done, and if they do not the work will be an utter failure. We appeal to them in the name of suffering humanity and in the name of science to work in this promising field. If they do this, success will attend the work and a new era will begin in the healing art.

The importance of the work is measured only by the value of the health and lives of the inhabitants of a continent, for the boundaries of the republic will not limit the benefits conferred, as we will have outlying pickets in the Dominion of Canada, and we hope also to have Mexico guarded. As the destroying invader touches the rocky shores of New England, the forests of Oregon, the coasts bound by the Gulf of Mexico, or creeps from the shores of Labrador, he will be met by the faithful sentinels who will communicate to the grand army the best modes of recognizing and defeating the invader; not only will the foreign foe be thus met, but all internal enemies will be treated likewise.

No one can deny the importance of the enterprise, but some will be disposed to doubt its feasibility. Our great master fought in this holy war, and he gave orders which are just as valid as when he delivered them, vide, section 100 to 102, inclusive, of the Organon, as to the mode of recognizing and destroying the foreign foe; and sections 240 to 242, inclusive, as to the manner of conquering one of the most desperate of our internal enemies. The latter have been dis-

regarded by many of his followers because not properly understood, and they have returned in consequence to the antiquated arms of a bygone system. Grauvogl, another illustrious leader, reiterates those orders and gives some explanatory ones. Other gallant veterans have conquered by following them. Our duty is merely to communicate the news received from those appointed to collect it, to the grand army. Some refractory recruits still insist that they do not care for any veteran living or dead, but they must know the reason such orders are issued and that they do not believe the vedettes know anything about it. We will try, in our poor way, to satisfy them. The most important factor in the production of acute diseases are atmospheric influences.* These influences come in waves, usually entering first on the borders and then flow inwards till the entire country is inundated. The progress is not too rapid to be watched, and its effects, and the most successful modes of overcoming it, transmitted to the remainder of the country by our rapid modes of conveyance. As the resulting diseases arise from one cause, it follows that the effects must be nearly similar and only differ in each individual attacked as his constitution differs from that of the others. But if these effects or symptoms are alike they must, according to the law of the similars, demand the same remedy. Experience abundantly confirms reason, as almost any physician can testify who has observed one season where all the pneumonias, pleurisies, coryzas and rheumatisms were promptly cured by *Mercurius*, in another by *Bryonia*, *Aconite* or other remedies are required. And during one summer all the cholera infantum and morbus, typhoids, intermittents, etc., indicated *Arsenicum*, which promptly cured, and on another the same diseases require *Gelsemium*, *Natrum mur.*, or still other remedies are required. But another objection is urged that different constitutional diatheses will not present the same symptoms as cases of the same name during the epidemic. We grant it and that is the reason why we must always be on the lookout for such cases, and not blindly follow the epidemic influence, but we may

*Vide North American Journal of Homœopathy for Nov., 1876.

follow it intelligently. And we also concede that both in the outposts and in the center we must always be on the *qui vive* for changes, and the looking for them will prevent criticisms except in the careless, and it is better that they should use the right remedy than the wrong one, as they would do if left to their own resources. Another important advantage is that while a certain genus epidemicus prevails, many cases occur in which the indications are not well enough marked to indicate any one remedy; this occurs mostly at the beginning of the case. Without knowledge of the genus epidemicus, we must wait for the case to develop; with it, however, we know what a few days will develop, and we give the remedy and it cures. Here is the true prescience of science, such as we see in astronomy, chemistry, etc. But say the cavilers, "That is not true Homœopathy; it is not prescribing on the totality of the symptoms." Yes, it is good Homœopathy, and has been approved by Hahnemann, and the reasons assigned. Vide the above mentioned paragraphs of the Organon.

This epidemic influence is much more extensive than epidemics proper, and is felt in the production of nearly all acute diseases, and not till the psora, scrofulous what you please has developed, or other remedies indicated than those corresponding to the genus epidemicus. There is one use that may be made of this. For instance, we passed through an epidemic of hooping cough; *Gelsemium* was the epidemic remedy in all other prevailing diseases, but *Gels.* had been used little or none, and the indications for it were not well established; for instance, it is not mentioned in "Bœnninghausen's Hooping Cough," and therefore we could not perceive that *Gels.* was indicated in those cases. *Gels.* was given, and incredible as it may appear, in five days, at the most violent stage of the disease, not even a catarrhal cough remained.

There is one disease in particular in which great benefit will accrue, viz: intermittents. No man can successfully cure this disease homœopathically who does not keep the genus epidemicus in view, for as we before mentioned, in the beginning of a case, the symptoms are not fully developed

For instance, we have often cured recent cases with *Natrum mur.* when that was the epidemic remedy in which there was neither fever blister nor burning pains.

But is not this scheme utopian? Is it not possible? Yes, it is possible. And if all do their duty, Homœopathy will win brighter laurels than she has ever done. In union there is strength. We appeal to our colleagues by their love of humanity and by their sacred duty to assist in this sacred work.

A word to those whom we have not yet asked to assist: We think that by asking certain ones to correspond regularly, we could thereby avoid the neglect which invariably arises when it is not a special duty to perform. But if you have anything special to communicate, send it to the MEDICAL ADVANCE, Cincinnati, Ohio. A. McNEIL.

ABBREVIATIONS: P. D., Prevailing Diseases; R. E., Remedies Employed; M. C., Meteorological Conditions; S. F. D. & R., Special Facts as to Diseases and Remedies.

Chicago, Ill., September 17, A. W. Woodward, M. D.—P. D. and R. E., Malarial fevers, complicated with bilious diarrhœas; *Apis mel.* 30c the typical remedy. Double tertians, as a rule; *Camphor*, *Aloes*. Small pox increasing; *Hydroc. ac.* sometimes. M. C., N. E. winds, cool and clear; occasional showers, heavy dews. S. F. D. & R., *Ars.*, *China*, *Merc.*, *Podoph.* and *Natr. mur.* failed, also *Verat. alb.* for the cold sweat and collapse often met with in all cases.

Charleston, Ill., August 31, Geo. B. Sarchet, M. D.—P. D. and R. E., Intermittent; *Apis*, *Eupa. perf.*, *Sepia.*, *Digit.*, *Nat. mur.*, *Ars. Ip.*, *Sulph.* Bilious remittent fever; *Pod.*, *Nux.*, *Bry.*, *Ip.* Dysentery; *Merc. cor.*, *Nux.*, *Colo.*, *Ip.* Rheumatism; *Bry.*, *Rhus.* M. C., Medium. S. F. D. & R., Much cinchona fever, for which *Ars.*, *Nat. mur.*, *Ip.*, *Ferr.*, *Sepia*, *Sulph.* in the very highest potency act charmingly.

Arcola, Ill., Sep. 18, Geo. R. Spooner, M. D.—P. D., Intermittent fever; not much sickness of any kind; intermittent not severe; many chronic cases of different kinds. R. E., *Apis*, *Eup. purp.*, *Nat. mur.*, *Nux vom.*, *Ars.*, principal remedies. M. C., Weather changeable, sometimes hot, often cool, with rains occasionally. S. F. D. & R., I find the high potencies act the best in curing the "ague," often curing them at once, so the patient has no further trouble after the first dose.

Asbury Park, N. J., Aug. 31, John C. Morgan, M. D.—P. D. and R. E. Fever; *Bell.*, *Bry.*, *Gels. 3.* Headache; *Nux vom.* Neuralgia; *Gels. high.*

Bowel complaints, etc.; *China*, *Nux vom.*, *Ferr.*, *Phos.*, *Kali m.*, *Aethusa*, *Arg. nit.* Pleurisy; *Bryonia*. Hay fever; *Gels.*, *Rumex*. M. C., Warm with cool nights and heavy dews; mostly dry heat; breezy. S. F. D. & R., *Gels.* meets the first stage (coryzal) of hay fever, *Rumex*. the asthmatic. *Amber beads* have not been successful.

Washington, D. C., Sept. 20, C. Pearson, M. D.—P. D. and R. E., Very healthy, some hay asthma; *Euphras.* 200, *Ailanthas* 200, *Arsen.* 50m. Intermittents irregular in type and not at all prevalent; *Eup. perf.* 200 and *em.*, *Ip.* 200 and 10m. A very little scarlatina simplex; *Bell. 2c* and *em* cured and prevented. M. C., Mean temperature low for the season and latitude; atmosphere much of the time humid; very few extremes of heat and cold. S. F. D. & R., The months of June, July, August and September were remarkable for their exemption from infantile diseases of all kinds.

Rochester, N. Y., Sept. 18, J. A. Biegler, M. D.—P. D. and R. E., Intermittent or malarial fevers; *Bapt.* and *Chin. sulph.* Dysentery; *Aconite*, *Merc. sol.*, *Ars.* Epidemic influenza; *Bapt.*, *Ars.*, *Nux vom.*, *Lach.*, *Cepa.*, *Bry.* Occasional cases of typhoid fever from local causes, such as sewer drainage into wells; No particular remedies. M. C., Mean bar. 29.895; mean ther. 70.9°; mean hum. 67.7 pr. ct.; total rainfall 2.98 in.; prev. wind, West. S. F. D. & R., None of the diseases are very prevalent and yield readily to the remedies mentioned; the malarial fevers yield in four to six days to *Chin. sulph.* 30, (Smith's); epidemic influenza with rheumatic complications quickly relieved with *Lach.* or *Bry.*

New York, N. Y., Sept. 17, A. M. Piersons, M. D.—P. D. and R. E., Intermittent fever; *Ars. a.*, *Eupt. perf.*, *Nat. mur.*, *Nux vom.* M. C., Very warm and dry. S. F. D., Nearly all who have been to the country for a month or two come back sick with intermittent fever, some with typhoid; many of the cases of intermittent are due, I think, to the fact that summer hotels and boarding houses are closed the greater part of the year and consequently are damp and musty. The want of drainage about these places is proverbial.

Philadelphia, Pa., Sept. 18, H. N. Guernsey, M. D.—P. D. and R. E., Summer complaints; *Apis.*, *Croton tig.*; *Merc. sol.* of special use. M. C., Not very hot during day, cool nights; rather moist than otherwise. S. F. D. & R., *Apis*, stools painless, no thirst, urine scanty, sharp screaming spells; *Croton tig.*, stools passed suddenly and after taking nourishment each time; *Merc.*, much perspiration, debility, tenesmus and thirst.

Atlanta, Ga., Sept. 17, F. F. Taber, M. D.—P. D. and R. E., Cholera infant.; *Apis*, *Bell.*, *Acon.*, *Apoc. can.*, *Merc. sol.* Dysentery; *Rhus. tox.*, *Bry.*, *Merc. sub. c.*, *Ip.*, *Pod.*, *Verat. vir.* Malarial fever; *Bapt. tinct.*, *Gels.*, *Nux v.*, *Puls.*, *Dulc.*, *Verat. vir.* Typhoid type roseola; *Gels.*, *Bell.*,

Acon. Cholera morbus; *Pod. pelt.*, *Iris vir.*, *Dioscor. vil.*, *Verat. vir.* M. C., Mean heat direct rays of the sun 131; mean temp. in shade 75.70; maximum, 31st Aug., 95; minimum, 3d Sept., 60; mean pr. ct. moisture 66.8 pr. ct.; maximum daily moisture, 6th Sept., 84 pr. ct.; minimum daily moisture 54 pr. ct.; mean hight barom. 25.961 in.; face of sky 62 pr. ct. clear or fair, 38 pr. ct. cloudy or heavy; prevailing wind N. E., S. E., N. W. S. F. D. & R., In one or two instances where *Ip.* and *Merc. sub. cor.* failed, cure was made by *Rhus.* and *Bry. 3x*; one instance *Dule.* cured. Weather damp and cloudy. Genus epidemic, *Gels. semp.*, *Bapt. tinct.*, *Iris ver.*

San Antonio, Tex., Sept. 15, C. E. Fisher, M. D.—P. D. and R. E., Parotitis; *Bell.* and *Merc. prot.* Scarlatina; *Bell.*, *Apis.* Influenza; *Acon.*, *Kali.*, *Carb.* Remittent fever; *Gels.*, *Bapt.* M. C., Warm days, cool nights, with occasional rains in the afternoons. S. F. D. & R., *Gels.* and *Bapt.* invaluable in all grades of fevers in this climate, *Acon.* worthless.

St. Louis, Mo., Sept. 19, A. Uhlemeyer, M. D.—P. D. & R. E., Malarial fevers; *Chin. s.*, *Ars.*, *Nux vom.*, *Ip.*, *Natrum mur.*, *Gels.* Diphtheria; *Lach.*, *Lyc.* Dysentery; *Acon.*, *Merc. c.* and *sol.* M. C., Cool nights, alternating with warm days. S. F. D. & R., Most of them are accompanied by gastric and bilious complaints, and some with cerebral congestion. *Lach.* commences on the left, *Lyc.* on the right.

Memphis, Tenn., Sept. 17, J. G. Malcolm, M. D.—P. D. and R. E., Malarial fevers; *Ars.*, *Nit. acid.*, *Cap.*, *Qui.* Diarrhœa and dysentery; *Ars.*, *Merc.*, *Petrol.* Eczemas; *Iris. v.*, *Arct. l.*, *Cicuta v.* S. F. D. & R., Fevers are attended with cold night sweats, and a marked yellowness of the skin; the fevers in many cases runs a rapid course.

Grand Rapids, Mich., Sept. 18, DeForest Hunt, M. D.—P. D. and R. E., Diphtheria; *Ac.*, *Atrop.*, *Merc.*, *Rhus. tox.*, *Lyc.*, *Lach.*, *Apis mel.* Remittent fever, bilious; *Ac.*, *Gels.*, *Ars.*, *Bry.*, *China.* M. C., Changeable, light showers, cool and pleasant. S. F. D. & R., Diphtheria has prevailed here for several months, in a very malignant form. It has been most prevalent and fatal on high, dry ground, principally confined to a neighborhood about one-half mile square. Being situated on a high bluff most of these families use rain water for drinking and cooking purposes.

Lynn, Mass., Sept. 17, A. M. Cushing, M.D.—P. D., R. E. and M. C., Aug. 17 to 25, Diarrhœa; *Aeth.*, *Apis.*, *Ip.*, *Merc.*; warm and dry. Aug. 25 to Sept. 1, diarrhœa and cholera morbus; *Merc.*, *Ip.*, *Aeth.*, *Verat. alb.*; cold, damp. Sept. 1 to 17, dysentery; *Merc. cor.*, *Merc. sol.* and *vir.*, *Apis.*, *Colo.*; hot, dry. S. F. D. & R., No prevailing disease in epidemic form. Earlier diphtheria prevailed; 110 consecutive cases yielded to *Apis* and *Lach.* from the 3d to 200th.

Fall River, Mass., Sept. 1, T. Dwight Stowe, M. D.—P. D., R. E., M. C. and S. F. D. & R., Acute coryza; *Acon.*, *Ars.*, *Cepa.* and *Merc. sol.*; hot, cold and damp; great blenorrhœa. Diarrhœas; *Alo.*, *Ars.*, *Merc.*, *Pod.*, *Jab.*, *Ferr.*, *Ip.*; heat great; principally watery and copious. Dysentery; *Alo.*, *Col.*, *Can.*, *Nux.*, *Merc.*, *Petro.*, *Secale*; heat with sudden changes; great pain and tenesmus; gave in 30th and 200th. On the whole, sickness has been unusually light during Aug. Watery diarrhœas have, as a rule, been painless, and marked by profuseness and rapid exhaustion. Here *Jatro.*, *Pod.*, and *Verat.* were indicated.

New Albany, Ind., Sept. 19, A. McNeil, M. D.—P. D., Intermitents are very prevalent; a few remittents and some rheumatism. R. E., *Nat. mur.* and *Bry.* seem to be the most important, but among children in their intermitents and remittents *Cina.* has cured nearly all easy cases. M. C., A committee of retired farmers could not have sent rain more opportunely the entire summer; weather cool, particularly at night. S. F. D. & R., The *Nat. mur.* is indicated by hydroa, bone pains, thirst; the hydroa sometimes do not come till several paroxysms have appeared, but these will beat the first red blisters on the edge of the tongue; the well known characteristics indicate *Bry.*, and *Cina.*

New Orleans, La., Sept. 19, E. A. Murphy, M. D.—P. D. and R. E., Malarial; *Ars.*, *Bry.*, *Rhus.*, *China.*; *China.* and *Qui.* we are sometimes compelled to resort to for purely malarial cases. S. F. D. & R., The majority of the cases run into typhoid, hence the use of *Bry.* and *Rhus.* *Bapt.* is of little, if any use, while *Bry.* and *Rhus.* act very well, and should the patient show a good and bad day, although the temperature may not vary, but the general condition of the patient show the good and bad day, I give *Ars.* which acts splendidly. I am the physician of the Protestant Orphan Home, and I am now attending the eighteenth case. Since two months it has been a little epidemic in the asylum; thank God, no death. Some cases have been more than severe. *Argen.* 30 relieves the nausea. Average pulse 160; average temperature 105.

I HAVE had several cases of cholera infantum. One case in particular where the child would have a stool as soon as it nursed; with nausea during sleep, and I checked it as if by magic with *Croton tig.*—J. D. G.

Miscellaneous.

Drugs, or vis Medicatrix Naturæ. By A. K. Hills, M. D
Editor Homœopathic Times.

The world is divided into three great classes, —first, those who believe on insufficient evidence; second, those who are thoroughly skeptical and require for every point a mathematical demonstration; and third, a more conservative class, who look at results rather than at theories, and believe much, the *modus operandi* of which they can not explain. In the medical profession the first class are always ready with remarkable cases; positive and emphatic in their statements, detailing with great minuteness the wonderful effect produced by the specific remedies; the reader to whom this kind of literature is new might readily imagine the millennial age had arrived, and that death was at last vanquished. This class was evidently intended by nature for poets, romancers, or anything but the exacting, careful, and scrutinizing labors of a scientific profession. They mislead by their enthusiasm and do positive harm by emphatic assertions which have frequently no greater foundation than their own imagination. It is not by such minds that the domains of real science are to be increased. Their oftentimes ridiculous and puerile assertions promulgated with a flourish of trumpets in so called scientific journals, and books issued by great publishing houses, destitute, as they not unfrequently are, of a single particle of proof such as would satisfy a legal mind, bring discredit upon the school who are supposed to receive these vaporings of the imagination as law and gospel. There is some reason for the shrug of the shoulder, the sneer, and the curt remark we so often hear, "If these are the Solons of medical science, then God help suffering humanity and the cause of progress." It is not through such minds as these that real science wins

its triumphs. There is however, a strong argument for the vitality of a school, and the enduring basis of truth which it contains, that it can outlive the injudicious imagination and peurile contributions and arguments of many who claim to be its friends and the exponents of its doctrines. It has lived and developed and grown into a giant's strength, not with their own help, but in spite of them. It is because we know, and the world knows notwithstanding the mists which at times gather about it, obscuring the vision and confusing the mind, that back of all this misty nothingness and rolling clouds is the mountain of truth; for our eyes have seen it, and our feet have trod firmly upon its rugged steeps.

Half of the ridicule that has been poured out upon our school, retarding its progress, and paralyzing to a certain extent its power for good, has been richly deserved. We say, richly deserved, because time and again cases have been presented by those who claim to be leading minds, and especially bright lights in the great school of progress, as wonderful cures, peculiarly illustrating the homœopathic law, which to any mind accustomed to weigh evidence, show not the slightest proof of medicinal action. The result has been obtained, not by drugs, but by the recuperative power of nature. Cases where drugs have obtained the power of a cure, in which the whole work has been performed by nature, are not rare in all schools. A school of reform, however, of progress, claiming a higher grade of science, and a more specific application of drugs, should show a closer reasoning, and its conclusions should partake less of the imaginative, and follow more as a logical sequence of well established facts.

The second great class to whom we have referred, accept nothing unless demonstrated with mathematical certainty; hence they are skeptics in almost everything. Careful and precise in pathological investigation, accurate in chemical combinations, in the treatment of diseases they doubt everything, and believe nothing, so far as drugs are concerned.

Full of theories, you find them one day stimulating, and another depleting; to-day attempting to control an acute fever by plunging the patient repeatedly into a cold bath,

and the next seeking to obtain the same results by massive doses of *Veratrum viride*, *Aconite* or *Quinine*. To-day the wonderful discovery is announced to the world, that the great scourge of childhood, *diphtheria*, is produced by bacteria, and must be treated only by those agents which will destroy them, and to-morrow the fallacy of the reasoning is clearly shown, and we are again plunged into darkness. There is no doubt some practical good may grow out of these experiments, but it is a question if more lives are not lost than saved by these would-be positivists. With the world so full of mysteries, it seems but little less than madness, the madness of the egotist, to close the eyes on all which his puny brain can not comprehend, or to doubt results because means seem inadequate to the end.

The third, and thank God, the largest class in our profession, while they avoid, on the one hand, the credulity and imagination of the first class, are equally removed from the skepticism and egotism of the last. From the ranks of these practical thinkers, these earnest workers in the great field of progress, these close and careful observers of facts, flow out those living streams of real science which bring comfort to the weary and relief to the suffering. In our profession the aim and end of science is to prevent disease, and to relieve and cure. No true physician thoroughly imbued with the responsibility of his office, keenly alive to the vast capacities of his profession, will hedge himself around the rock-bound theories, or the impassible walls of egotism or puerile professional dignity. "No pent up Utica confines our power, but the whole boundless universe is ours." The great field of research spreads out into immensity before us. Our work is no child's play, and the materials with which we deal no children's toys. We should bring to our work, not only honesty and industry, but a careful and intelligent discrimination—free on the one side from bigotry and intolerance, and on the other, from too ready acceptance of statements or theories backed by an insufficient array of facts.

That our school has done much for science and humanity, its past and present records show. How much more might

be accomplished with more united, earnest effort? We have passed the period of our infancy and stand now with the strength and vigor of manhood. Our literature should show a corresponding strength. Those great scientific questions which are springing up around us on all sides should be discussed in our books and periodicals, with a breadth and strength of intellect and a wealth of information and research which would command respect. There is no use in calling upon Hercules to help if we do not help ourselves. The victory over error and ignorance and bigotry, is in our own hands if we use with wise discrimination the means in our power. Let it be remembered we shall meet with just that success we deserve. Simply that and nothing more.

The Medical Question.

The opposition of the allopathic school of physicians to serve on boards on which the homœopathic physicians, or physicians of other schools, are appointed to form a part, founds itself upon the assumption that its system of practice is exclusively right, and that other schools are composed merely of pretenders. This assumption the members of that school may be assured is, so far as respects this city at this day, very feebly supported by public opinion. They will find to their surprise, if they choose to investigate, to what an extent the homœopathic system of treatment has spread among the intelligent classes. Indeed it is particularly among these classes that it seems to have taken the deepest root. We do not know to what extent the particular theories upon which the allopathic and homœopathic schools are founded have been studied by these classes, or whether they have been studied at all. We are inclined to believe that in most instances the homœopathic treatment has been adopted because it seems to *cure people*, and because where it may not cure it is sure not to kill.

People have not failed to observe notwithstanding the hostility of the allopathic school it has itself seemed to yield to homœopathic ideas. The size of the allopathic dose has wonderfully changed since the homœopathic treatment has obtained prevalence. Everybody has observed this. Distastefulness of allopathic medicines has also been concealed by homœopathic disguises, so that the adult patient no longer hesitates whether he will suffer the torture of the disease rather than the taste of the medicine ; and children are spared corporal chastisements and the harsh scoldings of anxious parents hardly less insufferable, which used to precede the administration of nearly every dose.

We have no doubt that the popularity of the homœopathic treatment, has also been increased by a feeling of public resentment that has grown up against what often seems to be the arrogant and presumptuous intolerance of the allopathic school. People of a civil disposition endure scarcely less to see others snubbed than to be snubbed themselves. Persons of common intelligence also know that the founder of the homœopathic school was one of the most learned physicians of any age ; they know the pecuniary loss which he voluntarily chose to suffer by abandoning the allopathic system, was really appalling and furnishes one of the most touching incidents of human biography ; they know homœopathic physicians in their midst whose learning and honest devotion to their profession can not decently be called into question ; and they can find no justification therefore, for the arrogant pretension which snubs indiscriminately and without exception all physicians of the homœopathic school.

The time for such intolerance has passed away.. It has dropped out of the other professions. Lawyers of the most diverse views and attainments meet each other at the forum and upon terms of civility. Clergymen entertaining extreme differences on controverted questions of theology, make general allowances for the widest differences of opinion and do not refuse to each other hospitable recognition as members of a common profession. Why should a blind intolerance be yet nursed and cherished in the old and venerable school of

Allopathy? Certainly it will not arrest but will rather tend to increase the spread of homœopathic ideas.—*Indianapolis Daily*.

Book Notices.

Homœopathy the Science of Therapeutics. A Collection of Papers Elucidating and Illustrating the Principles of Homœopathy. By Carroll Dunham, M. D.

A banquet, of which we have been made the happy partakers, might be so peculiarly excellent, as that it would remain in our memories,

A thing of beauty and a joy forever.

But if we were to be called upon to express our appreciation of it, our choice of time would be most undoubtedly, just when we were engaged in eating it. A good book is much like a good banquet; we appreciate its value most keenly, while we are taking it in. There is perhaps, this danger, however: Critics have been wittily advised to give their opinion of books before reading them, so as to have their minds unprejudiced; and one in the midst of a feast, or the middle of a book might be led to say extravagant things, which he would not have said had he waited until the fervency of his appetite was blunted. Nero, or some other heathen emperor, is said to have had a banquet wholly made of nightingale's tongues, and the gods on Mount Olympus, we are told, were accustomed to have their tables spread with divine ambrosia, and it would have been difficult to have said of such feasts anything too laudatory. Still such banquets, and all of lesser quality, still more, have an objectionable limit, in that they bring us at last to the point of complete satisfaction; so that for the time being we have no wish for more.

Now there are books that have none of these objectional contingencies. You can never speak too highly of them and you can never say you have had enough of them. There is actually no limit to the enjoyment of them save exhausted time and eye sight. Carroll Dunham's work is before us half consumed—mentally and optically, we

mean—and the only twing of pain we have in looking at it is, that there should be so many needy souls in this world, to whom this would be as the bread and water of life, and to whom, in all probability it will never come. Yes, there is another pain we experience, and that is, that we are not sufficiently gifted to make it clear as the noonday sun, that every medical man, seeking for light, will find in these pages what he most needs, and what he will not find elsewhere, though he search through the libraries of the world. Carroll Dunham was one of the most gifted men of the age in which he lived. He has left his work deeply engraved on the fair tablets of homœopathic history. There is not the slightest danger of its being erased. There lives no man so craven that he would blot one word of it. This work of his is not simply as its title declares, the *science* of homœopathic therapeutics. As no other man has done, Dunham has successfully carried his well beloved task through all the ordeals of science up to the higher plane of morality. With an enlightened mind and a tender conscience he is enabled to present his thoughts in a manner that is both persuasive and compulsory.

With characteristic modesty he never attempted, perhaps never thought, to leave his work in a tangible and accessible shape. It never occurred to him that what he was doing could have so much permanent value. It is left for loving hands to gather his scattered life work into connected form, and the first fruit of their labor is the volume before us. It contains thirty-nine articles, all directly in line with the title of the book. If they could all be read with care by the entire profession it would save us much useless discussion, both in our conventions and our journals, for we feel assured men would not reiterate objections that have been so conclusively answered, or make feeble affirmations of the truth when it has already been so forcibly and authoritively pronounced.

Allen's Encyclopedia of Pure Materia Medica. Vol. V.

We confess ourselves dilatory in acknowledging the receipt of this most welcome instalment of this greatest of works ever issued on materia medica. We have recently been confronted by most vigorous objections to the continuation of this encyclopædia. And we can easily believe there are physicians who would never use it if they had it, and having it they do not know what to do with it. But this is not the fault of the work. And it seems to us that there is indeed a very serious fault on the part of one professing to be a true homœopath, who does not care to consult a materia medica because it is amplified in its pathogenesis. If there are symptoms in the drug that never have been, and never will be produced by disease, such

symptoms can be of no use to any one. But as long as the symptoms of drugs continue to run parallel with symptoms of disease, they can never be run out too long. We can never have too many of them unless we are willing to discard the symptoms produced by disease. If a practitioner desires to find a similimum, where can he find it but in his materia medica. And in that case does he want a fragmentary or a complete picture? We are glad, therefore, that this work is being so nobly pushed on. It meets our unqualified commendations and the commendation of a large part of the homœopathic profession. The present volume extends from *Hydrocyanic acid* to *Lycopersicon* and includes many of the most valuable of our drugs. The volume is beautiful, and will of itself entice the owner to frequent consultation of its pages. The work is to be had only on subscription with the publishers, Boericke & Tafel.

Cyclopædia of the Practice of Medicine. Vol. V. Diseases of the Respiratory Organs. Wm. Wood & Co., New York.

This makes the second volume on this department, and to our way of thinking it is much superior to the preceding. Juergensen writes on croupous and catarrhal pneumonia, hypostatic processes in the lungs and pneumonia from embolism. Hertz writes on anæmia, hyperæmia, œdemia, hemorrhage, atalectasis, atrophy, hypertrophy, pulmonary emphysema, gangrene, new growths of the lungs and mediastium, and parasites. Ruehle writes on pulmonary consumption and acute miliary tuberculosis. Rindfleisch writes on chronic and acute tuberculosis. A few valuable illustrations are used by the last named author. But taken as a whole the present volume possesses special interest to the student in pathology for these writings embrace all the recent discoveries and theories embraced by the diseases discussed. As the writers are each of them specialists in their several departments, it is not likely they would overlook any important factors pertaining to the subject, and we know that very rapid advancement has been made within the past few years in the investigation of these diseases.

Considering their great frequency and gravity their study is invested with peculiar interest. But on a careful perusal of the entire volume, one can not but be painfully struck with the fact that the writers in common with men of their school lay no great stress on therapeutics. They have no strong convictions of the value of remedial agents. When will our allopathic friends have done with so many fine spun theories of pathology and develop more successfully the materia medica? We hope they will be wiser in some future time.

Editor's Table.

DEAR DOCTOR:—If your bill is enclosed in the present number it will show that you have forgotten or neglected to remit. Others pay promptly why not you? If not, why not? That is the question. We need your help. Please be prompt.

PROF. J. G. GILCHRIST, M. D., has removed from Detroit to Ann Arbor.

WANTED.—We want to know how many of our readers have copies of old editions of Hahnemann's Organon. Send us a note stating what edition you have, if any, and what you will take for it.

RECEIVED.—The Homœopathic Physician's List and Pocket Repertory. By Rob't Faulkner. Boericke & Tafel. It is excellent and quite indispensable to a busy doctor who without this ready means of making entries might lose a great many valuable charges.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, will hold its next semi-annual meeting at Utica, October 9th and 10th. A. K. Hills, M. D., Sec'y.

NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY meets in Paterson October 3d. G. M. Ockford, M. D., Cor. Sec.

FROM LINDSAY & BLAKISTON, Medical Publishers and Booksellers, No. 25 South Sixth Street, above Chestnut, Philadelphia, Sept 4, 1877. EDITOR MEDICAL ADVANCE.—Dear Sir:—By this mail we send you a new alphabetically arranged catalogue of our publications, a new issue of the Medical Intelligencer (No. 4) containing our new books and a classified list of our other works, also a condensed classified list for the pocket which we use for enclosure in letters etc., all of these we distribute free upon application. We wish especially to call your attention to the very considerable reduction we have made in the prices of many of our books. Will you oblige us by mentioning this editorially in your journal? Very resp'y, LINDSAY & BLAKISTON.

P. S.—We also send our Physicians Visiting List for 1878. This was the first and for many years the only one published in the U. S. It has grown to be such a favorite, the demand being consequently increased, we have to have it ready thus early in the season to meet it. It can be obtained through all booksellers and druggists in the U. S. and Canada or we can send it post paid upon receipt of price. L. & B.

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

VOLUME V. CINCINNATI, O., NOVEMBER, 1877. NUMBER 7.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, Cor. 7th & Mound, Cincinnati, O. Terms \$2.50 a year.

WE ARE HAPPY.—The able surgical editor of the Eclectic Medical Journal, of this city, has read us a lecture on *progress*. He begins by beating us over the head with Dr. BREYFOGLE's article on Potency and Dose, and having reduced us to a hopeless condition of non-resistance, he transfixes us thus, and holds us up to the gaze of an un pitying world: "But it does seem inconsistent for the managers of a magazine which sports the title of MEDICAL ADVANCE to belabor all such in the profession as exhibit a forward disposition, and to forever sag back in the thills of that venerable chariot, styled, 'The Organon of Hahnemann.' As the ancient coach is seen lumbering along in the ruts of the oozy (!) past, with ADVANCE stencilled upon its side, the sight provokes ridicule. If the editor be not a joker, he should haul down the glittering sign, or openly avow a determination to reverse the mode of progression adopted by the crawfish." This from the hand of a man acknowledged as a scientist, is bewildering. *Ooze* past is he talking about? Certainly not the past of Homœopathy; for it was not born when things were generally in the slimy condition he refers to. Homœopathy is not a silurian product, nor is it antediluvian in its origin. The organon of SAMUEL HAHNEMANN is comparatively a recent production, and is as unknown to the greater part of the medical profession as it seems to be to the Eclectic editor, who honors it with his witty scorn. HAHNEMANN'S

Organon is the corner stone of Homœopathy. It never pretended to rest upon any other foundation. It could not in the very nature of things change its base, and remain Homœopathy. Those who so anxiously desire to wrest this from us, cunningly seek our overthrow. The one vitalizing principle of the Organon, is the law of cure so ably expounded and illustrated in it, to wit: *Similia Similibus Curantur*. When this is gone from us we are no longer homœopaths; no longer the disciples and followers of HAHNEMANN. There can be no reason assigned for our abandoning the truth, even though it be old as time. A gentleman who professes to be a scientist, should not so far forget his profession, that he could mock at age. We wonder if this astute eclectic ever heard of COPERNICUS or KEPLER, and would his ready scorn fall upon the head of the modern astronomer, who would follow the teachings of the great laws they discovered? Did he ever hear of Sir ISAAC NEWTON? And would he liken the Principia to a "venerable coach," or think a modern scientific journal had better haul down its colors, or else go back on the law of gravitation? The whole thing is absurd. This man does not know what he is writing about.

It is the glory of SAMUEL HAHNEMANN that he placed the law of cure, known as *Similia*, on a firm scientific and experimental basis. The man who is rightly called a homœopath, accepts that law in all its fullness, and follows it in its integrity. If a man is guided by that law in part, and in part by something else, he is an eclectic or an allopath, between whom there is no difference except some hair splitting in matters of definition. The Organon of SAMUEL HAHNEMANN, is the ablest exposition of the principles of Homœopathy extant. It is of no consequence to us except as it contains the truth. Show us something that better illustrates the law of *Similia*, and we will make it a substitute for the Organon.

Some men have curious ideas about progress. Not in two thousand years, aided by a half century of eclecticism, has the general medical world been enabled to discover a law for the cure of disease. It would seem therefore, to most well balanced minds, that it would be actual and substantial progress for the allopaths and eclectics to obtain a knowledge of such a law. Out of the quagmire of experimental medicine, Homœopathy has laid a broad and solid highway, and in spite of this, the eclectics and allopaths keep on treading in the mire, finding childish enjoyment in the discovery of a dry tuft here and there, upon which one and another rises into prominence, only to sink deeper in the "cozy" slime. Yet they call it progress. Well, they do not appreciate the true meaning of the word. But in any event, they can see why we can not abandon the Organon of HAHNEMANN. It would be suicide, and they know it as well as we.

We are asked to haul in our sign. That we can not do, for there is already one eclectic journal, and three allopathic journals printed in this city, and we propose to have at least one *homœopathic* journal printed in Cincinnati. Chaotic medicine is already ably represented, and our list of subscribers, notwithstanding the gentleman's fears, gives ample proof that there are enough men in the medical profession, who prefer science to hotch potch, to ensure us abundant support. We are so far in *advance* of our medical contemporaries here, that we would not give one single fact under our law, for all the "glittering" guess work that ever emanated from the puzzled brains of Allopathy and Eclecticism combined.

"SOMETHING NEW."—EVERY MAN HIS OWN DOCTOR.—"LARNIN" MADE EASY.—This new thing comes in the shape of an idea and bears the "mother mark" of that indefatigable fellow called PHILLO G. VALENTINE, M. D., A. M., of St. Louis, Mo., a man, by the way, who is a good deal better than his creed and whose busy brain is always teeming with new things that have no rest until they are born, and it is one of the uncertainties of his organization that you can not tell whether the presentation will be vertical or otherwise. But born they are and often at the risk of being premature. The new idea now before us is of this latter class, and approaches indeed the conditions of a monstrosity. Of all the things born and pertaining to medical education this is certainly the worst. And what astonishes us is that it was "read at the Booneville meeting and ordered to be printed for general circulation." If the "Boonville meeting" was the "Missouri Institute of Homœopathy," and if that Institute is representative of the homœopathic school in that state, then the indorsement largely relieves Dr. VALENTINE of the responsibility of the article and places it on the broad shoulders of a profession that has heretofore borne a good reputation for intelligence and enterprise, but is by this endorsement liable to be seriously discounted as to sound ideas on the question of medical education.

"As a member of the educational bureau of the Missouri Institute, Prof. VALENTINE feels constrained to look up the interests of the people in the matter of their being well supplied with practitioners of Homœopathy. And glancing over the field, he finds a state of affairs bordering on the dreadful. But his tears are not reserved for Missouri alone. He weeps for Arkansas, Kansas, Iowa, and the great West; and, but for the eloquence of his words, there would be nothing to lighten the picture of despair he has so graphically drawn; at least nothing save the novel remedy he proposes to apply. Here it is, italics and all:

"But the *surest, and best, and quickest* way to push our beloved system to the *forefront*, and to do it in the next two years is to *change your*

tatics at once in regard to medical students, and to point out this new departure is the object of this paper."

Had we italicized the sentence it would have been to mark these words, "*and to do it in the next two years.*" Just think of it! Here's a plan to furnish four great states, the "Sunny South" and "the West," whatever that may be, with practitioners of "our beloved system." We presume this means Homœopathy. And according to the plan these practitioners *in posse* are to be taken in the raw from the counter, the bench, the shop, the school room, are to be coaxed and cajoled into a voluntary metamorphosis and in "*the next two years,*" turned loose upon the people and be paid from two thousand to ten thousand dollars a year.

The plan proposes that this immense territory is to be first fallowed over with HOLCOMBE'S tracts. The Homœopathic Mutual Life Insurance Co., will furnish them by the cart load. "What is Homœopathy?" "The small Dose of Homœopathy," "The Law of Homœopathy," "The Defense of Homœopathy," are to be scattered broadcast until conviction has taken hold of the minds of the young men (and young women?) and then they are to be indoctrinated, and diplomatized, and successfully located in the short space of "*the next two years.*"

And the method by which these embryo doctors are to take in their sustenance is novel: "Every one of you to get a medical student at once, not to stay in your office, necessarily, I don't mean, that would be inconvenient for many of you, but put him to studying and superintend and supervise his studies. It is not necessary for him to *recite* to you at stated periods. I would do away with that. It is not necessary he should 'read a year,' as it is called, before attending lectures," and so on for quality.

We quote again: "Students will enquire as to the books to begin with. Tell them *only two*, that is all, GRAY'S Anatomy and DUNGLISON'S Dictionary. Tell them to read carefully the anatomy clear through, consulting the dictionary at every familiar word, but not trying to commit a word or a sentence to memory till the second reading begins." Looking at the matter psychologically we wonder what would be the condition of a student's mind after such a gymnastic performance as that. It wouldn't be represented by even a sieve through which water had been poured, for in such a case the meshes would at least be wetted, and some drops retained, but here having gone "clear through" GRAY'S Anatomy the mind would be in as complete a vacuity as at the first. And besides, this would take two or three months out of the "*two years,*" and nothing gained by way of knowledge. But says the writer, "This subject (medical education) is inexhaustible." It looks to us, that, following this plan, it is both exhausted and annihilated. There is no education

about it. It is like lassoing mustang colts on the plains of New Mexico, and harnessing them to the cars of Jove. The eloquent professor is himself an A. M., M. D., of twenty years practice, and five years experience as teacher in a medical college. Has he the egotism to suppose that divided into ten equal parts, each part of himself would make a competent representative homœopathic physician? Is the West suffering to be filled that it must needs take in such crude indigestible material? Hasten slowly, Bro. VALENTINE. Your enthusiasm is every way commendable, but your judgment is not unimpeachable. Men of the West you must build broad and deep foundations, if you would build for the future and for Homœopathy.

An Open Answer to Dr. H. R. Arndt.

DEAR SIR:—Your open letter, addressed to me, CINCINNATI MEDICAL ADVANCE, Vol. V., No 6., page 270, has just been received, and I shall at once take the liberty to answer in full, and in the same frank, open manner in which you address me. The interpretations you have given my various efforts to bring light where there reigned darkness are in general correct, and I shall now endeavor to be more explicit, and by a few additional explanations dispel the possibility of misconstruing the purports of my position. The study and knowledge of all collateral branches of the medical science, including, of course, and by necessity, the study of pathology and physiology, were considered essentially necessary to the healer even by Hahnemann. It is obvious that a physician can not dispense with the knowledge we have of physiology and pathology. Both of these collateral sciences help him as much in the examination of the sick as anatomy; without this knowledge it would be impossible for the physician to "prognosticate," and we find that the father of medical knowledge, Hippocrates, already enlarges on this subject in

his book on "Prognostican." He there plainly says, the past and present condition of the sick is known to all around him, but the physician is supposed to be able to say to them, what will happen in the future—able to prognosticate—and he continues, the ability of the physician to prognosticate correctly, procures for him that "confidence" of the people which a healer should by all means acquire if he seeks success in his profession. But Hahnemann has repeatedly expressed himself adverse to the acceptance of pathological names on which to base the treatment, so that for strictly therapeutical purposes pathology is of only a negative value. Pathology, by the aid of physiology, may enable us to locate the seat of the disease; we may know the symptoms which are generally present during the various stages of a known disease (all are by no means known). These generally, or always necessarily present symptoms are of no positive value to the homœopath. As he is enjoined to individualize he will detect in each individual case of sickness certain symptoms not necessarily belonging to the disease, but to the sick, individually, and these very symptoms will guide him in the choice of his remedy. It follows now that a mere knowledge of symptomatology is not the only essential qualifying acquisition of a true healer. If that were so, we would reduce the healing art to a thoughtless symptom covering system—while we must, of course, very carefully cover the symptoms under the law of the similars, it must not be done mechanically or thoughtlessly. We ascertain first the characteristic symptoms of the sick (generally symptoms not necessarily belonging to the supposed form of disease of which he suffers), and then look to it that the same or similar characteristic symptoms may be found under a remedy. If we only had memorized the various symptomatologies of the various proved medicines we would not be able to find the characteristic symptoms of each remedy, find them first by comparisons and have them verified by the clinical experiment. Hahnemann has given us many such characteristic symptoms; vide, for instance, his modest, but weighty, preface to *Aconite*. It seems to me but prudent to follow Hahnemann in this re-

spect, try to find out the characteristic symptoms of every new remedy. And if any one asks what do you understand under characteristic symptoms, I would say, such symptoms or conditions as recur under all circumstances under a remedy, or such symptoms as discern it from all, or most all, remedies. We may, for instance, find in a given case all symptoms similar to those of *Aconite*, the fever, the thirst, the inflammatory symptoms of the pleura are all present, but the patient is disinclined to move, lays very quiet and complains not, and *Aconite* is out of the question, because the agonizing tossing about, the inconsolable anxiety, are not present, the mental symptoms in this case are wanting, and if they are not present *Aconite* never can cure. Or we find in a sick person all the symptoms of *Arsenic*, and let me here state a real case: Find an emaciated, groaning young man on the twenty-first day of typhus; he continually vomits masses of black matter, more so after drinking; bowels very often moved, black, very offensive watery discharges; tongue black and dry; pulse over one hundred and forty; he is very restless; passes no urine, etc., etc. Here is a full and unmistakable picture of *Arsenic*, but *Arsenic* had done nothing for him, and why? Because he did not want to be covered! *Arsenic* has among its characteristic symptoms a desire for heat, because heat relieves the sufferings. Now it was a very clear case; pathologically we had before us a case of typhus on the last critical day, with gangrene of stomach and abdomen fully developed, and furthermore, we had one characteristic symptom not necessarily belonging to the pathological conditions, and also not belonging to the remedy, apparently covering the pathological condition, and the symptoms in general. The remedy had been administered to no purpose, the disease had gained on the sufferer. Now did we consider his individual symptoms, we individualized! Looking over *Secale cornutum* we found the characteristic symptom, aggravations from heat, wants no cover, just the opposite to *Arsenic*, and also all the other symptoms. *Secale cornutum* was the last remedy the patient took, and not much of it; he made a perfect recovery. It has, further, never been claimed

that the individual Hahnemann, or any other mortal, was, or ever can be, "infallible," but if we accept the fundamental principles established through and by him, principles governing the healing art, constituting the science of medicine, they must be infallible, or else they are no principles at all. And who could best give us also the art medical, *i. e.* the rules by which we must be governed in applying these principles practically, but the individual who found these principles and found the rules under which he obtained the practical confirmation of their infallibility? Hahnemann himself as well as his followers never claimed for him infallibility, and he speaks so modestly about himself, and his efforts to "explain" the why and wherefore and how the cures are really brought about under the homœopathic principles. He tried to give such an explanation in his *Organon* and we find him, dissatisfied with this attempt, try it again in the preface to the fourth volume of his chronic diseases; he comes to the conclusion and declares it as his conviction that this very explanation will for all times probably be shrouded in mystery as well as the processes establishing sickness and many other to us incomprehensible events. We have only to deal with facts, an explanation how these facts are brought about leaves us a large field in which we may exercise our liberty to investigate, speculate and attempt explanations. Questions involving the fundamental principle of the healing art must find their solution by a reference to Hahnemann's writings. I would exclude nobody from the ranks of homœopathists. If a person claims to be a homœopath and willfully violates all and every fundamental principles governing the school, when he claims "absolute liberty," (like Dr. Paine,) and when he belittles those who strictly follow Hahnemann, I should never even propose to exclude *him* from the ranks of homœopathists. I would not endeavor to make a martyr of an individual who by his own showing and by his own confession is no more a homœopath than is an herb doctor or an Eclectic. If he persistently claims the liberty to pervert Homœopathy (which by his own evidence is to him a sealed book) into eclecticism, I would most likely say to him, we live in a

free country, everybody is at liberty to kick against the pricks, is at liberty to show his perverseness, and therefore please "try it." Dr. Wyld, professing to be a homœopath, professing to speak for them, tried his skill in gaining admission into the ranks of the allopathic trades union, in England. He was at liberty to do so, and had his reward; he kicked against the pricks. And now Dr. Pope comes out in a grand address and to his longing eyes there are also solid advantages to be gained if the allopathic trades union could only be made to see it in the same light as does Dr. Pope. We have Dr. Paine issue a circular on transcendentalism in medicine, and he shows how some medical societies have stultified themselves and propose to exclude the reports of cures made by infinitesimal doses. And even later we find in the "Investigator," October first, page three hundred and fifty-nine, the renowned Dr. Bumstead (Decatur, Illinois,) who takes it upon himself to call Drs. Berridge and Lippe, eminent medical secessionists. The kind and learned doctor says he is opposed to "coercion." Why? He is opposed to doing impossibilities, but he will not object to annihilate them and make them odious if he can't extinguish them! Does the learned and liberal doctor carry "revolvers?" As he proves himself to be a gross materialist we can not suppose that his object is a spiritual one, but he goes in for "annihilation!" It appears that the learned Doctor once before was driven into silent retreat by logical arguments which he did not choose to touch for reasons best known to himself, is very much irritated and sorely vexed over a reproduction of the conclusion of a lecture on the question, "Who is a Homœopathican," which was again republished with commendations in the American Homœopathic Review. It appears that Dr. B. does not approve of the definitions then and there given—he has brooded over it a long period of time. On Feb 17, 1865, this lecture was delivered. It has now pleased Dr. B. to define his conception of a "Scientific Physician." Now it was always my belief that the homœopathicians exclusively were the "Scientific Physician," that is the true healers, who knew (had the science, therefore were scientific) how to cure; that

they had characteristic differences from the common physician, who, while he always blabbed about science, did not heal. It appears that this great thinker who spent over twelve long years to find out that he had better advance a new argument, viz., that there was a vast difference between a consistent homœopath and a scientific physician; and under the conviction that the followers of Hahnemann were a set of secessionists, now opens his inkhorn and allows his explanation of such a scientific physician to be brought forth. Now will the learned Doctor permit me to say that a "Secessionist" is no doubt a very detestable creature especially after he has been coerced to return to the obedience of the laws which he defied, but as the wise Doctor is opposed to coercion in this case, the question really and truly is whether those who have been living under the law and in the school governed by these laws and fundamental principles are secessionists, or whether this charming and honorable name should not be affixed to the individual who defies the fundamental principles and all laws by them governed? Now the logical Dr. B. tells us that the scientific physician will heal easiest, will care nothing about overturning any theories, or medical law previously laid down by man; his own sphere of observations must guide him; when his hairs turn gray, says he, he will be inclined less to prate of any man's infallibility, and believe more in the infallibility of those principles of logic, by the use of which alone, all science is what it is! Bravo Bravissimo! Just so. Medical laws were for ever laid down by men from Hippocrates down to this day, they were ever varying theories, advanced by infallible men; the profession followed like a flock of sheep till another contradictory and more plausible infallible theory was concocted by some highly logical man. Hahnemann was the first of all physicians, who laid down as deductions from the natural laws some infallible principles—mark it, Sir, not theories, which must guide the healer as a homœopath. Principles of logic will guide the healer who should know that certainty in medicine can only be obtained by accepting some fundamental infallible principles which are based on the natural

laws. The learned scientific physician, we are told, will not refuse to recognize the right of all to think and act for themselves; he will never be dictated to by any man, or association of men in his profession. Bravo Bravissimo! But our logical friend has a short memory and his logic is full of "reservation." He first blustered frightfully and threatens annihilation to those who have been governed by logic and by infallible principles, and now the shoe or boot is on the other foot. Is it really? Now if my logic is right there are rights which need not be respected in a "secessionist," so it sounds to me, but the question has already been asked, who is the secessionist? "And last, but not least," Doctor B. says, "the scientific physician does not accept a formula from Hahnemann or any other able man, as invariably true and infallible, until the scarcity of failures under it speak volumes in its praise." Bravissimo! The logical sifting of this classical sentence amounts just to this: The scientific physician declines to accept Hahnemann's teachings, declines to apply Homœopathy as Hahnemann applied it; but as he thinks best; he deprecates to be governed by any formula, and if not governed by our formula, how, in the name of common sense, can he claim to be a homœopath? Is he not confessedly an Eclectic? Now if eclecticism is better than Homœopathy why do these professedly progressive men not pick up the glove thrown down to them and illustrate the better success and the rules, or want of rules, by which this better success is obtained? But it is time we leave Dr. Bumstead in the hands of his chosen companions and by him very skillfully described "Scientific Physician," alias Eclectics. As to the communication by an "Inquiring Parent," we have no sympathy with him, and while we have been repeatedly asked to express an opinion on his suggestions, it struck us as utterly out of place, and for the simple reason, that a college charter for the education of homœopathic physicians, such as the Inquiring Parent advocates could not be obtained anywhere. The charters for medical colleges require, first, a thorough medical education such as doctors of medicine receive in all other colleges, besides an education in Homœo-

pathy, and if these first requirements are fulfilled the charter grants the privilege of conferring on the graduates a diploma, creating him a Doctor of Medicine, and thereby conferring on him all the rights, privileges and immunities enjoined by all holders of such diplomas. The student of Homœopathy knows full well that a study of the collateral branches of the medical science is indispensable to the proper pursuit of the healing art; a limited and narrowed medical education is adverse to the progress and development of Homœopathy, and our master would not have been able to give us his master-work, "The Organon of the Healing Art," had he not been a very accomplished scholar and perfectly acquainted with all the branches of medical knowledge, past and present. It therefore follows logically that those healers who accept his teachings, and with them the fundamental principles governing the school, are supposed to possess all the qualification of a successful healer and follower of the master, and among them a full knowledge of the medical knowledge and theories, past and present. Without these qualifications it would be impossible for them to take in the master's teachings, who bases it on the very knowledge by him possessed, and which he always expressed himself impressed to be an indispensable requirement of the professed healer. The less notice we take of such vagaries as the Inquiring Parent indulges in, the better for us.

If any one sees in my efforts to bring light into the prevailing darkness, a persistent effort to divide the school, they are utterly mistaken. The historical fact is this: Ever since the memorable address by the late Carroll Dunham, at Chicago, advocating freedom of medical opinion and action, the departures from Hahnemann's teachings and practice have so rapidly multiplied that under this freedom plea every person calling himself a homœopath thought to possess the full freedom to do just as he pleased; bleed, blister, physic and use palliatives, as of old, still, and call himself a homœopath. As to our mode of thinking, such inconsistency would retard the progress of our school, while it would numerically show in our favor, and that under the plainest application of the plainest

logic the success of the application of any art, and here of the healing art, is dependent on the right and strict application of that art as taught by its father and our master; and that consequently that success which the master promised us, can not be obtained if we deviate from his teachings, and that a want of success under such deviations necessarily would bring discredit on our school, even if the men so deviating were in a majority; that majority could not change logical sequences. It has been, and will forever be, our desire, and we shall use our "persistent effort" to prevent a division. How can that be best done is now the question, and therein we may differ materially. The followers of Hahnemann who have found that his promises of successfully combatting disease, if we followed his advices, were guided by certain fundamental and infallible principles, were fully realized by them, naturally looked upon every new departure from this strict practice, which procured unparalleled success, as a step backwards, and when these departures became so many fold there was really nothing left of the school—but the name. To try to gain a hearing, try to defend the master's teachings which led to success, try to show erring men the baneful consequences of their backward slidings can surely not be construed into a persistent effort to divide the school. If a set of men sheltered themselves under our banners, who never should have been admitted into our ranks, because they really knew and never will know anything of Hahnemann and his teachings, and when these interlopers claim "absolute liberty" to follow our banners and violate every principle by them represented, and not satisfied with being "let alone," now claim the right to suppress the publication of cures made under the stricter laws of Homœopathy call them "alleged" cures, thereby testifying against themselves, because these men can not, by any possibility, accomplish such cures as are daily brought about by the strict homœopaths, they now give their betters the "lie direct." And while this is mob argument and unbecoming a professional man, they have chosen to show their true inwardness; had they the least particle of

self-respect or common sense they would try and apply these strict rules and would be fully entitled to a hearing if they then failed but finally succeed under their own peculiar interpretation of Homœopathy inclusive of a variety of modern multiplying departures. Now these interlopers who were first only "tolerated" under the erroneous belief that they would adapt themselves to the school they chose to join (under false pretenses) really now want to dictate to the members of a school to which really and truly they never belonged in good faith. The effort to bring about a separation, to pervert Homœopathy into eclecticism, and then openly declare Homœopathy a thing of the past which has been developed into eclecticism with a full sway of absolute liberty, is the work of that unfortunate class of men who utterly ignorant of Homœopathy have taken shelter among us. Members of the profession who are in earnest and manfully struggle toward the light will surely be rewarded. "Seek and you will find." It is a pleasure to show the honest seeker of truth the way to find it. It becomes necessary at times to show him the dangers of departures; the fallacies of haphazard prescriptions; the folly of alternating or mixing medicines; the necessity to seek information and learn wisdom from the master by making the *Organon* of the healing art a devoted study; to find in it the ever infallible principles of the healing art which under no sophistry or pretext can ever be violated without inflicting serious injury to the sick. The oftener we find and acknowledge that our failures to do all that our art should do for the sick, is owing to our own individual violations of that law, or not in harmony with the rules laid down by the master for the application of these principles the sooner do we advance to a better practice and to greater successes; and let me assure you that there is nobody more impressed with the necessity to watch ourselves, guard against the violation of these laws, than is your obedient servant, and he is also fully impressed with the fallibility of human judgment. If such violations are followed by want of success, and when a return to these principles and their proper application is followed by success, we have

made a great stride forward. If a separation becomes inevitable I trust that the honest men who seek the truth, and those who seek the light, will conjointly combat the arrogant and overt acts of men who never did seek the truth, who willfully and perversely walked in darkness and who now attempt to pervert Homœopathy into eclecticism; sporting the physiological livery and Jack Cade's policy. They are surely preparing themselves to step down and out; the signs of times are like the handwriting on the wall pointing out this inevitable event of a harmless and peaceful departure of designing and unsuccessful work—healers.

There are now in our societies to be found homœopaths and non-homœopaths. The dodge of freedom of medical opinion and action has been tried unsuccessfully. The non-homœopaths have developed progressive and multiplying departures and have fallen gradually into deeper errors. One side advocate what to them is a conviction, truth; the other advocate all sorts of differing notions, and their claims are regarded by the other side as, errors. Now it is utterly impossible for truth and error to co-exist together, just as it is impossible for oil and water ever to mix together. If a separation as a logical consequence of an inability to persuade the men who are deeply in error to espouse the truth then it is only a question of time. No single person or combination of persons can possibly by any persistent effort, bring about an untimely separation, nor can they put off that which is inevitable. All these events are governed by a higher law, by means which are beyond our comprehension. There is a timely remedy for all ills in this world, and abuses as well as ills finally cure themselves. If it has pleased the Omnipotent to allow Hahnemann to reveal to us a science of the healing art, we may trust to the same Omnipotent power to devise means to preserve this blessing bringing revelation, and if men who now show their desire to pervert these blessings into curses, who would lead us back into the Egyptian darkness of an allopathic materialism, find their efforts unsuccessful, when they also can not deliver us into the hands of unprincipled eclecticism, when they find them-

selves confronted by truth which they vainly tried to smother or pervert, they will surely leave a company not congenial to their tastes or interests. The same Omnipotent power protecting the truth will by the natural laws governing all things allow such events to pass as will forever protect our benignant healing art revealed to us by Samuel Hahnemann.

I am yours very truly,

Philadelphia, Oct., 8th, 1877.

AD. LIPPE.

That "Livery." By Dr. L. Barnes, Delaware, O.

Dr. Ad. Lippe, in the August *ADVANCE*, has given me special attention in his customary article on "Physiological Livery." Perhaps a sufficient reply on the subject is contained in an article of mine which appears immediately after it. I have no desire to say sharp things to the disadvantage of Dr. Lippe, and shall not. I am glad to admit that the tone of his last communication, as well as the style, is somewhat improved. But there are two or three points that call for a little attention.

First. He says: "Dr. L. Barnes, as it appears, is good enough to take up his pen in defense of the other side of the question, viz: that Homœopathy, or the healing art, will be very much benefitted by adjusting all previous differences, by just sporting the livery physiological for the sake of appearing 'learned.'" I would not speak of the unfortunate slur contained in the latter part of this assertion, but would simply say that the main point is not correctly stated. I have not undertaken to show that "all previous differences," in the healing art, can be adjusted by means of physiology. Nothing of the sort. Nor do I understand that Dr. Dunham attempted anything resembling it in the remotest degree.

Second, Dr. Dunham had said that "pathology which hardly existed as a positive science in Hahnemann's days, has been greatly improved," etc., and then asks, "Must we denounce it as Hahnemann did the pathology of his day? Can we not use it?" And hereupon Dr. Lippe asks, "Will Dr. Barnes take notice that these are the premises on which Dr. Dunham depended for further deductions and remarks? If these premises are false, * * then Dr. D.'s following argument is utterly worthless." No, I can not take notice of it in that way. I understand Dr. D.'s statement in regard to the physiology of that day as a reason or excuse for Hahnemann's denunciation, and not as the premises for all "further deductions and remarks." It is true, however, that if there is nothing correct and positive in pathology, either now or to come, it can be of no use in the healing art. Dr. Lippe accordingly declares, "We are bold to say that pathology never will be deserving to be ranked among the positive sciences of observation." This may be answered by the same Dr. Lippe as recorded in the April *ADVANCE*, thus: "We accept with our master, pathology as a positive science of observation." Again, "We as students of medical science accept pathology as a science of observation." And again, "The knowledge of pathology enables the healer not only to diagnose correctly, but also to prognosticate with certainty." This, it would seem, ought to settle the question, as far as Dr. Lippe is concerned. Whether Prof. Shoenlein, or some one else, is "the father of modern and well classified pathology," he need not "beg," "ask" or "demand" any more logic. I simply said (in my first article), in regard to this confessedly "positive, positive science of observation," which "enables the healer * * to diagnose correctly," etc., that "we should make use of it as one among the positive sciences." And I have "cheek enough to ask the old members to 'sport' this with me."

Third. There is one point more that calls for a word or so. It is put in language like this: "We do know that just so long as our societies sustain this unlimited liberty to be enjoyed by old and prospective members, we can not hope to

see that purity of practice prevailing, * * which made our school popular," etc. Dr. Lippe has also kindly sent me a pamphlet of his on liberty of thought in our profession. I need not quote at length, but think I shall not misstate the doctrine contained there by saying that it is about this: Our practitioners should not be allowed to controvert or depart from the teachings of Hahnemann and his prominent and more immediate followers. Now, the time was when "unlimited liberty" of thought and inquiry was considered too dangerous to be tolerated. It may be so to some extent yet in the old world. But that such a doctrine should be preached in America is a little surprising. That it should be boldly put forth to a body of scientific reformers in medicine is almost beyond belief. I hope there is some mistake about this—some unfortunate use of language that has conveyed a wrong impression.

I am tempted to notice another point or two, but will not prolong a controversy which is in danger of becoming monotonous and tiresome. No doubt our young physicians and many of the older ones will continue to study and use pathology, and think for themselves in general, whatever may be said in opposition.

I can not see why a physiologist or physiological homœopathist can not consistently use either high or low, or both. But since the drift of Dr. L.'s article seems to be to the effect that high potencies and repudiation of the aforesaid livery ought somehow to coincide. I would simply say that a man should practice (with no mental reservation) as he teaches. Do these anti-livery men do it? Does Dr. Lippe himself? He certainly claims it. Thus; "Here is your humble servant, who since the year of our Lord 1845, has exclusively administered only high potencies, has been ill himself, never deviated, stuck to them, and by the help of the Lord will stick to them forever. Now strike if you dare!" Well, well, some one has struck. Turn to page 230, same number of the *ADVANCE*, and see what Dr. W. L. Breyfogle says: "Even my distinguished and respected teacher, Dr. Ad. Lippe, in a conversation last summer over the above case (where three grain doses of crude *Musk*

were given,) endorsed the treatment, and stated that it becomes necessary in his own practice occasionally to produce certain chemical effects which could only be produced by such means, giving as an illustration a case of poisoning by *Mercury*, so complete that *Potash* had to be used for its chemical effect, before any other treatment could be given."

Now, here is a peculiar state of things. Our very worthy friend and father in Homœopathy, this high dilution champion antagonist of the physiological livery, turns out to be a three grain crude doser, "sporting" the chemical livery! It grieves me to expose him in this way. Nothing but his persistent driving at those who think for themselves could induce me to do it. But really it is not I that does it. The exposure comes to my hand in the *ADVANCE* that lies before me. I simply call attention to it.

It is time for our older men to learn a little more charity, as well as humanity. I may be excused for saying this, since I am one of the older class myself, having been studying and practicing Homœopathy for more than thirty years. We do not know every thing in medical science, nor will wisdom and skill die with us. The world will continue to revolve when we are gone from it, and knowledge will increase. If, moreover, we do not wish to meet the ridicule of the rising generation, we must be cautious about showing ourselves ridiculous.

Dr. L. says on page 249: "Hahnemann has laid down fundamental principles, based on natural laws, to guide us in our therapeutics—not views. Hypothesis and views we had *ad nauseam*, we had to have unerring, infallible principles." And we are told, on page 219, that "every reading man can find them clearly, logically and philosophically laid down by Samuel Hahnemann in his *Organon of the Healing Art*." Now turn to the pamphlet of Dr. L.'s, on "Liberty of Medical Opinion and Action," page five, and see what these principles are: "These certainties are also expressed, and comprise by logical sequences the law of the similars, the single remedy and the minimum dose." Now, suppose we admit that the *Organon* is altogether a book of certainties and not of opinions

at all. Who is violating and departing farthest from it in the matter of dose? I presume no space need be used to prove by quotations that Hahnemann used and directed chiefly the thirtieth and nothing higher. But Dr. Swan & Co. rush off to the one hundred thousand and above. Now the low dilutionist, or even he who uses the crude drug, is but thirty degrees or less from the "master," while Dr. L. and his friends are seventy times as far off on the other side. Who is violating most egregiously the fundamentals of the organon? Who is best qualified to sit as a censor of his brethren?

Which party, moreover, is departing most from the law of similars itself? Our high dilution friends appear to be foremost in adopting the key note theory. It was first promulgated from their ranks. They are the men of ability to discern the "important and decisive points" to be covered, while "the remaining minor symptoms are of very little consequence." I am not disposed here to say whether this is the true way or not. I have only to say that it is a clear departure from Hahnemann. There is nothing perhaps clearer or more insisted upon in the Organon than that a remedy must cover as far as possible the totality of symptoms. But these men repudiate all that, set the "master" aside, and rely upon the new and strange conception that a single symptom or two, selected by their wonderful perception, will serve the whole purpose. All this comes from men who are loudly crying wolf, wolf, whenever we presume to question or even investigate their "already established principles."

Let no one accuse me of introducing needless controversy, or personalities, in regard to these matters. Whoever has carefully read our journals may see that I have but briefly responded after years of attack, and persistent charges of departure from pure Homœopathy, on the part of those who like myself choose to re-examine all things, and employ such remedies and such potencies as our own judgment and experience may dictate. We are thankful to Hahnemann and his immediate followers for all they can help us to see, and especially for the law of similars. But we take them

only as we see them to be true. We expect to embrace whatever else we see as true, and to reject whatever we do not recognize as truth. Truth is our "master" above and beyond the dictum of any man or men. Nor shall we surrender our individual right of interpretation. And those who throw stones at us for this may as well see what sort of houses they themselves live in.

Since writing the foregoing the Doctor has produced another article entitled "The Homœopathic Livery."

The chief point I have made in regard to it, is the peculiar confounding of things that have no logical connection. His first sentence begins, "For some time past we have commented on the physiological livery," the (as if to him) abhorrent idea of making physiology a useful branch of medical science must be the same as opposition to Homœopathy. This is no accidental statement, for whoever looks attentively at the article may see that such is the whole drift of it. - But all this is the baldest assumption. Those who believe in physiology do not, therefore, disbelieve Homœopathy. True homœopathists are no more inconsistent in believing and using the science of physiology, than in believing and using the science of anatomy. It must be a weak cause that demands an assumption of this kind to sustain it.

Of a similar nature is the assumption that Doctor Wyld's proposition to form an alliance, or make peace with the old school, has anything whatever to do with the question of physiology as an assistant in the true art of healing. I need not argue this. A simple statement is enough.

Nor has the question anything to do with the movements of Doctor Paine in New York. He may be wrong, or he may be right, without affecting this matter in the least. His propositions or resolutions no where touch the question of physiology. They were aimed at a different point altogether, the point of inert medicines and extremely high potencies.

And, by the way, why has Dr. Lippe misstated the proposition of Dr. Paine? He says: "Dr. H. M. Paine proposed the expulsion from the constitution of the society of the clauses which require of applicants for membership an

account of a belief in the homœopathic maxim—*similia*," etc. Whoever will turn to the proceedings, as given by Dr. Lippe himself in the September *ADVANCE*, may see that Dr. Paine proposed nothing of the sort, but that he simply proposed something against certain medicines and potencies. And even his proposed amendment, as given by Dr. Lippe, in the very paragraph, closes thus: "The improvement of homœopathic therapeutics." Is the leading contemner of the "physiological livery" driven to such a course as this? Must he depart again and again from the point at issue, until his wanderings culminate so unhandsomely? I do not care to comment on these things. The simple facts are sufficient. Let each reader think and comment for himself.

It is not surprising that we find in the articles of such a champion, expressions like these, in relation to those who differ from him. "Men apparently bent upon evil deeds, *

* doing their utmost to injure the school to which they prefer to belong," "blind, freedom seeking and law defying erring members," "having gone from bad to worse," "in disregard for truth, in forgetting even common decency," "principles of which they knew nothing," etc., etc. I am sorry to find an old and respectable writer and practitioner in our school drawn into such unlovely ways of supporting himself. But then it must be set down to the difficulties of his undertaking.

THE following anecdote is told of Voltaire: While learning the English language, (which he did not love) finding, that the word plague with six letters was monosyllable, and ague with only the last four letters of plague, dissyllable, he expressed the wish that "the plague might take one half of the English language, and the ague the other."

Miscellaneous.

On the Importance of a Knowledge of Toxicology. A paper read before the Central Tennessee Homœopathic Medical Society, May 25, 1877, by A. R. Barrett, M. D., of Nashville Tenn.

The study of toxicology has been much neglected in many of the medical colleges, but it is nevertheless one of the most important branches, particularly to the homœopathic practitioner.

A case of poisoning is generally not one in which the physician can take his notes and study up his case at home, neither has he time to study it up from his pocket manual; it is clearly a case of emergency, and what is done must be done quickly. It is often in such cases as these that the young physician has the chance to make the reputation which will give him the start.

The physician should be perfectly familiar with the different modes of action of different poisons, and the effects upon the system; the manner of conveying these actions throughout the system to the special points of impression, and the general characteristics.

The effects of poisons are often modified and changed by different circumstances, such as the physical condition of the poison, mixture, habit and idiosyncrasy, and state of health. In the last we find the homœopathic law of cure particularly operative; for in a case of disease where the symptoms present correspond with these produced on the healthy person by a poisonous dose of *Arsenic* for instance, if *Arsenic* were to be administered in the ordinary allopathic dose the dangerous symptoms would be apt to increase; but if administered in the homœopathic dose the patient would be relieved.

When called to a sudden case of suspected poisoning, the physician must be able to judge from the symptoms, and

from attending circumstances, if the patient be alive, or from the appearances of the body and chemical analysis of the excretions and alimentary canal, and attending circumstances if he be dead, whether the case be one of poisoning or not. Unless he be well posted in toxicology embracing the symptomatology of the more active drugs, he will have difficulty in diagnosing the case. For instance, a case of cholera morbus might be very easily taken for poisoning, by one not thoroughly versed in toxicology, and if the antidote for *Arsenic* were given, (white of eggs in warm water) he would be very apt to have an aggravation instead of relief.

Cases of poisoning are not always rapid. Small doses of a poison may produce the appearances of a disease, and small and often repeated doses produce remissions and exacerbations, just as in some natural diseases. I remember a case reported to me by Dr. T. E. Enloe of Edgefield, Tenn., of a lady who was suffering with what appeared to be dysentery. What particularly marked the case was the frequent mucous stools with tenesmus. As it was at a time of the year when this complaint was prevalent, it was thought to be nothing unusual, and *Mercurius cor.* was given. The patient getting no better, but worse, it was found upon inquiry, that several days previous, she had taken some pills that had been given her by an allopathic physician, which upon examination were found to contain *Mercury* in its medley of ingredients. This explained the case, to be clearly one of *Mercurial* poisoning. Here then is another point that the homœopath must keep in view: In cases of poisoning, where the symptoms are the same as those of some natural disease he is liable to fall into the error of administering as a medicine the same drug that has been taken as a poison, thereby aggravating the symptoms instead of relieving them, as was done in the case just mentioned.

Thus a thorough knowledge of toxicology is more necessary to the homœopath than the allopath. The former has to deal almost entirely with symptoms, and as many of the most active poisons are some of the most useful remedies, it can readily be seen how he may administer as a medicine, what has already been taken as a poison.

As to the manner of judging from the evidence before him, whether a case be one of poisoning or not, the physician can not, as a rule, be guided wholly by any one train of symptoms, nor even by chemical analysis alone, but the whole case must be considered. To get at the proper circumstantial evidence, the physician should take immediate possession of all articles of food or drink that the person poisoned may have had access to, and not allow them to be touched until they have been tested either by chemical analysis or by administration to some of the lower animals.

Two quite common cases of accidental poisoning arise from the use of copper and lead vessels, and the primary symptoms in cases of this kind are such as might mislead the homœopath, unless he was familiar with toxicology. In the first case the patient might be attacked with colic, severe cramps and vomiting, and the physician think it a case of cholera morbus, and administer *Cuprum*. in which case he would have an aggravation. In the second case he might find obstinate constipation, with attendant colic, and give *Plumbum*, when the result would be an aggravation as in the previous case.

It will therefore be seen how necessary it is for the homœopath to have a thorough knowledge of toxicology that he may be prepared against running into any such errors as these enumerated.

Have We a Law of Cure?

I sometimes think that many of our homœopathic practitioners are losing sight of the "one thing needful" to success in their practice, namely, a thorough knowledge of *materia medica*, and its application in treating diseases.

No question is more fully settled than the universality of the law of cure, "*Similia Similibus.*" The nearer a drug presents a complete picture of a disease, the more certainly will it assist nature to overcome the disturbing cause of ill health. This is not because the disturbing influence presents a train of symptoms similar to another disturbing influence, or a disease having a different pathological name, but because the drug presents a similar class of symptoms like those which the individual case presents to the mind, or every case is a case by itself. Nor does it seem to us of so great importance, what potency of a medicine may be used, so long as we confine our prescription within, and to the law of similars.

One says, if you give too low a potency, you will aggravate the symptoms, and cause your patient unnecessary and prolonged suffering. This admits of a question. Let me illustrate by a case in my own practice.

Mr. A., a mechanic, was taken about nine o'clock, a. m., with a severe colic, the characteristics of which were as follows: His body was bent forward, he could not straighten up; abdomen bloated; his face was pale, and during the severe paroxysms of pain was covered with sweat; shuddering; empty eructations, sick to the stomach; feeling as though the intestines were squeezed together between some hard substance; extremely restless, could not keep quiet even for a minute; loud lamentations, declared that he would certainly die; he had been working all morning in the cold. To my mind here was a complete *Colocynth* case, (so to speak). He began treating himself by taking a good round drink of brandy, (I use his own words), which only made matters worse; he then took a tablespoonful of *Black pepper* in milk drank *Ginger tea*, and at last sent for me. I gave him three doses of *Colocynth* 3d, ten minutes apart; no relief. I then went to my office and took my vial of *Colo.* 1 and came back, ordered him to open his mouth, intending to drop on his tongue three or four drops, but in the hurry, he got ten to fifteen; it operated like magic. I had not time to return the cork to the vial before he said "I am better" and there was not the slightest return of the pain.

Surely there was no aggravation in this case, and by what I would call a very large dose, but immediate and permanent relief.

Now do not misunderstand me, I am not arguing in favor of large doses. I believe in the thirtieth, two hundredth and ten thousandth, but I do not think our success depends so much on the potency, as on the similitum. As a good German friend said to me, "Doctor it depends not so much on the potency, if the medicine is right." And how shall we know that we have the right medicine? Only by a knowledge of the action of drugs on the healthy organism. Supposing I do know all about the pathological changes that take place from time to time in a disease. Will that give me the drug similitum, so that I can prescribe with a confident expectation of benefiting my patient?

I know the pathological changes that present themselves to us, in cases of pneumonia, and the condition in which the lungs are found after death. But does this give me the remedy? *Aconite*, *Bry. alb.*, nor any other medicine, do not produce or cause pneumonia. But we do find in them a similitum of pneumonia, otherwise they would be useless in this dangerous complaint.

We homœopaths must individualize each and every case, and if we do, how can we prescribe a similitum, unless we have a thorough knowledge of *materia medica*? I care not how well he may understand anatomy, physiology, pathology, or every collateral branch of medicine, if he lacks a minute knowledge of the action of the drugs we use on the human system he will never be a successful practitioner. It will never do to treat diseases by their pathological names. Allopathy has done this for thousands of years, and to-day their best practitioners tell us, "the world would have been better off had we never known anything about medicine." "That they have no well founded law of cure." Have we, as homœopaths, a law of cure, by which we can prescribe in confidence, feeling sure that we can remove thereby the diseases that are not past the reach of remedial agencies? Every well qualified homœopathist knows that we have, and

he knows too, that the more perfectly he is acquainted with the drug effects, or in other words, the more perfect his knowledge of the *materia medica*, the more surely will he cure the disease.

This being an acknowledged fact, it is no use to try "to climb up some other way." Go in at the strait gate. Study well and perfectly your *materia medica* and you have an armamentarium, so strong, and so powerful, that you may fearlessly contend against the ills of life. Nor can I agree with those friends that are ready to condemn all who do not come to their standard of dose. It is not generous, to say the least, to denounce as quacks, eclectic, etc., etc., those good and true men who do not see Homœopathy alone in the high potencies. I know men, who I presume never prescribed above the sixth or twelfth attenuation, and were firm homœopaths and as successful as some who cry so loud against the lower attenuations, I even know some who seldom prescribe above the third, and sometimes the mother tincture. Shall I denounce such as quacks, eclectic, etc. when I know they faithfully study to prescribe in accordance with the law of similars? We are not arguing the question, which is best. But we do say, why condemn another because he can not see all the glory in our God that we see? If we are reasonable beings let us act as such. If my friend prefers all high potencies, it is well. If my friend here prefers both the high and low; and thinks he can do more good by using both, shall I deny him that privilege? Let us stand by the law of similars firmly, but grant each one the right to exercise his best judgment in every case presenting itself to his care. Be men, not children. P. B. H., Paris, Ill.

G. W. ROBERTSON says, "What matter slips and failures so that the heart be right at core? Experience profited by, that is the grand thing; not that man has been faultless, but that out of faults he has organized strength."

Modern Physiology—The Physical Basis of Function. By
J. D. Buck, M. D.

Probably in no collateral department of medicine has there occurred greater change than in physiology. Nor has the time yet arrived when conclusions reached at hardly any point may said to be final. By analysis of tissues, substances, fluids and gases entering into the formation of living organisms, many facts have been ascertained, valuable to the student of physiology. By vivisection and various experiments on living animals and with organic fluids, much definite information has also been gained. But all such information, when taken in mass or in detail, fails to give us an adequate idea of the real organic function, or the process by which the prime condition of life, viz., nutrition, is brought about. Take, for example, the living muscle and its function of contraction. What do we know of the contractile power of living muscle by naming each and every element which enters into its formation and in exact proportion, or by ascertaining what elements result from disintegration during functional activity, or the equivalents of disintegration and expended power? Or have we fathomed the problem of "contractility" by having ascertained the precise relation of the nerve supply or even the correlation of nerve into muscle force? The condition of disintegration upon functional activity is conceded as belonging to both nerve and muscle, and both are immediately dependent upon nutrition and assimilation for their continued power to act. Furthermore, equivalents of force can not always be traced between nerve stimulus and muscular energy, though integrity of action, requires continuity of structure. In the explanation usually given of the origin of muscular power, equivalence of nerve and muscle force is generally assumed, whereas nearly every form of disease of the sensory-motor tract disproves the possibility of any such equivalence.

I apprehend that a better conception of the relation of nerve and muscle would be that of direct co-ordination and equilibration; a balancing power, a directing power, deter

mining the conditions and direction of expenditure, rather than quantity of power.

The fundamental proposition in regard to both nerve and muscle is that of nutrition and assimilation, and the special modes of motion incident to both nerve and muscle will be found due to a long series of correlations, rather than to any abrupt change, while the equivalence of force residing in or manifest by either nerve or muscle will be traceable from even the inorganic elements upward through all the morphological changes which have occurred, rather than downward from the nerve center, or as an expenditure of will power. For be it observed that the character or range of action of either muscle or nerve is not impaired with even considerable alteration of tissue, while the slightest disturbance of healthy nutrition alters at once the equivalence of force displayed. Muscular force, then, is not due to, but rather directed by, nerve function; while it is due directly to nutrition, and nerve energy is due to the same cause. Again, the nerve can not determine the kind of energy which the muscle shall display, for this is determined by the structure of the muscle and the mode of motion incident thereto. Both the kind and quantity of energy displayed by the muscle, then, are absolutely independent of the nerve; the nerve only regulates the conditions and mode of expenditure of force. Neither of the two modes proposed, then, can give us any adequate conception of "contractility." Neither chemical analysis nor examination of the co-ordinating structure; for something at least very similar to contractility exists in living substance wholly destitute of nerve tissue, or in fact of muscular structure. If, however, on the other hand, contractility can be traced directly to the nutrition process, and the metamorphosis of matter can be shown to be exactly related to the correlation of residual forces into contractility, then shall we ascertain something of its true character.

It may, I think, very readily be seen that what has here direct relation to one form of vital energy will apply equally well to other forms; and further, that present physiological data should not only not be regarded as final, but that even

the modes of investigation most in vogue are not those likely to lead to the greater discovery. It is not only surprising how little progress has been made in the direction likely to be most fruitful in results, but the causes which have hitherto obstructed progress in this direction are equally singular and surprising. These causes are grouped under two heads. First, from the supposed materialistic tendency of such modes of investigation. As if the effort to ascertain the conditions and origin of motion in matter necessarily made one a materialist, when he simply chooses his own, and perhaps a novel mode of examination.

One may sit at the well loaded table of one of our so-called first class hotels, and eat whatever is set before him; one may do this for years, and eat through the whole bill of fare, and call each dish by its proper name, and trust to the intelligence of his stomach to digest or eject the culinary mysteries, but if he is finally possessed with a desire to unravel these mysteries and undertakes an exploring expedition to the kitchen, he will not only find that much of the romance of life has departed, but he may have to lament also over a broken head as well as a much abused though now thoroughly disgusted stomach.

No less price is elsewhere demanded for knowledge, and simple truth, like simple food, is best at any price.

The second cause which has hindered physiological progress, and that which nowadays most obtains, is a failure on the part of many to connect force with matter, correlation with transformation, throughout all the complicated changes incident to organic life. Even many who accept the primary proposition in physics that matter and force are inseparable—no matter without force, no force without matter—and that this association and manifestation is all we know of either matter or force, lose sight of it in the complexities of organic phenomena, admitting without hesitation and without reflection the spontaneous appearance and disappearance of force, irrespective of transformations of matter. This no doubt results from an inadequate conception of the original proposition, which may be briefly stated:

Matter is indestructible.

Force is also indestructible.

Matter and force are inseparable.

Motion is the result of the inseparability and indestructibility of matter and force.

Matter continually undergoes transformation.

Force continually undergoes correlation.

This gives rise to different modes of motion.

Different modes of motion characterize what we designate as different forces. For example, the presence of heat in matter is characterized by a certain definite mode of motion, and whenever that mode of motion is present we call its manifestation heat; and so with all the physical forces.

And this is all science can to-day tell us of physical force. When, however, we come to living organisms, we forsake entirely the realm of knowledge and rely on conjecture, and stick with far greater tenacity to our first conjecture than to our latest demonstration.

No matter is found or can be extracted as elements from an organized body, that may not also be found out of it, though the combinations and transformations are here very different. So far, then, as our investigations go, what reason have we to assume that force or forces here arise *de novo*? Why should it be regarded as more strange that organisms manifest forces not found elsewhere, than that they possess combinations of matter not found elsewhere? Now, again, should we admit, with the full-evidence of our senses, and as the result of all our experiments, the continuity of matter and force, and the definite relation of transformation and correlation, everywhere else, but deny it to organisms? Why, when the result of every exact observation so far shows the opposite to be the case?

Nor are we justified in conclusions illogical and contrary to all the evidence we possess, by the fact that here we find our most complex problems.

What should we think of the astronomer who had carefully mastered the rules of mathematics, regarding them competent for all sublunary calculations, but who threw them

aside to resort to conjecture and guesswork when he came to the heavenly bodies? And what, again, did just such calculations do for astronomy before the time of Kepler and Galileo?

If to pursue investigations on the basis of known laws in any department, in preference to resorting to conjecture and vague hypothesis, be materialism, then is it materialism which has given us all the real knowledge we possess, and we need more of it, and are likely to get more of it as time rolls on; and the logic and demonstration which holds outside the living organism is likely to yield most substantial results when applied to physiological investigation.

I am not here referring so much to any conclusion, right or wrong, supposed to be established, as to certain modes of investigation. Physiology should regard all forms of substance with which it deals as so much matter, and whether belonging to the class called "living" or "dead," it should seek to comprehend the conditions of its peculiar manifestation, and study the modes of motion manifest by it. Suppose, now, we say that vitality or nerve force, or contractility, is a certain definite mode of motion incident to so-called living tissue, as parts of organisms; what have we done more than to name a manifestation the conditions of which we are investigating? Science acknowledges utter ignorance of the essential nature of either matter or force in even their simplest forms and manifestations, and the true scientist will be the last to dogmatize as to the essence of vital force or nerve force, the most complex of all known forms of energy. Many well meaning persons utterly overlook this important point, or fail to comprehend it. Science investigates the relations of things, and the correlations of force.

To return again to our former illustration, we inquire not, "What is the essence of contractility?" but by what mechanism, and under what conditions, does it appear? What are its relations to tissue, structure, blood, nerve, etc., and whence has it been derived? Can we unravel backward the intricate correlations by which it has been evolved, and, comprehending the earlier correlations, as they are more simple,

trace each new correlation and transformation till we comprehend the relations of all? For this purpose we set every force manifest by organisms, supposed to belong to either body or mind, before us as legitimate matter for investigation. We recognize them as special modes of motion; what they may be in their final essence we certainly do not know, and shall not expect to learn till we know the essence of just one little hypothetical atom of oxygen or hydrogen. We do already know something, however, of these special modes of motion, of the conditions under which they occur, of the source from whence they are derived; and some are so "materialistic" in their tendencies as to be determined to know more.

And this, we are told by very devout persons, is irreverent! Yea, verily, it is irreverent towards ignorance, bigotry, superstition and vague hypothesis. The temples of these old deities are profaned at every step. But to the profound mystery of nature, of life, of matter, of force—the true devotee of science bows at the very threshold of his investigations. The unknown essence of a grain of sand or a ray of light humbles him as in the presence of an awful mystery, and, subdued and silenced at the least of created things, he calls nothing common or unclean, but all things holy and full of mystery. Overshadowed at every step by this profound mystery, he goes forth to unfold the processes in the unending cycles of change. Talk not to him of "brute" matter and pure spirit.

"All are but parts of one stupendous whole,
Whose body nature is, and God the soul."

Carrying this mode of investigation not only to the elementary parts and powers of man's body, but to all problems whatever concerning him, the scientific student of human nature refuses to speculate on either the origin or destiny of man, but endeavors to learn the truest, the highest, the best relation of man. This is unquestionably the final scope and aim of the scientific method of physiological investigation. It not only need not be denied, but had better be understood, as well as the character and animus of the opposition waged against it; an opposition which can no more stay its progress than can

the breath of toilers by the sea drive back the rising tide. A sacred hierarchy has in all ages determined, hypothetically, the origin and destiny of man, and not by study and investigation, but by inference from this hypothesis, has designated and determined the parts and powers of man's body, in accordance therewith. Science undoubtedly breaks this harmony by commencing at the other end, and disproving its deductions, from which results endless inharmonies; and whether the sacred hierarchy adjusts its hypothesis to the basis of fact and demonstration, or assumes a new one, is not regarded as a vital matter to those who consider the question of the origin and destiny of man as belonging to the unknown and probably unknowable problems of existence; concerning which therefore, they neither assert nor deny anything. Science may undoubtedly point out the fact that certain hypotheses are in accordance with demonstrations and laws, so far as they are known, while certain others are untenable because contrary to such facts and laws; but science will never regard any hypothesis which from its very nature can not be verified, as final and conclusive, but will regard it as simply a probability warranted by inference from what has already been determined; a position so void of dogmatism as to be an unsatisfactory basis of faith to many persons.—*Evolution for October.*

An Open Letter to Samuel Swan, M. D.

MY DEAR DOCTOR:—You tell me I will find an answer to my question, (propounded at the joint meeting at Indianapolis, while engaged in discussing the subject of potency and dose) "Who believes in Dr. Swan's statement, that the millionth potency of *Dog's milk*, will cure malignant diphtheria

when the one hundred thousandth potency failed?" in the August number of the *ADVANCE*, in an article written by W. P. Wesselhoeft, M. D., "who will inform me whether he was lying or telling the truth," etc., etc.

I think, my dear Doctor, as you seem to feel offended at my question, and as the subject is one of general interest, that it would be best to answer you in an open letter.

After reading carefully the article you refer to, I find nothing therein, which to my mind confirms the statement that the millionth potency of *Dog's milk* will, or ever did cure malignant diphtheria. In the first place, I do not think that Dr. Wesselhoeft exhibited a very great degree of skill in treating said case. He says, he found the patient with "a thick membranous mass, lying on soft palate, left side; diphtheritic masses covering uvula and posterior wall of throat," etc., and that he gave *Bell. zooth*, with no improvement.

I can not help but think that if Dr. W. had used a little *Kali bich.*, 3d or 6th trituration, and a gargle of *Lemon juice*, or *Liquor calcis chlorinatae*, his patient would have at least been prevented from running a risk of suffocation, and from calling Dr. W. in the middle of the night to remove with the forceps a "membranous mass as thick as my finger, two inches long and one inch wide."

Dr. W. treated this case six days, during which time he used *Bell. 200*, *Lach. 200*, *Lach. can.*, 100 m., *Ignatia 200*, *Merc. cyan. 3*, *Lach. can. 1 mm.* Here are six remedies used in six days, and because the little patient recovered, you must seize upon the opportunity to advertise the fact not only in the journals, but must send postal cards to every homœopathic physician in the country, proclaiming that "the millionth potency of *Dog's milk*, will cure malignant diphtheria, when the hundred thousandth failed."

If asked, how you know this to be true, you assume an air of righteous indignation and say "W. P. Wesselhoeft says so." Well! suppose Dr. W. was mistaken? Suppose, for the sake of argument, that it was the low potency of *Merc. cyan. 3d* that dissolved the membrane and cured the case, or sup-

pose after being relieved of this "membranous mass two inches long and one inch wide," the case got well itself? Do you not put yourself in an awkward position by advising physicians to trust the lives of their patients to such a doubtful remedy? No one will blame you for wishing to advertise the wares you peddle, but you ought to consider the injury you might do to others, in making such statements.

I believe Dr. Wesselhoeft gave an honest report of his case, but just as good physicians as he have been deceived.

You ask me "whether I know how to use high potencies?"

I am, sir, provided with a full set of Lehrmans, Jenickens and Finckes high potencies, (the latter being grafted from Dr. Ad. Lippe's set). I have never purchased "Swan's high potencies," but, have had the benefit of two full courses of lectures under Lippe, Guernsey and others, whose endorsement as to qualification, ought to be nearly as good. I have tried to give them exclusively, but have found it impossible to reach the diseases peculiar to this climate with high potencies alone. I use in chronic cases always the 30th potency (enquire of A. F. Worthington & Co., Cincinnati, my pharmacutists) and have found they were much more efficacious than any others, especially the so called high potencies. I use the term so called high potencies, because in my mind these extreme high potencies do not exist. You call your medicines the 100m., 500m., and mm. How do you know this? You did not make them? All the pharmacutists I have talked with say they can not make them.

Fincke refused to tell how his were made; and we are compelled either to accept them as they are labelled and handed out, or be put down as an "Eclectic."

Another very important fact is overlooked, viz: we do not get at the real results of the use of these medicines. We read of an occasional cure supposed to have been made by these extreme high potencies, but there is a painful absence of cases not cured. Thousands of cures are being made daily with low potencies, but no one rushes into print with them.

I have not been personally very much prepossessed with the high potency men in the West. I know of one, a regular

contributor to our medical literature who really believes in and conscientiously practices with the highest potencies exclusively. He has had abundant opportunities to succeed in practice, but for want of success in treating his patients, and from the fact that no one employs him the second time, has been hardly able to keep himself out of the poor house, this too in spite of the fact that he labors hard to please, and is a close student. I know another who has succeeded, one who loudly proclaims to the profession that he never uses less than the 1200th, and who says that a homœopathic physician who uses *Quinine* should be kicked out of the profession. This same physician gives more *Quinine* in one month than I do in one year. He uses *Morphine*, *Podophyllum*, *Bone set tea*, and a variety of remedies not even mentioned in the homœopathic materia medica.

I have also knowledge of several instances in which some of our distinguished eastern friends have forgotten themselves and used low potencies and crude drugs "just to experiment you know."

Now, dear Doctor, I have only to say a few words more and I am done. Homœopathy is a great science; it is progressing; we are everywhere advancing. If we work together we can conquer the world. Why then quarrel and wrangle among ourselves over the exact quantity of medicine to be given in each particular case? Why be so narrow minded as to set up claims of superiority over us poor fellows who are unable to see through your glasses?

You know you never had, and never will have in your possession the millionth potency of any medicine; it can not be made, or if it could be made, it is worse than useless.

Don't allow your patients to die, without giving them at least a little medicine. *Dog's milk* may be useful in rickets and some other diseases, but don't try to make us believe you have run up the millionth potency. I would not object to trying a little of the 30th if I knew just what kind of a dog it came from, and what said dog had been eating, but don't disgrace our profession by trying to palm off the millionth potency. It is certainly bad enough to have to father "bed bug

juice," "skunk juice," etc., etc., but *Dog's milk* is too much. As there is something in the association of ideas you will excuse a little dogerel;

Come Tray, and Blanch, and Sweetheart too,
 And gather round my door;
 I've heard a tale, which if its true,
 The good saints will adore.
 No more tin cans we'll drag about,
 No more those hungry, hungry howls,
 For learned men have just found out
 There is medicine in our bowels.

I am, sir, yours truly,

Louisville, Ky., Oct., 1877.

W. L. BREYFOGLE.

The Value of Small and Frequently Repeated Doses. By
 Henry Dessau, M. D. Read before the N. Y. Medical
 (old school) Journal Association. (See October AD-
 VANCE.)

About a year ago, under the head of "Notes of Hospital Practice," there appeared in the *New York Medical Journal* a paragraph on the value of small doses of *Copaiba* in urticaria, as employed by me at the New York Foundling Asylum. Two cases, both of which were of a chronic nature, were especially cited to illustrate the beneficial results of this treatment. In these cases, to repeat, the affection had existed for two or three months, unsubdued by the usual treatment of salines and purgatives, and afterwards of *Arsenic* and *Iron*. It occurred to me to prescribe drop doses of *Copaiba* three times daily. The theory of the treatment was founded upon a desire to test the value of the *similia similibus curantur* principle. It was a purely tentative treatment with me, though I have since been informed that the same treatment for urticaria had been noticed in some of our numerous medical journals previous to the date of my cases. I have not been able to find any journal containing any information on such subject, and therefore modestly lay claim to the originality of the treatment. I am willing to surrender my claim whenever a worthier claimant for priority presents himself. These cases yielded most gratifying results, and since then I have treated numerous cases in children with a like success, as far as my knowledge of the result of those cases extends.

My main experience with the use of *Copaiba* in urticaria has been amongst children, but I have had occasion to administer it in an acute attack in the adult. It was a severe one, following the eating of lobster salad. It had persisted in its severity for three days and nights, before I

began the use of the *Copaiba*. Purgatives, saline diuretics and mustard foot baths had been freely given in the meantime, without any perceptible improvement of the eruption. Drop doses of the *Copaiba* were given every hour, and in eight hours there was a marked diminution of the eruption, and the next morning it had entirely disappeared. It may have been that this result would have occurred spontaneously, but, following so closely upon the use of *Copaiba* as it did, it appeared to me at least a remarkable coincidence that justifies further trials of a similar treatment in future cases. [If Dr. DESSAU will look at the pathogenesis of *Copaiba* as found in any homeopathic materia medica made long before he ever used it for urticaria, he will be not a little astonished at its homœopathicity to that affection.]

Two cases of retarded menstruation, occurring in healthy females, non-pregnant, and ordinarily regular, have been treated by me with drop doses of fluid extract of *Ergot*, hourly repeated. The menses appeared within twelve hours after treatment was commenced. Both cases were only a few days beyond the regular time, not over five days, and there was no reason to suspect pregnancy, though both were in married women. There were some slight premonitory symptoms of an approaching epoch present in each case. In one of the cases the same treatment was employed a second time, one year after the first, with a like success.

STILLE mentions the employment of *Ergot* in amenorrhœa, and quotes ACKERLY, DIEU and NELIGAN as reporting successful cases in its favor. The dose was not mentioned. RINGER merely refers to it as being recommended. BARTHOLOW states that it has cured amenorrhœa due to plethora, but does not give the dose. In three cases of epistaxis of a severe degree—one apparently due to vicarious menstruation in a young negress, the second probably due to a lesion of the cardiac valves, in a small girl, and the third likely complicated with the hemorrhagic diathesis, in a male adult—marked benefit was derived from the use of fluid extract of *Hamamelis* given in five drop doses three times daily. RINGER recommends drop doses of the *Hamamelis* to be given every hour until the bleeding is checked, and then continuing it for a few days in five drop doses, three times daily. ["The *Hamamelis* has been used in homœopathic practice for about twenty years." "Its action seems to be confined to the venous system of blood vessels."—*Hale's Therapeutics*].

In one case of heat flushing, occurring near the menopause, following RINGER I have used 1-30 and 1-10 of a minim doses of *Nitrite of amyl* internally every three hours, and an additional dose on flushing. The *Amyl* may be given dissolved in *Alcohol*, two minims to the drachm, and of this three to five drops are taken on a lump of crushed sugar. The result in my case, after one week's treatment, appeared satisfactory, when further sight of the case was lost.

Upon one occasion, on the recommendation of RINGER, I have given a trial to drop doses of *Tincture of Aconite*, repeated at first every fifteen minutes for four doses, and subsequently every hour, for the purpose of reducing temperature. The case was a severe and painful attack of pharyngitis accompanied with high fever, occurring in an adult. It was in reality a defaced form of scarlatina, the specific character of which was not at first recognized. After eight hours' use of the *Aconite*, as above described, the temperature was found moderately reduced. Other treatment was then adopted, and the *Aconite* was discontinued. RINGER states, however, that it is doubtful whether *Aconite* will shorten the fever of acute specific disease, as scarlatina, for instance. BARTHOLOW, on the other hand, gives it the highest praise in scarlatina, especially in the eruptive

and desquamative stages of the disease. [This is delightful news. Simplicity could go no further. BARTHOLOW is a neighbor of ours. On either side of him are the offices of many distinguished homœopathic practitioners. The idea of his teaching us what *Aconite* will do!! He will be asking us next to learn from him the English alphabet]. I have lately found fifteen to twenty grain doses of *Salicylate of soda*, hourly repeated, to produce the most gratifying results in the scarlatinal pharyngitis of adults, allaying the pain and reducing the fever in a very short time.

Aconite receives the highest recommendation, especially for the purpose of reducing temperature and checking inflammatory processes, from both RINGER and BARTHOLOW. The latter speaks of this medicine as a powerful agent which will produce manifest results in small doses, the more frequent use of which in the general profession has been discouraged by a prejudice, on account of its favor with homœopathic practitioners. [There you have it in a nut shell. Whether these gentlemen accept a new truth or not depends upon what company that truth keeps.]

Digitalis and *Belladonna* receive considerable notice from the above mentioned writers, for their valuable remedial virtues in small doses. On the subject of *Digitalis* RINGER remarks: "In all treatment, the object should be to obtain the greatest therapeutical effects with the smallest possible dose of medicine. This is particularly important with a powerful drug like *Digitalis*; for large doses sometimes appear to increase the heart's embarrassment, and relief comes only when the dose is diminished. [Well, this is refreshing. After nearly three quarters of a century these men wake up to the fact that their patients improve as they withdraw their death dealing agencies from them.] Further, it is important not to give a larger dose than is necessary, since it is very likely the patient may require to take it for a long period, and, becoming accustomed to the medicine, the dose which at first did good seems partially to lose its effect and requires augmentation; but this could be done only with the greatest caution, and even then with some hazard, if the maximum quantity had been given in the first instance." BARTHOLOW pronounces strongly in favor of *Belladonna* as a cure for idiopathic erysipelas, especially when affecting the face. He also remarks its prompt action in acute nasal catarrh with profuse watery secretion, and in ordinary sore throat. He advises giving five drops of the tincture as a first dose and repeating with one or two drops every hour. HUGHES regards *Belladonna* as displaying wonderful powers in catarrhal throat affections.

Tincture of Nux vomica also appears, according to RINGER, to be possessed of real curative powers, when given in drop doses, repeated every five or ten minutes for eight or ten doses and then continued at longer intervals, for "sick headache" accompanied with acute gastric catarrh, whether due to error in diet, constipation, or no apparent cause. He regards it, administered in small and frequently repeated doses, as useful in many disturbances of the gastric function. *Cantharides*, in the form of the tincture, has received a trial from me, in small and frequently repeated doses. The case was one where there was a frequent desire to urinate, only a small quantity of urine being passed, with much straining, each time. There was no evidence of a lithiasis nor gonorrhœa. The urine did not contain albumen nor blood. There was a small deposit of mucus. I diagnosed the case as a slight vesical catarrh of a subacute character. It had existed for three days. One drop of the *Tincture of Cantharides* was ordered every hour, and the next day the patient reported himself as immensely improved, and the second day as well. [All of which proves that a rose by any other name smells sweeter, which is an improvement on SHAKESPEARE, and such facts known for years to every homœopathic practitioner, as

among the simplest and most certain facts of his practice, will, if adopted by the allopathic school, greatly improve their therapeutic art. Go on, gentlemen, your eyes are opening. You see men as trees walking. You will soon see the broad sunlight.]

Bureau of Medical Information.

In Charge of A. McNEIL, M. D., New Albany, Ind.

NOTE:—The blanks on which these reports are made call for Prevailing Diseases, Remedies Employed, Meteorological Conditions and Special Facts as to Diseases and Remedies. We will furnish blanks to all who will favor us with monthly reports.

St. Louis, Mo., Oct. 19, A. Uhlemeyer, M. D.—Malarial fevers; *Chin. s.*, *Nux v.*, *Ars.*, *Ipec.*, *Nat. m.*, *Bry.*, *Bell.*, *Gels.* Diphtheria; *Lach.*, *Lyc.*, *Merc. jod.*, *Kali. b.* Tonsillitis; *Merc.*, *Bell.* Cholera infantum; *Iris.*, *Ars.*, *Ipec.* First part of the month warm; about Oct. 4, we had a severe cold spell; we have rain now for a few days. Genus epidemic not found; we have good many relapses. The usual indication for these remedies proved curative. Cholera infantum has been raging for the past week. *Iris v.* cures most cases.

Atlanta, Ga., Oct. 17, F. F. Taber, M. D.—Catarrhs; *Gels. semp.*, *Acon.*, *Bell.*, *Bry.*, *Nux v.*, *Puls. n.* Genusepidemicus, *Gels. semp.*, *Bapt.* Diarrhœa; *Ipec.*, *Iris. v.*, *Dios. vil.* Disappearance, cholera infantum, typhoid fever; *Jatrop. cure.*, *Bapt.*, *Iris v.*, *Verat. vir.*, *Bry. alb.* Sept. 18, barom., mean, 28.874; ther., max. 74, min. 64; Oct. 4, barom., mean, 28.677; ther., max. 73, min. 54; Oct. 11, barom., mean 28.747; ther., max. 67, min. 50; Oct. 16, barom., mean 28.199; ther., max. 80, min. 54. Hygrom., pr. ct. of moisture mean 84. Rain fall, Oct. 4, .23 in., Oct. 11, .33 in. Mean heat direct rays of the sun, Sept. 18, 102°; Oct. 4, 132°; Oct. 11, 137°; Oct. 16, 148°. Radiation from during preceeding night, Sept. 18, 48°; Oct. 4, 50°; Oct. 11, 47°; Oct. 17, 48° Pr. ct. moisture in air, Sept. 18, mean 84; Oct. 4, 57; Oct. 11, 59; Oct. 16, 72. Wind, N. E., S. E., E. S.

Richmond, Ind., Oct. 18, O. P. Baer, M. D.—Zymotic, as intermittents, remittents, typhoids. *China*, *Ars.*, *Eup.*, *Rhus.*, *Bry.* Coryzas, angina faucium, bronchial irritations, cough; *Acon.*, *Bell.*, *Phos.* Continued dry, warm weather; very little wind; clear, now and then; clouds ranging high and white; sky beautifully blue. Remedies act readily, as the air is antagonistic to malaria, being warm and clear, owing, no doubt, to the presence of the requisite quantity of ozone.

San Francisco, Cal., Oct. 11, G. M. Pease, M. D.—Diphtheria has been on the decrease, though enough of it remains. Typhoids somewhat prevalent, *Bapt.*, *Ars.*, *Bry.*, *Muriat. ac.*, *Acon.* the chief remedies. Some diarrhœas and cases of dysenteric diarrhœa, *Ars.*, *Croton tig.*, *Merc.*, *Magnes. carb.* meeting the requirements generally. A few cases of infantile enteric troubles have yielded to *Aethu.* or *Cham.* The weather during the past month has been varied, but more hot days than usual; quite the usual amount of fogs the past week; we are getting ready for rain without doubt.

Charleston, Ill., Oct. 17th, Geo. B. Sarchet, M. D.—Intermittent fever; *Nux v.*, *Bell.*, *Apis.*, *Cina.*, *Ipec.*, *Acon.* Sore throat, catarrh and diphtheritic; *Acon.*, *Nux.*, *Bell.*, *Merc.* Neuralgia, stomach and bowels; *Nux.*, *Col.*, *Ign.* Dry, sun shone four-fifths entire month. Two cases diphtheritis under old school treatment died in less than a week. Some cases of diarrhœa which yielded to *Sulph.* and *Nux.*, the latter especially, coming from old school.

Chicago, Ill., Oct. 17, A. W. Woodward, M. D.—Influenzas; *Ammonia mur.* Bronchitis; *Kali mur.*, *Puls.* Gasto-enteric catarrhs, sometimes attended by hæmorrhages; *Nit. ac.*, *Phos.*, *Acon.*, *Ipec.*; *China* failed in bleedings. Sudden and extreme changes, S. W. winds, temp. 84°; twenty hours after, N. E. winds, and temp. 44°, followed by heavy and cold rains. Inflammatory types wanting; all cases adynamic; great tendency to violent congestions, appoplexies, etc. Have not found the remedy.

Philadelphia, Pa., Oct. 18, H. N. Guernsey, M. D.—Quite a variety; diphtheria the most, if any one is most, prominent; *Lycopodium em* and only a single dose. Damp and warm; too warm for the season, but cool spells. Diphtheria, right side first affected, feels as if choking; high fever, restless nights. *Lyc. em* cures the throat symptoms, and a red rash, very well marked, completes the case with desquamation.

Grand Rapids, Mich., Oct. 18, DeForest Hunt, M. D.—Diphtheria still prevalent and extending to adjoining towns; very malignant; remedies mentioned last month, additional, *Hepar. sul.*, *Bapt.*, *Arsen.*, *Phos.*; *Arnica* especially after membrane detached. Intermittent and remittent fever mild; *Acon.*, *Gels.*, *Bapt.*, *Ars.*, *Ip.*, *China*. A few cases of typhoid fever; *Acon.*, *Hyos.*, *Hell.*, *Coff.* Rheumatism; *Acon.*, *Bry.*, *Gels.*, *Colch.*, *Verat vir.*, *Rhus tox.*, *Sulph.*, *Caul.* Changeable; heavy rains alternating with warm days, cool nights; light, changeable winds. Last month mentioned diphtheria as principally on high, dry lands, bluffs overlooking city. Of late have to report a favorable improvement in that quarter. Diphtheria now mostly on low flat grounds adjoining river, especially in neighborhood of river dams. Typhoid fever also prevails to greater extent in same locality.

New Albany, Ind., Oct. 19, A. McNeil, M. D.—Intermittents and remittents are still the prevailing diseases; a few coryzas and occasionally a

few cases of diphtheria; *Apis mel.*, is the remedy in both classes of disease. Very dry and warm, with cool nights. About Sept. 20 there was a very sudden change in the symptoms of the cases, but without any change in the diseases. The malarial diseases were very frequently accompanied by nettlerash, and the coryzas with sore throats. With the hot stage, disposition to keep on the covers and shuddering on moving; vomiting; thirst present in some cases, even in those in which *Apis* was otherwise indicated. May not the soreness of the throat and other symptoms point to scarlet fever or diphtheria soon prevailing?

Arcola, Ill., Oct. 19, G. R. Spooner, M. D.—Have some intermittents, but mostly old chronic cases; *Ars.*, *Bell.*, *Actea rac.*, *Nat. mur.*, *Nux v.* For the last three days very heavy rains, and to-night a heavy fog; weather very warm for this time of year. Not much sickness of any description; doctors have plenty of time to study and get posted on what may come.

New York, Oct. 18, A. M. Piersons, M. D.—Coryza; *Allium. cepa.*, *Kali b.*, *Arsen.* Pneumonia, *Bry.*, *Ant. tart.* Very warm for the season; some sudden changes to colder weather, with N. W. winds; no rains. *Cepa.* 1000 acts magically where there is profuse, bland discharge with frequent sneezing; nose is only sore from use of handkerchief.

Abingdon, Ill., Oct. 18, J. Harts Miller, M. D.—Sept. 18 to 25, intermittents; *Nux v.*, *Nat. m.*, *Ars.*, *Qui.*; Diarrhœa; *Sulph.*, *Pod.* Clear, fine, warm. Seems to be no typical remedy; intermittent attended with much and general pain. Sept. 25 to Oct. 2, intermittents; *Nux v.*, *Nat. m.*, *Ars.*, *Ipec.* Clear and quite warm. Oct. 3 to 10, intermittent, diarrhœa; *Ipec.*, *Cina.* Rain, changing cold; warm again with wind E. and S. E. Very little sickness of any kind. Oct. 10 to 18, no prevailing disease, little sickness, and that of varied character. All the week succession of heavy rains, with short intervals of cloudy weather, warm, wind E. and S. E. until 15th, changing to W. and N. W.

Lynn, Mass, Oct. 17, A. M. Cushing, M. D.—No epidemic; little of everything; *Apis* most frequently used. Since Oct. 10 diphtheria has been on the increase, not very malignant; *Apis mel.* and *Lach.* have been used mostly; some *Hepar* and *Kali b.* Sept. 17 to Oct. 1 pleasant and cool; barom. 30.45 average. Oct. 9, rained all day, diphtheria since that date. Will some one tell us how to cure cases of diphtheria with profuse discharge from the nose and enlarged tonsils?

Rochester, N. Y., Oct. 18, J. A. Biegler, M. D.—Very healthy, all classes of acute diseases have diminished since last report. There is a tendency to a prevalence of diphtheria and typhoid fever, probably due to local causes. A few cases of parotitis have occurred, also cholera morbus. *Lach.* is the most frequently useful for diphtheria; parotitis, *Acon.*, *Bell.*, *Hepar s.*, on the right side *Lyc.*; *Verat. alb.* 30, *Nux 2c.*, not alternately, cured a case of cholera morbus in eight hours. Mean bar. 30.018; mean

ther. 64°; mean hum. 68.2 pr. ct., prev. wind W.; total rain fall 2.31 in.; rain fall on twelve days. A typical case of diphtheria: web-like membrane over both tonsils, grayish-yellow, with bloody exudation along its ramifications; some hæmorrhage from throat and nose; cured in four days with *Lach. 2c*; on the third day the microscope revealed *Uric acid* the same cells in the urine as are given in "Beale," fig. 238, crystals in abundance.

Linesville Sta., Pa., Oct. 22, W. P. Brooks, M. D.—The latter part of September and to the present of this month bilious remittent and diphtheria have prevailed; *China*, *Nux* and *Gels.* for the former. Diphtheria accompanied with cerebro spinal congestion and many cases very malignant. Ten cases proved fatal in allopathic hands, nearly one-half they treated; nineteen cases yielded to *Kali b.*, *Lach.*, *Bell.* Very dry and hot with cool nights.

Editor's Table.

IT WON'T DO.—This wise remark applies to several gentlemen who are attempting to illustrate eye diseases with wood cuts. It's a palpable failure. The pictures lack in chromatic and morphologic qualities, and there is nothing left about them but their *ad captandum* character and that is the last thing desired by these gentlemen. *Verbum sat.*

CHROMATIC.—The College of Physicians and Surgeons, of New York, refused admission to one Mr. Barbosa, A. B., a Porto Rican, because *he was a shade too dark.* What are education, character and talents compared to optical impression? Nothing, of course. A gentle reminder of the *dark ages*, you know.

Later—Mr. Barbosa, we learn, has been admitted to the Michigan University.

DR. R. F. BUCHANAN has located in Kentland, Ind. He is a Pulte boy.

W. S. RUBY, M. D., has removed to Peoria, Ill., taking charge of the business of Dr. M. M. Eaton, lately removed to Cincinnati.

C. F. STERLING, M. D., graduate of the Pulte, has located in Amherst, Mass.

PROF. E. C. FRANKLIN, of St. Louis, has in press a new work on Spinal Curvatures, and new treatment of the same. It will be worth possessing.

MARRIED.—Dr. E. D. Ehrman to Miss. Eugene De Bruler, Rockport, Ind., September 24, 1877.

PERSONAL.—Prof and Mrs. C. D. Crank left, in October, for Europe to remain the coming year. The good wishes of their many friends accompany them.

MORE MUSIC.—Old Uncle Dan by Horace Dumars, and Dear Old Homestead by Anna C. Hilts. Published by F. W. Helmick, Cincinnati.

LEAVENWORTH, KANSAS.—Dear Colleague:—I have Hahnemann's Organon, fifth edition, in German, 1833. I will take *one hundred dollars* for the same (while I live). This copy T. Rummell used to own. When I am gone you can have it cheaper. [We will expect the bequest]. Yours,
C. F. KUECHLER, M. D.

WE HAVE received samples of medicines and bottles from the Milwaukee Pharmacy, which to our eye represent a decided advance, in both the preparation and putting up of drugs. Dr. Sherman knows how to run his institution.

TRANSACTIONS OF THE THIRTIETH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY NOW READY.—The *transactions* of the thirtieth session of American Institute of Homœopathy, held at Lake Chatauqua, are now ready for such members as stand clear on the treasurer's book. Members who have not paid will therefore forward their dues to Dr. Kellogg, treasurer, who will then notify the secretary to send the volume by mail. It is a handsome work of nearly seven hundred pages, and contains a number of very valuable papers. The transactions of the World's Homœopathic Convention of 1876, are making rapid progress and will soon be ready for delivery.

ROBT. J. McCLATCHY, Gen., Sec'y.

918 N. 10 St., Philadelphia.

ALBANY HOMŒOPATHIC MEDICAL SOCIETY.—A meeting of the Homœopathic Medical Society was recently held with reference to certain proposed amendments to the constitution. At a meeting of the society on the 14th of August, the homœopathic maxim, "*Similia Similibus Curantur*," was stricken from the constitution, on motion of Dr. Paine. At the last meeting, on motion of Dr. C. E. Jones, it was declared that the amendment referred to was unconstitutional, and that the society adhere to its belief in the homœopathic maxim. This motion was adopted by the following vote: Ayes—Drs. W. Cox, E. D. Jones, L. M. Pratt, S. H. Carroll, W. E. Millbank, J. F. McKown, G. A. Cox, N. Hunting, E. B. Graham, C. E. Jones, and H. L. Waldo. Nays—Drs. H. M. Paine, Taylor and W. H. Vanderzee.

HOMEOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.—At a meeting of the Society held on the 19th of September, nearly sixty members being present, Drs. Stiles, Blumenthal and McMurray offered the following preamble and resolutions, which were adopted without a dissenting voice :

WHEREAS, There exists amongst medical men a difference of opinion, which will probably always continue, regarding the selection, dose and administration of drugs; therefore,

Resolved, That we, the members of the Homœopathic Medical Society of the County of New York, emphatically reiterate the principles upon which our society is based, recognizing as homœopathic physicians, such only as subscribe to the belief in the doctrine of *Similia Similibus Curantur*; and hold that all such are justified in administering medicine in whatever attenuation they may think best for the cure of disease.

Resolved, That we deprecate and discountenance the adoption of any action which looks towards the censure of any individual, in the use of any substance of any potency, in conformity with the homœopathic law.

PUERPERAL THERMOMETRY.—Dr. H. N. Guernsey, of Philadelphia, is chairman of the Bureau of Obstetrics (Am. Inst. Hom.) The bureau has chosen Puerperal Thermometry for its next subject. The Doctor wants all our readers to go armed with a *reliable* thermometer, (aye, there's the rub) and make notes of all lying in cases beginning a few days before confinement, and continuing until complete recovery. Notes to be taken twice a day in bad cases. The points are, will the thermic condition after delivery foretell hæmorrhage; what are the thermic condition of mastitis persistent after pains; puerperal metritis and peritonitis; milk fever; puerperal septicæmia; phlegmaria alba dolens? etc., etc. Those who are willing to enter upon this work had better address Dr. Guernsey and obtain additional information. We are not looking for a popular uprising on this subject among the profession. There will be about a half dozen reports ready by next June. Three or four of those only will be reliable. That's our idea of the success of the plan for the first year.

A NEW DEPARTMENT.—With a view to further improve the usefulness of the MEDICAL ADVANCE we have decided to open another department. It will be devoted to *Microscopy*. The department will be in charge of Prof. J. Edwards Smith, of Cleveland, and Dr. C. P. Alling, of Dunkirk. Both these gentlemen are distinguished writers and investigators in microscopical matters. The only trouble we expect to have with them is to prevent their taking up our entire pages, for they are full of the subject, and anxious to give Homœo-

pathy the much needed aid of their scientific studies and discoveries. Their labors, we are sure, will be welcomed by all our readers.

SOCIETY MEETINGS.—The American Institute of Homœopathy holds its next meeting at Put-in-Bay (Lake Erie) the third week in June, 1878.

The Western Academy of Homœopathy and the Homœopathic Medical Society of Ohio, will hold their next annual meetings, jointly, in Cincinnati, May, 1877. We recommend that these facts be copied out and pasted in the hats of our readers. They should be borne in mind and prepared for.

PRACTICE FOR SALE.—In a city of eight thousand inhabitants. Practice averages \$1,700 a year. This is a rare chance for a young man speaking German. Address MEDICAL ADVANCE Co. for particulars.

PULTE MEDICAL COLLEGE has opened its winter term with a much larger class than usual. The seats are well filled with a fine lot of students. The Hospital and College Clinics are affording them a large amount of rare and interesting cases.

BOOKS RECEIVED.

Inebriety and Opium Eating. In Both Cases a Disease. Method of Treatment and Conditions of Success. By Geo. F. Foote, M. D., Stamford, Conn.

A Thesis on the Dual Constitution of Man or Neuro Psychology. By S. S. Laws, M. D., A. M.

Tumors: Their Etiology and Curability. By J. G. Gilchrist, M. D., Michigan University.

Modern Organic Chemistry. By C. Guilbert Wheeler, Chicago, 1877.

Cyclopædia of the Practice of Medicine (Ziemssen). Vol. VI.

Diseases of the Circulatory System. Wm. Wood & Co., New York

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

VOLUME V. CINCINNATI, O., DECEMBER, 1877. NUMBER 8.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, Cor. 7th & Mound, Cincinnati, O. Terms \$2.50 a year.

LOOK ON THIS PICTURE AND THEN ON THAT.—Dr. POPE in his admirable address before the British Homœopathic Congress, gives us a fine view of the past history of Homœopathy in that country, showing how the old school ostracised the new school, how it shut up its doors on every hand, kept its representatives out of its journals and societies, called it humbug, farce, fraud and what not, and so drove the homœopathic school to a forced separation. We quote the following:

Gentlemen, there was no intolerance among the representatives of Homœopathy. None was charged against them; they took no unprofessional methods for making known those therapeutic principles of which they were, in proportion as they felt their value, bound to disseminate the knowledge. They had no secrets; they professed no mystery; they desired above all things to communicate every information regarding the mode of practice they had learned the value of. The great body of the profession refused to afford them any opportunity for doing so. Was then Homœopathy to be excluded from all discussion because the profession would not listen? Was Dr. ERB to be silenced because the *Lancet* would not permit him, through its pages, to communicate to his professional brethren the results of his clinical observations? Were the sick poor to be denied the advantages of Homœopathy, because a physician who practiced homœopathically was prevented from holding office in a hospital? I trow not! If Homœopathy could not be examined before the usual tribunals in matters medical; if it could not be made known through the ordinary professional channels; if it could not be illustrated in established charities, other *media* must be found. Hence arose the

pamphlet setting forth what Homœopathy was; hence came the hand book of domestic medicine; hence came the homœopathic periodicals; hence came the homœopathic dispensary.

This is our first picture.

For our second picture we turn to the Hahnemannian Monthly for October, and we find Dr. T. F. ALLEN fulminating after the following manner.

Dr. SWAN remarks, wisely and truly, that I shall injure myself by kicking against the truth. The things, however, against which I kick, and which I intend to help *kick out* (as soon as I get a breathing spell), without the slightest damage to myself, are,

First. Dr LAURA MORGAN'S "proving" of *Lac caninum*, "cm."

Second. Fluxion potencies (a disgrace to our profession).

Third. Dr SWAN'S fallacious notion that there is no inert substance when potentized; and,

Fourth. That pernicious and pestiferous tail piece to Homœopathy, the idea "that morbid products when given in high attenuations will cure the diseases that produced them;" an excuse for empiricism that is *unsupported by experience*.

It will be remembered that Dr. ALLEN is the editor of the Encyclopedia of Pure Materia Medica, and a professor in the New York Homœopathic College, and if he has not the "book, bell and candle," by which to make his anathemas of some force, it would be hard to say who had. And if he does not see his own prototype in the old school doctors of England, then he does not know his own features. Aside from the truthfulness or untruthfulness of the things he proposes to clear the sacred temple of, the taste displayed in such a summary ejection is not questionable, it is decidedly bad. Error can never be crushed after that fashion, and an enlightened judgment would dictate the propriety of proving these things false if possible, and after that no man need to lose his dignity in the unmanly act of kicking.

MUCH is said of the advances made in science, and of the labors (and their important results to humanity) accomplished by the professions. Innocently disposed people, judging from the results, would think the professions great beehives of mental activity. What a mistake! The vast amount of labor performed is done by the devotion of the few. Not one per cent. of professional men take more than a passing interest in the great questions of the day. And who can form an estimate of the loss to society through mere carelessness on part of men who are good observers, persevering students, independent thinkers, and are yet satisfied to let be buried with them the results of a lifetime's earnest devotion. It is true, we may well rejoice at what has been done by the few, but alas! must we not mourn when we dare think of what might be done by the united effort of the many?

ARNDT.

Dr. Rickey's Case of Intussusception. By Dr. Ad. Lippe,
Philadelphia.

It has been our aim to find a curative remedy for the prevailing disease among medical men who profess to be homœopathists, and at the same time continually indulge in a progress backwards, and sport the physiological livery. It has also been our aim to detect the "causes" of the various departures and sportiveness for said livery. Now and then one of these gentlemen will have the goodness to mount the witness stand, and voluntarily unburden himself and give abundant testimony, showing plainly and unmistakably the cause of his defection.

We thanked Prof. Talbot for his kindness, and we now take occasion to thank Dr. A. C. Rickey, of Dayton, Ohio, for his condescension to make an open, manly statement in the March number of this journal. The learned Doctor first describes a fatal case of intussusception of the bowels and then draws his deductions from that case. He says: "Before closing my paper I wish to raise my voice against the delusive attempt made at curing intussusception of the bowels with *Bryonia* or any other medicine. Our medicines can, and do, great things. But let us not claim too much for them. The affection is purely a mechanical obstruction, and can only be relieved by mechanical means."

Now, on first sight, these deductions do not carry with them a conviction of their correctness, viewed from the homœopathic stand point. Who, pray, ever asserted that intussusception of the bowels found its specific in *Bryonia*? Such an assertion would be in contravention to the well established principles governing homœopathic practice. To be sure there are some very decidedly, stubbornly blind men who profess to belong to our school and who claim to have found "specifics." They have a specific for hooping cough "*Mephitis*," they have a "specific" for yellow fever, "*Crotalus*," they have a specific for diphtheria which never yet cured a solitary case and which develops a terrible chemical blunder;

we have another man who found a specific for cancer which never yet cured a solitary case, no more than his specific for hydrocephalus or gonorrhœa ever cured a single case! The fact is this, that in our school we can never find a specific remedy for a specific disease. Acknowledging no specific diseases, how can we find a specific remedy for them? We treat the sick, their symptoms, objective and subjective, constituting what is termed "disease." And, whereas, no two persons ever suffered alike, we can not treat these differently suffering persons with the same remedy, because, apparently, they suffer from the same disease. A fracture or a flesh wound are mechanical injuries requiring first mechanical treatment, but should they arouse latent disease slumbering in the injured person, the mechanical or chemical treatment (as the destruction of erysipelas by *Carbolic acid* as Dr. Beebe has it) are out of the question, and dynamic medicines for the cure of an aroused enemy, come into play under the law of the similars which we profess to subscribe to. To attempt to cure all cases of intussusception of the bowels with *Bryonia* is a perfect folly; to deny the correctness of the homœopathic law of cure, and the facts that this disorder is amenable to a cure by "other medicines," in other words that Homœopathy does not show feasible means to cure this disorder because it is caused by a mechanical injury and requires mechanical means for its cure is much worse, than ordinary folly. Our learned friend no doubt drew up these deductions before closing his paper under a conscientious conviction that he had treated the case scientifically as became a homœopathist. Had he done so, his deductions would have been accepted as showing on their face an honest conviction of having failed to cure the case under strictly scientific homœopathic treatment. Had our learned friend given his sad case without drawing any deductions from it, without showing his desire to don in future the physiological livery, we should not have noticed his paper but as it is, it will be our very unpleasant duty to show Dr. Rickey that his premises are all wrong, that the case has not been treated according to the homœopathic law, and that

the law of the similars having been set aside the result could not have been otherwise than it was. If Dr. Rickey will procure a copy of the "Organon" and carefully read it he will find that the remarks we now make are just, and that he was from the beginning of his treatment to the end of his deductions, in "error."

At the very outset of the treatment the therapeutics were based on the very vague supposition that the pain of the child arose from indigestion, resulting from spasmodic colic, and on this hypothesis *Nux vom.* 3 was given without benefit. If the hypothesis had been correct then *Arsenicum* would have been the proper remedy. The child grew cold, cold perspiration stood on his forehead. Now, for this cold perspiration on the forehead, general coldness and spasmodic colic, *Verat. alb.* 3, later *Colocynthis* 4 and *Camphor* we suppose in drop doses, were administered without relief. Now cold perspiration on the forehead is just as much an indication for *Corros. sub.* as for *Verat.*, is surely no indication for *Colocynthis* nor for *Camphor*. *Colocynthis* has its own characteristic colic, with knees drawn up. The description of the symptoms is vague, to say the least of it. Injections did no good, showing that the hypothesis was a fallacy. Now does our learned healer abandon Homœopathy and resorts to an anodyne, and gives *Opium* in drop doses. Where, do we seriously ask this healer, does he find an excuse for such practice in any of Hahnemann's writings? Please enlighten the profession. The *Opium* did not cure, could not benefit, but only injure the child; and now a new idea struck the healer. May be, said he, there is an obstruction in the bowels, (why did the *enema* not remove it?) and then supposing it to be possible that there was congestion or inflammation about the ascending colon, *Aconite* 2 was given every half hour, and two hours later a dose of *Castor oil*. Did it never occur to the learned Doctor that it was a good thing to study materia medica, and while doing so read the preface to *Aconite* written by Samuel Hahnemann. Had he done so he would have never given four doses of *Aconite* in two hours and thus wound up by giving *Castor oil*. There

were now bloody stools and more *Aconite* was administered. The child suffered agonies, and the healer now, on that account, became alarmed and believed the bowels were intussuscepted. Now *Bell.*, and later *Bryonia* were administered. Why? Because of the similarity of symptoms? No, not at all, but because the last remedy, *Bryonia*, was recommended so highly in the journals, and by physicians as a cure for intussusception of the bowels. Now that is really a very refreshing assertion. Does it not behoove us to be governed by principles only, and not by fallible opinions? Who, as a homœopathist would in his sane moments ever take the slightest notice of such a vague recommendation? Because Dr. A. boldly asserts that he has cured a hypothetical condition with a remedy, therefore, am I right if I, raising a third hypothesis in a given case, now administer the same remedy for just such a hypothetical condition, setting aside the law of the similars which should always guide us, and always guides us aright, and be governed by a hypothesis? Again taxis and Davidson's syringe were used and did no good. Unmistakable evidences showed the very correctness of the last hypothesis, but the learned healer gives us nothing like "symptoms;" gives us only the results of his examination and the name of the disease; he now is satisfied with his diagnosis, abandons Homœopathy in this case and resorts to mechanical efforts and to *Opium*. And the healer calls that homœopathic treatment. Well we are bold enough to say that he can not find an excuse for such a treatment in any of Hahnemann's writings. Had he looked into our *Materia Medica Pura* he possibly might have found very similar symptoms under *Corrosiv. subl.*, (it seemed all the time as though he wanted to have a stool but could not,) or under *Thuja*. This sad case should not be allowed to pass without lessons of profit to all, says Dr. Rickey. So say we. Stick to the teachings of the master, apply the similar remedy for the symptoms of the patient, and do not allow yourself to be led astray by the assertions of medical men that they, sporting the detestable physiological livery, have cured a disease, so named for convenience sake only, by a

certain drug. If you do listen to these false healers you will be invariably stuck, and fall into the error, if you know no better, than to draw erroneous deductions after swallowing the deception. Learn rather to follow the teachings of Hahnemann as laid down in his Organon.

The Idiotic Livery. By S. J. Bumstead, M. D., Decatur, Ill.

For several months past the readers of this journal have been treated to a series of very valuable articles upon liveries of the physiological and homœopathic varieties. As this author has not exhausted the livery business, we propose to speak of still another kind, which is gracefully worn by many who prate much of the homœopathician and his great devotion to principle. But how shall we recognize those wearing the idiotic livery in our profession? Certainly there is no better way than to judge by the idiotic character of their arguments, and the absence of all that tends to increase the scope of knowledge in the profession, or to bring about a higher standard of medical education. It is also a very strong characteristic of those wearing this livery, that from first to last, in all their communications, verbal or written, one idea possesses them, which they dress in as many ways as the hues of the chameleon. And this they do in spite of the numerous departments of medical science in existence, which are of the greatest importance, and taken collectively only, constitute a science of medicine. When, however, they deny this imputation of indifference to, and inacquaintance with, other departments of medicine, they fail to inform us how we would have any of these other departments at all, if their views had been, and were generally adopted by medical men. And this is only one of the

examples of the sublime indifference to logical conclusions by men who create systems of logic and medicine, *pro-re-nata*. It is the difference between a machine with all its parts together making one beautiful mechanism, working harmoniously, and one bereft of some of its parts, which goes only by fits and jerks, that distinguishes the gentlemen wearing this livery from scientific physicians. Is Dr. Lippe in favor of a better educated profession? Or is it men who will go to the stake, rather than deviate one hair's breadth from the letter of the law laid down by Hahnemann, that he so much desires? Another *sine qua non* with these gentlemen is a never dying faith, that all cases of curable disease are to be cured with medicines in high potencies, administered in accordance with the law of similars, and whenever this does not hold good, it seems to be the solemn duty of these men to attribute the failure to the party making the trial, no matter what the circumstances were. This being a law of nature with them, and her laws being invariable, they consider it their duty to uphold and defend it for fear nature may be disgraced. The nature and amount of the responsibility resting upon these solons, it is really almost heart rending. We might ask the great chieftain of this claim a few questions, as follows; though we have no expectation of their being answered by him: Since the time of Hahnemann have any cases failed to be restored by homœopathic treatment properly applied, that were afterward cured by allopathic or empirical means? and if so, why? (We bear in mind the usual answer of this set, that all cures are homœopathic which are not suppressives, etc). And, again, what would be the duty of a strict homœopathican who, failing to relieve his patient, is informed by a reliable friend or author, that under such circumstances he has seen this or that remedy, though wholly non-homœopathic, cure speedily? And if the reply should be that we are not to be guided in such serious matters by such statements, will he not inform us why Hahnemann's advice was ever listened to or adopted by any? Surely to be a good homœopathican one must make

his own logic as well as medicine. If the "perfect liberty" advocated by Dr. Dunham only tends to retard progress and the recognition of the truth, as Lippe asserts, would it not be well to have the necessary laws enacted which should empower a proper committee of the American Institute, for example, to restrain these liberal gentlemen in their practice, to purify them, even with the rack and thumb screw? This matter of liberty is becoming a serious one; there is perhaps too much of it. Men should be limited to the possession of one or two ideas at a time, as is the case with the gentleman of this livery. The homœopathician needs "protection" along with other products of Yankee ingenuity, and the great prevalence of common sense over imbecility among the patrons of Homœopathy, will tend to deplete the ranks of the supporters of pure Homœopathy, and swell those of the liberal homœopaths. Therefore, let us protect these unfortunates by all means. In any contest between matter and spirit, or an ill defined ethereal substance, we are accustomed to see matter victorious, and we do not expect any miraculous change in the programme just now. The venerable Dr. Lippe in his efforts to make Dr. Dunham appear inconsistent and illogical, probably does not stop to consider that his own positions if adhered to consistently throughout, would give us a medical inquisition, and even make it a necessity. Perhaps the gentleman is in favor of it, and maintaining his consistency. Inasmuch as the venerable chieftain of liveries seems desirous of organizing a national body which shall hold fast to his eternal principles, we will suggest a title for such a grand array of medical talent as would undoubtedly be assembled under that banner. It is as follows: "The American Association of Homœopathic Imbeciles." This would be just the thing, and Dr. Lippe would fill the presidential chair with grace and dignity. In conclusion we would suggest a materialistic diagnosis for Dr. Lippe's case, as affording some relief from the spiritual dynamic doctrines with which he has satiated us. Age sixty-five. Great characteristic to revert to the scenes, incidents, and principles of his youth without varia-

tion. Atrophy of the exterior layer of cerebral cells, with marked activity and persistence of the first and second layers with all their associated ideas.

Theory and Practice.

Femoro-popliteal Neuralgia. Neuralgia Ischiadica, Sciatica.
By J. Martine Kershaw, M. D., St. Louis. Part I.

HISTORY.

In speaking of this disease I refer in a general way to functional disturbance of the sciatic nerve, apart from organic change in the nerve substance. It is true, however, that sciatica is not unfrequently excited by mechanical means; of these I shall speak further on. The nerves and parts affected in the disease under consideration, are the "posterior femoral cutaneous nerve, and the sciatic; the pain being localized in the posterior surface of the thigh, and throughout the whole length of the lower leg and foot, (with the exception of the parts supplied by the saphenous nerve). Sciatic^a and neuralgia of the fifth are the most common and the most important of all the forms of neuralgia." The disease is characterised by pain of a more or less severe character, following the course of the nerve, or of some of its branches. The pains are sharp, shooting, lancinating or burning. Sciatica may be developed suddenly, but the reverse is generally the case. *Dr. Hammond relates several instances in which the patients were suddenly seized with the most intense pain, having been, to all appearances, quite well previous to the

*Clinical Lectures on Diseases of the Nervous System.

attack. The first indication of disease is a slight aching which gradually increases until the intense pains already described are developed. The suffering in the disease is of the most extreme character, rivalling, as it does, neuralgia of the ophthalmic and superior-maxillary divisions of the fifth pair. Like the other neuralgias, sciatica is subject to remissions and intermissions, more or less distinct in character. These are especially well marked if the disease is due to malaria. I have a patient now under treatment who is quite free from pain during the day, but about six o'clock in the evening the attack begins and continues until the next morning, ceasing in the neighborhood of three o'clock. During this time she is quite unable to dose or sleep. As in convulsive diseases we find the so-called pressure points, so in this and in other neuralgias are to be found certain painful points or spots along the course of the nervous tract. They are principally found in the following regions: at the sacro-iliac junction; at the sciatic notch; behind the great trochanter; along the course of the nerve at the posterior portion of the thigh; over the articulation of the fibula with the tibia; at the inner and outer malleoli and the sole of the foot. These points are frequently well marked, especially at the sacro-iliac articulation behind the great trochanter and at the external malleolus. Severe pain is frequently felt at the inner side of the knee joint, simulating in this respect the characteristic pain of morbus coxæ. Uncomplicated neuralgia of the crural nerve is a rare disease, yet when sciatica has existed for a length of time, other nervous tracts of the limb are likely to be implicated, and sometimes the disease, primarily seated in the sciatic, finally spends itself in the crural branches. **"The extremely severe pain at the internal aspect of the knee joint which is such a common symptom in morbus coxæ, is evidently a reflex neuralgia of the long saphenous nerve, the ultimate irritation being situated in the branches of the obturator nerves which supply the hip joints. For some reason unexplained, this happens in a considerable number of cases of sciatica. I have a lady now under my observation, in*

*Neuralgia, Austie, pp 61, 62.

whom the secondary neuralgia of the saphenous nerve has become even more intolerable than the pain in the sciatica, which was the nerve primarily affected." Involuntary muscular contractions frequently occur, which greatly aggravate the pain. Anæsthesia is generally present in chronic cases; this is easily demonstrated by means of the æsthesiometer. Certain it is that over the painful points and during the height of a paroxysm, extreme pain is experienced, yet during the remissions tactile sensibility is very much diminished, it being necessary to place the points of the æsthesiometer several inches apart before each can be separately distinguished. The temperature of the affected limb is not unfrequently considerably lowered as compared with the opposite member. Atrophy of the muscles of the diseased limb is likely to occur if the disease continues a length of time. *Dr. Hammond mentions a case in which the diseased limb was one-third smaller than the healthy one. Paralysis sometimes follows in chronic cases. Shortening of the tendons is a complication of serious import, and may be expected where the limb is retained in a flexed or semi-flexed position for time without change, and permanent injury result. A case under treatment a few years since gave me a deal of trouble because of this tendency to shortening of the tendons, but was finally overcome by general treatment and manipulations. Neuralgia frequently affects the hair in a marked manner, such, for instance, as changing it to gray, (during the paroxysms or permanently) making it coarser, more brittle, and causing it to fall out. With respect to this subject, †Dr. Anstie mentions a curious case: "Occasionally the individual hairs near the distribution of the painful nerve become coarsely hypertrophied; at times the number of hairs multiply; * * *

In one very remarkable instance of sciatica that came under my observation, the whole front of the painful leg, from the knee nearly to the ankle, became clothed, in the course of about six months, with a dense growth of hair, which strongly reminded me of similar abnormal hair growths that have

*Clinical Lectures on Diseases of the Nervous System, p. 264.

†On Neuralgia, Anstie, pp. 122, 123.

been occasionally seen in connection with traumatic injury of the spinal cord."

ECZEMA—BURNING PAIN—GLOSSY SKIN.

Among other accompaniments of sciatica or pain in the sciatic nerve, from whatever cause, should be noticed pain of a burning character. In several cases mentioned by Drs. Mitchell, Morehouse and Keen,* was this burning pain especially marked. In two of them the burning was confined to the top of the foot. They were both gun shot wounds of the sciatic nerve. With this burning pain there was frequently to be seen "eczematous eruptions, which appeared as minute vesicles thickly scattered over the thin and tender cutis, or else showed themselves in successive crops of larger vesicles in the skin about the altered parts." It was remarkable that "recurrence of the eruption gave ease to certain painful symptoms, * * * or to speak more conscientiously, when the eczema came back the pain declined." This was markedly shown in the cases of sciatica mentioned above. Among the curious consequences of nerve lesions may be mentioned a glossy condition of the skin beyond the point of injury. †The authors quoted above state, "that in fifty partial nerve lesions it existed in different degrees in nineteen cases." The following is quoted from a paper by Mr. Paget, in the *Medical Times and Gazette*, 1864: "Glossy fingers appeared to be a sign of peculiarly impaired nutrition and circulation due to injury of the nerves. They are not observed in all cases of injured nerves * * * but they are a very notable sign, and are always associated, I think, with distressing and hardly manageable pain and disability." ‡ Drs. Mitchell, Morehouse and Keen give quite a minute description of this glossy skin and its attendants, a few lines of which I shall incorporate in this paper before closing: "The skin affected in these cases was deep red or mottled or red and pale in patches. The epithelium appeared to have been partially lost, so that the cutis was exposed in places. In the

**Gun shot Wounds and Other Injuries to Nerves*, pp. 92, 93. †p. 78. ‡p. 19.

fingers there were often cracks in the altered skin, and the integument presented the appearance of being tightly drawn over the subjacent tissues. The surface of all the affected part was glossy and shining as though it had been skillfully varnished. In most of them the part was devoid of wrinkles and perfectly free from hair. * * The dorsum of the hand, as a rule, was in that member the part least subject to the alteration, while the dorsum of the foot was in that region the part most liable to suffer. * * In some form, pain has been an invariable attendant upon the diseased state of the skin just described, and as a rule it was of a burning character."

CAUSES.

For some reasons men are more liable to this disease than women. Children are seldom attacked with it. It is rarely observed before the twentieth year, but is developed from this time until old age. Debility and general weakness, from whatever cause, strongly predispose to sciatica. Most neuralgic patients are in poor health, below par, so to speak; lacking in quantity and quality of blood; wanting in appetite—the assimilative processes being imperfectly carried on, and the general functional processes being to a greater or less degree at fault. Because a patient looks ruddy, because he or she has the appearance of being healthy it does not follow that such is the case; such appearances are very deceptive. A patient of mine suffering from anæmia of the posterior columns of the spinal cord is a very stout looking person, yet there are few people more weak than this lady. An anæmic or chlorotic patient is especially liable to neuralgia of some kind. There are few exceptions to this rule, apart from mechanical irritations. Sedentary habits, impure air, poor food and want of sunlight are predisposing causes. Sexual excesses, or its opposite, entire abstinence from sexual intercourse, with frequent excitement, these are instrumental in producing this disease. *"Certainly I have observed it with special frequency in women who have remained single long after the marriageable age, and in several male patients there

*Neuralgia, Anstie, p. 63.

has been either the certainty or a strong suspicion of venereal excess." Another not uncommon cause of sciatic pain is the pinching or imbedding of the terminal fibers of the great sciatic or one or more of its branches in a cicatrix following an amputation, a burn, the seat of an ulcer, or an injury to the soft parts along the course of the nervous trunk or one of its branches. Some of the severest of the neuralgias are due to the imbedding of a small fibre of a nervous trunk in a cicatrix. *In a remarkable little book, the joint work of Drs. Mitchell, Morehouse and Keen, may be found a report of several cases in which sciatic pain was directly attributed to a formation of a cicatrix over the site of a gun shot wound. They were relieved, after various remedies had been tried, by exercise, passive motion and the douche. Whenever tingling or numbness (paræsthesia) is markedly felt after the reception of a punctured, incised or lacerated wound, especial care should be taken to cleanse the parts nicely, and to neatly approximate the edges of the wound, that healing may take place by first intention; if not, and foreign matter remain in the wound with the ulceration which naturally follows, this taking place over the partially or entirely divided nerve, a nerve fibril is extremely likely to become firmly imbedded in the contraction which takes place at the site of the old wound. This pinching of a nerve fibril is almost certain to be followed by exquisite pain at the seat of the difficulty; and, not uncommonly, at various points along the course of the nerve proper, or some of its branches. By means of reflex action various painful and at times very serious difficulties may be produced from the simple irritation of a nerve such as above mentioned. †Referring to difficulties due to reflex action in consequence of nerve injuries, and bearing on this subject, Dr. Brown-Sequard calls attention to the fact that many cases of epilepsy have no other exciting cause than a burn, wound, tumor, inflammation or neuralgia; that a ligature applied above the seat of injury will often prevent the attacks; that pressure over the seat of the "external irritation invariably

*Gun shot Wounds and Other Injuries to Nerves, pp. 59, 60, 61.

†Holmes's Surgery, Vol. IV, pp. 186, 187.

brought on a fit;" that the amputation of a limb, section of a nerve above the seat of irritation, the extirpation of a tumor, of a cicatrix, of a decayed tooth, of a carious bone, etc., have cured these patients; and he finally says that irritation of the sciatic nerve in certain animals by a broken bone, (crushing, cutting or tying) invariably produces an epilepsy temporary or persistent in character; and that the difficulty is not cured until the irritation is removed from the sciatic nerve.

ENLARGED LYMPHATIC GLANDS.

Very acute sciatic pain is sometimes due to the enlargement of a lymphatic gland, one or more fibrils of the nerve being put on the stretch by passing over the gland, very much as a violin string is drawn across the bridge of the instrument.

SUBCUTANEOUS TUBERCLE.

These little bodies, varying in size from a millet seed to that of a pea, are frequently the cause of excruciating pains along the course of a nerve. They are firm, compact bodies of a fibrous or fibro-cartilaginous structure. They are to be found in the subcutaneous areolar tissues and frequently imbedded between the fibers of the nerve. These bodies appear to be influenced by changes of the weather, mental emotions, etc., and, enlarging, put the nerve fibrils on the stretch, thereby producing intense neuralgic pain.

During the enlargement of one of these tubercles, the fibers of the nerve are not only stretched but separated from one another; and the amount of pain experienced is in direct relation to the size attained by the tubercle, and the consequent fibril separation and stretching of the nerve.

*The following is quoted from papers by Mr. William Wood, entitled, "Observations on Painful Subcutaneous Tubercle:" "Immediately under the skin, upon the shin bone, I have twice seen little tumors, less than a pea, round and exceedingly hard, and so painful that both cases were judged to be cancerous. They were cured by extirpating the tumors.

*J. Warburton Begbil, M. D., F. R. C. P. E., *Reynold's System of Medicine*, p. 728.

But what was more extraordinary was a tumor of this kind under the skin of the buttock, small as a pin's head, yet so painful that the least touch was insupportable, and the skin for one-half an inch around was emaciated; this, too, I extirpated with so much of the skin as was emaciated, and some fat. The patient, who before the operation could not endure to set his leg on the ground, nor turn in his bed without exquisite pain, grew immediately easy, walked to his bed without any complaint and was soon cured. An eminent author says:* "Although pathologists have failed to discover anything like nervous structure in these tumors, I still incline to the opinion that they are connected with the minute filaments and ultimate ramifications of the nerves. Upon any other supposition it is, I conceive, impossible to offer a rational explanation to account for the dreadful severity of the sufferings which they induce." It should be remarked that where a number of tubercles are scattered along the course of a nerve, they cause little or no inconvenience, whereas a single one may cause the most frightful agony.

NEUROMATA.

These bodies are of variable size, some as small as a grain of wheat and others as large as an orange, and even larger. "In shape they are round, oval or fusiform; they are dense and more or less hard in character, and of a fibro-cartilaginous structure. They are generally found either between the neurilemma and the nerve, or in the connective tissue between the bundles of nerves." These bodies, like the tubercles just mentioned, are often the direct cause of most acute pains along the course of the sciatic nerve, by the stretching or general nerve irritation which they produce.

LIGATURE OF A NERVE.

The accidental ligation of a nerve after amputation, or some operation in the soft parts, has not seldom caused neuralgia of a severe form. I call particular attention to this subject, because, although at times of little consequence, at others it may prove a matter of grave importance. The operation of neurotomy (dividing a nerve), and of neurectomy (double

*Dr. Robert Smith, Reynold's System of Medicine, p. 727.

division of a nerve and removal of the central piece), and even amputation of the affected member, has been, in some cases found necessary to secure relief. *A case is related where, after amputation of the forearm, the most intense neuralgia set in, which obstinately resisted all the known remedies tried for its relief. Mr. Langstaff removed the arm above the elbow joint, and, after securing the arteries, drew out each nerve about one-half an inch from the stump and divided them; the patient was at once relieved of her troubles. †Sir B. Brodie relates a case where the subject suffered acute pain inside the knee joint. Examination revealed an aneurism of the femoral artery above this point; the vessel was ligated, followed by entire cessation of pain. It may be well to remark just here, that aneurism is not an uncommon cause of neuralgia where the nerve and artery follow the same course for any distance.

HERNIA.

“Romberg calls particular attention to neuralgia of the obturator nerve caused by crural hernia.” A patient under my charge suffered extreme neuralgic pain along the anterior aspect of the thigh while walking or standing, but was at once relieved by assuming the recumbent posture, and by the reduction of an inguinal hernia.

HYSTERIA.

Extremely severe pain located about the hip and posterior portion of the thigh is frequently due in great measure to hysteria, or to that hyper-sensitive condition which seems to be the ordinary state of some people, especially women. There is a tendency to shortening of the painful limb, and a general irritable condition of the patient extremely difficult to overcome. A slight injury once received at the point of irritation is greatly magnified—the patient being firmly convinced that the difficulty is one of very serious import. To remove this impression will often tax both the ingenuity and patience of the physician. †Sir B. Brodie relates the case of

*Lectures by Terrell, *Holmes' Surgery*, Vol. IV, pp. 163, 164.

†Dr. J. Lockhart Clark, *Holmes' Surgery*, Vol. IV, pp. 160.

‡*Holmes' Surgery*, Vol. IV, p. 166.

a young lady, who having suffered long with hysterical neuralgia of the hip joint, was at once relieved of all her symptoms by being thrown from a donkey. *J. Lockhart Clark mentions the case of a girl who was completely cured of hysterical paraplegia by receiving a fright at seeing a mouse run across the room. Such cases are due to no organic change in the nervous trunk, nor is there any mechanical irritation to account for the difficulty. On investigation, however, we find that a highly sensitive and impressible organism—an hysterical disposition, or a tendency in that direction, is at the bottom of the trouble, and that treatment calculated to remove the hyper-sensitive condition cures the patient. Chronic endo-metritis in delicate subjects, with the consequent profuse and long continued discharge characterising this disease, is likely, sooner or later, to be followed by neuralgia in some form. Long continued and frequent nursing frequently provokes an outbreak of neuralgia. The habit of nursing a child the entire night, as is commonly done, is exceedingly pernicious, and will lower the tone of any woman, however strong she may be prior to indulging in such practice. The loss of animal fluids continued for a length of time, from whatever cause, interferes very sensibly with the nutrition of the general nervous system, impoverishing it to such a degree that an outbreak in the form of some nervous complaint is almost certain to take place, if the drain on the nervous system continues long enough to provoke a reaction. Sitting constantly on a hard chair has induced it in a few instances. An enlarged prostate gland, intra-pelvic tumors, pregnancy, constipation, hæmorrhoids, neuromata deposits about foramina with consequent narrowing of the canal, syphilis and rheumatism, these may prove a cause of the disease. A patient of mine suffered intolerably during pregnancy in consequence of the pressure on hyper-sensitive nerve. With respect to syphilis causing or influencing this disease, an eminent author says:† “One of the most violent attacks of sciatic pain which ever came under my notice, was in a syphilized

*Holmes' Surgery, Vol. IV, p. 166.

†Anstie on Neuralgia, p. 68.

subject, a discharged soldier, who had been the victim of severe tertiary affections, and had been mercilessly salivated into the bargain. This unfortunate man suffered dreadful agony, which was aggravated every night, but was never totally absent. The pain started from a point not far behind the great trochanter; pressure here caused intolerable darts of pain, which ramified into every off-shoot of the sciatic nerve, as it seemed, and made the man quite faint and sick. Large doses of *Iodide of potassium*, together with the prolonged use of *Cod liver oil*, completely removed the pain and tenderness." A case under my care a few years since, resisted all ordinary medical treatment, but was immediately and permanently relieved by the replacement of a partially prolapsed and lateroflexed uterus, and its retention in position by means of an ordinary rubber inflating pessary. The careless use of the forceps has more than once produced sciatica. Sleeping on the damp ground, falling on the buttocks and gunshot wounds of this region have excited this complaint.

Nasal Catarah. By George M. Ockford, M. D., Hackensack, New Jersey.

This is such a common difficulty and met with so often by almost every practitioner of medicine, that a description of the disease would seem to be superfluous. And yet I must protest against calling every disease characterized by hawking of phlegm and its accompaniments "catarrh," although the trouble may be catarrhal in character. But let us differentiate between diseases of the nasal passages and those of the pharynx, larynx and trachea. Sometimes the trouble is located in one section of the mucous tract, although all may be involved in the morbid process. A "cold

in the head" is probably the typical form of catarrh and its peculiarities, are known to nearly every one. Its sneezing, stuffy condition, and various discharges, and a condition described by Thomas Hood, "a feeling as if one's brain were out visiting some poor relations," and happy is he who never had personal experience of this kind.

But it is of the chronic forms of this trouble that I would speak. The inflammatory action may extend upwards into the frontal sinuses, causing severe headaches, sideways into the highmorian cavities, causing aching in the cheek bones, or backwards and downwards into the posterior nares, the fauces and larynx. The latter form is frequently confounded with that form of angina which so frequently attacks public speakers, and is popularly known as "preacher's sore throat," in which the trouble is situated in the follicles or sebaceous glands of the pharyngeal walls of the fauces, and frequently extend to the larynx. Ocular inspection in these cases will enable us to diagnose the seat of the disease, for in these cases of angina the swollen glands may be seen standing out in rows and ridges, smooth and elevated, the surrounding tissue being inflamed and often coated with a thick, tough, yellowish or greenish phlegm.

Much as has been written for and against local treatment in catarrh, and while I am not disposed to denounce every form of "wash," at the same time my experience has been that better results have been attained by the administration of internal remedies. If you must use local applications some cleansing and soothing wash is generally all that is necessary. *Hydrastis* is frequently beneficial in the nasal forms applied locally by means of a curved syringe through the posterior nares. A solution of *Licorice* or *Licorice root* is frequently very grateful. Spraying by means of an atomizer is grateful in pharyngeal forms, by removing the adhering mucus and administering to the comforts of the patients. I can not recommend the use of the nasal douche, as cases of deafness, arising from its use or abuse, have come under my observation. Treatment by inhalation of the indicated remedy in laryngeal complications is sometimes useful.

The remedies I have found useful in this trouble are not many, and may be summed up as follows :

Ailanthus gland. Loss of smell ; copious, thin, ichorous discharge, without fetor ; sore nostrils

Anacardium. Firm, tough mucus in fauces, raising it causes gagging and retching ; patient is unsociable, and complains of loss of memory, etc.

Aurum. Boring pain in nasal bones ; excessively fetid discharge ; severe frontal headache.

Berberis vulg. Left side, extending into highmorian cavity ; purulent yellow or greenish discharge.

Calcarea carb. In scrofulous children.

Cyclamen. Frequent sneezing ; profuse discharge ; loss of smell and taste ; pressing pain over nasal bones.

Hydrastis. Thick tenacious discharge from posterior nares, bloody, purulent discharge.

Lachesis. Swollen nasal mucous membrane ; discharge of blood and pus from nose ; feeling of lump in throat, on swallowing, lump descends but immediately returns.

Manganum. Dryness and stoppage of nose ; raising easily yellowish or greenish lumps in morning from posterior nares.

Nitric acid. Dropping of water from nose in open air ; fetid, yellowish discharge ; dirty, bloody mucus from posterior nares ; nose obstructed.

Psorinum. Loss of smell ; tough mucus, like a plug in nose ; hawking of lumps of mucus at night and in the morning.

Phytolacca. Flow of mucus from one nostril, the other being stopped up ; pharynx dry and rough.

Sulphur. Ulcers and scabs in the nose ; bloody discharge on blowing nose ; profuse, nauseous saliva.

In conclusion I would state that it is not pretended that this includes the whole therapia of catarrh. In treating a case of chronic catarrh, take into account the general health and condition of the patient, and seek a remedy that corresponds to the whole picture, whether it is a remedy for catarrh or not, and you will be agreeably surprised at seeing the

catarrh disappear with the other troubles. Always individualize. Do not give the remedy too often or too low. My best success has been with the thirtieth and two hundredth potencies, and experience would teach me to ascend the scale rather than to descend.

RHODODENDRON SYMPTOMS VERIFIED.—Patient complained several weeks of pain about the middle of the urethra, with frequent desire to urinate. Under *Rhododendron* I found *frequent desire to urinate; pain in the urethra as from subcutaneous ulceration*. These symptoms are found in Hull's Jahr, and the last one omitted in Lippe and Hering. But they expressed precisely the feelings of my patient. A single dose of *Rhododendron* 200 gave relief in less than an hour. One dose was taken of each of the two following days, and no return of the pain since. No other medicine was taken, or medical measures used.—T. P. WILSON.

Obstetrical and Gynaecological.

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

Is it Necessary to Make Vaginal Examinations? By M. M. Eaton, M. D., Cincinnati.

This subject having engaged so much of the attention of the profession, I may be pardoned in making my bow to the readers of the *ADVANCE* for expressing my opinion on the subject and having had good opportunities in hospital practice in my younger years to become familiar with the diseases

of women, I will, as an introduction to the establishment of the department of gynæcology in this journal, relate a few of the first cases that came under my care in private practice, and may explain why I have had a considerable experience in diseases of the genito-urinary organs of females, and may show why I deem a careful examination very often of vital importance in leading us to a correct diagnosis and treatment. One of the first calls I had was to a lady who had been suffering from uterine hæmorrhage for over nine years. The hæmorrhage had been profuse at irregular intervals, and a slight discharge of blood, per vagina, most of the time for this period. Her age was about forty-five. I had then had some experience in hospital practice, and was able to diagnose a uterine polypus. I proceeded to dilate the os, and by producing uterine contractions, succeeded in expelling the tumor into the vagina, which it completely filled. I then removed the polypus with the ecraseur. The lady made a rapid recovery and is still a healthy woman. Soon after this case I was called to see a lady that had been troubled with her knee for two years, and had been unable to walk for that length of time without the aid of crutches and had been under treatment by the best physicians in Peoria and Chicago without relief, although blisters, leeches and cupping, aided by various splints, had been heroically applied (to her knee, notice!) I diagnosed uterine displacement, (before I made any examination of the uterus 'tis true) from the fact that I could not see from the appearance of the knee that anything was the matter with it, consequently I must seek some cause somewhere else. The lady stoutly resented the suggestion and claimed that her uterine apparatus was in good condition. Said she had always been regular, had no back ache, no dysmenorrhœa. I told her then I knew nothing about her case. She asked, "Can you do nothing for me?" I answered, "Yes, I can give you something to relieve your pain and something to bathe the knee with and that will amuse you, and that is all the others have done, isn't it?" She said yes, and I replied, "Then you should be satisfied if I do as well as the eminent men who have preceded me." I left after this dig-

nified colloquy, and in about two weeks received another call to see her, she stating that as I took a different view of her case from either of the physicians she had employed, she wished to know if I could be right. I accordingly made a vaginal examination and found a greatly enlarged and retroverted uterus. To make a long story short, I replaced the organ, dilated the os, and removed a polypus the size of a man's fist. I maintained the uterus in situ with inflated supporters. In two months she walked with the aid of a cane, and in three months unaided. She has remained perfectly well so far, with perfect use of her knee and other attachments, and I never allowed her to use any applications to the knee after my second visit, as I wished her and her friends to be convinced of the correctness of my diagnosis. From that time till now I have had a rapid succession of peculiar cases, chronic, obscure and masked. They are not the most pleasant cases to treat I will assure my opponents who disbelieve in vaginal examinations; I would not choose them, I have been forced into them.

Are we to understand uterine diseases by intuition? Though at an early period of our existence we all have abundant opportunities to become familiar with the uterus, our want of knowledge of the importance of the organ, taken in connection with the darkness with which we are surrounded, must explain the necessity for further research in more mature life if we would aid nature to restore the various ailments, accidents and afflictions to which these parts are liable, and from which they do actually suffer. To my mind uterine pathology is the most difficult of any. The symptoms are so various from the same lesion or disease, produced through the sympathetic system of nerves, and the general practitioner should be aware of this. It can not be impressed upon his mind too much, that almost every ailment of the female may be simulated through sympathetic irritation, deviation, or disease in the genito-urinary organs. Hence when failing to find relief from remedies that the particular train of symptoms would seem to indicate, let him go deeper into the case, let him ask himself if the hemicrania, the painful limb, or back,

the dyspeptic stomach, the constipated bowels, the irritated bladder, the congested lung, the inflamed eye, the deranged mind, may not be caused from some functional or organic disease of these organs. The experienced, thinking, educated physician of to-day of no school will deny that all these ailments, though of course not always, do very often proceed from, and have their primary cause (so far as discovery has thus far gone) in uterine diseases and displacements.

Another cause of the difficulty in uterine diagnosis is the poor opportunity most students have of becoming familiar with these parts in health, and without knowing well the physiological how can we understand the pathological? I have seen three gray headed physicians labor for thirty-six hours to evacuate the bladder, and aid the renal secretion, the patient complaining of constant desire to pass urine, and fail of giving any relief, when the cause was the irritation of the os uteri against the urethra, in a case of retroversion, two and one-half months pregnant, and where the fourth physician immediately diagnosed the correct cause and gave relief by replacing the uterus in situation. Their lack of familiarity with the parts having caused them to fall into the error they did, though all as they said examined the case thoroughly.

Again I have seen two physicians examine a case of suspected pregnancy, and give their verdict that the uterus was of normal unimpregnated size, and the lady was delivered of a fœtus of three months development, within twenty-four hours after the examination. Such mistakes in diagnosis do no credit to the physician or the profession of medicine, and may cause needless suffering to the patient or death to the fœtus.

'Tis true some cases are difficult to diagnose to the most experienced gynæcologist, but such cases as I have cited are not difficult and should be correctly diagnosed by the general practitioner.

A contemporary has recently asked the question, What has the poor uterus done that it should be blamed for so much and tortured with speculums and sounds? I will reply by asking, What spite have you towards the mothers, wives

and daughters of our land that you would have them suffer a living death when some reasonable amount of knowledge of uterine pathology and therapeutics on the part of the family physician might afford relief and transform the haggard invalid to robust health? The reader will doubtless be aware by this time that my opinion is that vaginal examinations are not only necessary, but absolutely necessary. As to the frequency of these examinations, I will say they should be thorough in the first instance, and that in many cases one is all that is needed. No rule can be laid down, cases differ so materially.

I detest the man who, like one I heard in a medical convention, related a case of a girl who was hanging a curtain and was taken with a fit, spasm or faint, he didn't know which, but he immediately made a vaginal examination and introduced a pessary with great difficulty, and she was cured. Such procedures are a disgrace to the profession, and while I will aid to frown down such nonsense I must insist that there is need of a full knowledge of uterine diagnosis and therapeutics by the general practitioner, sufficient at least to enable him to decide whether or not the parts are normal. He certainly should know this much, even should he not feel competent to undertake the treatment of obscure cases. Ever using that respectable deference, to the inherent modesty of the true woman, with the manly and honorable bearing becoming a medical man, we may do good in the world without offending propriety or lowering the morals of the race.

Uterine Displacements. By Mrs. E. G. Cook, M. D., Chicago.

In reading Dr. Arndt's article on Uterine Displacements, I feel like giving him a little of my experience. I agree with him that medication has little or no benefit in them, and "hy-

giene and moral influences" are more to be relied upon in all diseases. In those cases where displacements depend upon a general debility, means which restore the health do not always restore the uterus to its normal position, especially if this debility is of long standing. It does not relieve prolapsus or flexions without manipulation and auxiliaries which the skillful practitioner alone can apply or suggest. In many cases of retroflexion, I have succeeded in straightening and aiding the organ to assume its natural position, by first dilating with sponge tents and carefully adjusting a well selected stem pessary. These, as well as many cases of retroversion, are greatly aided by instructing the patient to get out of bed upon her hands instead of her feet, and creep like a baby from five to ten minutes before dressing. Frequent resting upon the elbows and knees relieves the headache which is an accompaniment of these conditions, and greatly facilitates cure.

The hardest cases which I have attempted to cure, are among those which have been vigorously treated with electricity and water cures; using cold sitz baths for flooding and to strengthen the general system. Some such cases have terminated in fibroids, resulting (according to my diagnosis) from such treatment. Fifteen years ago I believed as the Doctor now does in regard to the use of electricity. I plied it vigorously in amenorrhœa, dysmenorrhœa, and all sorts of uterine derangements; I now rarely use it. All that has been said and written upon it to guide the practitioner, has often failed to bring the desired relief. A case which came to me a year ago in June, for dysmenorrhœa, had been treated three years by the best electrician, with the advice of the ablest physicians in the country. The periods were constantly growing less and the pain increasing, until at the last her agony was such that all hope of her life was given up. She vomited during it, thirty-six hours, had spasms, and finally awakened from a short, troubled sleep, with paralysis of one side. The doctors in attendance told her father that at the next she must die. Six days before the next time for it to come, she was brought by a friend to me,

without an expectation of relief, but to feel that all had been done which could be to save her. I used two sponge tents, daily, (not seatangle) for three days, when treatment was interrupted by the appearance of the first natural monthly of her life. The uterus was twisted upon itself, its anterior wall facing the anterior wall of rectum. She received a few weeks treatment, which straightened the organ, and a stem pessary was adjusted, which she wore three months, with an occasional treatment for the purpose of cleansing. She began menstruating at fourteen and was twenty-one when I first saw her. Jumping the rope was probably what caused her trouble. Electricity in all its variations and intensity was applied; salivation loosened her teeth; the uterus was cauterized, and Thompsonians turned her stomach in side out with lobelias; the heroic doctors had advised her to go abroad as a sure relief, the year previous. This, as well as the remedies used, did no good whatever, except it gave her strength. This displacement would never "have taken care of itself," and like most others the cure depends on the right diagnosis, the right manipulation by the attending physician, and most of all, upon the thorough education of the patient, so that she, by the right kind of exercise, may work intelligently with him, (or if possible, her). It requires much experience in properly diagnosing these cases. Not one among the twenty had found the double flexion in the case described. The doctors will do a good work for humanity when they give this part of medicine into the hands of thoroughly educated, honest and skilled women. It is easier for them to instruct in these matters, and much pleasanter for the patient. Until time gives us such women, do what you can to help women everywhere to "know herself."

SULPHUR.—Pain in left side, lower region, going through to the shoulder blade. This symptom continued three days, very severe, cured in one hour by *Sulphur 30.*—T. P. W.

Miscellaneous.

The True Status of the Physician. Extract from an Address by Prof. C. C. Bronson, M. D.

A large proportion, probably more than half the common stock of human learning, is found within the pale of our profession. It is a curious feature however, of mental philosophy, that innate differences of intellect, the comparative strength of the reasoning, perceptive, or imaginative faculties, govern their owners in the choice of a medical, as well as a theological system. At any rate, it is sufficiently evident, that medicine is not exempt from influences, which otherwise and nearly always govern systems of belief. An important inference may be reached from this view of the question, and that is, that the characteristics of the new school of medicine are unsuited to the peculiarities of certain minds, and will never obtain their confidence. A thorough education of the people will eventually, no doubt, modify this result, but education only directs, does not reconstruct the mind. Ignorance, superstition, and prejudice, are three elements that make up a large proportion of humanity; but a still larger mass of the community, are sober minded, and reflective. The very qualities that hold the ignorant, are sure to repel the thoughtful and considerate. Hence it is, that in the perpetual strife of medical opinions, the homœopathist has ever stood as the representative of progressive medicine, and has been recognised as such by a rapidly growing public sentiment, of the educated and refined. But, gentlemen, I would not have you go out from us with undue expectations. When all churches shall have merged into one; when the theosophic Swedenborgian is satisfied with cool Presbyterian logic; when the gross and sensual Mormon can adopt the calm, undemonstrative religion of the Episcopalian; when all varieties of dissent, shall give up that independence, for which so many thousands have suffered exile, imprisonment, and

death, to submit their creeds, and consciences, to the keeping of Papacy; when Romanism itself, shall abandon its altars to an elective clergy; then, gentlemen, and not before, shall we have the confidence and support of all the people. Still it should be the ambition of every medical man, to be worthy of that confidence; to fit himself by untiring devotion and labor, to meet the just requirements of his profession. It is a rare compound of tact and study, of knowledge both of books, and men, that makes the truly competent physician. We can not claim such excellence for all our brethren, and are forced to say, and that with sad and mournful truth, that the public do not always get all the talent they pay for. As our standard of excellence is not established by any general average in the acquirement of patronage, but by the attainment of those more brilliant minds, who of necessity form the minority, or rather the true leaders of the profession; and notwithstanding it may be barely possible that all men have been created equal; the fact is apparent, that they have grown up with a marvelous departure, from the original design; and the misfortune is that the shrewd tactician, without medical proficiency or honesty, bidding for public favor by ostentatious display, too often gathers to himself the reward that of right belongs to talent and genuine ability. There is one important qualification, however, in this relation, and that is, we never hear of the reputation made by this class of practitioners, always of the wealth acquired. The earnest spirit in its less hopeful moments, is at times almost forced to the conclusion that humbug is immortal; yet on reflection we are led to believe, that notwithstanding the few that make fortunes in this way, the true will eventually triumph. There is an eccentric force in our profession which, like the rapid revolution of a wheel, flings off the dirt that clings to its circumference. There is a celerity of progress, a fierce, grasping energy, and a relentless competition, that ere long shall hurl these incompetents to the nothingness from whence they are. As time passes there is a constant accession to medical literature and knowledge, a degree of varied accomplishment, which year by year is becoming more and more

necessary, that bewilders and distresses the slow and unappreciative, but better prepares the studious and progressive for the high responsibilities of the physician; the value of whose service is in exact ratio to the proficiency thus allowed. There is an axiomatic proposition in political economy that says useful talent is very sure to bring a fair price, but in an over crowded market. It would be an assumption devoid of truth, to say there is an over stock of available homœopathic skill; there would be truth, however, in the assertion that the profession of medicine performs so large an amount of gratuitous labor, as to shut out from its practice a great number of intelligent and useful men; men who believe that charity begins at home, and are not disposed to accept of Irish blessings in exchange for scientific service.

It can not be expected that men of intellectual power, possessed of the consciousness that the thoughts of their brain have an actual cash value, will flock in any overcrowding numbers to a profession that does not pay as well as many of the mechanic arts. One is at a loss here whether to assign the fault to the public or to ourselves. Your speaker feels some hesitation in introducing so commonplace a matter as dollars and cents before an audience so æsthetic; but however much we may admire the true and the beautiful, however loftily we may moralize and look down on the filthy lucre, we have yet to discover the hand that is not ever open for its reception.

Man, unlike the fabled capacity of the chameleon, can not live on the air; the very fact of living entails expenditure, and unless those expenses are met debt will accumulate. It is a stern fact that the most enthusiastic student can be startled from books, and the charm of scientific study, by the rough entrance of a dun, and many a glorious spirit has found his eager ambition for distinction and usefulness drowned in the bitter waters of poverty. Could the private history, the secret thoughts, the gnawing care that eats out the heart, chokes the ambition, and benumbs the spirit of the young physician, as he struggles through long years of waiting of his early professional life; hoping, praying, toiling,

cursing the apples of Hesperides hung just beyond his outstretched arm; the waters of hope bubbling up to his very lips, but still untasted; conscious of strength, but bound by the green withes of a hated youthfulness—could all this history of aching hearts be known, there would be less admiration of that fatal sentimentalism, which has made a great charity of the medical profession; and too often thrust upon the feebler shoulders of its members the whole support of the sickness of the poor. This is no extravagant statement; its verity is testified, not only by the general voice of the profession, but by the general customs in relation to the care of the indigent sick. All over the land are great hospitals endowed by the state, the tax on the property of the physician contributing to their support. In the management of these hospitals every man from the superintendent down to the lowest orderly is compensated for his services, with the single exception of the physician. He alone, for some fancied advantage in reputation or experience, is condemned unpaid, to a service often revolting, and not unfrequently dangerous. And so in regard to every department of our public charities. All our prisons and almshouses receive their professional attention at a price, placed so disgracefully small that the constituted medical authorities have declared it dishonorable to accept such appointments; doing so, by putting the question in such a shape that only the chiffoniers among medical men can serve under public pay. Look for a moment at the field of private practice. Year by year as an example, I doubt not, the profession of this city have given, at the very lowest calculation, one hundred thousand dollars in gratuitous service to the needy. This I am persuaded is too low an estimate, but if we compare even it with the actual income of the practitioners of medicine here we shall find that it has lent to the Lord not one-tenth but rather one-quarter of the fruits of the year. There is a manifest injustice in this which needs no comment, but has other bearings and influences which interest the public much more than ourselves. The tendency of this system is to discourage and dishearten the entrance of talent to the profession, and thereby securing an

inferior order of medical men, to react disastrously upon the public. I have spoken thus freely of the evil mentioned, although at the present time affecting as it does more largely a rival school of medicine, because I believe it to be an almost nsurmountable barrier to the highest success of medical progress. And, furthermore, because any scheme for its removal must rest upon the young men of the profession. On reflection it is found that all the generous sentiment, so lavishly used in recounting the duties of the physician to the poor, will bear in the light of justice but one interpretation; that a humane profession, thrown daily into contact with the sufferings of poverty, will find a thousand opportunities for unobstrusive charity, which the instinctive sympathies of a common humanity will dictate and employ, but it does not, it can not, mean that we of all the world should neglect the law of self-preservation; it can not be intended that the sacred duty of charity, so imperative upon the rich, should be entirely foisted off to the unrequited care of the medical practitioner. But, gentlemen, do not mistake the principle which should govern you in your conduct, let me protect myself from misapprehension, by the advice I give you to fulfill with all patience those duties that a false idea of obligation imposes upon you. Charity has ever been the brightest of medical virtues, and the devotion of the physician to the poor, has given him the strongest hold on the sympathies and affections of the public. The history of medicine is full of bright examples of courageous self-sacrifice, which it will be your duty to emulate. To refuse relief to the cry of God's image in distress would involve an injustice deeper than your own. The individual pauper is a fellow man suffering from several laws, for which he is not responsible, do not add to the sense of wrong, forever dimly burning in his heart, by withholding your aid in the hour of sickness and distress. It is a proud thought to remember that in times of epidemics the physician assumes his real and noblest character. No longer mindful of his own necessities or danger he is found wherever the shadow of the wing of Azrael is darkest, wherever the wail of his victim is heard. In such an hour, in sleeplessness,

fatigue, and danger, He, who loveth the poor, gives the physician courage and strength; and lighted by hope and confidence, his calm countenance brings health and joy to the bedside, deserted it may be by all others.

Dedication of the New Hospital Amphitheater. Dr. Wright's Address. "The Little end of Nothing."

"To the faculty of Pulte Homœopathic Medical College:—Gents:—You are respectfully invited to attend the dedicatory exercises in the new amphitheater of the Cincinnati Hospital," etc., etc. "H. M. Jones, Superintendent."

Something like the above, induced the undersigned to attend the aforesaid exercises, as a representative of one of the leading patrons of the city hospital. "I'll bet you five dollars the old man can't get through his address without abusing the homœopaths." "Why, he couldn't do that, as we are invited guests of the occasion, and regular patrons through our students, who attend the hospital." It is needless to say the wager was lost. Dr. M. B. Wright, after thirty years active service in the medical profession, is a sad spectacle of what ignorance and bigotry can do to make a man discourteous and untruthful toward his competitors. He was chosen to perform the delicate task of dedicating this new and important hospital auxiliary, not without some serious misgivings on the part of the directors. How well he showed their fears, not without good grounds, may be seen by a perusal of his address. His subject was, The Past History of the Hospital. For discussing this, he was well suited, for he is perhaps the oldest member of the staff, and personally familiar with much of that about which he spoke. With this past history of the hospital, the homœopathic profession has never been in any way officially identified. This fact, will

show how far the old doctor traveled out of his way to make spiteful allusions and untrue statements concerning the homœopathic school. And his want of good taste may be seen, in the fact that, before him sat a body of students from Pulte Homœopathic Medical College, from each member of which, the friends of the institution expect to receive the usual hospital fee of five dollars. If Dr. M. B. (Miserable Bigot, eh!) Wright, could make us believe that he represented the staff, or the board of directors in this matter, the income of the hospital would be materially lessened.

To make specific these charges, (we quote from memory) he said: "These shameless pretenders, (meaning the homœopaths) never yet discovered a new remedy." The monstrous mendacity of this statement puts it beyond criticism. It would be a mild retort to say to the doctor, that he told in this, an unmitigated falsehood. If he does not know that homœopathic physicians have discovered more new remedies, and made more improvement in old remedies—ten fold more than his own boasted school—then he is ignorant of a well known fact in medical history. It is the special glory of the homœopathic school that it has recreated and endowed beyond a contingency of failure, the materia medica. It has put into that department, a large number of new medicinal agents; and it has given new and lasting characters to drugs, about which the old school had previously but little knowledge.

After a few brief allusions to Homœopathy, the doctor dramatically turned toward the solitary representative of the board of trustees, and said: "Gentlemen, can it be that you will ever admit into this institution this *little end of nothing?*" (We quote from memory). "I will not pause for a reply." Yet he had it, though he hastened on, in the utter silence of his audience, which by not the slightest symptom showed any sympathy with such uncalled for remarks. Now this query struck us just here: What was he driving at? Is it so, that the homœopaths are trying to obtain a representation on the hospital staff? Is this the Banquo's ghost that Dr. Comegys referred to, and which none but the feverish imag-

ination of Dr. Wright can see? It must be that "coming events cast their shadows before." It shows what a guilty conscience can do for a man in his unguarded moments. Dr. Wright said, that, for forty years the hospital had been monopolized by the Ohio Medical College. In the interest of justice, that monopoly had been broken, and now, three medical colleges controlled it. Of course that is no monopoly. O no! for the doctor took good care to impress us with the fact that there were only "three medical colleges in Cincinnati." But he knows very well that there are three legally chartered medical colleges in the city, that are kept officially out of the hospital by the cabal of which he is a member. It was this that made him cry out with true Macbethian remorse: "Gentlemen, can it be that you will ever admit into this institution this *little end of nothing?*" Yes, dear old doctor, you have prophesied like Balaam of old; you have blessed those whom you meant to curse. When you are dead, and laid under the sod, you will have occasion to turn ever so many times in your coffin, for Mordecai, whom you have seen so long in the king's gate, and for whom you have mentally built so many gibbets, will have come into power and into favor of the king. You are not more surely born, than the hated homœopaths will stand in your place, and give to the poor of this great city an enlightened medical practice. In your address, you moralized over the fact, that the old potter's field had been turned into the beautiful Lincoln Park; and now, happy throngs were dancing over the bones of their predecessors. So will it be with your great hospital, now owned and controlled by "three medical colleges," all allopathic. They will soon hold a divided scepter, and over your bones the truer doctrines of Samuel Hahnemann will be preached. And this, rest assured, will be done, long before that other scheme will be consummated, of consolidating the "three medical colleges;" or of creating a fourth, which, like Aaron's serpent, shall swallow up the rest, and take possession of this great public institution, and make it a free allopathic school at the expense of the people. O this "little end of nothing," is something after all, and terri-

ble indeed, when seen through the spectacles of an octogenarian, who has spent the greater part of his professional life in making faces at it! Out of self-respect and regard to the feelings of its distinguished opponents, it is obliged to "materialize"; compelled to be something, and no longer like Macbeth's dagger, elude the frantic grasp of its remorse stricken enemy. I beg to subscribe myself one of the

L. E. O. N.

"Little Ends," etc.

American Homœopathic Ophthalmological and Otological Society.

MEETING FOR ORGANIZATION.—At an informal meeting of physicians interested in the special study of ophthalmology and otology, held in room thirty-three of the Kent House, Chautauqua Lake, N. Y., on the evening of June 28th, 1877, Dr. Geo. S. Norton, of New York, was called to the chair and Dr. E. W. Beebe acted as secretary. There were present, Drs. T. P. Wilson, Alfred K. Hills, W. H. Woodyatt, Geo. S. Norton, E. W. Beebe, W. A. Phillips, G. C. McDermott, C. H. Vilas, F. Park Lewis and J. H. Buffum.

Upon motion it was voted to proceed to the formation of a society to be known as the American Homœopathic Ophthalmological and Otological Society.

Upon motion Drs. W. H. Woodyatt and T. P. Wilson were appointed a committee to draft constitution and by-laws.

Adjourned to meet in the same place June 29th, 1877, at half past eight o'clock a. m. E. W. BEEBE, M. D., Secretary.

KENT HOUSE, Room 33, Chautauqua Lake, N. Y.,

June 29th, 1877, 8½ a. m.

Pursuant to adjournment the meeting convened and was called to order by the chairman.

The committee on constitution and by-laws made the following report, which was accepted and adopted by the society and the committee was discharged:

CONSTITUTION.

Article 1.—NAME. This society shall be called the American Homœopathic Ophthalmological and Otological Society.

Art. 2.—OBJECT. Its object shall be to hold annual sessions, or others, for the purpose of advancing the interest of the above special department of medicine and surgery.

Art. 3.—MEMBERSHIP. Its members shall consist of the following named persons, and such others as may be admitted from time to time under the provisions of subh by-laws as may be adopted by the society :

H. C. Angell, M. D., Boston, Mass.; C. Th. Liebold, M. D., New York; T. F. Allen, M. D., New York; C. A. Bacon, M. D., New York; T. P. Wilson, M. D., Cincinnati; Henry C. Houghton, M. D., New York; Malcolm MacFarlan, M. D., Philadelphia, Pa.; Alfred K. Hills, M. D., New York; W. H. Woodyatt, M. D., Chicago; Wm. S. Searle, M. D., Brooklyn; Geo. S. Norton, M. D., New York; E. W. Beebe, M. D., Evansville¹ Wis.; W. A. Phillips, M. D., Cleveland, O.; D. B. Hunt, M. D., New York; W. E. Rounds, M. D., New York; F. H. Boynton, M. D., New York; W. P. Fowler, M. D., Rochester, N. Y.; G. C. McDermott, M. D.; Warren, Pa.; Alfred Wanstall, M. D., New York; J. A. Campbell, M. D., St. Louis, Mo.; F. H. Foster, M. D., Chicago; C. H. Vilas, M. D., Chicago; E. B. Squier, M. D., Syracuse, N. Y.; C. M. Thomas, M. D., Philadelphia, Pa.; F. Park Lewis, M. D., Buffalo, N. Y.; J. H. Buffum, M. D., Pittsburgh, Pa.; F. W. Payne, M. D., Boston; W. L. Breyfogle, M. D., Louisville, Ky.; S. T. Bumstead, M. D., Decature, Ill.; J. F. Edgar, M. D., Cincinnati; D. J. McGuire, M. D., Norwalk, O.

Art. 4.—OFFICERS. The officers shall consist of a president, vice-president, secretary, treasurer and a board of censors, who shall be elected annually by ballot.

This constitution may be altered or amended by a two-thirds vote of the members present at any regular meeting.

BY-LAWS.

Article 1. The names of candidates desiring admission to this society shall be submitted in writing and endorsed by three members in good standing at any regular meeting of the society, and for any addition thereto they shall receive the recommendation of the board of censors. They may be elected by the members of the society.

Art. 2.—DUTIES. It shall be the duty of the board of censors to enquire into and receive the recommendations for admission, the qualifications and standing of such named persons as may be properly presented to them and report on the same to the society.

Upon motion it was voted to proceed for the election of officers for the ensuing year, with the following result:

T. P. Wilson, M. D., President; W. H. Woodyatt, M. D., Vice-President; Alfred K. Hills, M. D., Secretary and Treasurer; Henry C. Houghton, M. D., J. A. Campbell, M. D. and W. A. Phillips, M. D., were elected as board of censors.

Upon motion it was voted to adjourn, subject to the call of the president.
E. W. BEEBE, M. D., Secretary.

The president elect, T. P. Wilson, M. D., assumed the chair and announced the American Homœopathic Ophthalmological and Otological Society open for the transaction of business.

Upon motion it was voted that the arrangement of topics and business of the society for the ensuing year be left with the president.

Upon motion adjourned, subject to call of the president.

ALFRED K. HILLS, M. D., Secretary.

In accordance with the above instructions, I beg leave to appoint the next meeting of this association at Put-in-Bay, June 19 and 20.

T. P. WILSON, President.

Bureau of Medical Information.

In Charge of A. McNEIL, M. D., New Albany, Ind.

NOTE:—The blanks on which these reports are made call for Prevailing Diseases, Remedies Employed, Meteorological Conditions and Special Facts as to Diseases and Remedies. We will furnish blanks to all who will favor us with monthly reports.

Rushville, Ill., Nov. 16, M. Ayers, M. D.—There has been our usual amount of malarial fever this fall and very obstinate indeed. *Bry.* has been our principal remedy, and was chiefly indicated by chill in the morning, thirst during chill and fever, accompanied by a terribly annoying and very obstinate dry cough which would not pass away with the chill but remain for several weeks. *Quinine* has not had its usual success either in large or small doses. Most all complaints are accompanied by constipation and our regular attacks of autumnal diarrhœa are missing. Dysentery was very mild and *Merc. viv.* seemed to be the only remedy required, indicated by being worse at night, rheumatic pains, coated tongue, with slimy, bitter taste, great tenesmus after stool, prolapsus ani, etc. The weather now is cold and damp and *Dulc.* seems to hit everything.

New Orleans, La., Nov. 16, E. A. Murphy, M. D.—Malarial and typho-malarial fevers; some cases of influenza; *Ars.*, *Bry.*, *China.*, *Eucal. gl.*, *Chin.*, *Qui.*, *Berb.* Warm and damp for two days; weather cloudy and a little sprinkling rain. *Bapt.* is of little use to me. Gastric troubles give way to *Nuz vom.*, *Puls.*, *Coccu.* or *Coloc.* *Ars.* for influenza, but when pains are severe *Eup.* is the remedy.

New York, Nov. 16, A. M. Piersons, M. D.—Laryngeal coughs and mild sore throats; *Bry.* dry, harsh cough, aggravated by an exertion, with sore chest; *Nux vom.* rawness of larynx; *Rumex*, frequent hacking, aggravated by change of temperature. The weather is extremely warm, growing warmer after each rain storm.

Kansas City, Mo., Oct. 31, W. H. Jenney, M. D.—Bilious remittent with gastro-enteric complications; *Ars.*, *Merc. cor.*, *Bapt.*, *Bry.* Intermittent fever; *Luco. glod.* Diphtheria; *Merc. bin.*, *Phyt.*, *Kali b.* Low state of the barometer. Never have had such a tendency to malarial disease during my residence here of eight years. Use *Qui.*, *Sulph.* when can not help it.

Boston, Nov. 15.—Diphtheria has become a scourge in New England of the most alarming character. Its prevalence brings out many new facts in connection with the origin and spread of this dreaded malady. A New Haven writer says it was introduced into that part of the country about twenty-five years ago in an exceedingly virulent form by the exhumation of remains in West Haven. Nearly all who were exposed to the exhalations from the graves died in spite of all that could be done to save them. The poison that arises from drains and other receptacles of refuse acts in a similar, even if less violent, manner, and the subject of ventilation has its extreme importance freshly illustrated by these facts.

Rochester, N. Y., Nov. 17, J. A. Biegler, M. D.—Catarrhal diseases frequently associated with meningeal spinal rheumatism; *Bapt.*, *Lach.* and *Gels.* Diphtheria rare, only occurring in unhealthy localities; chiefly *Lach.* Typhoid fever prevalent in the country, occurring in the city only where well water is used; *Bapt.*, *Bry.* Nettle rash not frequent but severe, causing desquamation of the skin; *Sulph.* Mean bar., 29.989; mean ther., 51.9; mean hum., 74.9; prev. wind West; number of days on which rain or snow fell, 21. Three persons died on the night of the tenth inst. of paralysis, two at the same hour, two were sudden and unexpected. Catarrhal diseases appeared suddenly on the fourteenth; the weather report for that day is, "temperature rising rapidly, low humidity."

Chicago, Ill., Nov. 17, A. W. Woodward, M. D.—Diphtheria and scarlet fever exhibit the characteristics of the prevailing catarrhal fever which are, remittent fever evening, diarrhoea in morning, pain in epigastric region, nausea and cardiac failure threatened. *Am. caust.* in diphtheritic croup; *Am. carb.* in scarlet fever; *Kali bich.* and *Alumen* in nasal and pharyngeal symptoms. Chiefly Indian summer weather; white frosts and warm sunny days, though unusual dampness prevails all the time. These remedies fail in complaints below diaphragm; as head and throat symptoms improve, stomach and bowels worse; for these have found *Alumen* specific. (A fine study, see Allen's Encyclopedia, vol. 1.)

Grand Rapids, Mich., Nov. 17, DeForest Hunt, M. D.—Scarlatina simplex; *Ac.*, *Bell.* Typhoid fever; *Ac.*, *Gels.*, *Bapt.*, *Ars.*, *Cry.*, *Hyos.*, *Elhus*

tox., Opi. Rheumatism; *Bell., Bry., Colech., Phy., Canab. ind., Caul., Rhus tox., Merc., Sulph.* Pneumonia; *Ac., Bell., Bry., Phos., Tart. em., Ars., Verat. vir., Stram., Sulph., Sang.* Cold and damp with frequent rain and occasional fall of snow; a few cold days in which ground froze. The diphtheria which has prevailed in such a malignant form for the last four months has decreased to such an extent that no fatal cases have been reported for about two weeks back; it is, however, prevailing extensively in other portions of the state; there have probably been from one hundred and fifty to two hundred deaths within five months in this city; I am happy to report that there have been but four deaths under the treatment as before mentioned, following the principle of similia as indicated.

Charleston, Ill, Nov. 17, Geo. B. Sarchet, M. D.—Intermittents; *Bell., Ars., Nux., Electricity, Verat.* Typho-malarial; *Rhus., Bry., Bapt. Coryza; Eup., Ars., Nux.* Rheumatism; *Bry., Rhus.* Sore throat; *Bell., Merc., Apis., Acon.* Humid. Just now quinated cases of months duration are coming to me. *Electricity* with the proper antidotes, *Ipec., Ars., Bell., etc.* act well.

Abingdon, Ill., Nov. 17, J. Harts Miller, M. D.—Intermittents and infantile diarrhoea last half of October in a pally *Nux vom., Nat. mur., Ipec.*; diarrhoea, *Dulc., or Gum. gut.* Much rain during all this time with a few fair days and little frost; wind very constantly E. and N. E. changing to S. and S. W. Very little sickness of any kind. Nov. 1 to 10, catarrhal troubles; *Acon., Dulc.* Urticaria; *Apis.* Rain almost daily with snow first and eighth; cold at night; wind variable but most of time E. or N. E. Nov. 10 to 17, almost no sickness. One day rain others mostly fair and warm. Wind S. or S. W. and W. most of time.

Philadelphia, Pa. Nov. 18, H. N. Guernsey, M. D.—Influenza; *Bell. 40m.* Sudden changes from warm to a sharp coldness. Coughing spells terminating in sneezing, rattling of mucus in chest; mucous membrane very sensitive to inhalations, can hardly inhale without coughing.

New Albany, Ind., Nov. 19, A. McNeil, M. D.—Intermittents have almost disappeared, diphtheria also; small pox a few cases; vaccination active. *Apis* is the epidemic remedy; I do not know whether it is indicated in small pox, but if I have any cases I will see if the totality of the symptoms of the disease corresponds with that remedy; I think it will. Pleasant Indian summer with frosty nights. All of the diseases are of an adynamic character, with a septic characteristicness; therefore, diphtheria, small pox, scarlet fever and other adynamic and septic diseases have the conditions necessary to their origin and continuance.

Lynn, Mass., Nov. 17, A. M. Cushing, M. D.—Oct. 17, twelve cases of diphtheria; Oct. 20, all nearly well; Oct. 25, all well; *Apis, Lach., Kali bich., Mel.; Hyos.* for croupy form of diphtheria. Oct. 25 to Nov. 17, most-

ly cases of diphtheria, no other epidemic; same as above and *Ars.* and *Crot.* Oct. 17 to 20, cool, little rain; 22d rained all day; from 22d to Nov. 17, changeable, two or three very pleasant days, then a rainy one. One or two new cases of diphtheria each day, then none till Oct. 30; some cases spasms two days before throat was sore at all, but made rapid recovery; but few cases with nasal discharge; some cases of the disease among adults.

Philadelphia, Pa., Nov. 18, John C. Morgan, M. D.—Colds, coughs; *Acon.*, *Dros.*, *Nux vom.* Sore throat; *Lach.*, *Nux vom.* Hepatic or bilious troubles; *Nux vom.*, *Merc. v.* Dyspepsia; *Kali bich.* Colic; *Bry.*, *Stann.*, *Nux vom.* Diarrhœa; *Nux vom.*, *Chin.* Moderate, with wet spells and some cold days. *Bry.* 200 is an excellent remedy for constipation of infants, a dose nightly for one week. *Kali bich.* 200 for ailments soon after meals.

Linesville, Pa., Nov. 20, W. P. Brooks, M. D.—Diseases about the same as they were last month, except diphtheria, which has changed its form somewhat. More glandular enlargements and some scarlet rash complications, for which, in addition to the remedies used before we have added *Bapt.*, *Apis* and *Merc. prot.* *Apis* and *Merc.* more particularly for the glandular enlargements.

St. Louis, Mo., Nov. 19, A. Uhlemeyer, M. D.—Intermittent fever; *Alst. con.*, *Ars.*, *Nux vom.*, *Ip.* Mostly cases drugged with *Quinine*; *Alst. con.* cures most of them. Diphtheria; *Lach.*; commences on left side with a tendency to right side; only a few cases. Tonsillitis; *Bell.*, *Merc.*, *Lach.*; usual indications. Common colds, no treatment. First part rain, followed by some frost; latter part moderate.

Book Notices.

Therapeutics and Materia Medica. For the use of Families and Physicians. By Lewis Sherman, M. D., Milwaukee.

If we are obliged to have any more "domestic physicians" it is some comfort to know that they are better, rather than worse, in quality than their predecessors. Dr. Sherman's work is excellent of

its kind—indeed, if we mistake not, the very best, but the idea of its being “for the use of physicians” is absurd. The author has introduced the new remedies *Gelseminum*, *Cimicifuga*, *Hamamelis*, *Hydrastis*, etc., etc., and shown their uses and this we are quite sure is a specially valuable feature. Again, we say if a domestic treatise on medicine is an inevitable necessity, we commend Dr. Sherman's work.

Blue and Red Light, or Light and Its Rays as Medicine, Showing that Light is the Original and Sole Source of Life, as it is the Source of all the Physical and Vital Forces of Nature, and that Light is Nature's Own and Only Remedy for Disease, and Explaining how to Apply the Red and Blue Rays in Curing the Sick and Feeble. By S. Pancoast, M. D. J. M. Stodard & Co., Philadelphia.

And all this in beautiful blue type, with red borders around the pages, and pictures enough of mysterious and incomprehensible characters to awaken interest, if not awe and credulity. If anything written about medicine could astonish us this book certainly would. We are obliged to put the question of our own sanity into the scales, against the supposed sanity of the author, and we feel that one of us must kick the beam violently, for the disparity between us is alarmingly great. After all it may be a matter of knowledge, and there we confess our lack. The author is apparently versed in kabalistic literature and we are not. Webster says the Cabala, or Kabala, is a “Tradition or a mysterious kind of science among Jewish rabbins, pretended to have been delivered to the ancient Jews by revelation, and transmitted by oral tradition, serving for the interpretation of the hidden sense of Scripture. This science consists chiefly in understanding the combination of certain letters, words and numbers which are alleged to be significant. Every letter, word, number and accent of the law is supposed to contain a mystery, and the Cabalists pretend even to foretell future events by the study of this science.” Our author would doubtless scorn to accept this definition of Dr. Webster, as he scorns to follow Webster's spelling of the word. At any rate he announces himself in the preface as a Cabalist, and throughout the work bases all his doctrines on “The old Kabbala,” which, “with its curious and comprehensive symbol language is at once an elaborate system of natural physiology, and a profound system of theology—an illuminated exposition of the truths of Nature and of that higher science which the Book of Nature unfolds to the enlightened eye of the soul—the science of religion.” There is, as one by the foregoing may easily anticipate, throughout the book,

a sad mixture of science and theology. Camp meeting exhortations are strangely confounded with astronomical, biological, physiological, and every other sort of known science. For a production of piety the book is unequaled. It is better than Baxter's Saint's Rest or Pilgrims Progress; but for purposes held forth on the title page, it is simply a failure in the highest degree. For all that the book is *capital* in a special sense. Nothing small about this author when he deals out type. Here is a specimen sentence:

"These axioms lead us to the conclusion of the Ancient Sages, that the Universal Basis Principle of Physical Life is a Substantial Motion and when Motion stops Physical Life ceases—absolute Rest is Death. Light is the Universal Motor and hence the Active Sustainer, Promoter and Receiver of Physical Life. It acts by its Dual Forces in Disintegrating and Reintegrating, Dissolving and Assimilating, Breaking down and Building up; invisible in its subjective operations it is manifest in the objective phenomena of Depolarization and Polarization. Everything Physical Dies and undergoes Disintegration that Physical Life may be Improved and Perpetuated—if Forms were Eternalized there could be no Farther Progress and the Universe so far as Development is concerned would Cease to Move and would be itself Dead." Nothing but an exhausted font prevented capitals being placed at all the words.

An Index of Diseases and their Treatment. By Thos. Hawkes Tanner, M. D., F. L. S. Second edition, etc. Lindsay & Blakiston, Philadelphia.

The author of this work must have used a mental condensing engine. A vast amount of knowledge has been reduced to the smallest possible limits. For a ready reference book in the hands of a doctor of the allopathic persuasion it would seem to be admirable. The treatment is seemingly without rhyme or reason. So far from being scientific, apparently it is simply a lot of prescriptions, strung together by numbers, four hundred and twenty-eight in all, and there you have it; so many diseases, and so many receipts to cure them with. This is like geometry with its logarithms, only the results are not quite so sure. You find a rustic doctor occasionally in the country whose whole stock in trade is a few choice receipts. He tackles his patients in a mathematical order, giving this one number five and that one number six, *a la mode*. There is not much difference between him and his more pretentious brethren, who have more receipts than he. A short chapter on electro-therapeutics, and one on climate for invalids, adds much to the value of the book. Price three dollars. For sale by Robert Clarke & Co.

Practical Hints on the Selection and Use of the Microscope. Intended for Beginners. By John Phin, Editor of "American Journal of Microscopy." Second Edition.

Since the first edition of this valuable little book, it has been greatly improved and enlarged, about fifty pages of new matter having been added. The improvements are particularly manifest in the chapter on objectives, that on the compound microscope, that on illumination, and that on accessories. Numerous illustrations have been added, of which there was such a lack in the first edition. The work is intended for beginners, and the directions for the manipulation of the microscope are so simple, that one who has had no experience whatever, by carefully following them, will be able to use the instrument profitably. We believe that it is the only work of its kind ever published, in this country at least.

After a careful perusal of the work we are satisfied that it supplies a long felt want among amateur microscopists.

Price seventy-five cents. Industrial Pub. Co., N. Y.

Outlines of Modern Chemistry, Organic. By C. Guilbert Wheeler, Prof. of Chemistry in the University of Chicago, and Hahnemann Medical College Chicago. S. J. Wheeler, 1877.

This is an excellent text book and neatly printed. It meets our long cherished idea in that it furnishes for medical colleges the right sort of subjects for investigation by the class. Every medical student entering on his course of studies should be already well versed in elementary chemistry, the principles of which he should begin at once to apply in analyzing organic products. That this little book before us furnishes a valuable aid in that direction is quite certain, and we cheerfully commend it to teachers as well as students.

A Short History of Rhode Island. By George Washington Greene, LL.D., (Late Non-Resident Professor of American History in Cornell University). Author of the "Life of Major General Nathaniel Greene," "Historical View of the American Revolution," "The German Element in the War of Independence," etc., etc. 12 mo: 386 pages.

It is plainly and suitably written in an unaffected and pleasant style, and gives a graphic picture of the hardships of the early settlers, their customs, laws and traditions, and of the troubles that beset their existence. The print, paper and binding are in fine taste, increasing the value and attractiveness of this excellent addition to the historical literature of New England.

Editor's Table.

THE estimable wife of our colleague, Dr. J. Pettet, of Cleveland, recently died of typhoid fever.

DR. C. H. MYERS will have charge of Prof. Cowperthwait's practice, at Nebraska City, during the absence of the latter, lecturing at the State University.

THE HOMEOPATHIC NEWS, a monthly journal published by Luyties' Homeopathic Pharmacy, is down on our regular list of exchanges. It is a good deal more than an advertising sheet. It makes no pretensions, and is full of merit.

DR. J. W. CLEMMER removes from Dayton to Piqua, O., taking the place made vacant by the death of Dr. Wm. Stumm.

THE friends of Homeopathy, in Buffalo, have organized an "Infirmary" for the poor afflicted with diseases of the eye and ear. Our young friend F. Park Lewis, M. D., is "surgeon in charge."

B. F. CONNELL, M. D., has removed to Washington, D. C. He reports himself greatly pleased with his new home and prospects.

OUR energetic friend, Dr. Jas. Dickson, calls our attention to the fact that the homeopathic profession should be alive to the matter of legislation. The legislature will have plenty of bills concocted by the old school, which bills, as heretofore, will be inimical to the interest of justice, and serve to foist their concoctors upon the public under the guise of doing the public service.

THE PHRENOLOGICAL JOURNAL.—The publishers of this old and well established magazine make an important announcement. The price is to be reduced from three dollars to two dollars a year for 1878. This journal has always been very popular with the people—much more so than its technical name would indicate—and this change should add immensely to its already wide circulation. The character of the magazine will be changed but little, and all the prominent features which have tended to make the journal popular in the past will be fully maintained, including the science of health department which alone would be worth to many families the cost of a year's subscription.

Does it pay a man to profess what he does not believe? Does it pay a medical man above all others, to preach what he does not practice? Does it pay a man to devote himself wholly to the building up of a large practice at the exclusion of everything else? Does it pay to sell one's whole time to a community for a consideration, and lose sight of what is going on in the outside world? Does it pay to retire at night, after a hard day's work, and know that the whole gain of

the day's labor is to be reckoned by dollars and cents? Does it pay to draw up one's self, as the oyster does in its shell, and refuse to mingle with those whose acquaintance might make us wiser and better? Does it pay not to take notice of questions which agitate the medical world, but rest satisfied in the knowledge that our bank account shows a balance in our favor? Does it pay to become one sided in intellectual development because we do not wish to see both sides of a question? Does it pay not to read journals, or if you do, does it pay to skip all but reports of clinical cases? Does it pay not to cherish a firm conviction of right or wrong, or if we have any, to keep it to ourselves, either because we are too lazy to let others know what we think and why we think it, or because we care so little for our neighbors that we do not see fit to inform them? ARNDT.

TO A CORRESPONDENT.—DEAR SIR:—Your case is indeed a serious one. But its diagnosis is easy enough. You call yourself a homœopath, but the fact is you are an eclectic. Your education and instincts both give you the needed bias toward the latter school. It is not your fault, but your misfortune that you have no taste for the doctrines and practices of the homœopathic school. Now if you will read eclectic journals, and eclectic books, and train in the eclectic camp, you will feel at home. Your predecessors stood up like men and battled for Homœopathy as a system of medicine essentially distinct from all others. They gave it a name and a place by emphasizing its individuality. They maintained its doctrines in the world's history and kept its practices pure. But now you say you "are heart sick of this eternal clatter about *similia*." You want several of our correspondents gibbeted so that we may have less d(ashed) nonsense about the law of cure." Well we can't accomodate you. Our fight is for Homœopathy as against the errors and false practices of all other schools. It is not our fault that you do not comprehend the value and magnitude of the work.

RECEIVED.

Traumatism as a Factor in the Diseases of Women. A^{*}Lecture by R. Ludlam, M. D., etc. etc.

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J. P. GEPPERT, PR.





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Ch. J. Wenzel

Engraved expressly for the W. J. Medical & Surgical Journal.



T. F. WILSON, M. D., GEORGE MASON.

VOLUME V. CINCINNATI, O., JANUARY, 1876. NUMBER 1.

All business communications, relating to the *Journal*, should be addressed to Dr. T. F. Wilson, care of G. Mason, Cincinnati, O. Terms \$2.00 a year.

A HAPPY NEW YEAR TO ALL! It shall be our endeavor to make it such to each of our readers, and to elicit from them glad smiles and good wishes and heartfelt thanks with each rising month. Truth, Justice and Liberty shall be our guiding stars. To inspire, to strengthen and to help shall be our constant effort. And our highest aim will be to develop, illustrate and maintain the true art of healing as expressed in the golden words, *Sicula Sanabilis Curatur*. To this end we solicit the aid and co-operation of the entire medical profession, and we shall seek to deserve the patronage of all.

DR. GEO. H. BLACKMAN, (allopathic) of Dunkirk, N. Y., has written an interesting letter to the *Hom. Times*, in which he heartily accepts the proposition to unite "all thoroughly educated physicians without reference to their individual opinions as to therapeutics." He says, however, "The union of the Allopaths with the homeopaths, would not, I fear, accomplish much, for the reason, that the former, if they exist at all, are so few in number as to be a practically unimportant item in the medical world. I personally know of no physician, who, either in theory or practice, is an allopathist on principle." He then speaks of "the old (or as I prefer to call it, the regular school)!" And adds "I am myself a regular of regulars." DR. BLACKMAN is entitled so much praise for his temerity in venturing so far within the homeopathic enclosure. We remember well grasping his friendly hand at the



Truly yours
Chas. J. Hempel



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

VOLUME V. CINCINNATI, O., JANUARY, 1878. NUMBER 9.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, Cor. 7th & Mound, Cincinnati, O. Terms \$2.50 a year.

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last meeting of the American Institute of Homœopathy, and wondering if he would soon suffer the usual castigation visited by the allopathic societies upon their members, who dared to indulge in liberties of that sort. He boasts that his professors and preceptor taught him, "to try *all* things and hold fast that which is good." And does he innocently suppose they meant to include Homœopathy? Let him persist in his intimacy with gentlemen of the homœopathic school, and he will find out the length of the tether by which he is bound to the ethics of his school. But why does he object to the term "allopathic"? Because, simply, it does not represent the principles of the school to which it is applied. This we readily grant. But what is gained by the change of title? The term "regular" represents neither the principles nor the practices of the old school. As well might it be called the "divine" school, or the "heaven chosen" school. Dr. BLACKHAM is doubtless something of a philologist. He knows very well that words rightfully lose their original significance by change of usage. Now as the old school have no principles to follow in practice, there is no need that any such should be represented in their title. That it is not specifically allopathic in practice we admit; but that its name is allopathic we assert without fear of denial; and allopathic it will be, until influences far more powerful than Dr. BLACKHAM's denial, shall, in some future age, possibly change it. As well might SINBAD THE SAILOR hope to shake from his shoulders the OLD MAN OF THE SEA, as for that school to hope to shake off a name so interwoven into all its past history. To us it seems a very petty thing, quite beneath the professed dignity of the members of that school, to be so constantly protesting against the name people are pleased to respectfully call it, because, forsooth, the Greek roots from which it is derived, are not in their meaning consonant with the practices of those to whom the term is applied. And to attempt to mend matters by taking on a name, in no respect applicable to them and which is only a standing insult to those who differ from them, only shows they prefer to "tithe the mint and cumin, while they neglect the weightier matters of the law."

Dr. E. M. HALE, (vide *American Homœopathist* Nov., '77), startles us with the announcement that the homœopathic school is just now passing an important crisis in its history. Others, we know, are sharing the same opinion; and if the end of the world is not at hand, it is not because there are not many anxious souls looking for it. In all this, there is, however, nothing new. We are never without second adventists in medicine as well as religion. And they serve an excellent purpose, though they do greatly err in their prophecies. It is not to be denied that important changes are going constantly on in all departments of thought. Fortunately, we, as a medical school,

share in the general law of change, but we are not in the slightest danger of losing our identity, or of drifting away from the one great fundamental principle upon which we rest. Whoever thinks so is deceived. Whoever says so is a false prophet. But there is, perhaps, a real danger in this: The allopathic and eclectic school will attempt to bridge the chasm that lies between us and them, and then coming half way, seek to throw upon us the opprobrium of being extremists. They will take on a show of candor and conciliation, having a seemingly painful contrast to our dogged maintenance of our doctrines and practices. And if they do so, they will certainly obstruct the path of progress for the next half century. *Prima facie* they will be in the right. They will have given up half, and superficial minds will wonder why we do not the same, and generously meet them on a common ground. Small doses have heretofore been characteristic of the homœopathic school. But now many of the old school, like Dr. DESSAU, are clamorous for doses that are so small, they would do no dishonor to a homœopath if prescribed by him. An article lies before us written by Dr. HENRY G. PIFFARD, before the N. Y. Academy of Medicine, devoted to the subject of Homœopathic Triturations. The Doctor has carefully subjected a number of these, representing various drugs, to examination; has, in fact, applied them in his practice, going, however, no higher than the second decimal, and finds them every way superior to the ordinary old school pharmaceutical preparations of the same drug. He is decidedly in favor of their adoption by the allopathic school. His experiments thus far have been confined to the various preparations of *Mercury* and to *Arsenic* and *Iron*. But he is sure many other drugs will act much better if triturated in sugar of milk. And so it is. They will steal our thunder and hate us all the more for having forged such bolts. They will try to use our tools without our guiding principles, and wait or wander in darkness another fifty years before they take another forward step.

A Letter from Madame Samuel Hahnemann.

We are enabled to lay before our readers the following interesting letter recently received from Madame Hahnemann. It will readily

explain itself, and we desire to add, that we would be glad to hear from the profession, and will, with sufficient encouragement offered, attempt to assist her in the great work she proposes to perform. What say the homœopathic profession of America?—Ed.

104 FAUBOURG ST. HONORE A PARIS, November 9th, 1877.

MONSIEUR LE DOCTEUR WILSON :

I regret that I did not receive your letter sooner. It came while I was away from Paris, which is but seldom. You ask me about the sixth edition of the *Organon*. I wish to say that I have in my possession important unpublished papers written by my beloved husband, and confided to my care before his death. There is in them much that is new and of great value to the medical world, and no one but myself can arrange them in proper shape, for they were given me with full explanations by the great founder of Homœopathy himself. What a grand volume these would make! What a large number of copies could be sold to the physicians of America, for in your country the doctrines of Homœopathy have taken strong and wide hold. Even the allopathic school would seek it. I have all of Hahnemann's correspondence, filed by his own hand and marked by notes. You see, my dear Doctor, it will be a great work to get this mass of material out in the order Hahnemann desired. I alone can do it. Drs. Lippe and Hering, of Philadelphia, are informed of my desire. They know I lost all of my property in the Franco-Prussian war, and that I now have to make my living by the practice of medicine. Such being the fact, I have no time to attend to this great work.

I do not wish to make any money out of the writings of Hahnemann. Those I have are my property, but I will freely give them to his followers and friends if I can have the opportunity. What I desire is assistance from the homœopathic physicians of America. *Do you not think they would subscribe for the book and remit to me so much in advance as would enable me to live without practicing my profession until I can get out the work?* I have the energy and ability to do it, if only I can have the time. It would be a proud gift to lay in the hands of the profession, and no doctor but would be glad to see it in the hands of his patients. This matter was under advisement at the time the late Dr. Carroll Dunham was arranging for the World's Homœopathic Convention,

and but for his lamented death, this project would now be already consummated. Dr. Dunham was greatly desirous to have these papers brought out. Now, my dear Doctor, you have sufficient authority to undertake this matter of procuring subscribers. I know you can not fail. America is a land of large undertakings. It is not like Europe where every one sticks to the old ways. Thanks to your liberty and the energy of your people who have so generously accepted the teachings of Hahnemann! I want the subscriptions taken in Hahnemann's name, and I am glad you appreciate the importance of the task.

I am, le Docteur, with sentiments of high regard and fraternal considerations,

Yours,

M. HAHNEMANN.

We anticipate a generous response.—T. P. W.

The British Journal of Homœopathy.* By Dr. Ad. Lippe,
Philadelphia.

The British Journal of Homœopathy, of January 1, 1877, has been duly received. This quarterly journal has grown much smaller under the new management, and if we judge rightly this diminution is an evidence that this sort of Homœopathy advocated by this organ is also growing less popular, is less supported, and is evidently not on the increase.

The editorial, (first) article is full of information. We have now before us the very reasons why the physiological livery is sported by those who pretend to belong to our school. We obtain from this article a very clear insight into the causes of this desire to exhibit this new fashioned garment.

*The crowded state of our pages are alone at fault for the lateness of the appearance of this article. But its force is not weakened by age, and it will be read with interest.—Ed.

That we may clearly demonstrate these causes and reasons we shall first make quotations of this extraordinary confession, and make our comments on these confessions.

Speaking of Homœopathy in Europe, the author of Homœopathy in 1876 says: "For the last ten or fifteen years we have heard of no convert of note; the days of Henderson and Horner, of Tessier and Amator are passed."

Comments: We have heard of one convert of note, and really find in this very number of the journal, page eighty-eight, a clinical report of a truly homœopathic cure, masterly therapeutics, by no less a man, and a late convert to Homœopathy, Dr. Thomas Skinner, of Liverpool, England; a man of note, who in his very first pamphlet, showed himself to be a full convert to Homœopathy as it was taught by Hahnemann. Is he not a man of note? or must he be ignored because he honestly laid aside the physiological livery? A livery he had himself sported for many long years. A livery which the journal now picks up again and likes to persuade others to pick up.

We further find, on page seven: "Our practice has become much more routine; there is little reference to the *materia medica*, and little evidence of its being studied and used in the treatment of cases. The reason of the latter in England is that we have not enough time at our disposal."

Comments: An honest confession to be sure. Our practice has become much more routine! *Materia medica* is not studied and used—because we have not enough time at our disposal. The confession is honest, but the practice is not honest, and the excuse is a very lame one indeed. Dr. Skinner has in a few short years mastered the homœopathic *materia medica*, and the case he relates on page eighty-eight is an evidence of it. The patient is "a miser." The physiological school turns such symptoms off; they are of no use to the materialist; the homœopathician knows that *Pulsatilla* and *Cyclamen* are very important remedies for this psychological condition; they utilize that knowledge. If Dr. T. Skinner can master our *materia medica*, if he demonstrates how he uses this knowledge in the treatment of cases, why should others be excused?

"There is little reference to the *materia medica*," we are told, and in this same number of the journal is a lachrymose plea for a new English version of Hahnemann's *Pathogenesis*! The pleading is done by Dr. Richard Hughes. Hahnemann's *Materia Medica Pura* and *Chronic Diseases* are one thing, Dr. Richard Hughes' *Pharmacodynamics* are another thing altogether, and the pleading this time is for a horse of another color. It is really astonishing with what amount of inconsistency these men, calling themselves homœopaths and advocating the sporting of the physiological livery are "endowed." Dr. D. Wilson, of London, took pains to show the profession that Hempel's translations of Hahnemann's works were full of perversions, errors and falsifications; others did the same thing. The journals, as it appeared, then were under the control of the publisher of Hempel's abortive productions, and even the publisher's friends, who also kept shop and sold these miserable books, had control of some journals; by all events all these journals declared that Hempel was deserving to be canonized, and that his reviewers were all hypercritics. Hempel himself defended himself in the journals, forgetful of all acknowledged usages, and in his defence became personal and abusive, claiming this violation of usage to save the publisher. And now, after all these books by Charles Julius Hempel have either been sold or sent to the paper mill, (like his *Organon*), the criticism of Dr. D. Wilson is quoted for another purpose. If such a new translation is made, we suggest to the enterprising publisher to see to it that every line is translated; that nothing is omitted; that it is made a literal translation, without perversions, alteration or changes of any kind whatsoever. But may we ask the learned editors of the *British Journal* again, of what possible use can that, to be newly translated *materia medica*, be to the fraternity who says "our practice has become more routine;" that the routine practitioner must be excused in England, because there the healer has not enough time at his disposal to study *materia medica*.

Admitting further that little has been done to increase the fruits of the productive period of Homœopathy, there is now

an outburst of homœopathic practice in the ordinary (common allopathic) practice, the paper continues: "But as many among ourselves are becoming more and more substantial in their posology (dosage), and these men whose advocacy and example have deservedly much weight with their younger colleagues, this one feature of dissimilarity is fast disappearing."

Comments: First throw overboard the materia medica, because there is not enough time at your disposal for that study; next abandon the dose as it was used during the productive time of Homœopathy, and not having time to select the truly curative remedy, give larger crude doses, to make up by quantity what you can not make up by that very painstaking study which every true homœopathician should find time to pursue. The younger colleagues will not be seduced by their older friends, provided they go to the source of knowledge of Homœopathy; do as Dr. Thomas Skinner did, and seek information and light in the original works of the founder of our school, Samuel Hahnemann.

Further we read: "The result of this approximation is that in the other camp they are saying to us, "Why do you keep up your distinctive name and exclusive institutions?"

Comments: And so say we! There is no distinction between these men except the "name." And why do these men who have abandoned our materia medica and our dynamic dose still persistently cling to a distinctive name?

They now say: "We take up the position we ought never to have lost, that, namely, of a school like those of ancient medicine, of advocates and practices of a special method which we believe to be the best thing in therapeutics, while perfectly free to adopt any other mode of practice—of our own accord or in consultation with others—if we deem it good for our patient."

Comments: The position in the prospective is "eclecticism." Hahnemann wrote a work, called it the *Organon of the Healing Art*. In this work, paragraph 53-56, he explains that there are only three possible methods of employing medicines in the diseases: First, the homœopathic; second, the

allopathic, or heteropathic, and third, the antipathic or enantipathic. It must be clear to every thinking man that these three methods of employing medicines in diseases are utterly opposite one to another, and that if one is true the others are not true; if Homœopathy only is salutary and efficacious, how can its opposites be also salutary and efficacious? If Homœopathy is not alone salutary and efficacious then it is a snare and an illusion; if true, if it is the only salutary and efficacious method of employing medicine, it must be always true. There is no other logical solution of the question. The objection the learned writer of this paper now under criticism makes, is summed up in a short sentence, viz: The practice of Homœopathy is too painstaking! That is all. Now will the testimony of men who for many long years, say through a long and very extensive practice have developed this grand system of healing taught by Hahnemann; have never for forty years deviated from his teachings, and now corroborate his promises, that the painstaking, strict following of his teachings will be invariably rewarded by success, which no other method of employing medicines ever obtained. Will that testimony be set aside and the assertion accepted instead, that this method is only applicable at times, and that for the reason of this assertion, the fact is stated that for want of time, the necessary conditions for its application have not been complied with; that for this and no other reason, we want to be perfectly free to adopt any other method of practice? Has there ever been a grosser absurdity uttered by any rational medical man?

And the writer utters more absurdities: "We earnestly desire reconciliation and reunion, but this can only come about by a frank recognition on the part of our brethren of the soundness of our principles."

Comments: If our principles are sound, as sound as we know them to be, sound, always sound, then we must forever scorn all other modes of practice. Reconciliation and reunion! That is it exactly, and we do most sincerely hope that our allopathic brethren will receive with open arms these repentant men; men who are a disgrace to the homœopathic

school; men who display an utter want of logic; men who yearn for a union with a school similar to the school eclectic; a school that will on sound principles apply as much Homœopathy in a given case as is accessible to it without *materia medica* and the *Organon of the Healing Art*. Will such men find rest? Will the homœopathists endure them any longer? Will their logic hold water? Will they, exposed as they have been, find shelter among the allopathists? To all of which we say, "No!" The allopathists are rapidly coming over to our ranks. What does Dr. Skinner say? The best men among the allopathists teach "individualization;" they teach that we must treat individuals and not forms of diseases. Dr. Hughes differs with the progressive allopathists. He, with the *British Journal*, wants us to base our therapeutics on the pathology of the case, as if pathology were an exact natural science. Will the allopathists receive a man or his followers (if he has any) who shows himself progressing backwards rapidly; far more back than his unreconciliated friends were "a century ago?" We, as homœopaths shall surely separate from these "pretenders." If the allopathists want them let them be taken in by them—they will rue it forever, and we guess they will be left out—in the cold.

Theory and Practice.

Femoro-popliteal Neuralgia. Neuralgia Ischiadica, Sciatica.
By J. Martine Kershaw, M. D., St. Louis. Part II.

DIAGNOSIS.

*"This affection is most likely to be mistaken for muscular rheumatism of the thigh or leg, and although the character-

*Prof. Erb, *Ziemssen's Cyclopædia*, Vol. XI, pp. 176, 177.

istic diagnostic sign given by Valleix, that in rheumatism the patient indicates the seat of the pain with his whole hand, while in neuralgia he points to it with his finger, does not hold good in all cases, yet a correct diagnosis may in general easily be deduced to the already enumerated signs of rheumatism, etc. It is especially in the insidious and slowly developing forms of coxitis and coxarthrocacia, which run on for a time without fever, without perceptible deformity of the pelvis, and without any marked local sensibility, that errors are likely to be made. Positive conclusion can only be arrived at by the exercise of the greatest care in the examination of the patient. The position and mode of carrying the leg; the situation of the points that are painful on pressure; the absence or presence of pain when the head of the femur is pressed against the acetabulum; the elongation or shortening of the leg; the configuration of the lower part of the back; the paroxysmal character of the pain, its distribution and the condition of the general health, are all circumstances that must be carefully considered in forming the diagnosis which becomes still more difficult in those cases of nervous coxalgia (hysterical articular neurosis) that have been described by Brodie, Esmarch, Wernher, Stromeyer and others. The precise localization of the pain in the hip joint, and the absence of inflammatory symptoms must constitute the principal data on which the diagnosis must rest."

PROGNOSIS.

In recent cases and in those in which the cause can be removed, the prognosis is favorable. Of old chronic cases so much can not be said, although many of these can be cured with time and patience, and, with our present knowledge of the disease, and the various palliative measures and appliances, all may be relieved.

Apart from what has already been said with regard to diagnosis, I may be permitted to observe that too great care can not be exercised in the questioning and examining of these cases, that the direct or indirect cause of the disease be learned. It is plain that a mechanical cause of irritation is not likely to be removed by medicines; and yet I have known

more than one case to which medicines had been given without effect, when there was an easily removable mechanical cause at the bottom of the difficulty. The situation of the sciatic nerve renders it more liable to suffer from mechanical irritation than any of the other nervous trunks. For this reason inquiry should be made with respect to the condition of the lower bowel; whether constipation or hæmorrhoids exist; also, with regard to the condition of the intra-pelvic cavity, whether there be displacement of the uterus, congestion, hypertrophy, or other altered condition of this organ; or whether there be an ovarian or other tumor within the pelvic cavity. Hernia, neuromata, subcutaneous tubercles, a cicatrix or other cause of irritation should also be looked for. Finally, a careful inquiry should be made as to the existence of syphilis, as this disease has more than once been at the bottom of frightful attacks of sciatica and other neuralgia. A mechanical difficulty, if such exists, must be removed; a hernia reduced, a displaced uterus restored to position, a neuroma or tubercle removed, etc.

TREATMENT.

Sciatica should be treated by removing the mechanical cause, if such an one exists; by administering good food, the properly indicated remedy, and, as a rule, by the application of electricity. The food should be good and plenty of it; milk, eggs, beef, etc. Most of these patients need stimulants, they are below par, and must be brought up the health line to be permanently relieved. *Whisky, Wine and Beer* help these patients.

FOODS.

Apart from those already mentioned, there are certain agents commonly used as medicines, that to my mind, ought rather be used as foods. At any rate such is my practice. I refer especially to *Cod liver oil, Iron, Strychnia* and *Phosphorus*. Permit me to quote from Dr. Hughes: *"For my own part I have long been in the habit of giving *Iron* as food in all cases of anæmia. I believe natural *Chalybeate waters* the best mode of its administration. But when these are

*Manual of Pharmacodynamics, p. 282.

not to be had, I am well satisfied with giving two or three grains of *Ferrum redactum* of the British Pharmacopœia, once daily, at meal time."

"You will see from this that I regard *Iron* as a food rather than as a medicine, and administer it accordingly."

This is my way of using *Iron* (the acetate) except that I think it just as well to use the first trituration. It is given as a food, an appetizer, a blood maker, and it does build up the patient, gives him an appetite and increasing the number of red globules of the blood. *Strychnia* and *Phosphorus* may also be used in this manner. I have frequently administered *China* in this way, and with excellent results. The 2x trituration of *Cod liver oil* has done me good service in some cases, patients taking it without hesitation who were quite unable to bear the pure oil. It is not a difficult matter to relieve a patient of a paroxysm of sciatica, but it is quite another thing to prevent his having a return of one. The homœopathic remedy should be selected for the attacks and administered, but apart from this treatment the patient should be built up by means of good food, light, air, exercise and sunshine.

ADMINISTRATION OF MEDICINES—DOSE.

As external applications the tinctures of medicines are used. Few dissent from this practice. With reference to the administration of medicines internally, my experience has taught me to rely to a very great extent on the higher potencies in the treatment of the neuralgia. The proper remedy may be given, but of a low potency, and fail to act altogether, or if it does act it is in a very slow and unsatisfactory manner. I have prescribed a remedy of low potency in numerous instances without effect, and then relieved the patient almost instantaneously by the exhibition of the same remedy highly potentized. It is extremely gratifying to both patient and physician to have severe pain relieved almost magically as it were. And this, permit me to say, is very commonly done by means of a high potency, and very uncommonly done by means of a low potency.

MEDICINES.

Aconite.—In acute cases, the result of exposure to wet, a draught of air and the consequent suppression of perspiration, with hot, dry skin; full, bounding pulse; great thirst, restlessness, with sharp, acute darting pains in the affected limb, together with an extreme hyper-sensitive condition of the mental and physical, *Aconite* is the remedy. Should be used externally also, a few drops of the tincture in hot water to be applied directly to the limb, or by means of hot cloths.

Bryonia.—In recent cases complicated with, or dependent on rheumatism. The right limb is the one generally affected, and the pains sharp, stitching, aggravated by motion, and relieved by quiet and by lying on the affected side. Should be given internally and applied externally.

Chamomilla.—I can give but one or two definite indications for the use of this remedy, and they apply to neuralgia generally. A patient suffering excruciating pains of a sharp, shooting, lancinating character—purely neuralgic—one who tears frantically about, or races frantically up and down the room, unable to rest a moment on account of the extreme pain, such a patient wants *Chamomilla*. The above symptoms would ordinarily be sufficient for me, but if a violent emotional disturbance preceded the paroxysm, such as anger or vexation, there would be little doubt about it. I have seen cases presenting the above symptoms relieved almost instantaneously, many of them within ten minutes, by means of this remedy in a high attenuation. With respect to the attenuation, I may say that *Chamomilla* has done me little service below the two hundredth potency, while the results have been all that could be desired when employed above that potency.

Arsenicum.—Sciatic pain of a burning character, lancinating at times; very restless; little thirst; worse about midnight and relieved by heat. The complaint is frequently due to an anæmic condition of the patient. Malaria is not unfrequently at the bottom of the difficulty.

Cimicifuga.—A remedy to be thought of when the difficulty appears to be connected with ovarian or uterine diseases.

There is likely to be some muscular rheumatism too. The left side is commonly affected. An hysterical tendency is likely to be discovered in a patient calling for this remedy, with a strong leaning toward profound melancholia.

Ledum.—Several patients whom I have had under observation, with pain in the limbs, sciatic and otherwise, have been relieved by the use of *Ledum* applied externally. One patient was decidedly improved, her symptoms closely resembling those of atopy. The feet were clammy and heavy, yet excessively tender. She was unable to stand with her eyes shut, and her walk was staggering. She simply bathed her feet and limbs in water in which was mixed twelve or fifteen drops of the tincture of this remedy. This was done twice a day. I know of no remedy to compare with *Ledum* for extreme tenderness of the soles of the feet. This tenderness seems to depend on an hyperaesthetic condition of the terminal fibers of the veins of the lower extremities, apart from any inflammatory or other altered condition of the feet. The pain commences below and passes upwards.

Rhus tox.—An excellent remedy. Left limb generally affected, attended with formication, soreness and aching; with frequent sharp, excruciating pains along the nerve trunk, greatly aggravated by rest, and relieved by slow motion and external heat; the pains are generally worse about midnight or a little later, and during a heavy condition of the atmosphere, especially just before a storm. Rheumatism is generally present, and the effects of wet and dampness the cause.

Colocynth.—*Dr. Hughes says: "But the veins about the hip joint suffer most severely, the pain darting sometimes down the anterior crural, and sometimes down the sciatic trunks, even to the foot." Again: "The grand sphere of *Colocynth* lies among the neuroses, especially where pain is the most prominent feature." There is much of truth in the above, as many who have used this remedy carefully can testify. The left limb is the one most likely to be affected. There is a rheumatic taint in many cases calling for this remedy. Ovarian or intra-pelvic tumors should be looked for.

*Manual of Pharmacodynamics, pp. 242, 243.

Emotional excitement, especially anger (suppressed) and vexation influence cases calling for *Colocynth*. The pains are sharp, darting, lancinating, the least motion causing intolerable pain. There is a tendency to shortning of the tendons.

Phytolacca dec.—*Dr. A. R. Smart says: "In the rheumatic irritation of the sheaths of the nerves, as in sciatic rheumatism, it is specially useful; also in periosteal rheumatism and in periostitis. A leading indication for its use in periosteal rheumatism, is the presence of a syphilitic taint." My limited experience with *Phytolacca* in the treatment of sciatica leads me to believe the above quite correct. It should be used externally as well as internally.

Valerianate of zinc.—Dr. Hale recommends this remedy in the treatment of sciatica, and of the neuralgiæ generally. I deem it extremely useful, especially in those cases where the suffering is in most part due to an extreme hypersensitive condition of the general nervous system.

Other remedies might be mentioned, but the above are the most frequently indicated. If syphilis be present, the preparations of *Mercury*, *Nitric acid*, *Iodide of potash*, etc., should be thought of. Uterine engorgements or displacements: *Cimicifuga*, *Sepia*, *Belladonna*, *Calcarea c.*, *Pulsatilla*, *Nux vom.*, *Natrum mur.*, *Sulph.*, *Caul.*, *Aletris*, *Helonias* and *Lil. tig.* Constipation: *Sulph.*, *Nux vom.*, *Sepia*, *Natrum mur.*, *Lyc.*, *Opium*, etc. Hæmorrhoids: *Sulph.*, *Nux vom.*, *Aloes*, *Æscul. hip.*, *Collin.*, *Hamamelis*.

ELECTRICITY.

†"In painful affections, such as the neuralgiæ, migraine, sciatica, tic douloureux and the like * * * electricity is often of considerable service. It is the continuous galvanic current which you should use, and it should be only of such strength as to be just perceptible by the patient; it should be applied to the part with well wetted sponges, and it should be applied for a short time only, but with frequent repetitions. I know of nothing more distinct or more satisfac-

*Hale's New Remedies, Therapeutics, p. 501.

†Clinical Uses of Electricity, J. Russell Reynolds, M. D., p. 103.

tory in therapeutics than the relief which may often thus be given to suffering of the most intense character, the relief being very rapidly induced, and in many cases permanent."

*An eminent author says: "But above all local means, not only for relieving the pain of any paroxysm, but also for effecting a permanent cure, electricity stands first." It is indeed a useful and remarkable agent, but to do good must be used intelligently. I have a patient under treatment, who has been absolutely tortured by her physicians, they using the interrupted current when she was already suffering extreme pain. It is my custom to use in this disease the constant current, placing the anode over one of the painful spots, behind the great trochantar at the sacro-iliac articulation, or above the sacral plexus, and the cathode in the popliteal space, or over a painful spot in the course of the nerve or the posterior part of the thigh. The current is to be increased very gradually, a few cells to be used only, and then as gradually decreased. No pain should be produced; this but aggravates and prolongs the disease. The applications should not be longer than ten minutes at a time, but should be repeated frequently, several times a day in severe cases, and once every other day for some time. Used in this way electricity will prove of great service, and there are few of the neuralgiæ that will withstand its action. †Dr. Hammond speaks highly of electro-puncture as a means of curing this disease. He says: "I prefer, however, to pass the current directly through the nerves by means of needles introduced down to its sheath. These needles should be insulated except at their points, and then, being attached to handles which can be brought into communication with the battery, are rapidly passed with a rotary motion down to the nerve. I generally select a point at the upper part of the posterior aspect of the thigh for one and a point two or three inches below for the other. *

* I have several times succeeded in breaking up a paroxysm of intense sciatica, and effectually curing the patient by a single application, but usually several are required. I have

*Diseases of the Nervous System, Hammond.

†Clinical Lectures on Diseases of the Nervous System, p. 272.

never witnessed the least untoward result from the use of galvanism in this way."

PALLIATIVES.

As a palliative measure the Turkish bath has proven in some cases extremely useful. It will seldom fail to relieve the most urgent symptoms of sciatica, and will indeed sometimes effect a cure. I call to mind a severe case which was permanently relieved of all difficulty by means of this procedure. Where the Turkish bath is not available, the hot sand bath may be employed; the affected limb being entirely imbedded in heated sand. The wrapping of the affected limb in warm cotton batting is frequently useful. Moist heat is sometimes preferable to dry; in such cases, flannels wrung out in hot water and applied is frequently serviceable. Another excellent plan by which moist heat may be applied directly to the diseased limb is to envelope the limb loosely in a heavy blanket, and then to the nozzle of a tea kettle of boiling water attach a piece of rubber hose, the other unattached end to be passed under or between the folds of the blanket, care being taken to prevent injury to the patient by the direct contact of the steam.

Among the palliative and sometimes curative agents must be ranked *Warm water*. Many times have I known a most violent neuralgia relieved in a few moments by means of a warm, or even extremely hot water. Severe cases of facial neuralgia, due to an exposed nerve in a decayed tooth, may frequently be cut short by filling the mouth with warm or quite hot water, and holding it there for some little time, until the sedative effect of the applied heat is produced. Dr. Thomson says of this agent: "Much more effective, however, than any medicinal agent for paralyzing irritant, affected or sensory impressions, is a remedy which can be obtained anywhere and to any desired extent, and that is simple warm water. The contact of water near the temperature of the blood which circulates about the cutaneous nerves, produces on those nerves a sedative, almost, if not quite, equal to the effects of a general bleeding. * * * In distinction from cold,

*American Clinical Lectures, E. C. Seguin, M. D., Ed., pp. 116, 117.

which is a nerve irritant, moist heat is a pure sedative. By a nervous irritant we mean an agent which produces a lowering devitalizing impression, but which impression the nerves react against as soon as they can. By a pure nervous sedative, we mean an agent which produces a lowering impression from which the nerves may recover, but never react against; and precisely such an effect is caused by the contact of water at eighty-five to ninety-five degrees to the surface nerves. * * Now my own experience leads me to rate this property of warm water as more certain and powerful than any agent with which I am acquainted, for relaxing tonic contraction of either voluntary or involuntary muscular fibre whenever such contraction is induced in response to sensory irritation. * * Even in those sad cases of tonic muscular contraction of the lower limbs, caused by pressure on the cord from vertebral disease or injury, the relief from this simple measure is often very great."

The Pathological Effects of Drugs. Their Value in Therapeutics. By A. C. Rickey, M. D., Dayton, O.

Much has been written of late on the law that should govern us in prescribing for the sick. One party claim that the only correct way is to prescribe for the symptoms, ignoring the pathology of the affection. The other party urge the claims of pathology as an aid in selecting the proper remedy.

I have not seen much that has been written in support of the latter view, but am forced to say the advocates of the former have ignored some very important facts, and taken a position that will fail of accomplishing the end sought, viz., the preservation of the purity of Homœopathy.

It is impossible to fill every mind with one idea, and to compel every practitioner of medicine to bow and worship

at the shrine of Hahnemann. He was a great man, a mighty genius, and did a grand work for medical science. But it would be simply folly to believe that he or any other one man could discover, develop and perfect a science of medicine, leaving nothing further to be done or found out. As our knowledge of a drug increases we come to understand definitely and precisely upon what organs or tissues it acts.

Our symptomatology of a drug is nothing more nor less than the subjective and objective manifestations of pathological conditions induced by its action, and the fact of our fixing the pathological effect of a drug does not impair its usefulness, nor dispense with the necessity of collecting and being governed by the individual symptoms in choosing between several drugs all causing the same morbid condition. Autopsies, the examinations of the retina, subjective and objective symptoms establish the fact that *Belladonna* causes cerebral congestion and inflammation. The same may be said of *Acon.*, *Cimi.*, *Hjos.*, *Ver. v.*, etc. When called to prescribe for this disease the first question we ask is, what is the pathological condition, the cause, the complications? Then we ask what drugs will cause such a condition of the system? The congestion may result from purely nervous derangement when we think of *Acon.*, *Bell.*, *Cimigi.*, *Hjos.*, *Verat. v.*, etc., or it may result from portal conjection or derangement when *Bry.*, *Mer.*, *Nux.*, *Sepia*, etc., are suggested, or debility of the vaso-motor nerves of the cerebral vessels may be the cause, we then select from *Cimi.*, *Gels.*, *Phos.*, *Opium*, *Calc.* Experience, clinical as well as our provings, confirm the use of these drugs for these pathological conditions and the selection of the true similitum is greatly facilitated by a systematic classification of drugs adapted to particular diseases.

Suppose a patient complains of distressing dyspnœa. Which is it better, easier, more scientific, more logical to grope about through two or three hundred remedies, unclassified and unarranged, to find the remedy aided only by symptoms, or first to ascertain the pathology, the etiology and then determine on the remedy? Dyspnœa may result from

anæmia, at once we know that *Ferrum*, *China*, *Puls.*, are the remedies. The difficult breathing may come from cardiac disease when *Acon.*, *Cactus*, *Dig.*, *Verat. v.*, etc., are suggested; or from nervous asthma, bronchial catarrh, gastric disturbance, pulmonary congestion, etc., each of which call for a different remedy. To my mind the case is cleared up wonderfully by the latter course and we are enabled to prescribe more accurately and with less labor by such a systematized arrangement of our materia medica.

It is next to impossible for the average practitioner to memorize the thousands of symptoms contained in our materia medica without this course. It is astonishing how the sphere of some of our remedies which have a wide range of action may be narrowed down, and the labor of getting a knowledge of its action thereby diminished. The applications of *Aconite* are innumerable, and yet when the student has learned that *Aconite* acts on the arterial capillaries through the vaso-motor nerves, causing congestion and inflammation in any part of the body he has nearly the whole thing in a nut shell.

Sulphur on the other hand acts on the venous capillaries causing stagnation or sluggish circulation through any or all parts of the body. The arterial circulation is active and powerful and any interference with it causes acute symptoms; the venous circulation is slower, passive and sluggishness here causes chronic passive ailments. Dam up the venous blood in any part of the body, freighted as it is with the morbid products of retrograde metamorphosis of tissue and you have a key to the extended action of this valuable remedy without any need of the far fetched psora theory. The venous blood is always impure, and wherever clogged up, whether in the skin, lungs, liver, brain or elsewhere, will cause mischief.

The same may be said of many other remedies whose wide range of usefulness depends on their stimulating or emitting organs whose action and influence extend throughout the system. Any drug which causes portal congestion, a sluggish flow of blood through the portal veins may cause constipation, piles, uterine congestion as well as many other

affections of the genito-urinary organs, indigestion, pulmonary or cerebral congestion, etc., etc.

The physician who is able to trace all these symptoms to their cause and prescribes a remedy that will remove the obstruction to the portal circulation, as well as produce the remote symptoms, is most skillful and will be most successful in practice.

There are a few pathological conditions which enter into the production of a large share of chronic affections, which when we are once able quickly to diagnose, and skillfully to antagonize we will be able to deal successfully with the majority of chronic diseases. Such are anemia, hydremia, low nutrition, scrofula, syphilis, passive congestions, portal congestion, nervous, muscular and sexual debility, irritability of fiber in the capillary systems, torpor in the action of the various emunctories of the system, etc. Any one of these conditions may stand in a causative relation to whole trains of symptoms, and when called upon to prescribe for these symptoms instead of trifling with remote manifestations hunt out the leading cause of the whole trouble and then select the true similitum.

The conservative men of our school who have said and written so much about the "physiological livery" and "pathology and homœopathy," have gone quite as far to one extreme as their opponents have to the other.

One extreme always follows another. If the leaders of our school wish to preserve the purity of Homœopathy, they must not be too narrow, dogmatic and exclusive in their teaching. We can not get along without symptomatology, and must be contented by a knowledge of the pathological effects of drugs. The two supplement each other.

In another paper I wish to present the readers of the *ADVANCE*, a classified arrangement of our leading remedies, according to their known effects of the different parts of the body, and their ability to produce the morbid conditions above mentioned. Young practitioners, and perhaps older ones, may find it an aid in remembering the effects of drugs, and in deciding quickly of the right remedy for a given case.

Obstetrical and Gynaecological.

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

Urethral Polypus. By M. M. Eaton, M. D., Cincinnati.

Sept. 16th, 1877, I was consulted by Mrs. S., widow, living near Louisville, Ky. Age about thirty-five, native of Nova Scotia, dark complexion, brown hair. She stated to me that for upwards of five years she had been a constant sufferer from the necessity of frequent micturition both night and day; the quantity of urine discharged each time being small and always leaving the feeling that some more should pass. She had been treated by several physicians who had diagnosed the case cystitis. Injections of mucilage had given her the most relief; this relief, however, was only of a few hours duration. She had visited various "cures," had used electricity, baths and medicine, ad infinitum. After making a vaginal examination to assure myself that there was not a uterine displacement causing the trouble, and finding the parts normal, with the exception that on pressing the urethra against the pubis, a considerable enlargement was noticed at one point, with considerable tenderness. I then, by means of a urethral dilator, proceeded to explore the urethral canal. Here situated about three-fourths of an inch from the meatus urinarius externus, I found a polypus blocking up the passage completely. I passed a sound around it to make my diagnosis sure and found it to be attached higher up. I recommended its removal as the only way of curing her, to which I finally obtained a reluctant consent. The next day, therefore, assisted by my partner, Dr. S. R. Beckwith, the operation was performed. The patient being placed under the influence of *Chloroform*, the urethra dilated, tumor seized with forceps and brought out external to the urethra, and after twisting the pedicle a few times upon itself, it was cut off with scissors; some hæmorrhage following, *Ferri persulph.* was applied, which arrested the blood; some soreness and smarting

followed for three or four days, when all trouble ceased. During this period she took *Cantharides* 3x every four hours. About six weeks after the operation I received a grateful letter saying she was still perfectly well.

This case is reported, not because of anything wonderful about it, but more to show the need of careful diagnosis. These cases do not often occur, but when they do it is well to discover them. I would not recommend that every lady complaining of painful or frequent micturition should be subjected to a digital or ocular examination; but in chronic cases that have failed to be relieved by good physicians after months, I would at once make a thorough examination, as above indicated.

Prolapsus Uteri. By M. M. Eaton, M. D., Cincinnati.

This well worn subject would not intrude itself at this time were it not that the editor has requested a report of the case about to be related, and the further fact that we have here symptoms leading most practitioners to diagnose anything else rather than prolapsus. In fact, there was not present any of the ordinary indications pointing to prolapsus. Some may think that it is unwise to report such an anomalous case, but as the ordinary cases are stale, and every one has his pet theory of the efficacy of his peculiar treatment, it is useless to spend breath or time in relation to the more common cases, hence if the profession is to reach a higher success in the treatment of obscure cases, we have to gather here and there as we may have opportunity, and arm ourselves for a conflict, the success of a correct diagnosis depending upon our ability to trace effects and symptoms back to causes.

The case of Miss W. was brought to me in December last, on account of the success I had had in the treatment of a sis-

ter afflicted with hemiplegia and blindness of one eye, (temporary). She had been afflicted by the following symptoms for about two years: Difficulty of swallowing; sensation like something had fallen out of place in the throat; insomnia, peevishness, and the everlasting complaint about her throat. She was about twenty-eight years of age, light complexion, brown hair, spare build, nervous temperament, native of Nova Scotia, parents English. I examined the throat carefully and could find nothing abnormal about it. I passed a probang into the stomach to be sure there was no stricture of the œsophagus or obstruction there, and found none. These symptoms, I judged, were nervous, but what was the cause and remedy? She had had the services of three good physicians before coming to me, and of course I must judge all ordinary remedies had been used. I diagnosed some uterine trouble, and asked an examination, I was informed that her menstruation was regular and painless; no pain in back no leucorrhœa.

Well, if I was not right, what was it? My patient was as nearly insane about her throat as she could well be, and in fact, about other things. She would often refuse to speak to any one for days at a time, then she would cry for hours; ate and slept but little. I tried ordinary remedies, with only temporary relief from this condition. I insisted on a vaginal examination, and found the os-utero within a half inch of the vaginal externum; nothing else abnormal. I at once replaced the organ and introduced an ordinary inflatable pessary, inflated it and allowed it to remain seven days, directing the injection of tepid water by the side of the pessary daily; then removed the instrument and reapplied it for another week. She suffered no inconvenience from its presence, and in three days after the commencement of the use of the pessary, or I prefer to say, from the replacing of the uterus, she became more quiet and cheerful, and ceased to have difficulty in swallowing; in a week she ate heartily and slept quite well. After two weeks use of the pessary and the frequent bathing of the loins with cool water and giving *Nux v. 6x* every six hours, I stopped active treatment, giving blanks two weeks

at which time I found the uterus had remained in site, and our patient was getting to be as gay as could be desired, laughing with us about her previous actions. Four months after her return home, I learned that she still was well in every respect.

This case was mentioned at the Illinois State Society meeting in 1877, but I think I did not write it out.

Department of Consultation Cases.

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

MOTTO:—BREVITY IS THE SOUL OF WIT.

CASE DYSPEPSIA.—The case I wish to consult you about, is that of a lady, aged about forty, married, no children, boarding at a hotel. Complained of deranged digestion after meals, about two hours; she becomes bloated with gas especially in the left hypochondriac region; the gas gives a gurgling sound as if water were being poured from a bottle every time she takes a full breath; when this pressure is greater, which is usually in the morning, she complains of an intense burning of palms of hands, soles of feet, a feeling of numbness down the arm extending to the end of little fingers, also a feeling of pressure and tension in back of head and neck; tongue coated white or yellow in morning. The unpleasant symptoms of head, hands and feet are relieved by free eructation; in that way large quantities of gas are thrown off, especially in the morning; bowels are quite regular now; when

I began to treat her they were constipated; also complains of having a sour, metallic taste in the mouth. Now the case is of several years standing and has been through the hands of several physicians, both of our and the old school. I have given her *Asafœdita*, *Nitro mur. ac.*, *Lyco.* and *Nux v.*, and *Carbo. veg.* 1x as a chemical remedy. What next?—W. E. R. Canton, O.

Reply:—See that your patient eats a very light supper, only fruits and vegetables; no coffee, milk, eggs or meat. See that she drinks nothing while eating at any time; after she has finished her meal let her take a small quantity of any fluid she is accustomed to, except coffee at night; if thirsty she may take water as she may need. Give *Puls. 6* every four hours, and *China 3* in four ounces of warm water every morning on rising. After ten days if not relieved, give *Aloes 3* instead of *Puls.*

SUPPRESSED OTORRHŒA—EPILEPSY.—Young man, aged twenty-six years, subject to epilepsy for the past fourteen years. The period from infancy to twelve years was subject to ear ache in right ear; would gather and discharge a watery fluid-like substance, streaked with pus and blood; in one of the attacks was advised to pour into his ear warm water and milk, equal parts, and apply externally a light compress saturated with vinegar brine, hot; in three minutes time he went into a fit; he has never had any ear ache since, but the fits stick to him. The characteristic symptoms of the approaching fit are, first, a few days before, a ravenous appetite, a desire to eat all the time; this feeling of hunger continues up to within thirty or sixty minutes of the fit when a suffocating sensation is felt and a desire to go to stool, and sometimes an involuntary movement, and last, before the muscles become rigid, he becomes both blind and deaf; then stertorous breathing, green froth, cutting his tongue with his teeth, etc.; very fœtid breath while the fit is on. Prescribed *Agaricus mus.*; ordered two meals a day and never to satisfy the appetite; eat regular and never to taste of anything except at his regular meals; never eat after four p. m.; never

eat sweetmeats or pastries of any kind; eat good, healthy and easily digested food. Now what would you do?—W. P. BROOKS, Linesville, Pa.

Reply:—Give *Sulph. cc*, diet carefully, bathe daily in tepid water, exercise moderately in the open air. If the discharge from the ear returns, give *Merc. v. 3* every four hours, one week; *Puls. 3* every four hours next week. It would be well for the Doctor to state the cause of discharge from the ear, if this course does not give relief in five or six months.

OBESITY.—What is the remedy for obesity which can be taken without detriment to the health of the patient? My patient is the mother of four children; has passed the climacteric; complains of shortness of breath; has occasionally palpitation of the heart; she is burdened with fat.—J. W. V., College Hill, O.

Reply:—J. W. V. should know there is no specific for "obesity." If he will be kind enough to describe the personal appearance of the party, and give history of the abnormal development, possibly some suggestions can be made that will lead him to satisfactory results. Two cases have been relieved by *Cal. carb. cc* and *Anti. cr. cc*; one of them weighed four hundred and twenty pounds, reduced in two years to one hundred and eighty pounds and general health never better; the other reduced from two hundred and thirty-eight pounds to one hundred and seven in four years and health good. Some cases have been relieved by *Am. mur.* from 3d to 30th.

CANCER.—Who is the best "cancer doctor" in the United States? I have a patient I wish to send to him, if he can be found.

REPLY.—There is no *best cancer doctor* anywhere. If the cancer is to be removed, it must be done either with an escharotic or a knife. Any intelligent surgeon understands the business as well as the cancer doctors. Better trust a surgeon. Have you tried what medicines internally will do? W.

Department of Microscopy.

In Charge of Prof. J. EDWARDS SMITH and Dr. C. P. ALLING.

The Microscope. By C. P. Alling, M. D.

The microscope is sometimes regarded as a beautiful toy, by means of which the tedious hours are made to yield their full share of pleasure to its possessor; but it is generally looked upon as an unpleasant though necessary device, as a pair of spectacles by which the shortsighted are made to see objects otherwise beyond their vision.

What valid objection there can be to using the instrument for affording an inexpensive and elegant diversion, I do not know, and I have a high regard for those diligent workers who have done so much to perfect the optical qualities of the microscope and who use it mainly to test their practical acquaintance with the laws of optics yet, after allowing the widest latitude in these different directions, the highest value must attach to the instrument for the important aid it has rendered in the domain of scientific investigation.

To no other class of observers does it present the same practical value that it does to the busy practitioner of medicine, whether in testing the purity of his drugs, seeking the diagnosis of obscure forms of disease by the examination of morbid products, searching for poisons, or in the important role of the medical expert and jurist, he strives to shield the innocent and bring the wrong doers to the merited reward of their crimes; it is to the physician an almost indispensable ally.

He has before him for examination all the different organs and tissues of the human body; he should learn their appearance in health in order to decide what changes have been wrought by disease. He has a vast number of remedial agents from the organic and inorganic kingdom that must come under his glass, if he would satisfy himself of the value of his preparations. The number of different objects that will suggest themselves for his critical examination with the microscope is countless, and it is quite unnecessary to numerate

them; many times the knowledge thus acquired is absolutely indispensable to save himself from mortification if not disgrace.

It is not expected that any one person can possibly investigate in detail more than a limited number of the objects spoken of, nor is it perhaps desirable. Every physician should, however, be sufficiently familiar with the use of the microscope to be able to detect leukæmia or septicæmia by examination of the blood; the spermatorrhœa or incipient Bright's disease of the kidneys by examination of the urine, and trichinosis from the voluntary muscles of the patient or a sample from the family pork barrel. The early determination of these problems is of the utmost importance to both patient and attending physician.

A wide and fruitful field is offered in the microscopical examination of urinary deposits, and numerous treatises of considerable size are already published by various observers, giving valuable hints as to methods of procedure. As almost the entire amount of the solid portion of waste tissue is eliminated by the kidneys and passes from the body in the urine, it follows that if the different constituents of this excretion can be definitely determined, a valuable clue is given to the location, nature and extent of functional disturbances or organic lesions.

It is proposed to give to our readers in future papers, a tabulated summary of observations made upon the urinary deposits, as found in actual cases occurring in practice together with accurate drawings of the various forms of these deposits in order to lay the foundation for a new system of proving remedies on a purely scientific basis, wherein exaggerated statements of sensations and all imaginary symptoms can have no chance to mislead the physician.

In obtaining specimens of urine for micro-chemical analysis it is well, if but one sample is taken, to get that which is passed, on first rising in the morning, better yet, to get some of that voided in the evening and also that voided in the morning, each saved in a separate dish. Procure if possible, about four ounces of each specimen. Direct that the patient shall pass the water into a vessel that has been recently

cleansed and is free from dust, lint, or other extraneous matter. If examining for lithates, tube casts, or spermatozoa, such foreign substances would greatly complicate the work if they did not entirely defeat the success of the examination. From the vessel have the urine poured into a vial, also scrupulously clean, and having recently rinsed with pure water, and then secured with a new cork.

The specimen should be sent to the office within two or three hours after being voided in order that the deposit may have time to precipitate before the marked chemical changes shall take place.

Test the reaction without delay, and ascertain the specific gravity, recording every step minutely and accurately at the time.

If a microscopical examination without volumetric or chemical analysis is all that is contemplated, pour the specimen directly into a conical glass vessel, cover and set aside for the precipitate to fall. It is well to wait for ten or twelve hours, where the lighter constituents are sought for, before proceeding farther; some of the heavier ingredients precipitate in less time, but can hardly be injured by giving the full twelve hours to settle.

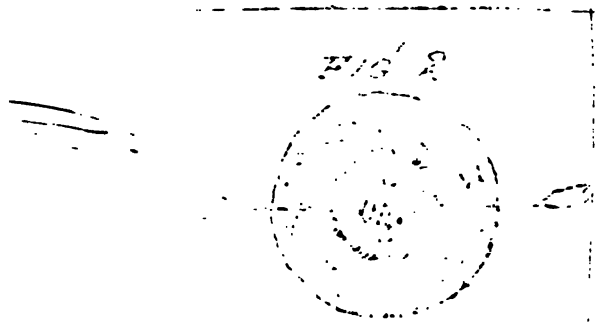
These simple rules must be strictly adhered to if a reliable analysis is to be made, and it shall be found that no excess of nicety is contained in the directions I have given; indeed in most cases, I provide the vial and cork myself and have them perfectly cleansed with distilled water before leaving my office, and then direct that the urine shall be voided into the vial instead of using the vessel as directed above.

Working With the Microscope. By Louis Agassiz.

The investigation of the structure and gradual growth of the ovarian egg is so laborious that it will be many years before we can hope to have a complete picture of all its phases.

The apparatus required for the task is very complicated, and a long training is necessary merely to prepare the student for the use of his instruments. A superficial familiarity with the microscope gives no idea of the exhausting kind of labor which the naturalist must undergo who succeeds in such work. The glance at the moon, or at Jupiter's satellites, which the chance visitor at an observatory is allowed to take through the gigantic telescope, reveals to him nothing of the intense concentrated watching by which the observer wins his higher reward. The nightly visions of the astronomer revealing myriad worlds in the vague nebulous spaces of heaven, is not for him; he must take the great results of astronomy for granted, since no man capable of original research has the time to prepare for the uninitiated the attendant circumstances essential to his more difficult investigations or, train their eyes to see what he sees. So it is also with the microscopic observer; the deeper insight he has gained by long training in steadiness of hand and eye, as well as in the concentration of intellect that makes the brain work harmoniously with them, he cannot communicate. He may interest and amuse his friends and visitors with some easy exhibition of specimens under the microscope; he may open the door into the laboratory of Nature, but he cannot invite them to cross the threshold or to enter in with him. I think people are not generally aware of the difficulty of microscopic observation, or the amount of painful preparation required merely to fit the organs of sight and touch for the work. In old times men prepared themselves with fast and vigil for entrance into the temple; and Nature does not open her sanctuary without exacting due penance from her votaries. It seems an easy matter for a man to sit down and look at objects through a glass which enlarges everything to his vision; but there are subjects of microscopic research so obscure that the student must observe a special diet before undertaking his investigation, in order that even the beating of his arteries may not disturb the steadiness of his gaze, and the condition of his nervous system be so calm that his whole figure will remain for hours in rigid obedience to his fixed and concentrated gaze.

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Miscellaneous.

Vesical Calculus. A Clinical Lecture by Prof. N. Schneider, Delivered at the Cleveland Homœopathic Hospital College, Oct. 31st, 1877. Reported by W. T. Miller, (with Notes and Illustrations by Prof. J. Edwards Smith).

Ladies and Gentlemen:—The case presented to you this morning is one of importance, and deserving of your earnest attention. The name of the patient is Wm. McKeil, æt. forty-five; he is an American; his history, excepting the present trouble, is good. He came to my office two weeks ago, complaining of the following symptoms: He experienced severe pain in urinating; sudden stoppage of the flow; more or less constant pain in the region of the bladder; frequent desire to urinate. An examination of the urine discovered the presence of crystals of the triple phosphates in abundance, and also pus corpuscles in vast numbers. Upon examination I discovered stone of quite large dimensions; the condition of the parts and the general condition of the patient demanded rest. He was placed in the hospital and this morning is in better condition. I shall remove the stone by lithotomy, the lateral mode being the preferable one, and while the patient is being anæsthetised, I will speak regarding this disease.

There is no disease which produces more pain or inconvenience than stone in the bladder; a condition known to exist in the very early days of surgery, and perfectly relieved by operating in the fifteenth and sixteenth century.

The causes may be divided into two classes, viz: predisposing and exciting.

First, the predisposing causes: sex, predominantly found in the male; depending not on the condition of the urinary secretions, but upon the anatomical structure of the parts. In the female the urethra is shorter and more dilatible than in the male, allowing the passage of deposits which might not pass through the male urethra. Age is another predisposing

ca. 1 Calculi are frequently found in children, and there are cases on record where calculi have been found to exist in the foetus.

The nucleus may be deposited in infancy, increasing in size until the symptoms direct our attention to the conditions which may accompany the middle period of life. If the nucleus does not form in infancy we do not have this condition.

As man declines the vital forces weaken; the tissues of the bladder relax, form cavities in which the sediments are deposited; there not being tonicity enough of the bladder wall to expel the deposit, it remains, forming a nucleus.

An enlarged prostate may occlude the passage to an extent that the urine is not voided freely.

Climate seemingly influences the formation, there being very few cases in the New England states as compared with Ohio, Tennessee and Kentucky.

Avocation: More frequently found in the laboring class, especially those who are exposed to cold, wet weather, for that class are more liable to cystic diseases. The bladder may become inflamed, throwing off minute portions of mucus which may form a nidus for the deposition of calcareous matter.

Other influences are diet and drink. Where there is a large amount of lime water drunken, or foods taken which tend to produce an acid urine, or any substance which would cause an irritation of the urinary tract, thereby favoring the formation of a nucleus.

Exciting causes: Due generally to the formation of a nucleus within the kidney, urethra or bladder; usually within the kidney. In the greater number of cases the nucleus consists of crystals of uric acid, or of oxalate of lime, which passing into the bladder, serve as a center for future deposits.

Any foreign substance, as a beard of wheat, shreds of pus, a small piece of wood, or bone which might accidentally become lodged in the bladder, would also serve as a nucleus for the calculus.

The symptoms are subjective and objective. One of the most prominent subjective symptoms is the peculiar and almost characteristic pains. He may have pain along the urinary tract from other causes, but the pain in passing calculi is so intense as to leave no doubt concerning the cause. Usually the first pain is felt in the urethra when the crystal passes from the kidney to the bladder; it is intense, causing convulsions, if in children, remaining for a few moments, or an hour, locating itself finally in the urethra just behind the glans penis. If a child he gives expression to his sufferings by a shrill cry, lying upon his abdomen, being unable to stand. The pain in the region of the kidneys and urethra may continue for several days, gradually passing away, the patient forgetting it until the surgeon, enquiring refreshes his memory.

The nucleus, as it increases in size, causes more or less difficulty in urinating; frequent urination, passing but a few drops at a time; the flow stopping suddenly, owing to the occlusion of the urethral orifice.

Children will grasp the penis and extend it to obtain relief from pain, causing, sooner or later, an elongated prepuce—an annoying symptom to the parents—but a characteristic one to the surgeon is the painful and excessive priapism.

Objective symptoms: General health, not in every case impaired, but in persons of nervous temperaments, the debility is often very marked. There may be non-assimilation, face pale expressive of great suffering; the patient feels weak, peevish and irritable; the character of the urine is never normal, containing mucus, epithelial cells, sometimes a mucopurulent secretion, and salts corresponding to the stone in the bladder. A positive symptom is the *feeling* of the stone, a digital examination, per rectum will sometimes reveal this, but the usual method is by exploration with the sound or searcher, an instrument made of metal, of a proper curvature and dimensions to enter the bladder with the least resistance; the exploration should be conducted carefully. If the patient is from a distance allow him to rest, for the cystic ir-

ritation will be increased by jostling, occasioned by traveling or by the urine being retained longer than usual.

To explore the bladder, place the patient upon the table, with legs flexed and abducted, his shoulders elevated; select the proper sized instrument, warm and lubricate it, pass it carefully into the bladder, allowing its own weight to carry it through; if the uretha grasps the instrument, it indicates that the bladder is empty, in which case you will inject two or three ounces of tepid water. The stone is generally found at the neck of the bladder; if you do not find it there, rotate the instrument after passing it into the bladder, lifting up the sacculated portion with the finger in the rectum, or by sudden motion you may cause the stone to fall against the sound. If the parts are irritable, do not continue the examination more than a few minutes; put the patient to rest for a few days. Repeat the exploration several times until you have exhausted the means of research. You may think there is a stone present when there is only a deposit upon the inner coats of the bladder giving deceptive sounds.

The sound, density and contour of the stone can be determined by expert sounding, also whether it is loose or encysted. The treatment depends on the age and condition of the patient. An operation having been decided upon, the question arises as to the best method, lithotrity, crushing the stone, or lithotomy, cutting for the same. Here are three points to be considered: first, the general condition of the patient; second, his age, and third, the size and character of the stone.

First, if the urethra is free from stricture, the prostate not large, the bladder of normal capacity, comparatively free from irritation and muco-purulent secretions, the kidneys free from organic disease, the general health of the patient such as will enable him to undergo the repeated manipulations for the crushing of the stone, you may with great safety and success employ the lithotrite, otherwise the instrument will not have room for free and successful work; cystitis will be induced, aggravation of renal disease almost certain; but if we find an obstructed urethra with large quantities of muco-pu-

ruent secretion with albumen abundant, lithotomy would be by far the better method.

Second, in children the urethra is small, the bladder so exceedingly sensitive and the inability of self-control so great, that it almost precludes the necessary manipulations for the successful use of the lithotrite. At this period of life, lithotomy has its greatest success. In the middle period of life a large dilatable urethra, a tolerant bladder, comparatively free from disease, with the functions of the reproductive organs active, lithotripsy has the advantage, but in old age, when the sexual functions have become dull, with an atonic and sacculated bladder and a prostate more or less enlarged, the operation of lithotomy is preferable.

Third, the size and character of the stone, should influence our choice. If it is too large for the grasp of the instrument, too dense in character to admit of crushing, so that the fragments would be too large and angular, for passing the urethra we would choose lithotomy, but if the stone is small and friable, easily broken down, we would select lithotripsy.

In the case we present to-day we have chosen lithotomy for the following reasons, viz: The great sensitiveness of the urethra and bladder to the sound, the increased size of the prostate, the character of the cystitis, indicated by the large amount of the muco-purulent secretions; the renal irritation, as denoted by the amount of albumen in the urine; the size of the stone as revealed by the touch of the sound.

We place him on a firm table, his limbs flexed and abducted; his hands secured to his feet: shaving the perineum; introduce this instrument called the staff, warmed and lubricated; resembling, as you see, a sound, but having a groove upon its convex surface a little toward the left side. After it enters the bladder, its beak should rest against the pubes: it should now be entrusted to the hands of a careful assistant. Using an ordinary scalpel, I begin the incision in the raphe about one and one-quarter of an inch above the verge of the anus, cutting downward and outward to the left, at an angle of about forty degrees, until it reaches a point about half way between the anus and tuber ischii.

With this incision the staff is reached and the groove felt. The finger now guides the knife into the groove in the staff, and the urethra is opened. The scalpel is now changed for a Blizzard's knife. It is a probe pointed knife which passes into the groove which is pushed along it into the bladder, where it is arrested by the abrupt termination of the groove. The length of the of the incision through the prostate is governed by the inclination of the knife in reference to the staff. The entrance of the knife into the bladder is indicated by the gush of urine through the wound. The finger should be carefully insinuated into the bladder by the side of the staff. The staff is now removed, and the wound in the prostate gently dilated by the finger. The forceps selected as to the curve and size are now introduced at the side of the finger looking upwards the blades open, the stone generally falls into the jaws; in this case it has not, for the stone is held in the grasp of the bladder near its pubic surface, where I now detect it by the touch of my finger, and have dislodged it. Great care should be given to seize it by its long diameter and not to crush it. It is very difficult in this case, due to the violent contraction of the bladder,

I now bring the stone to the neck of the bladder, and by gentle traction I will endeavor to extract it. With all my gentleness of manipulation, I find that I have broken it, and shall have to extract it by piece-meal. Great care should be exercised in removing all the fragments for if any portions of the stone be left they become nuclei for the formation of other stones, and our operation of little avail. This is accomplished by means of the forceps and scoope and thoroughly flooding the bladder with tepid water carried through the opening by means of a syringe. I will now pass this stone into the hands of Professor Smith for chemical analysis.

The patient was removed to the hospital. The wound remaining open for twelve days, every day the bladder was subjected to a thorough washing with *Calendula water*, until all particles of the stone were removed and the muco-purulent secretion has passed away. There was no disposition on the part of the wound to heal until stimulated by a fifteen-

grain solution of *Argentum nitricum*, and not until the eighteenth day after the operation did the urine pass through the urethra. At the end of four weeks the wound had entirely healed, all the urine passing through its natural channel. The fifth week he left the hospital. At that time the chemical examination of the urine discovered it entirely free from albumen and devoid of its muco-purulent secretion. While crystals of the triple-phosphate were still found, the analysis gave no more than the normal quantity of phosphoric acid. His general health and spirits at this time had so improved that he considered himself a well man.

NOTES BY PROF. J. EDWARDS SMITH.

The calculus above referred to, having been submitted to me for micro-chemical examination, I have to report, to wit:

The McKiel stone was one of duplex formation, its nucleus (see the dark central portion of of fig. 2.) being composed of dark concentric layers of oxalate of lime, over this were deposited similar layers of mixed phosphates, on the exterior of which was again formed another deposit of the oxalates. (see C fig. 2.) The further and subsequent development of the stone being due to the deposition of the mixed phosphates as indicated by D, figs. 2, 3 and 8. The nucleus and intermediate layers of the oxalate were of a dark gray color. While that of the surrounding phosphatic portion being a dirty, clayish white.

In the plate all the figures from number one to number eight, inclusive, are drawn as near as possible the exact full size.

Fig. 1 gives the size and contour of the stone, the lines representing the concentric formation being somewhat exaggerated.

Fig. 2 gives a section of the same on line A B, Fig. 1 displaying the oxalate nucleus and intermediate layer of the oxalates. In general, C refers to oxalic and B to phosphatic formations.

Figs. 3 and 8 show portions of the stone as removed by Professor Schneider.

A most remarkable feature in this calculus is the fact that

the exterior portion of the stone is in proximity to the walls of the bladder, was to a great extent covered with lumpy concretions of a waxy nature, somewhat resembling stearine. The stone was thus cemented fast to its place, where it had undoubtedly formed for itself a sort of a semi cyst, requiring a large amount of force in its removal, and hence, the fracture under the forceps. To the larger fragment, these waxy concretions adhered with great tenacity.

Figs. 4, 5, 6 and 7 give a tolerable idea of the size and contour of the waxy concretions. A fifth, and larger lump, was unfortunately lost by an assistant during the operation.

Fig. 8 represents one of the larger fragments of the calculus, the exterior of which, under an one inch object glass, was found to be covered with crystals of the triple phosphates.

Fig. 9 exhibits McKeil's urine as it appeared before the operation, in the field of the microscope, and under an one-half inch objective; crystals of the triple phosphates being in great abundance, with now and then a crystal of the oxalate of lime. In this connection it is particularly to be noticed that the reaction of the urine was slightly acid, or at the least, neutral, it *certainly was not alkaline*. The amount of *Phosphoric acid* present in the urine of the patient at the date of his leaving the hospital was one and one-half grains to the fluid ounce.

The calculus has been assigned to an appropriate place in the college museum. Its weight, dry, is four hundred and ninety-seven grains.

Chas. Julius Hempel, M. D. See portrait.

This celebrated physician was born in Solingen, near Cologne, Prussia, September 5th 1811. He passed successfully

the usual collegiate and military education of that country. At the age of twenty-three he still further advanced his acquirements by studies in Paris. He came to America in 1835 and soon became versed in the English language besides mastering other languages. He soon after graduated in the medical department of the university of New York. After that he became the steadfast friend and coadjutor of Drs. Gram, Channing, Gray, Hull and Hering and with them became the ardent champion of homœopathy then in its infancy. With his natural taste for literature and his profound knowledge of the languages he soon became the foremost man of letters in the new school of medicine. His whole life has been devoted to laborious and successful work in translating editing and composing medical treatises to which nearly fifty books and pamphlets of great value give unmistakable testimony. In this important field he is without a peer in the homœopathic profession. His books alone form a valuable library of medical literature. They are known as household articles in all lands where the doctrines of Samuel Hahneman are taught and practiced. But Dr. Hempel is also an enthusiastic believer in the doctrines of Emanuel Swedenborg and he has written several important works in defence of that religious faith. His latest work on *The Principles of Homœopathy* is an elucidation of Homœopathy in consonance with the great religious doctrines of the new church.

Dr. Hempel now resides in Grand Rapids Mich. He is nearly blind and without hope of recovery but his heart is as warm as in the days of his youth and his spiritual eyes have but opened the wider and clearer as his natural sight has faded away. He has passed through many stormy periods in his professional life, has engaged in many earnest if not angry disputes in defending the truth, has crossed swords with many valiant champions both in and out of the homœopathic school but with charity for all and malice toward none he has laid down his instruments of warfare satisfied that posterity will award him the highest praise for his long life of toil. Dr. Hempel is not now idle but still as actively engaged as

his strength will permit in purely literary work, chiefly philology. He has left a noble example to his successors and we are glad to place this humble chaplet upon his brow in token of our high esteem of his character and work. He has unconsciously reared a lasting monument to his own fame and and the future will not fail to keep it crowned with unfading wreaths of honor.

Bureau of Medical Information.

In Charge of A. McNEIL, M. D., New Albany, Ind.

Diphtheria prevails in San Francisco to an extent that is alarming. During twelve months past eight hundred and seventy-three deaths are recorded, out of six thousand cases of that disease. Physicians trace this sickness to sewer gas, defective drainage and want of ventilation. Its ravages among children of wealthy people are referred to exhalations of sewer gas into dwellings, through the waste pipes of wash stands and water closets. Some of our beautiful island towns like Santa Rosa and Napa, though so cleanly, show still greater per cent. of deaths from diphtheria.

Rochester, N. Y., Dec. 17, J. A. Biegler, M. D.—Diseases of the chest and throat, associated or caused by rheumatism; intercostal and meningeal rheumatic pains, accompanied by a feeling of great weariness and lameness in the back of the neck; bronchitis, pericarditis, diphtheritic conditions of the throat, but few or no cases of distinct diphtheria. Meningeal rheumatic pains, *Bapt.*, *Lach.*; rheumatic diseases of the chest, *Digit.*, *Kalmia.*; bronchitis, *Ars.*; diphtheritic conditions, *Bell.*, *Lach.* mean bar. 30.93; mean ther. 40°; mean hum. 74 pr. ct.; prevailing wind West; rain fall, 5.46 in. The prevailing diseases are due to the great amount of rain fall in the past three months. All the remedies mentioned were used in the 200th potency and upward, except *Bapt.* in the 30th.

New Orleans, La., Dec. 15, E. A. Murphy, M. D.—Laryngitis, bronchitis; *Acon.*, *Kali bich.*, *Bell.*, *Cuprum.*, *Eup.*, and *Ars.*, *Ipec.* Pneumonia; *Acon.*, *Bry.*, *Cheli.*, *Stib.*, *Ipec.* Asthma; *Calabar bean* and *Ars.*, also the

Iod. of Potas. In laryngitis, *Bell.* and *Kali bich.* do the work far better than any other remedy. These are splendid remedies for asthmatic troubles.

Kansas City, Mo., Nov. 31, W. H. Jenney, M. D.—Pharyngitis, laryngitis, pneumonia, quinsy. Nothing new to report in remedies. Cold and stormy weather throughout the month. All of my cases have yielded to treatment. One brilliant cure of hydrothorax, with *Apis* 3 and *Ara.* 3.

San Antonio, Tex., Dec. 1, C. E. Fisher, M. D.—Dysentery; *Rhus.*, *Merc. sol.* Influenza; *Kali c.* Simple sore throat, tonsillitis; *Merc. sol.* 6x and *Baryta c.* 6x, Consumptive diarrhœa; *Ara.* and *China.* Changeable, damp, with light northers; thermometer ranging from 30° to 80°; change sudden. *Rhus* 3x acts well in brownish, watery discharges of gushing nature, attended with shooting pain in knee and ankle joint.

Philadelphia, Pa., Nov. 30, John C. Morgan, M. D.—Colds; *Bry.* 2c, *Nux v.* 2c, *Acon.* 3, *Gels.* 3, *Kali m.* 30. Neuralgia; *Gels.* 30m. Sore throat; *Lyc.* 2c, *Nux v.* 2c, *Apis* 2c. Uterine displacements; *Sil.* 2c. Diarrhœa; *Bry.* 2c. Acute indigestion; *Nux v.* 2c. Felon; *Ferr.*, *Phos.* 30. Damp, variable, moderately cold. *Ferr. phos.* 30 as a febrifuge answers to symptoms like both *Acon.* and *Bell.* but the morale is less positive than either; red face, thirsty, restless, etc. in catarrhal and other fevers in sensitive people.

New York, Dec. 17, A. M. Piersons, M. D.—Mumps with no characteristics, *Baryta c.* Hooping cough, a great variety of remedies. Colds are very prevalent, often with rawness of larynx, with soreness of abdominal muscles and pains or shocks in head; *Nux v.* Occasionally a sharp, sudden change to cold weather, but generally very warm; yesterday the thermometer stood at 58°. The shot gun practice works very poorly this season; I never knew diseases to be so stubborn and so quickly cured if the right remedy be given; there is a growing demand for sharp shooters.

Lynn, Mass., Dec. 17, A. M. Cushing, M. D.—Nov. 17 to 25, no prevailing disease, few cases of diphtheria; continues the same till Dec. 17. *Apis*, *Lach.*, and *Crot.* Nov. 17 to 25, very pleasant and warm, little frost. To Dec. 17 continues pleasant and warm, but little rain. Severe carbuncle on back of my neck. Dec. 17, nearly well. Remedies: *Bry.* (Jahr's Forty years Experience), *Cole, sulph.* (Schussler via Hering), with poultices of *Baptisia root* pulverized, moistened with *Liquor calcis chlorinatum.* By experience I can recommend it.

Philadelphia, Pa., Nov. 18, H. N. Guernsey, M. D.—Influenza. *Bell. Puls.*, *Squilla.* Uniformly mild and rather dry. *Bell.* as last reported. *Puls.* night cough preventing lying down. *Squilla,* cough causing invol-

untary urination; smarting or itching of the eyes; coryza profuse; cough in paroxysms.

Washington, D. C., Nov. 14, C. Pearson, M. D.—Number of deaths from all causes in Oct., 332; consumption 60; diphtheria, 29; *Sulph., Lyc.*, or *Lach. cm*; typhoid fever, 12; *Bap.* or *Rhus. cc*; scarlet fever, 8; *Bell. cc* or *cm*; pneumonia; *Ars.* or *Lyc. cc*; bronchial catarrh. Total rain fall for month, 6.50 in.; barom. daily mean, 30.06; ther. 56.4. Mortality over twenty-four to the thousand for the year. From ten to twenty-five deaths are reported here every month from pneumonia, but I have no hesitation in saying not half this many cases of the disease occur, probably bronchial catarrh.

San Francisco, Cal., Nov. 15, G. M. Pease, M. D.—No especial prevailing diseases. A few cases of scarlatina, measles, whooping cough, also some of meningitis; the latter have had *Bell.* and *Calc. c.* principally. The usual fashionable "colds" have yielded well to *Ars.*, *Allium*, *Cepa* or *Squilla*. Some cases of bronchitis with the cough seeming to start from behind the sternum, quickly relieved with *Rumex*. Our rains have set in and the atmosphere is generally damp, although a majority of the days are pleasant, rains mostly at night.

Dayton, O., Dec. 19, A. C. Rickey, M. D.—Catarrhal affections; *Acon.*, *Gels.*, *Merc. sol.*, *Tart. e.* A few cases of pneumonia; *Acon.*, *Bry.*, *Phos. Tart. e.* Scarlatina simplex; *Acon.*, *Bell.* Weather very mild and pleasant, occasional rains. Altogether we have had a very healthy autumn and early winter. No epidemic of any kind. All diseases mild and yield readily to treatment.

St. Louis, Mo., Dec. 19, A. Uhlemeyer, M. D.—Varicella; *Bell.*, *Merc.* Catarrh and bronchitis; *Merc.*, *Bry.*, *Ipec.* Nov. 19 to 27, damp and rainy; Nov. 27 to Dec. 7, very cold; Dec. 7 to 19, pleasant and real spring weather; The city has been remarkably healthy for the last month.

Abingdon, Ill., Dec. 18, J. Harts. Miller, M. D.—Little sickness, catarrhal and rheumatic troubles; *Acon.*, *Apis*, *Bell.*, *Rhus.*, *Phos.*, *Merc.* Dec. 1 to 18, almost no sickness, nothing that may be said to have prevailed; *Acon.*, *Merc.*, *Rhus.* Almost constantly cloudy with a few fair days, more rainy ones; change to quite cold night of 27th, with snow and high wind; Dec. 1 to 8, cold, cloudy and disagreeable; Dec. 8 to 15, clear, warm and spring like; Dec. 16, cloudy, 17 and 18, rain.

Chicago, Ill., Dec. 17, A. W. Woodward, M. D.—Laryngeal diphtheria epidemic, congestions to various organs, head and spine, especially with suppression of urine; rheumatism also; great sufferings, rapid sinking. *Apis.* fails, *Can.* better for renal symptoms; the croupy cases have enteric

pains calling for *Alum.* which is curative quickly. White frosts, sunny, warm days; average ther. at noon, 55°; light freeze at night, no rain or snow to mention. All cases prone to vesicular eruptions; small pox increasing; *Rhus* of no use, neither *Stib.*; *Puls.* and *Kali b.* follow well after *Alum.*; *Ign.* also and better than *Nux vom.*

New Albany, Ind., A. McNeil, M. D.—Small pox disappeared; whooping cough began; chills have returned and also cholera infantum and diarrhoea. *Apis* is the remedy. Like Indian summer. *Apis* still continues to be the epidemic remedy par excellence. The emeto-cathartic character of the prevailing diseases have only been new symptoms calling for that remedy; in febrile conditions, shuddering during hot stage is characteristic; in the vomiting and purging, the absence of indications for *Ars.* *Ipec.*, etc., with the epidemic constitution, are sufficient indications. I have not yet given it a fair trial in whooping cough.

Nebraska City, Neb., Dec. 16, Drs. Cowperthwait and Starr.—Typhoids and remittents; *Nux.* Diphtheria; *Merc. prot.*, *Kali bich.* Pertussis, so called, hardly think it more than an influenza; *Bell.*, *Tart. emet.*, *Acon.* Pleasant with occasional rains. Little sickness and no "specifics."

Atlanta, Ga., Nov. 21, F. F. Taber, M. D.—Few cases of typhoid fever; *Bapt.*, *Gels.*, *Jamb.* Catarrhs; *Gels.*, *Semp.*, *Acon.*, *Merc.*, *Prot.*, *Iod.*, *Hydr. c.* Sore throats; *Merc.*, *Cyan.*, *Bapt.*, *Phyto. dec.* Tonsillitis; *Lach.* and *Lyc.*

Fall River, Mass., Nov. 31, T. Dwight Stow, M. D.—Diphtheria, *Bell.*, *Merc.*, *Lach.* Rheumatism; *Bry.*, *Merc.*, *Rhus.* Measles; *Acon.*, *Bell.*, *Ars.*, *Coryza*; *Merc.*, *Puls.*, *Acon.*, *Ars.*, *Nux.*, *Cepa.*, *Rumex.*, *Crispus.* Bronchitis; *Acon.*, *Ars.*, *Bry.*, *Rumex.*, *Nux vom.*, *Merc.*, *Ant.*, *Tart.*, etc. Oppressive and warm and changeable; prevailing South and East winds; considerable rain and some frost. Remedies used mainly 30th and 200th; many cases of bronchitis after measles.

Grand Rapids, Mich., Dec. 16, DeForest Hunt, M. D.—There is but very little prevailing diseases; a few mild cases of diphtheria, with three deaths in November under eclectic and allopathic treatment. Of late have met with some cases of bronchitis, indicated remedy, *Ipec.* Weather mild and spring like; prevailing westerly, south-westerly winds; more rain has fallen in the last three months than in the same length of time within a period of twenty years; it has rained or snowed since the 10th of October last on an average of about six hours a day; during this time about seven inches on a level of water has fallen.

Leesville, O., Dec. 14, Jas. Dickson, M. D.—Diphtheria and scarlet fever; *Apis* 30, *Bell.* 30, *Kali bich.* 2, and *Rhus tox.* where the eruption disappears too soon, causing the patient to become very restless better by changing position. Bar. 28.5; prevailing wind from Nov. 21 to Dec. 14, S. and S. W.;

cool nights with plenty of rain. Some cases under old school treatment die in eighteen to twenty hours after they are taken, especially those cases of scarlet fever where the eruption does not come out fairly, or where the eruption comes out too soon; *Rhus tox.* has done splendidly in my hands in several similar instances with no losses to report.

Editor's Table.

NO REGULAR programme for the season has been announced by the Dunkirk Microscopical Society, but a number of interesting papers on various scientific topics are promised. Many of the active members of this society have been called during the past year to new fields of usefulness, and are consequently unable to give that attention to the particular interests of the society they formerly gave. Of these, Rev. M. Adams has charge of Plymouth Church, Rochester, N. Y.; Prof. J. Edwards Smith occupies the chair of Microscopy and Histology in the Homeopathic College at Cleveland, O.; A. S. Couch, M. D., is professor of Special Pathology and Diagnosis at the Hahnemann, Chicago, and E. L. Marks, Ph. D., is connected with the chair of Zoology at Harvard. His special branch is the Invertebrates, while C. P. Alling, M. D., the secretary, has opened a branch office at Bradford, Pa., attendance at which occupies the greater portion of his time. Thus far the meetings have not been wanting in interest, and the loss in numbers seems only to bring out greater efforts from those who are left. This young society has a good record and we trust it will continue to give a good account of its stewardship in time to come.

SALICYLATE OF ATROPIA.—*Atropia* 2.7 grains; *Salicylic acid* 1.3 grains; *Water* 1 ounce; mix. This preparation is valuable for its keeping and non-irritating properties.

C. P. ALLING.

THE position of house surgeon of the N. Y. Ophthalmic Hospital will be rendered vacant on May next by the resignation of the present incumbent. It will be filled by a competitive examination before the Board of Surgeons on March 4th, 1878. Any physician in good standing is eligible to the position. Further particulars may be obtained from any member of the board of surgeons.—ALFRED WANSTALL, M. D., Resident Surgeon.

THE Homœopathic Medical Society of the State of New York, holds its next annual meeting at Albany, Feb. 12th and 13th, 1878.—A. K. HILLS, M. D., Secretary.

"THE ORGANON."—This is the new Anglo-American journal (quarterly) to be printed in Liverpool, England, and edited by Drs. Skinner and Lippe. It will be genuinely and enthusiastically *homœopathic*. It will, we are sure, be a great addition to our current literature. Price \$4.00. H. M. Smith & Co., 107 Fourth av. are agents. We offer the Organon and the ADVANCE for \$6.00.

CLEVELAND is par excellence the musical city. It has recently had several important *re-hearse-als*. Two of its medical colleges, both allopathic, have had their anatomical rooms invaded by search warrants, bodies found and returned to their friends. Cincinnati lays also some claim to musical art. There have been several solo performances on *base vials*. Contents of said vials rank poison. The performers were laid out, and still the drug market is lively. Not so the consumers.

OAKLAND, Cal., Nov. 2—I am delighted with my new home in this beautiful city. It is the most desirable part of the United States to live in. Homeopathy is making wonderful strides. The two antagonistic state societies are digging the grave in which to bury the hatchet. I believe the ceremony will take place very soon. We have just organized a county medical society and we propose to have a free dispensary and eventually a hospital. There are many excellent openings here for good homœopathic physicians. We have a population of forty thousand, and only thirteen of our school. Yours, M. J. BEARBY.

Dr. A. McTAGGART, of Yellow Springs, recently died of typhoid fever. He was removed to Springfield during his sickness and generously cared for by Dr. and Mrs. E. V. Van Norman. It was a clear case of Good Samaritanism and worthy of all praise.

MARRIED.—Geo. M. Ockford, M. D., of Hackensack, N. J., and Miss M. E. L. Horne, Nov. 22d, 1877, Brother George here's our hand.

PROF. A. C. COWPERTHWAIT, of the Homœopathic Medical Department of Iowa, reports a class of seventeen, and everything prosperous.

DR. G. C. McDERMOTT has removed to Milwaukee, and will make a speciality of diseases of the eye and ear.

MESSRS BOERICKE & TAFEL have opened a free reading room at their office, 130 Canal st., New Orleans. The ADVANCE will be found regularly on their table and subscription taken there.

DR. J. A. LUCY removes from Lexington to Louisville.

DR. C. EHRMAN from Louisville to Lexington.

THE BEST Christmas gift, good for a whole year, is the Scientific American. Try it. Address Munn & Co., 37 Park Row, N. Y.

THE wife of Dr. B. F. Dake, of Pittsburgh, died of consumption, Nov. 13th. This excellent lady had a wide acquaintance with the medical profession, and her sweet face will be missed from our annual gatherings.

JACKSONVILLE, Fla., Nov. 14th, 1877. Please be good enough to notice in the MEDICAL ADVANCE that I have located in this place for practice. Should your friends visiting here at any time require the attendance of a homœopathic physician, I shall be at their service. Also in future send my number of the ADVANCE to this place. I am happy to inform you, all other reports to the contrary, that there is not, nor has there been; a solitary case of yellow fever in this place, or near it, this season. Truly yours, C. R. DORAN.

NEWS FROM THE PULTE BOYS.—“Cross is doing well in Stockton, Cal.” “Grant is in Owensboro, Ky., with twenty-seven allopaths, twenty-six tobacco factories and sixteen distilleries. He says he wants help.” “Sterling is in Amherst, Mass., giving the people the benefit of *little pills*.” “O. H. Buck is smashing things in Paris, Ky.” “J. F. Edgar is at the head of Prof. Wilson’s eye and ear clinic.” “J. P. Geppert has opened an office on Fifth st., Cincinnati.” NOTE: More news solicited.

ENTERPRISING.—The Homœopathic Times, New York, proposes to publish an abstract of homœopathic Literature, commencing where Raue’s Record left off. It will be made an appendix to the journal and separately pagged. The above is contingent on three hundred new subscribers, which we hope will be forthcoming. Address, 18 W. Twenty-third st., New York.

THE Homœopathic Medical Society of Montgomery Co., O., held its thirty-third session at the Beckel House, Dayton, Geo. S. Foster, M. D., president. There was an interesting and profitable session. Dr. W. Webster read an article on “The Dose.” Other articles were read and discussed. The officers for the coming year are, pres., Dr. Mellee, of Springfield; vice-president, Dr. Egry, of Dayton; secretary, Dr. J. K. Webster.—A. C. RICKEY, Sec.

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GEORGE W. SWAZEY, M. D.

Engraved expressly for the **MEDICAL ADVANCE**

1. The first part of the document discusses the importance of maintaining accurate records of all transactions.

2. It is essential to ensure that all entries are supported by appropriate documentation and receipts.

3. Regular audits should be conducted to verify the accuracy of the records and to identify any discrepancies.

4. The second part of the document outlines the procedures for handling any identified errors or irregularities.

5. It is crucial to maintain a high level of transparency and accountability throughout the entire process.



GEORGE W. SWAZEY, M. D.

Engraved expressly for the **MEDICAL ADVANCE**



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

VOLUME V. CINCINNATI, O., FEBRUARY, 1878. NUMBER 10.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, Cor. 7th & Mound, Cincinnati, O. Terms \$2.50 a year.

THE CINCINNATI MEDICAL ADVANCE is now the cheapest journal in the homœopathic school. The man who can not afford to take it and pay for it in advance is—well, he is a myth, he doesn't exist. Only two dollars, C. O. D. (cash on demand). Square up your old account, brethren and sisters, so that you may have a hand in this new deal.

A SPECIMEN BRICK.—The medical Record, (allopathic), Oct. 27, 1877, contains the following precious bit of information: "Dr. G. M. WELLS, of Sonoma, Cal., writes: 'Sir.—Allow me to direct the attention of the profession to the use of *Jaborandi* in mammary abscess. Mrs. G. has been the subject of repeated abscesses; as soon as one was formed and lanced, another succeeded, until she became weary and worn out. *Quinine* failed; *Sulpho-carbolates* did no good; *Belladonna*, externally and internally, disappointed our hopes. So I determined to try some other remedy, and gave the following:

R. Ext. *Jaborandi* fl'd
Ext. *Dandelion* fl'd aaozss
Syr. simp. fl. ozij

M. S. ozss every two hours.

I directed the above to be used until profuse sweating was produced, which occurred after the third dose in such profusion as to saturate the linen thoroughly, and continued several hours. As soon as

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the sweating became thoroughly established, the temperature and pain (which before had been excessive and severe) was reduced and relieved, and the symptoms which were so threatening the day before were all gone. The debilitating effects of the sweating passed off in a few days, since which time the patient has been in excellent health. I have had no opportunity to test the remedy in this class of cases, but have the utmost confidence in its virtue.''' This case is of no special consequence, except that it is a good example of the "scientific" medical practice which our allopathic friends continually dish up to us. They are the scientific men of medicine *par excellence*—in their own and in the estimation of their patrons. In the case treated by this doctor, and he seems to be a good specimen of the kind, *Quinine*, *Sulpho-carbolate* and *Belladonna* failed. This he confesses but does not attempt to enquire why they failed. Yet so plain is it to an intelligent mind that of necessity they must fail, that many well educated physicians would never have given them. But, *Ecce! Jaborandi* accomplished the work. Or was it the *Dandelion*? Of course it was the *Jaborandi* or the Doctor wouldn't have said so. Equal parts, mind you, of the two medicines and mixed and given together, and yet the work was done by one of them. Then why were they given together? Nobody but an allopathic doctor could tell, and none but such as he could tell which of the twain performed the cure. And he hastens to lay this fact before a suffering public. Mammary abscesses were never so cured before. Somebody may have reported similar results with *Belladonna*, *Quinine*, etc., etc., but they are not reliable agents. *Jaborandi* is the great cure all. To be sure the Doctor has tried it in this one case only, but still he "has the utmost confidence in its virtue." Indeed! And this is the way to establish medical practice on scientific grounds! Well, if such things can stand with any show of merit among medical men, or among intelligent laymen, we are greatly mistaken. But did not the patient get well? She did, and in spite of very bad treatment. And it passes our comprehension how the report of such a case could get into the pages of such an excellent journal as the *Medical Record*. But the most remarkable thing about it is, that lancing did no good. O, Surgery, hide thy blushing face! What, not lance a mammary abscess! This is almost as bad as some homœopathic doctors, who never think of doing such a thing and their patients get well nevertheless.

IN A RECENT MEDICAL WORK, published by HURD & HOUGHTON, on *Surgical Jurisprudence*, the author goes a long distance out of his road to attempt to prove homœopathic doctors to be quacks. He has the usual success attending such efforts. He proves himself to be, in the highest degree, ignorant and untruthful, and therewith seems to be satisfied. He describes the practitioners of Homœopathy as

"transcendental pathologists, who substitute for anatomy, physiology, and common sense, a dogma, upon which to build an enlightened experience." What he means by an "enlightened experience" we leave the reader the judge. Allopaths are wont to style their mode of practice as "enlightened experience," but surely he does not mean that the homœopath is building anything of that sort upon their "dogma." What, then, does he mean? We do not know. But when he says that this dogma, meaning the therapeutic law *Similia Similibus Curantur*, is used by us in the place of anatomy, physiology and common sense, we do know what he means. He means to show his lack of knowledge or want of "common" honesty. It is not so used by the homœopathic school, and never has been and never will be. It seems to be a waste of words to tell these men, as we have over and over again told them, that the homœopathic school does not reject nor ignore the teachings of anatomy and physiology. Nor do its teachers show their ignorance by putting "anatomy and physiology" into the same class of subjects with "common sense." This man evidently thinks the latter is one of the sciences. And he has attempted to write a text book on Surgical Jurisprudence. He is to be pitied and avoided, for he is either ignorant or malicious, or both, and so is unfit to be a teacher of medicine, much less of law.

The Ethics of Mongrelism in Medicine. By T. L. Brown,
M. D., Binghampton, N. Y.

To gain the truth as it appears to each member of this society, is the best object of our two meetings in one year. To do this correctly, we must remove all shackles of every nature from within or without. I know of no better way than to throw the door of free expression open wide, and speak my mind, hoping others will do the same. The subject I have chosen is one long neglected, but in my opinion, it is quite necessary at this stage of the progress of medicine, that some one give his views freely and fairly on the subject of "The Ethics of Mongrelism in Medicine."

Deceit and folly twinge their acts with pain,
And leave on character a fearful stain.

A worthy and intelligent homœopathic physician knows how to select the best single remedy, according to the law of *Similia*, and administer it in the curative dose under such circumstances that its medicinal action can not be reasonably doubted. To give four or five remedies of any dilution to a patient in alternation in one day, is about as scientific as mixing them all in one dose, repeating it every hour, and then brazenly inform the patient and friends you are practicing Homœopathy. Or as a business dodge to hold the allopathically educated patients, to daily make local applications of astringent and caustic drugs to the womb and other parts of the patient, representing such applications as strictly homœopathic, is really outside of the science of duty. Still you claim you are a homœopathic physician, half in and half out of both schools.

A doctor of this stamp, standing like a wind mill between a hot and cold breeze, making nothing but an idiotic clatter, without an intelligent thought as to which is true or false; moved mostly by his fusion zeal to boldly associate as a society member with homœopathic physicians; perhaps for the purpose of introducing the idea that the two schools of medicine, so opposite, should fuse or compound into one; while at present he is content with resting his senseless head in the avaricious jaws of the old school, and his equally worthless carcass remains a stumbling block to the more advanced school, shows only evidence of his lack of moral duty. He is indeed a mongrel—a medical hermaphrodite—a go-between, unfit for the society of either school; a rotten link not capable of uniting oil and water with his lie; it is too tricky—thin. The time he has spent to medically harmonize by his deceit, the light of one school with the darkness of the other, an ambiguous and useless labor, if rightly employed would have made of him a respectable practitioner of either school. How could he report a case really cured by his fusion-mongrel treatment, which any school could own, even the eclectic? Of how much use has he been to the profession in the im-

portant work of learning to correctly choose the most curative remedy? Will he spend the last of his medically divided life in trying to determine which school of medicine he could have fairly represented? He never was a physician in the true and accepted meaning of that term. He has only deceived and mongrelized as a doctor—a quack—splicer. Is he like an offensive weed in a garden of more agreeable and enduring perfumes? A Judas without the silver? How painful any thought of such a doctor's fusion society work must be to any intelligent physician of either of the three recognized schools of medicine. He is not as decided in his medical convictions as the curative power of the highest dilution of *skim milk*; for a case has been faithfully reported as cured by its use. Such a mongrel, medical-fuser is simply a "Feitch."

A similar class of idiotic doctors of the old school make it a point to carry in their vest pockets a vial or two of homœopathic pellets, and declare they will practice homœopathically if the patient desires them to give extremely mild medicine, and "be good for once." Being "all things to all men," and nothing definite to themselves, is convenient in practicing their pretensions of the thoughtless, and quite like deceiving them in other social relations. The medical system most popular with the patient in immediate care is the one the mongrel finds most pleasing to use. Such accommodating doctors are quite useful in illustrating how willing deceit takes the place of moral duty, when the love of money and want of honesty rules the motives of medical impostors. They hope to bag all the game, especially the goose and other thoughtless birds. What they most need to accomplish their selfish object, is a smile, a promise, a crude prescription, several hurried visits, an exorbitant bill, and to appear as an allopath in the morning and as a homœopath in the evening, and to finish the balance of the twenty-four hours in sound sleep. May they soon have the last, long sleep, their patients before them so frequently test, from which there is no known awaking. In the life interests of the more gullible patient such a perpetual sleep can not come

too quick to the modern mongrel doctor. It is a fact that any patient who falls into the catch net of the mongrelizer of either school, by his own or other misfortune, receives the poorest and most careless medical treatment in existence—worse than total neglect. For any patient or doctor who has not mind enough to decide which practice he likes the best, and will enough to test it fairly, can not know when he is doing either right or wrong. He has no power of intelligent choice. It is also probable he may not know how to determine really what portion of the time he is on the most popular side of public opinion or likely thereby to make the most money. Confusion! confusion! more than confounded.

Not in a perturbed mind does wisdom spring." "Pain to victims must bring pain to the *sacrificer* of them."

A true physician never pauses to inquire what is most popular or money making, but what is true and will cure his patient. After he has once publicly decided what method is true, he as honestly practices his convictions, and in the face of all opposition. He cannot be truthfully named a mongrel. Honesty commands justice. Justice closes the mouth of deceit and assumption. The knowledge necessary to a reliable choice of school or remedy is the result of observation and intelligent experience; and it is the medical duty of all good and worthy practitioners. But the want of such desirable helps comes too often from lack of honesty, love of money and brazen impudence.

To carry the mongrels in full support is not our quiet duty. To do so, we will need a secluded and special insane asylum under the charge of a superintendent possessing the rare ability of making patients "see themselves as others see them."

The true ethics of the science of medicine lies in an honest record of the observations, experiences, conclusions and results of the most faithful workers, supported by the doctrine that in things demonstrated and certain that we should have unity; in whatsoever may be doubted, liberal diversity; and in everything guessed at, charity. Medical fusion in the in-

terest of truth can fairly take place only where ideas come from similar observations and experiences with the most successful treatment, remedy or dose, intelligently and understandingly chosen.

We think it the best work we can do, to daily contrast the fusion-mongrels of all schools with the independent, thinking class of physicians, who know enough to understand, fearlessly and honestly practice the distinctive principles of their own chosen system of medicine, or quietly engage in some other less responsible employment.

"Swift tell us, then, a cook once tried to make
 A *certain something* into a plumcake;
 He sauced it up with eggs, and plums and spice,
 And candied orangepeel to make it nice
 Then sugared it all o'er to make it sweet,
 But still he found it wasn't fit to eat.
 At last, 'God rot the nasty mess,' he muttered,
 It isn't worth a fig when cooked and buttered.
 To mix good things with bad, wiseacres say,
 Is only throwing your good things away."

Surgery.

Operations on the Inferior Maxillary. By S. R. Beckwith,
 M. D., Cincinnati. Professor of Surgery Pulte Medical College.

Recently I have received letters from two prominent surgeons of our school—one from this state and the other from New York. Each of these gentleman propose to furnish the profession with works of surgery. While I thank these gentleman for the high compliment they have paid me, in requesting the report of my cases for publication in their

valuable forth-coming works, I prefer not to comply with their requests, as I have for many years been collecting material for a book of "Cases in Operative Surgery," and have not even enough now to make the work worthy of publication.

It is my purpose to furnish the *ADVANCE* with monthly reports of some of the most successful operations that I have performed, giving due credit of success to the superior effect of homœopathic treatment, after the operation. These reports are made at this time for two reasons: Firstly, I am urged by many professional friends to make them public, in order that the world may know that surgeons of our school have done, and are doing their proportion of important surgical operations.

Secondly: To convince the profession of the value of our medicines in traumatic diseases, and especially so at this time, when there seems to be a disposition to indolence and want of care in careful medication, in many cases of surgery. If the cures that I shall relate have the effect to stimulate but one physician to more energy in his study of *materia medica* and there learn the intrinsic value of specific treatment in traumatic inflammation and kindred diseases, I shall feel well repaid.

It is my present purpose to select for each number of your journal the report of operations upon one part of the body and I will here say that the same cases will hereafter appear in my own work, fully illustrated and reported.

For this number I have reported operations upon the inferior maxillary, and though the report of the first case may seem an exaggerated one, as it describes an operation (so far as I know) that has never been performed by any other surgeon, and some may doubt its correctness, I can refer them to the parties named, as advising and assisting in the operation.

CASE I.—Mrs. H., aged thirty-eight, residence Warrenville, O., operation performed in 1855 before the class of the Cleveland Homœopathic College. The lady had an osteo-sarcoma of the lower jaw of three years growth. The tumor was very large, causing great fullness of the cheeks, and filling the en-

tire mouth to such an extent, that she was compelled to subsist entirely on fluids taken through a tube, and at times it created much difficulty in deglutition. The surface or shell of the tumor was bony, and filled with solid fibro-plastic substance. No part of it could be made to spring or yield on firm pressure, and it was evident that nothing short of a removal of the entire jaw could benefit the case; and it was equally clear that the disarticulation could not be made as easily as in health on account of the great deformity and displacement of tissues requiring division. In examination of our authorities no parallel case could be found. Dr. Deadriks, of Tennessee, performed the operation of removal of part of the lower jaw. His case was a cartilaginous tumor of the left side of the jaw, and he removed the bone on one side, from symphysis to ramus. In 1823, Dr. Mott removed nearly one-half of the jaw on the left side, and eighteen months thereafter he removed the right side from its articulation. In this latter case there was necrosis, and as we shall show, the disease materially modified the danger of the operation, and rendered it comparatively simple. Since that time the lower jaw has often been removed, but in all instances, so far as we know, there existed caries or necrosis. In 1851 Dr. Carnochan removed the entire jaw, and the case was reported in the journals, and in pamphlet form. As will be seen by the report, the jaw gave way at its angle, during the operation, showing the existence of some destructive disease. Yet this operation demonstrated the possibility of removal without first ligating the carotids. Guided by the operation of Dr. Carnochan, and influenced by the request of the patient, who preferred death under the knife, to slow and sure starvation, with the advice of Professors Hill and Bissell, I concluded to make the effort to remove the entire jaw. The patient was anæsthetized, an incision was made from about three-fourths of an inch below the ear, along the under side of the jaw to the opposite ear. The facial arteries were ligated, and then the patient was allowed to come out from under the influence of the anæsthetic, as I deemed it unsafe to perform any operation of the mouth, where there is a large amount of hæmorrhage, while the patient is under anæsthesia.

A needle threaded with whip cord was passed through the tongue, and given to Professor Brainard, who in a very skillful manner kept that organ from falling upon the glottis. All attachments were now removed from angle to angle of the jaw, and the patient again allowed to rest.

After the hæmorrhage from the last dissection had ceased, she was given brandy and milk freely; her pulse was but little depressed and she stammered, "Go ahead, Doctors, it will come out all right." The difficult part of the operation remained yet to be performed; the tumor being so large that we could form but little idea of the anatomy of the parts. We now passed a pair of curved scissors to the zygoma and divided the tendinous attachment of the temporal muscle; the capsular ligament was opened on its anterior surface, and the jaw drawn downward and backward, thus luxating the bone. The remainder of the ligament was divided with all possible care, so as to avoid the internal maxillary artery. The disarticulation of the opposite side, was performed in a similar manner, but the difficulty was much less, as we had the entire jaw to manipulate. The bleeding was pretty active, and several times the patient came near suffocating from the flow of the blood in the trachea, and I think had it not been for the active application of sponge probangs by Prof. Hill, we could not have finished the operation. After all the bleeding vessels had been ligated the parts were brought in apposition and secured by wire sutures, through muscles and integument.

The patient made a good recovery, although for several days after the operation her life was in great danger. We sustained her with wine and beef-tea given through a tube, and gave her *Arnica* 30 and *Aconite* 30 internally, and kept the parts moistened with "*arnicated*" water.

This is the only instance I have even seen of an osteo-sarcoma, or any other tumor affecting the whole jaw, and even if I should meet another such case, I fear an effort at removal would not be so fortunate.

CASE II.—Wm. S., aged ten, residence Fairfield, O. He had received a fracture of the inferior maxillary, on the right

of the symphysis between the first and second molar teeth, about one year before he was sent to me. The fracture was not detected at the time of the injury, and in a few months, the soft parts, and each of the broken ends of the bone, became ulcerated. When I examined the case I found the body of the jaw on the right side, necrosed, and an adhesion of the cheek to the bone. There was also an opening in the cheek, through which pus was discharged. I supposed that a removal of the affected part, from the symphysis to the angle would be all that would be required. So I made a vertical incision through the soft parts along the symphysis, and another under the border of the angle. The facial artery was tied at both ends, and the flaps were then reflected so as to expose the whole body of the bone. The tongue was secured in the same manner as mentioned in case one, and the bone was severed at the symphysis by a chain saw, and readily removed to the part of the fracture. We now sawed through the angle, when it was found that the ramus was also diseased. The incision was then carried upward near to the ear; little difficulty was experienced in disarticulating. I now fully comprehended how easily disarticulation could be accomplished in a case of necrosis, compared with one in which the ligaments of the joint were healthy. The patient soon recovered. In one year I again saw the boy; a cartilage had filled the space formerly occupied by the bone, and the contour of the face was not materially altered.

CASE III.—Dr. E., of New London, O., had necrosis of the lower jaw for several years. I visited him, fully expecting to remove the jaw by an incision, as in the cases described, but the bone crumbled so freely under the probe that I concluded to attempt a removal through the mouth. The bone was seized with a strong pair of forceps, and piece after piece was removed, until the entire body of the bone was taken away. In a short time the hæmorrhage was arrested, and the forceps were then applied to the ramus, and the vertical portion of the bone was removed by disarticulation. I confess I felt considerable fear in attempting to tear the ligaments and other attachments, but my experience in the boy's

case, taught me, that the attachments were not strong in necrosis, and the bone much reduced in size, and the readiness with which the ramus in the first case was removed, gave me confidence in removing the other.

CASE IV.—Operation performed before the class, assisted by Prof. Ellis.—A lad thirteen years of age was brought to the clinic with necrosis of the upper portion of the jaw; he was anæsthetised and I was about to remove the diseased portion by dissection, sawing through the sound bone, near the diseased part, and extract the affected mass, when Prof. Ellis suggested that we endeavor to remove it through the mouth. The usual bone forceps were used, and in a short time all of the diseased portion was extracted. The inferior body of the bone was found sound, and this was allowed to remain. About six months from the time of the operation, the father of the boy wrote me that the jaw was entirely filled up, and two teeth had appeared. I answered him that he probably was suffering from an optical illusion, which appeared to offend him, he replied: "I will bring the case to you soon, and you may see if I am deluded." True to his promise he brought his son, and I found the incisor teeth growing in a well formed jaw. The remaining teeth were also reduplicated, and the patient has now grown to manhood with a good set of new teeth. He is a clerk in a hardware house in Cleveland, and I would not dare to report this singular phenomenon, could I not exhibit the case.

I have removed in quite a number of cases sections of the lower jaw, where the bone was necrosed, all of which confirm the opinion I have expressed, that the operation is a simple one, when the bone is dead in part or in whole. I hope to be pardoned if I have claimed any special skill in the first case, but I am willing to confess, that I experienced much gratification at the time, on receiving a valuable gift from Prof. Ackley, (deceased) who on presenting it remarked, that although he could not consult with a homœopath, no one could prevent him from recognizing and appreciating such an operation by an American surgeon.

May each surgeon and physician strive to remove disease by the knife or medicines, or both combined, so successfully, that the people, if not the doctors, will recognize that we possess equal merit as men, and are possessed of superior worth in our law of cure.

Theory and Practice.

Swan versus Breyfogle.

DEAR DOCTOR:—If I rightly understand the drift of your letter in the NOVEMBER ADVANCE, it is to show, first, that diphtheria can not be and never was cured by *Lac caninum* one millionth. Second, that the one millionth potency never was or could be made. Third, that physicians who use high potencies, if honest in their practice, never succeed; or if they do succeed, it is because they are dishonest, and do as you do, profess Homœopathy and practice eclecticism.

It may be a coincidence, but it certainly is an interesting circumstance, that if a cure follows the administration of *Lac caninum* in any potency, it is said that "the case got well itself;" but this is only said by those who have never used it, while those who have, give the credit of the cause to the remedy. You have never used it, know nothing about its action, do not know that the millionth potency will not cure malignant diphtheria, you could not tell the one millionth from the two hundredth potency; you do not know of your own knowledge that the two hundredth or even the thirtieth is what it purports to be, but may be the third or sixth for aught you know; and yet you presume to denounce *Lac can.*

and the potencies I made myself, and have abundantly confirmed, because I recommended its use to physicians, supposing that any good remedy against that disease would be welcome. You ask, "Who believes Dr. Swan's statements?" I ask, Whose interest is it to believe it? Is it not that of the physician desirous of gaining all knowledge to believe it just enough to try it? It is safe never to believe any statement, but it is dishonest to denounce it without having tested its truth. That is all I complain of. You denounce, and ridicule, and make jokes, and write doggerel, and expend cheap wit on subjects you know nothing of. Whenever the editor of the *ADVANCE* sees fit he will publish a case of diphtheria, where the membrane invaded throat, nostrils, rectum, vagina and urethra, which was treated only with *Lac caninum* one millionth, and the patient is alive and well to-day; but it was thought that the cases given were sufficient to attract attention to the drug, not the potency, that is a secondary consideration.

You will probably give *Dog's milk* in the next case of rachitis you have because an allopath has found it useful, and yet you reject it in diphtheria, though it is almost the only drug which in the proving produced the distinctive symptoms of diphtheria, including the membranous deposit, and has been in use many years and abundantly verified.

You say, "I have never had and never will have in my possession the millionth potency of any medicine. It can not be made, or if it could, is worse than useless." An assertion versus fact.

Well, I will show that it is not such a difficult matter to make the millionth, Swan's potency. But here let me say that I don't claim that they are the same as Hahnemann's, and never compared them with his. I know there are none better than Jerichen's, as far as they go, but when the demand came for a higher potency, Dr. Fincke discovered the fluxion process, and those who needed higher potencies, bought and used them and asked no questions—it was only those who never did or would use them that called them, as Dr. Allen called mine, "a disgrace to Homœopathy; (when

he gets time he will tell us what he means by that), and in spite of this absolute annihilation, as Galileo said, "The world still moves," and Dr. Fincke's admirable preparations are more in demand than ever and the sale constantly increasing.

Dr. Allen, when he gets time, with the assistance of Dr. Burdick, will prove that my millionth potency is no higher than the tenth centesimal of Hahnemann's, and yet no Hahnemannian preparation I know of will do what my millionth has done, and that is, cure when the highest Hahnemannian potency fails. I am content, for my potencies were not made for sale but for my own use, and I put a price on them when I got tired of giving them away, and have never advertised them, or sent out price lists by mail except when requested, and it is entirely immaterial to me if I never have another order. But to the question.

It takes one hundred drops of water to make the first centesimal *a la* Hahnemann; then one hundred drops to make the second, and so on. The millionth potency would require one hundred millions of drops or minims, that is sixteen hundred and twenty-nine gallons, or forty-five and one-quarter barrels of thirty-six gallons each. You can calculate how long that will take to run through a water meter. Dr. Skinner, of Liverpool, has invented and perfected a machine that will empty the vial at each one hundred drops, or centesimal proportion; I have one now on the way. But high potencies made on that process, purely Hahnemannian, will never be called for by the opponents of Fincke's or my potencies, for their opposition is to high potencies, and the outcry about the process of manufacture is only a cloak.

The third position I have inferred, is, that "physicians who use high potencies, if honest in their practice, never succeed, or if they do succeed, it is because they are dishonest, and do as you do, profess Homœopathy and practice Eclecticism."

Success to the true physician means, curing the sick. Those physicians of my acquaintance that use high potencies, are eminently successful in that respect; and yet they do not require *Chloroform* to allay pain, or *Quinine* to cure the ague; they never give local treatment, and finding the homœopathic

law of cure all sufficient, have no occasion to deviate from it, or in its stead resort to other methods, palliative tonics, etc. As to their pecuniary affairs I can only say that they live and dress well, and further, deponent sayeth not, as he has yet to learn that pecuniary success is an indication that a man is an honest, conscientious healer of the sick. Charlatans get rich and the majority of really great physicians rarely leave more than enough to cover their funeral expenses. You say "Homœopathy is advancing." Yes, Homœopathy, as taught by Hahnemann, is in demand and advances the influence of the true healer among all intelligent people who have tried it, and seen its benign results and its prompt cures. But how are you an evidence of advancing Homœopathy? Advancing out of the pure light of the homœopathic law, to the worse than darkness of allopathy, already rejected by the advanced in the old school, you return to *Quinine* and *Morphine*; to massive doses of *Calomel* and *Chloroform* to relieve pain; to *Bromide* or *Chloride of potash* for throat diseases in gargles and washes, and outsiders can not distinguish between you and the practice of the eclectics, and you think that is "Homœopathy advancing?" What must be the retrograde movement? If a physician believes in the law of Homœopathy, he will practice it; if he does not, it's dishonest to claim the name of Homœopath. It is not I that am the judge, but the "law of Similia Similibus Curantur" which is the only law of cure or no law at all. Very respectfully,
New York, November, 1877. SAM. SWAN.

How and Why Potentized Homœopathic Remedies Act.

Mental and physical conditions are correlative, and can not for any great length of time widely differ from each

other, so that disease may be said to have its origin in the moral condition, and gives rise to the divine declaration, that "Sin, when it is punished, brings forth death." True, any given form of disease may be hereditary, but chiefly from the transmission of like mental qualities, without which it would speedily spend its force and terminate.

Abstractly, mind is the only force in existence, varying its mode of action according to the conditions of the medium through which it becomes apparent. Like matter, it not only shapes itself to whatever contains it, but it may become amalgamated with other properties. But the law of correlation is fixed and inexorable; hence if we would modify the action of any given mode of force, we must change the conditions of its medium.

As the law of correlation can never be infringed, neither can that of *vibration* and *transmission*, for vibration necessarily implies transmission, and transmission, vibration—they are inseparable.

Based upon these unalterable laws of the relation of things, we have the first fundamental principles of remedial agents, the law of *similar*, or to use another term, correlation.

The remedy in contra-distinction to the merely palliative, must hold a correlated relationship to the principle from which the disease has taken its rise. The vibration which unduly thrills the nerve, must find a corresponding and harmonic vibration in the remedy if we would hope to find any salutary results.

Quietude is restored by the union of the vibrations of the two, and in which there is not only strength but concord. It is only the primary force, however it may have originated, which maintains universal action, and it produces deranged action when correlated with deranged conditions, as in a perverted human will.

Now as mind is too subtle a force for human comprehension, so the correlated remedy, designed to act upon the nervous tissues must be equally so—they must meet and travel in unison. The crude drug can never do this. If it relieves, it is but a palliative, by either benumbing the nerv-

ous action or unduly exciting the mucous surface to throw off the accumulated elements of disease, without removing the cause, not a cure, and leaves the disease to manifest itself in its accustomed or some more serious form. The potentized remedy must correspond to the mental and physical condition of the patient, to attain the best results. These conditions are almost as varied as humanity, and hence the necessity for the large variety of remedies.—B. F. H.

Potency and Dose. By G. M. Pease, M. D., San Francisco, Cal.

Under this title in the September number of the *ADVANCE* appears an article from Dr. W. L. Breyfogle. He has given some points to which I wish to take exceptions, and also to make confession. He says: "I myself prefer in chronic cases, and where the remedy is clearly indicated, to give a high potency, generally the 30th. But when I am called on to wrestle with those acute malignant diseases I use active remedies, in doses that produce quick results."

Now for a part of my promised confession. In chronic cases I much prefer the *higher* potencies, from the 200th upward; but where my patient is not a thoroughly indoctrinated homœopath and demands the medicines "strong," and I am pretty sure will take frequent doses whether I say so or not, then I give lower potencies, from the 3d to the 30th. But if I have a severe acute case and I dare not trifle in the least, and the delay of an hour might be fatal to the welfare of the patient, then I try the 200th or higher, and that too for the very reason Dr. B. gives for the use of "active remedies in doses that produce quick results;" by which I infer he gives low dilutions.

My experience has taught me that if in acute cases I see no good result in a short time from what I thought was the proper remedy, I can substitute another, and very little precious time is wasted. It was from seeing this same rapid action of the high dilutions that gradually lifted me out of the low degree in which I first began the practice of Homœopathy. Unlike Dr., B. I was not taught in the excellent school of Philadelphia under the guidance of Fathers Hering and Lippe, but to my regret I learned my medical A B C's in an Allopathic College.

I quote again: "What one of you could stand by the bedside of a little patient with membranous croup and prescribe *Hepar sulph* or *Spongia* 75m or 100m, and fold your hands and await the result?"

I answer: I have given the 200th of these same remedies, repeating the remedies half or quarter hourly, if I thought best, and the result has been a convalescence *every time*, and I have had a goodly number of such cases, and *true* cases too. I have been called upon to perform tracheotomy in cases where I begged the privilege of first trying *Hepar* 200th at least for one or two hours; and I never yet have been obliged to use the knife in any one of my own cases, and rarely in those I have been called to operate upon. *Hepar* has been instanced as a remedy, so I keep it, though I should not wish to be understood as relying upon that remedy in all cases. I believe that in a majority of the cases of membranous croup, that get well after tracheotomy, the use of the proper remedy in a high dilution would just as surely have cured.

Upon the subject of intermittents I have no right to speak so strongly, because since becoming a homœopath I have not lived in a malarious district, and the cases that have been under my treatment were imported, and in many instances had *Quinine* to their fill. But in such cases as it has been my lot to treat, I have never used the bark stronger than the 3d. and of late years the 30th, and 200th, and I never bought a *Podophyllum pill* in my life.

I do not deprecate the *occasional* resort to expedients, but the *habitual* use of them I must denounce.

In desperate cases of laryngeal diphtheria, I do not hesitate to employ the fumes of slacking *Lime* or of *Iodine*, or anything else that may hold out the slightest prospect of relieving my patient. In the treatment of diphtheria, Dr. B. censures a brother physician because he believes he deceives or is deceived, in that he never lost a case, and had used high potencies. Now this I know, that such cases treated well with high dilutions do not get as sick as those who have the appreciable doses, and that might account for the remarkable success reported, though I must say there was some wonderful good luck in that instance if the Doctor had treated very many cases.

Again a quotation: "I believe that some physicians honestly deserve the reputation of high potency men, and that they actually practice what they preach, but certainly these men can not have much practice." In answer to this let me say that I am personally acquainted with men whom I believe to be high dilutionists, strictly and honestly, and yet who have what might well be considered a large practice; men who certainly are so busy as to compel them to refuse admittance to many who call at their offices during office hours. Therefore I think Dr. B is wrong to say "*certainly*" these men can not have much practice.

There are cases where mechanical or chemical agents are a necessity. Under the former I would class such eye cases as are benefited by the mechanical effect of *Atropine* in dilating the pupil, and in poisoning where a chemical substance is needed to neutralize the poison.

I wish now to refer to the dialogue between the "college chums," and it is the subject of malignant cases that I remark upon. One of the "chums" does not have as many malignant cases, and why? Let me answer, for the simple reason that he uses the high dilutions, and when the few do become malignant and go to another doctor, it is because he was not accustomed to seeing his cases become very bad, and therefore lost confidence in himself, and as a natural consequence the patient lost confidence in the doctor.

Now number one was frequently having bad cases and had got used to it, therefore he felt a certain ability within himself

which he imparted to his patient, but it was not the fault of the high potencies that made the patients of number one go elsewhere.

I like the candor in which Dr. Breyfogle has written, but I want to tell him that I believe high potencies are capable, if the remedy is rightly chosen, of doing a great deal more good than he in this article seems to admit.

General Clinics.

TYPHOID FEVER.—Most writers tell us that *Aconite* is of little value in true typhoid; recommending *Bapt.*, *Bry.*, *Rhus*, etc. My experience reaching over a period of nearly seven years declares very strongly in favor of *Aconite* in this disease. The remarkable cures effected by *Acon.*, *Bell.*, and *Bry.*, were what led me to place confidence in our system of medicine. My first field of practice was in a malarial district, where we had a good deal of typhoid to treat. I commenced the trial of Homœopathy, by prescribing *Acon*, 2x in water, a dose every twenty to sixty minutes, and sometimes in alternation with *Bell.*, or *Bry.*, or *Rhus*, and in nine cases out of ten my patient was sitting up in from four to six days. Such truly remarkable cures of a fever, which my allopathic teachers said could not be broken up, must run its course, compelled me to place confidence in what I had always ridiculed. I think many of our homœopathic practitioners fail to arrest this disease on account of discarding *Aconite* in the febrile stage. I have used only the low potencies 1x to 4x and am fully satisfied with their effect. My experience verifies the indications of Karie and Johnson and others.

SALICYLIC ACID IN DYSPEPSIA.—I have given this new remedy a trial in several cases of gastric derangement characterized by sour stomach, burning in the stomach, flatulence, belching hot, sour substance. I have used it, after first trying other remedies, with marked success in six cases; failed in none. Used it in one case where in addition to the above symptoms there was chronic vomiting of almost everything eaten. The trouble was of several years standing, and had been treated by an experienced homœopath for several months without benefit. *Salicylic acid 2x* cured the case in one month.

SILICIA 3 AND 30:—Have obtained surprising results from this remedy in a case of hip disease, caries of the head of the femur, and another case of the same disease, complicated by a similar affection of the bones of the pelvis and spine. With no local treatment *Silicia 30* reduced the suppuration, and caused the sores to heal, and improved the general health very considerably.

VACCINATION FROM A SYPHILITIC PATIENT.—A case of rare interest presented itself to me a short time ago. A young lady twenty two years of age was vaccinated with lymph taken from the arm of a sister who was syphilitic. Not only the whole arm, but the chest, back, neck and face broke out with a red eruption. The pimples forming pustules, coalescing and leaving deep ugly pits as bad as small pox. I first saw the case one year after the vaccination. She had been under allopathic treatment a part of the time. The above is a description of the case, when I first prescribed. Gave one week *Thuja 3*, three times a day, which caused some improvement. *Merc cor 5x*, another week the red color began to fade. For the sore gave *Nitr. acid 3x*, another week, and lastly *Merc sol. 5x*. When I last saw the case the red color was nearly gone, and the eruption nearly dried up. No local treatment. The disease was the result of a union of the syphilitic and vaccine poison. We have had a very healthy season in Dayton. The diseases have been mild,

mortality low, and easily controled. We now have some typhoid and intermittent fevers. *Acon.*, *Bry.*, *Ipec.*, *Ars.*, *Nux.*, *Rhus.*, *Merc.*, are most frequently indicated—A. C. RICKEY, M. D., Dayton, O.

WHAT DOES HE MEAN?—In a report in the December number of the *ADVANCE*, on the recent epidemic of diphtheria in Grand Rapids, Mich., Dr. Hunt ends up by saying: "I am happy to report there has been but four deaths under the treatment as before mentioned, following the principle of similia as indicated." This is a very obscure sentence, and it is not improved by reading the whole report. The only idea that can be gathered from it is that out of from a hundred and fifty to two hundred deaths from the disease, but four died under homœopathic treatment, which I know to be untrue, so that I conclude that the Doctor has not succeeded in conveying his meaning. Tell us just what you mean, Doctor, so that our allopathic brethren may not accuse us of misrepresentation. Besides, we want to know what success the members of our school have had in that epidemic as compared with the Allopaths."—J. D. CRAIG, M. D., Detroit, Dec. 5th, 1877.

ANSWER.—Dr. Craig, no doubt, includes all the cases treated by that class of physicians, who, for pecuniary or other advantage, palm themselves on the public as homœopaths when their proper place of association is with the eclectics. My report did not include that class of cases, nor is it just that Homœopathy should be held responsible for failure in that direction. Dr. Craig can never learn anything as to the value of a clinical record in Homœopathy till the law of similia is applied, and no comparison is justly made where our law of cure is disregarded.—DE. FOREST HUNT, M. D., Grand Rapids, Mich., Dec. 8, '77.

CATARRH—THE ATOMIZER.—I would like to call your attention to a very easy and simple way of treating catarrhal diseases which I have used the last two years, with so much success in the most obstinate and inveterate cases, that I find

it a pleasure to treat them now. My way of treating those cases is this: I procure Delano's Atomizer, a regular perfume atomizer. For angina granulosa follicularis, I have witnessed surprising results in a very short time by using in atomizer *Aqua rosa* ℥i; *Carbolic acid* gttss viii. Taking the atomizer and putting the tube in each nostril, alternately and holding the head back and forcibly pressing the bulb until it has atomized and condensed to that degree that it is felt to come through the posterior nares into the throat at the same time drawing in the breath freely through the nose. I always use the liquid warm. After using through the nose I have them use the spray in their throat. If I were to detail to you the cases I have treated successfully with that alone, it would surprise you. I have cured hay asthma with it. It will arrest more quickly than any medicine I ever saw, fluent coryza on the start. I have seen two applications through the nose cure it repeatedly. Now what I claim for this is cheapness and so easy to use that any child can use it and the relief and pleasure follow so quickly afterwards that a person breathes much easier and clearer immediately after its use. I think you will find it to fill in certain cases of catarrh where deafness has been caused by the catarrhal process extending from the throat up the eustachian tubes. Try it! try it! You can use *Hydrastis* or any other remedy in it in the place of *Carbolic acid* when indicated and at the same time give your indicated remedies. I never use it through the head more than twice in one day.—E. B. GRAHAM, M. D., Albany, N. Y.

POST MORTEM.—On the morning of the 30th ult, I was called to see Mr. Scott; found him apparently past any hope of recovery. The family desired me to prescribe for him, stating that the attending physician had given up the case. During the day and evening I made him three visits. At each of these much dissatisfaction was expressed by his friends in reference to his medical treatment. My opinion was asked and the only expression I made was that I had seen, of late, several cases of fall dysentery and they would have all recov-

ered without medicine by proper diet. As to Mr. Scott's case I could give no opinion, as I did not see him in the early part of his sickness.

The day after his death Mr. Miller brought to my office thirty-one prescriptions, which he said had been prescribed for Scott during his last sickness; he also had a summary of some of the principal ingredients, which are as he gave them: *Opium* 198 grs.; *Tinct. opium* 2.02 oz.; *Morphine* 5 grs.; *Sugar of lead* 24 grs.; *Oil turpentine* 1 dr.

I assured Mr. Miller that there was not a single prescription but what was ordinarily used by the "regular" school, and that they often gave much larger amounts; that he could not take exceptions to the treatment, but I would prefer some other man's stomach than mine to receive the whole, and I am still of the same opinion.

In no instance have I inferred that he was poisoned or taken any more medicine than is usually given by the very best "regular" physicians—S. R. BECKWITH, M. D.—*Daily paper*.

HAHNEMANNIAN HOMŒOPATHY.—I have been astonished at the little knowledge of the *Organon* and Chronic Diseases there is among homœopathic physicians. This Homœopathy without the *Organon* is like Christianity without the Bible, or chemistry without the authorities. The amount of it is, that if the *Organon* and Chronic Diseases were pretty thoroughly explained and memorized in colleges, a good many professors would have to step down and out as homœopaths. I take the ground that pure Hahnemannian Homœopathy is the only true cure for disease, and that the sick public, wanting to change from Allopathy, should be able to know where to go to find the opposite of allopathic treatment. It won't do; there must be a division, and the mass of the profession must either go up higher into the pure ethics of Hahnemannian Homœopathy, or down into the veriest depths of eclectic mongralism. Yours, S., New York.

INTERMITTENT FEVER—ARSENICUM 30.—March 31, 1876, Mrs, B., aet. thirty, has been afflicted for eighteen months

with intermittent cachecia; spleen somewhat swollen, extending three inches below the rib; œdema of the hands and feet and also of the abdomen, so that a while ago she appeared as if at full term of pregnancy; the paroxysms are great on chill coming on at two p. m., lasting till five, followed by fever till midnight, when a copious sweat succeeds; she has night sweats during the apyrexia; during the hot stage thirst, but drinking aggravates the vomiting; during the paroxysm great anguish, but after it extreme prostration; during the apyrexia food disagrees with her so that she has been compelled to entirely avoid meat. I gave *Ars. 30*, twenty powders, three per day, beginning twenty-four hours before the time for the next paroxysm. Have not heard from her until to-day, Sept. 15, 1877, her husband called for medicine for one of the children; he says that she did not have another paroxysm, and has had fair health ever since.—A. McNEIL, M. D., New Albany, Ind.

INTERMITTENTS AND HIGH ATTENUATIONS.—I gave yesterday *Chin. sulph. 200*; I thought it was indicated, and I gave it high to see how it would work. I have not given any crude *Quinine* yet, and the more I see of intermittent fever, the stronger I am in the belief that it can be cured every time by the homœopathic remedy without *Quinine* unless it is homœopathic to the case. I have cured one case of about a year's standing with *Ars. 10m*, one dose daily. I prescribed *Nat. mur. cm* for a young lady in a recent case. I gave one powder at the conclusion of the fever of the third paroxysm. She has not had a chill since; I repeated the dose twice since. I may be wrong, but I am inclined to think that if the remedy prescribed is the true one for the case, a very high potency will cure sooner than a low one. What is your experience? I have not cured a case with a low potency yet; I have cured nearly every one that has come to me and always with a high potency, from the 200th upward. Do you know of any reason why high potencies will not cure disease in the West as well as in the East?—G. R. S,

DIPHThERIA—LAC CAN. MM.—Allie B., aet. ten years, very fair complexion, flaxen hair, rather large of age, was called Saturday afternoon June 23d to see her. Found her feverish, languid, flushed; pulse one hundred, restless; still dressed and going from rocking chair to lounge, back and forth; complains of sore throat, which revealed on examination an ulcer upon inner surface of each tonsil; some redness, but entirely confined to the tonsils; tonsils slightly enlarged; rest of throat dry but otherwise apparently all right. Prescribed *Bell. 3., Merc. prot. 2x* in alternation, every hour. Being quite busy on Sunday and not considering that her case would amount to more than simple tonsillitis, I did not call until Monday afternoon, 25th inst, when I found pulse one hundred and forty, temperature increased; strength giving out; throat covered with the diphtheritic membrane; uvula elongated and swollen and covered with black and white or gray diphtheric deposit; back part of throat extending on to hard palate, all covered, breath very offensive; left side of neck swollen out almost even with jaw. Was amazed that they did not send for me, and pronounced the case diphtheria and in quite a critical condition. Prescribed, *Lac can. mm.* every half hour, and ordered *Milk* and *Wine* whey as nourishment, the child when well being very averse to animal food. June 26th, no improvement; great difficulty in swallowing; pulse still one hundred and twenty to one hundred and forty; fever returning every afternoon; very restless at night; passed urine only once in twenty-four hours, but then very copiously but with some difficulty and slight irritation. Called again in evening and found about the same. Continued *Lac can.* every half hour. June 27th, called at ten o'clock a. m.; found slight abatement in symptoms; the breath not quite so fetid; throat no worse, if anything slightly better; but great increase in irritation above vulva and rectum. Called again in afternoon and found symptoms about same. Continued *Lac. can.* every half hour. June 28th and 29th; about the same, excepting great difficulty in passing urine, and in getting her to take nourishment; strength seemed to fail very gradually. Continued *Lac. can.* every half hour. June 30th,

found the throat gradually improving, but the disease seemed to have worked through the whole alimentary canal for the vulva and parts were very much swollen and every little while there would be involuntary discharges of diphtheritic matter from both vulva and rectum; no water passed since four o'clock on afternoon of day before. Ordered her to be placed in a sitz bath as hot as she could bear every night and morning. Laid out a programme for medicine and nourishment every half hour which mainly consisted of *Milk, Milk and Brandy*, occasionally beef tea when we could get it down. She refused all fruit, berries or oranges, because they made her throat smart. Still continued *Lac. can.* every half hour. July 1st, called at 10 o'clock, found no urine had passed as yet. On examining the abdomen found that the bladder was pretty full, and told her that unless she made the effort and passed water before four o'clock, p. m., I should be obliged to introduce the catheter, and that would hurt her worse than the passage of the urine. I could not blame the child for not wanting to try as her parts were fearfully swollen. I left her telling her that I should return prompt at four o'clock with a catheter. About half past three o'clock, they put her in a sitz bath and kept the temperature up by pouring in boiling water, and at half past four o'clock she passed urine in the bath, and from the discoloration I should judge a large quantity. I arrived at prompt four o'clock, and found both her and her parents very much relieved. This made it forty-eight hours less fifteen minutes since she had passed urine; parts very much swollen and the irritation was very great even in passing water in the bath. Continued *Lac. can.* every half hour. July 2d, all the symptoms slightly improved, passed urine at half past eight o'clock in evening. July 3d, about same, urine passed at six o'clock in the evening. July 4th, the discharges which had been almost constant from the mouth and nose, had very nearly ceased and almost immediately she began to have spells of being sick to stomach and occasionally she would vomit up pieces of membrane etc., passed urine at five o'clock p. m. July 5th, the discharges from vulva and rectum all

ceased and the swelling began to go down slightly; the tonsils were almost free from deposit; the swelling in neck and throat very much reduced; soft palate began to shrink back into normal size; still sick to stomach occasionally (five or six times in twenty-four hours) throwing off this membrane etc., evidently from trachea and alimentary canal and stomach. Continued *Lac can.* every half hour. July 6th, much better in all respects, began to desire to see her friends and playmates and have her dolls and books; Still two or three sick turns—and also considerable difficulty in passing water, but not nearly so painful. July 7th, pulse down to one hundred; much more character; appetite beginning to return; swelling of frivalis all gone; sit up in bed a few moments and begin to act like herself. Continued *Lac can.* every hour. July 8th, everything going on splendidly, throat almost clear, continued increase of appetite and every evidence of a speedy convalescence. Left her for two days. *Lac can.* continued every hour. July 10th, so far convalescent as to walk from back parlor to front parlor with help of mother; throat entirely clear and with the exception of debility, feeling quite like herself. July 12th, convalescent; *Lac can.* once in three hours. Warned them of not letting her over exert herself, or over eat as she was beginning to desire food very much. July 14th; discharged the case (three weeks from commencement) with caution to the parents to not let her over tire herself or expose herself to cold too quickly. I learned to-day that she walked half the length of the block and back with her father yesterday and is the talk of the street, as they have lost a number of cases and all thought she could not live. But thanks to *Lac caninum mm.* and good nursing she is well once more. This is a clear, well marked case treated entirely with *Lac can.* and I must say that I would trust all other cases now to it in preference to all other remedies. From June 30th to July 10th, she never passed urine except in sitz bath as the effort was so painful.

—W. C. PARDEE, M. D.

Obstetrical and Gynaecological.

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

Mucous Uterine Polypi, with Retroversion of Uterus and Stricture of Vagina. By M. M. Eaton. M. D., Cincinnati.

Mrs. J., aet. about thirty-two years, native of Ohio, married for eleven years, never has been pregnant, consulted me Aug. 15, 1877. She was of stout build, dark complexion. On examination of case found a large amount of abdominal dropsy; great tenderness over left iliac region; severe vaginitis with vaginismus and situated about two inches from vulva, a stricture of the vagina represented in the cut at the point D. This stricture had been dilated by Dr. Beckwith, mechanically, a few weeks previously; further examination revealed a retroflexed uterus, greatly enlarged and very tender on pressure. Her history was that of severe hemorrhage for several years, with occasional discharge of a fleshy substance; her condition of weakness from loss of blood and pain, which was very severe at every menstrual epoch, and considerable most of the time, had made her a confirmed invalid. I put her on the use of *Potas. iod.*, 1-10 gr. doses three times a day, with *Merc. cor.* \mathfrak{xx} every six hours; applying externally to the abdomen colorless tincture *Iodine*, using injections of *Hydrate chloral* 5 gr. to the one ounce of water, morning and evening. Under this treatment in the main, her ascites disappeared and the vaginitis was relieved in about two weeks, when I proceeded to make further dilation of the vaginal structure; introduced a sound, curved abruptly, into the uterus, turning it backwards till it reached the fundus, I lifted the uterus into position and injected it with *Argen nit.* 10 gr. to one ounce water, by means of Essex's uterine syringe. This caused a discharge of nine fleshy substances after a few days; another and again another being discharged. I resolved to dilate the os by means of sponge tents, and apply *Silver* more thoroughly. I according-

ly introduced sponge tent, allowing it to remain thirty hours; removed it and introduced larger one, allowing it to remain eighteen hours; soon after its removal, seven more tumors were discharged with some pain. The appearance of the tumors was soft, fleshy, about one and one-half inch in length, about as large and about the size of an old fashioned leech. I now introduced a sponge saturated with solution *Nit. silver*, 20 grs to one ounce water, and applied it freely to the entire intra-uterine surface. After this application the tumors came away, three or four a day, till thirty-seven were discharged. I have caused this cut to be made to represent the growth, attachment and appearance of the tumors, and also represent the vaginal stricture.



The uterus contracted nicely, no very great amount of hemorrhage ensued. The strength of my patient increased; she was enabled in three weeks to do light work around the house; her menstruation came on without pain or hemorrhage. Some little discharge of matter continued for a few weeks, but has ceased entirely now; she has menstruated regularly since, and has walked twelve blocks and back on two occasions.

Feb-3

Now, January 5, 1878, still without anything to complain of; size natural, ovarian tenderness gone; appetite good, flesh improving; able to run a sewing machine.

I judge the painful menstruation had been caused by the retroflexion and the efforts of the womb to expel these foreign growths.

I once removed twenty-nine uterine polypi from one lady; with complete arrest of the development of the tumors. I watched the case for three years and still there was no return of the hemorrhage. These tumors were more solid than in the case represented by the cut; one of them was as large as an ordinary hen egg, and the others of the size of a large bean to a hickory nut. This last case was treated similarly, only that I used several applications of solid *Nitrate of silver* to the pedicles of the tumors.

Gastrotomy Successfully Performed Nine Hours after Rupture of the Uterus. The patient out of doors in thirty-three hours.

One of the most remarkable cases on record is reported by Dr. Hart, of Holland, in the *Obstetrical Journal of Great Britain and Ireland*, June, 1877, where gastrotomy was performed after the uterus had been ruptured nine hours. He does not say he saved the child, but leaves us to infer its death. He claims convalescence was uninterrupted in the mother, and states that the patient was enabled to go out of doors thirty-three hours after the operation. On this side of the water we would seriously question the wisdom of not operating sooner, and would think it better to operate a few minutes after the rupture took place and thereby save the life of the child; and again, we would think it very unwise to al-

low a patient to sit up, even, thirty-three hours after delivery, to say nothing about the rupture of the uterus, which I think is always followed by great depression; and then the exhaustion of the operation of gastrotomy is added, and still the patient being able to be out of doors in thirty-three hours is certainly a wonderful showing for the recuperative powers of nature in Holland women. He does not state whether or not the wound of the operation was healed, or how far the lady was able to ride or walk. We emphatically say such practice would not be sanctioned, neither would it prove successful in America.

CIMICIFUGA IN LABOR.—Dr. R. S. Bringham, in a paper read before the Western Academy of Homœopathy, at Indianapolis, in May, 1877, on the treatment of labor, commends the efficiency of *Cimicifuga* gtt xxx in half glass of water, a teaspoonful every twenty minutes, for the despondency and fear of death that so often unnerves the parturient woman.

COMPRESS THE ABDOMINAL AORTA IN ACTIVE "POST-PARTEM HÆMORRHAGE."—Prof. Chailey, of Paris, reports eighteen cases with but one failure; the fatal case was inarticulo-mortis when first seen. Placing the head and shoulders lower than the body is another important adjuvant to the treatment. Of course these expedients are simply to gain time, and save loss of blood till by turning out the clots and by manipulation and the administration of indicated remedies, firm uterine contractions are induced, which is the desideratum.

PRURITUS VULVA.—Mrs. — when pregnant suffered excessively from pruritus. All other remedies failing, she tried, at the suggestion of her husband, a few whiffs of a cigar. The relief was marked. At a subsequent pregnancy the same remedy was used with like result. Is the remedy worse than the disease? The ladies might tell us.

Miscellaneous.

Our Middletown Asylum.

MR. EDITOR:—While attending the semi-annual meeting of the Hom. Med. State Society recently held at Utica, I heard the remark that homœopathic physicians did not support the asylum. It is a fact, very few insane persons are found among the regular patrons of a physician who really practices the principles of the Organon. He selects his remedies more from their mental symptoms, consequently curing the tendency to insanity and only in that manner showing his indifference to the main interests of the Middletown Institution. The patients now in the asylum are mostly from allopathically or mongrelly treated sources who failed to receive the better homœopathic one remedy treatment. The asylum if ever filled with patients will get them more from the patrons of the regular drug-heroic treatment, influenced to enter the wards of that institution by the homœopathic physicians who have none to send from their own families. The best physicians of our school are continually helping the asylum by persuading the friends of some allopathic insane subject to take treatment at Middletown away from the drugs, *Morphine*, *Bromide of potash*, *Whisky*, *Chloral* and *Quinine*, and test the verified remedies of Homœopathy. Every worthy homœopathic physician has the new asylum and its interests at his tongues end, daily; no patients from his own families to send, yet is doing all he can to persuade those who are insane under the old school treatment to take shelter in a safer place. Let us hear less about the indifference of our physicians, while we neglect those doctors in our school who are deceitfully converting the asylum into a semi-allopathic mongrel institution.

Homœopathy as has been proven in private practice, when wholly separated from this painful amalgamation will stand the test of honest trial and support the very purpose the

asylum was founded for. If better, it should take the place of the older institutions. It is only a matter of time resting solely on an honest and fair trial of the tested principles of Hahnemann's Organon.—T. L. BROWN, Binghampton, Oct. 15th, 1877.

George W. Swazey, M. D. (See Portrait.)

Many of our readers will readily recognize the striking features of Dr. Swazey to be found in the present number. So long has he intimately identified himself with the progress and welfare of Homœopathy; so many years has his life been interwoven with the history of our school that he will not fail to hold an abiding place in the hearts of the followers of Hahnemann. Dr. Swazey was born in Exeter, N. H., in 1812. He graduated in Bowdoin College in 1837. He then studied medicine and began practice as an allopath but in a few years embraced the doctrines and practices of Homœopathy. He was the first homœopathic physician to locate in Springfield, Mass. In 1850 he was honored with the Presidency of the American Institute of Homœopathy. He was always a foremost man in his profession both publicly and privately. A man of striking appearance, genial, outspoken, radical, his presence was always felt upon the floor of conventions. To the last he was in the vanguard of progress; he was fearless and combative, a powerful and ready debater, but through all there shown out and overspread a warm and generous heart, a heart without envy or bitterness or malice toward any. He died suddenly from an accident a few months ago. "He has done worthy labor for the cause he served, and will be remembered as one of the valiant souls who dared to step from the ranks at a time

when to do so involved a sacrifice of much that can not now be realized, and uplift and carry forward to a wonderful victory the banner inscribed with that strange device: Homœopathy! Brave soldier, comrade, friend! Tearfully I lay a lily upon the coffin that incases all that was and is yet tangible of thy personality, and tenderly and lovingly bid thee, for a brief time, adieu."

Obituary. Dr. Elial T. Foote.

"Dr. Elial T. Foote, who died at his residence in New Haven last Saturday at the age of eighty-one years and six months, was, during the last years of his life, one of the very oldest living ex-members of the New York Assembly. He first entered the Legislature in 1820 as the Representative of Chautauqua, Cattaraugus and Niagara Counties, and in 1826 and 1827 represented Chautauqua County. He was a man of ability and decided convictions, and an able defender of his chosen grounds, whether in politics or medicine. During the late war he was active and earnest in lending his voice and presence where aid and sympathy for the Union was being developed. He was a leader in the homœopathic school of medicine, and active in the cause of temperance. During the past few years Dr. Foote had not continued the practice of his profession. He went from Jamestown, N. Y., where he had a large practice, some years ago to New Haven, to join his son the late Dr. Charles Foote."

The above notice I clip from the New York Tribune of the 20th inst.

Dr Foote was president of the American Institute, at its meeting in Baltimore in 1852. By the older members he will be called to mind, as a man of large and noble form, and

great dignity of bearing. The last time it was my pleasure to meet him was at the session in Boston in 1859.

His son, Charles C. Foote, M. D., of New Haven, who was called to his rest a few years ago, was a class mate of mine at Union College; and we met again as students of medicine in Philadelphia. Both father and son were men far above the average in learning and right of character.

No less than five ex-presidents of the American Institute have been called home during the year 1877, Dunham, Payne, Swazey, Gardner and Foote. Noble men, all.—J. P. D., Nashville, Nov. 26th, 1877.

Festina Lente.

While studying the excellent work of Dr. Carpenter, on *The Microscope*, we were greatly struck by the following remarks of the distinguished author: "If the history of almost any scientific investigations were fully made known it would generally appear that the stability and completeness of the conclusions finally arrived at, had been attained only after many modifications or even entire alterations of doctrine. And it is therefore of such great importance to the correctness of our conclusions as to be almost essential, that they should not be fully formed and announced until they have been tested in every conceivable mode. It is due to science that it should be burdened with as few false facts and false doctrines as possible. It is due to truth seekers that they should not be misled to the great waste of their time and pains by our errors. And it is due to ourselves that we should not commit our reputation to the chance of impairment by the premature formation and publication of conclusions which may at once be reversed by other observers

better informed than ourselves or may be proved to be fallacious at some future time, perhaps even by our own more extended and careful researches. The suspension of the judgment whenever there seems room for doubt is a lesson inculcated by all those philosophers who have gained the highest repute for practical wisdom; and it is one which the microscopist can not too soon learn or too constantly practice. And this applies to others as well as to microscopists."

Sic transit gloria mundi! When Prof. Jones called Hughes' Pharmacodynamics the most readable book in English homœopathic literature we envied Hughes and pitied ourselves. When Lippe kept going for the Pharmacodynamics in his characteristic way, we did not know but we were as well off as Hughes. Since Dr. Dessau's lecture and his reference to that "quasi homœopathic" work of Hughes' we would not stand in his boots for a good deal. ARNDT.

Book Notices.

A Course of Practical Histology, Being an Introduction to the use of the Microscope. By Edward Albert Schaffer, Assistant professor of Pathology in University College, London, with illustrations on wood. Philadelphia, Henry C. Lea, 1877.

To very many desirous of procuring the latest information on histological matters, the title page above quoted will be found a "practical" misnomer. Prof. Schaffer's "Histology and the Microscope" (thus printed on the outside of the covers), will be found on examination to contain just as little histology as was practical, the main, in fact, the sole object of the author was evidently, to give the manipulations necessary in the mounting of microscope slides, and the preparation of tissues etc., for the purposes of the microscopist and histologist.

This little book of three hundred pages smells strongly of the London hospitals; the manipulations of the microscope to which some of

our American observers attach so much importance are totally ignored; in the matter of microscope stands, a subject, which in the light of recent improvements, we, on this side of the water are thoroughly alive to, is disposed of in a most summary manner, the particular style of stand presented to the reader, (figured on two pages), represents one of the earlier Hartnack models, a form of stand entitled to no consideration from those acquainted with the little histological stand made by our own Zentmeyer.

[The attention of the reader is invited to the stand illustrated on page fourteen, of Prof. Shaffer's book, and also to Zentmeyer's histological stand as figured and described in Zentmeyer's last catalogue; further comment is entirely unnecessary.]

In the matter of objectives, Prof. Shaffer gives the widest liberty of choice, if so be that the pupil has one "high" and one "low" power, Prof. S. is content; these two glasses, we are informed, "amply suffice for all ordinary histological studies." This is certainly cheering to some of us who "chase up" blood disks with monochromatic sun light and amplifications of seven and eight thousand diameters.

Not one word in this "practical histology" as to the aperture of objectives—ditto, as to the advantages of monochromatic sun light—ditto, as to illumination by reflected light under high amplifications; nothing as to immersion nor adjusting objectives. Of the application of the Wenham reflex illuminator, and of its modifications, Prof. S. is as silent as the grave. All this, as aforesaid, smells loudly of the London hospitals. The pupil is practically taught to put the object at one end of the tube—the eye at the other—to see what he may see!

Nevertheless, notwithstanding all the "set backs" and draw backs above detailed, this little book of Prof. Schaffer's in many respects squarely fills an "aching void"; his instructions, in the way of preparing mounts of the various tissues etc., are, as a whole, in advance of any other in print, in this specialty, the book is truly practical and of great value to those engaged in histological studies, the employment of glass capillary tubes suggested by Prof. S. is a capital idea, and admits of considerable extension. To us the plan was new, and was worth ten times the cost of the book. As a rule, his instructions in the department of preparing mounts, (and this seems to be almost exclusively the object of the book), this little work will prove of real value, either for present use, or for future reference.

The instructions are given in a familiar way, are concise and to the point. The author expresses his ideas with great clearness, and above all, he seems to have no "ax to grind" other than to assist, to the best of his ability, the earnest student.

Another fortunate thing, to wit, is this; the price (two dollars) brings it within the reach of those bothered with the *res angusta domus*. In truth, the author tells in a simple way what he knows, and stops, nor does he bury a "wee little idea" ten feet deep with layers of "protoplasm," "blastema," etc., etc.

J. EDWARDS SMITH,

Chair of Histology and Microscopy, Cleveland Homœopathic Hospital College. October, 1877.

A System of Obstetrics on Homœopathic Principles. By W. C. Richardson, M. D., Professor of Obstetrics in the Homœopathic Medical College of Missouri, St. Louis. Pp. 450, \$5.00.

"Westward the star of Empire takes its way," undoubtedly; but on looking over the West as a broad and fruitful field, full of good things and abounding in things full of promise, we are satisfied that said "Empire" has not yet arrived. In many ways, and in literature especially, we are constantly reminded of the inchoate condition of the West. Of this we do not complain. We are not even aggrieved by it. On the contrary it is a fact, we look upon with pleasure, that the West matures slowly. Since the day of Jack and the bean stalk, we do not look to see giants made in an hour. The larger and more complete our future, the more slowly will we achieve it. It is no part of our business to rail at corduroy roads and log houses, for these are necessary facts in our primitive civilization. Twenty years ago, as we well remember, we had Crosserio on Obstetrics, a little book of the vest pocket variety, and yet it was all our homœopathic literature could boast of. Afterward came Sedham, Ludlam and Guernsey. Coincident with these came a tide of current literature, all dealing in a general and special way with pregnancy, and the diseases of women. Last of all comes Richardson's work. Now we are not disposed to make invidious comparisons. We accept this as a trans-Mississippi production, and the work of a young man, thoroughly imbued with the spirit of the West. If the book is crude and imperfect, no one is more conscious of this than the author. His maiden effort is laid before us with becoming modesty. He can hardly expect to monopolize the book trade in obstetrics. But he will find a class of intelligent readers, who will give him a friendly welcome, because of their pride in whatever pertains to the West. In a little while Dr. Richardson will no doubt, rewrite the book entire, making it as it should be, original, and especially relieving it of the grave suspicion that its homœopathic title is a misnomer. Give us pure homœopathic therapeutics, or nothing, for we already abound in allopathic and eclectic works of this sort. We heartily commend the book to the pro-

fession, and hope it will meet with a ready, and well deserved patronage. For sale by all pharmacies.

Diseases of the Eye. By C. P. Hart, M. D., Detroit, 1878. E. A. Lodge.

We have had timely warning of the advent of his book, and have already given our opinion of its opening chapter. (Vide *ADVANCE*, vol. IV, page 284.) Its progress through the pages of the *Observer*, we have paid little attention to, knowing that the resultant book was inevitable. It comes to us now with the opening of the new year, as among its first literary fruits. We find no difficulty in giving it a generous welcome, both on its own account, and on the account of the coming army of books, which shall mark the progress of the year, and of which this is an advance courier.

The first question that confronts us, when opening a new book, is this: Why did the author write it? The answer to this is generally found in the preface, and we have yet to see the book whose author has therein acknowledged that he had no good reason for writing it. Reasons are thick as leaves in Summer time, and they fail and fall before the breath of public opinion, much as the leaves do before the breath of frost in Autumn. No matter what the critics may think, if there is a valid and general demand for the work it will succeed. Dr. Hart's excuse for this book is, that the general practitioner needs to be better informed on the subject, and that specialists can not, if they would, monopolize the treatment of diseases of the eye. This then is a popular and not a technical treatise on ophthalmology. The author is of the opinion that there is a "paucity of suitable manuals" on the subject. Must we sit quietly down, and wait for their chief, Anthony Comstock, Esq., to tell us what is obscene and immoral? There is not a physiology in the land but what is indictable if such

Liberty of Medical Opinion and Action. By Adolph Lippe, M. D.

This is an excellent and timely production. When men forget to distinguish between lawlessness and liberty it is time these terms should be clearly defined. There is no higher liberty than subjection to law. Men who know no law have no defence but to prate of liberty. This is the watchword of the pirate and the communist. They each demand liberty of action. So does the eclectic and the allopath. So does every medical man who has no rule of action as a guide. Under the accepted law of similia there is great liberty of action for every true follower of Hahnemann. But to throw the law overboard and sail the high seas under the flag of

more of the subject than he can glean from these pages. The subject is not so simple as it is made to seem. But the book will not hurt even if it sometimes fail to help.

The Drunkard's Diseased Appetite! What is it? If curable, how? By Miraculous Agency, or Physical Means, Which? By Rev. J. Willett, Superintendent of the Inebriate's Home, Fort Hamilton, N. Y.

This little pamphlet of sixteen pages, comes to us with a "please notice." We have done so, and this is the result of our observation. The reverend author, as a result of a long and extensive experience with drunkards, is decidedly down on the notion, that "getting religion" will make a man of that class sober. He scouts the idea that a man can lose his thirst for rum through miraculous agency. "There is no royal exemption held forth in favor of the drunkard." On this point Brother Willett is evidently sound, and this is where the laugh comes in. He expresses his entire belief in the miracles of ancient times, such as though he doesn't specify Joshua stopping the Sun and Moon; water covering the face of the earth; Jericho falling down at the blast of ram's horns, etc., etc. All this, but not one poor drunkard saved from his love of liquor by divine grace, at least not in these latter, and degenerated days.

Dear Brother Willett, you won't do for a leader and teacher, if you indulge in vagaries of this sort. A little more faith would help you to be a more constant, strong minded Christian. Give us all the miracles, or none. That's our doctrine.

Coincident with these came a tide of current literature, all dealing in a general and special way with pregnancy, and the diseases of women. Last of all comes Richardson's work. Now we are not disposed to make invidious comparisons. We accept this as a trans-Mississippi production, and the work of a young man, thoroughly imbued with the spirit of the West. If the book is crude and imperfect, no one is more conscious of this than the author. His maiden effort is laid before us with becoming modesty. He can hardly expect to monopolize the book trade in obstetrics. But he will find a class of intelligent readers, who will give him a friendly welcome, because of their pride in whatever pertains to the West. In a little while Dr. Richardson will no doubt, rewrite the book entire, making it as it should be, original, and especially relieving it of the grave suspicion that its homœopathic title is a misnomer. Give us pure homœopathic therapeutics, or nothing, for we already abound in allopathic and eclectic works of this sort. We heartily commend the book to the pro-

to call all the errors of earth to judgement then there will be an awful quacking among the Dry Bones of the Doctors whose accountability will be great as it is their Duty to teach and Practice a system of Medicine on the people which will tend to Mitigate their Suffering and not to entail more lasting and severe troubles which will render them and their Posterity more liable to Disease and Premature Death now Sir if you are a true Phylanthropist I ask you to let your readers have a little light Permitting Me to throw a ray of light in the region of Darkness therefore hoping to hear from you soon I remain yours truly—J. P.

P S Please discontinue the Journal or Perhaps you will take your Pay homeopathically if your Doctrin be true the the thousand or the ten thousandth Part of a scent would be greater than all if So Please Say So and oblige

[NOTE.—The above from "J. P.," otherwise Justice of the Peace, we submit to as a legal necessity. Send on your scent or any fraction thereof we can dispose of it to the fertilizing company.—Ed.]

LINESVILLE STA., Pa., Nov. 31, 1877.—Mr. D. M. Bennett, of New York city, is under arrest charged with sending obscene and blasphemous literature through the mails. The book referred to is strictly a scientific work, the title of which is "How do Marsupials Propagate their Kind?" The act is an insult to all lovers of true science and universal liberty. It is a long step back toward the rack and the gibbet, the thumb screw and the burning pile. Reformers in medicine will have to "look a little out," for these bigots say that there shall be no physiological or medical works used except those recognized by the old school of medicine. This shows that they are orthodox in medicine as well as in religion. Has it come to this, that in this boasted land of liberty, these bigots can pounce upon peaceful citizens and thrust them into jail because their virtuous souls have been shocked? Must we sit quietly down, and wait for their chief, Anthony Comstock, Esq., to tell us what is obscene and immoral? There is not a physiology in the land but what is indictable if such a man

Liberty of Medical Opinion and Action. By Adolph Lippe, M. D.

This is an excellent and timely production. When men forget to distinguish between lawlessness and liberty it is time these terms should be clearly defined. There is no higher liberty than subjection to law. Men who know no law have no defence but to prate of liberty. This is the watchword of the pirate and the communist. They each demand liberty of action. So does the eclectic and the allopath. So does every medical man who has no rule of action as a guide. Under the accepted law of similia there is great liberty of action for every true follower of Hahnemann. But to throw the law overboard and sail the high seas under the flag of

more of the subject than he can glean from these pages. The subject is not so simple as it is made to seem. But the book will not hurt even if it sometimes fail to help.

The Drunkard's Diseased Appetite! What is it? If curable, how? By Miraculous Agency, or Physical Means, Which? By Rev. J. Willett, Superintendent of the Inebriate's Home, Fort Hamilton, N. Y.

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a general and special way with pregnancy, and the diseases of women.
true medicine comes Richardson's work. Now we are not disposed to
application of your theory & Practice to true Medical Science on
mon Science Consequently I have no use for your Journal as I can find
Practically no science in it as the fundamental Doctrin of Homoeopathy
never had any foundation in truth but originated in the Phantom of a
fantastic Brain now Sir I have no Prejudice a gainst any of the Differ-
ent Systems, only their errors if they Possess any truth I am willing to
give Due Credit but I will not except a fallacy let it come from what
Source it May and I am Surprised that you will in this enlightened age
of the world to attempt to teach such a grand fallacy and Palm it off on
the afflicted as science now Sir if you will next Spring open your journal
for a fair Discussion of it fallacies I will agree to Blow it to the four
winds of the heavens or burry it in the four shades of oblivion where it
will never have another resurrection until gabrials trumpet Shall Sound

to call all the errors of earth to judgement then there will be an awful quacking among the Dry Bones of the Doctors whose accountability will be great as it is their Duty to teach and Practice a system of Medicine on the people which will tend to Mitigate their Suffering and not to entail more lasting and severe troubles which will render them and their Posterity more liable to Disease and Premature Death now Sir if you are a true Phylanthropist I ask you to let your readers have a little light Permitting Me to throw a ray of light in the region of Darkness therefore hoping to hear from you soon I remain yours truly—J. P.

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T. P. WILSON, M. D.—Dear Sir :—I will head a subscription with one hundred dollars, for Mrs. Hahnemann's benefit, and with the understanding that the unpublished works of Dr. Samuel Hahnemann be given us Very truly yours, W. L. BREYFOGLE, Louisville, Jan. 12, 1878.

"HIGH JOINT CONVENTION."—The Western Academy of Homœopathy, representing all the Western and Southern states, will meet in Cincinnati, May 14th and 15th. C. H. Vilas, M. D., Gen. Secy, 56 East Washington st., Chicago. At the same time and place, will be convened the Homœopathic Medical Society of Ohio. W. A. Phillips, M. D., Secy, Cleveland. Next month our readers will have full information.

THE Bureau of Medical Information is crowded out this month but will be resumed with our next issue. Reports should be in by the 10th of each month.

PULTE MEDICAL COLLEGE.—The next commencement exercises will be held in College Hall, on Walnut street, Thursday, January 31. The friends of the institution will be made welcome on that occasion.

THE AMERICAN NATURALIST has changed hands. What was good before is still better now. McCalla & Stavely, 237-9 Dock street, Philadelphia, are publishers. Four dollars a year.

Dr. C. STAR has entered into copartnership with Dr. A. C. Cowperthwait at Iowa City.

Dr. H. C. ALLEN has retired from the Homœopathic Mutual Life Ins. Co., and located in Detroit. Not that City only, but the State is to be congratulated on their accession of Dr. A.

MUNSON & Co., Pharmacutists, St. Louis, want your photo. Don't fail to send it.

WE HAVE seventy-six students in the Homœopathic Department, of whom eighteen are women.—J. G. Gilchrist, M. D., Michigan University.

RECEIVED.

Biddle's *Materia Medica*. Price \$4.00. Lindsey & Blakiston, publishers.

Loomis on Fevers. Pp. 450. Wm. Wood & Co., publishers.

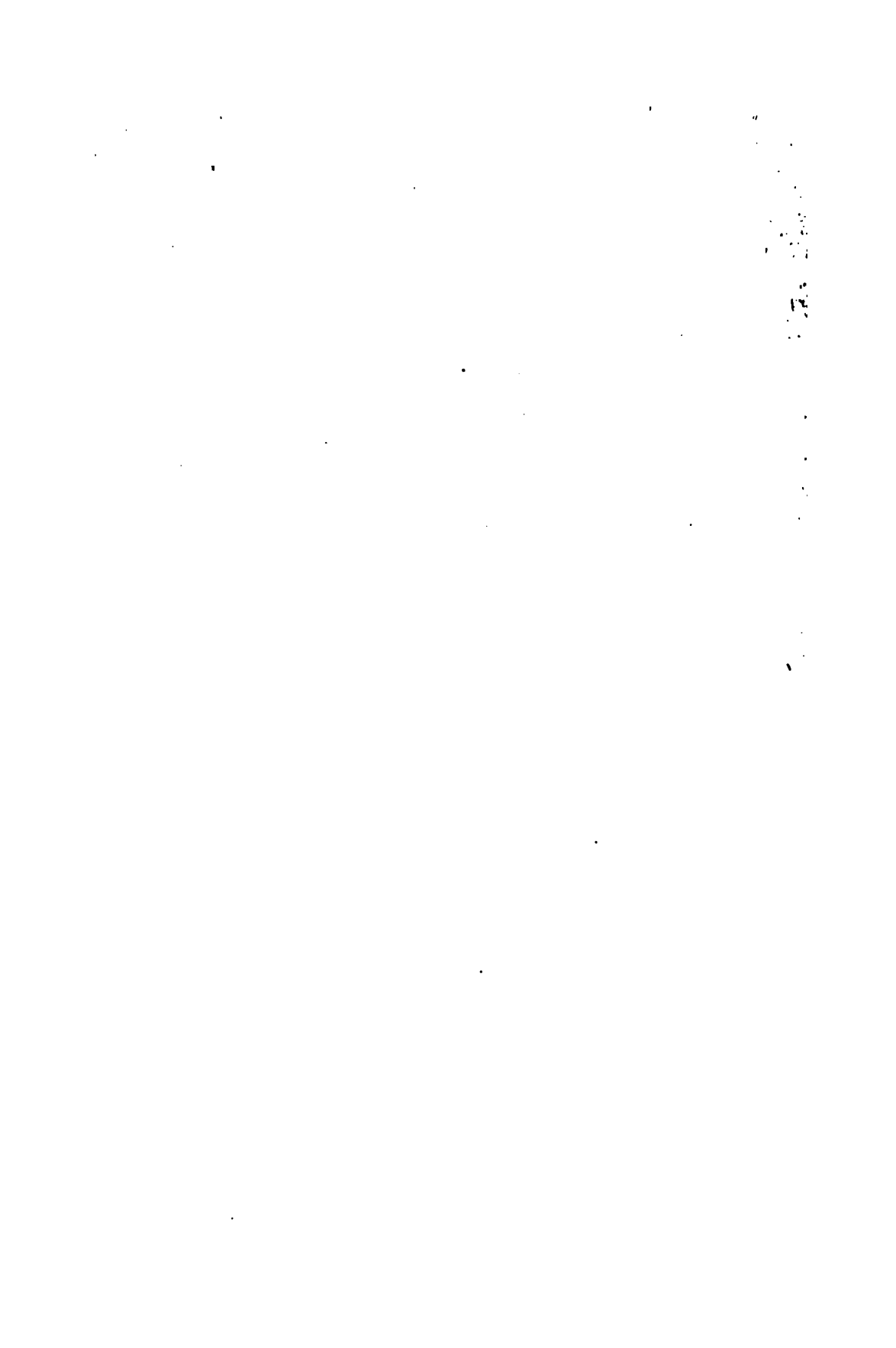
The Philosophy of Medicine. J. T. Boyd, M. D., Indianapolis.

Bureau of Education Circulars. Nos. 1 and 2.

History of Medical Education and Institutions. By N. S. Davis, M. D.

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SPEDALSKHED.

Engraved Expressly for the MEDICAL ADVANCE.



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

VOLUME V. CINCINNATI, O., MARCH, 1878. NUMBER 11.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, Cor. 7th & Mound, Cincinnati, O. Terms \$2.00 a year.

PULTE COLLEGE COMMENCEMENT EXERCISES.—A brilliant audience assembled at College Hall to witness the closing exercises of the College winter term. A varied and interesting programme was successfully carried out. Music and several addresses, presentation of diplomas and prizes filled up a couple of hours most agreeably. Dr. CLAUD A. QUIRELL made the leading effort of the evening. It was a splendid address upon Mental Progress, and was treated wholly out of the usual way. The Doctor is a fine orator and a profound thinker, and his effort was received with the most marked satisfaction. This was followed by the valedictory address in behalf of the class, by Dr. C. B. IRELAND, and was a well delivered and ably written effort. It has not been our fortune to hear a better effort made by a college valedictorian. The young orator was enthusiastically applauded. A complimentary banquet was tendered the class at the Gibson House, and after demolishing things material, the following toasts were offered and responded to:

Samuel Hahnemann: A born philosopher; a great discoverer; a valiant defender of the truth. Let us drink to his memory.

The United States of America: The proud monument of Equality and Fraternity. Response by Rev. Dr. LILIENTHAL.

The Queen City of the West: The metropolis of the world. Response by Prof. S. R. BECKWITH.

Law and Medicine: Little of each and the best of both. Response by GEO. R. SAGE, Esq.

The Coming Doctor: Studious in his habits, scholarly in his attainments and refined in his tastes, he should succeed and he will. Response by Dr. J. F. McCLAIN.

The Press and the Pulpit: They hold the balance of power. May they use it wisely. Response by Rev. ISAAC ERRETT.

The following gentlemen were entered on the graduation roll, and have gone forth to represent their *Alma Mater* in the field of medical practice:

FLOYD D. BROOKS, New York; EDGAR B. BRITTON, Md.; HENRY T. BRECKBILL, Ohio; CHARLES N. SHELLENBERGER, Pa.; M. H. CHAMBERLIN, Iowa; DAVID A. DEAN, New York; ALBERT F. BRANT, Pa.; CHARLES Q. NELSON, Ohio; OLIVER C. EVANS, Ohio; GEORGE D. GRANT, Ohio; HENRY W. HAWLEY, New York; JOHN F. McCLAIN, Ind.; RICHMOND SIMMONS, Mich.; C. B. IRELAND, Ohio; ADAM EARNEST, Pa.; WM. EGRY, M. D., Ohio; S. W. COHEN, Ohio.

"FOR SWEET CHARITY'S SAKE!"—The force of the plea is undeniable when its force lies in its truthfulness. And this is the fatal point on which the plea breaks into hopeless fragments, nine times out of ten. Scribner's Monthly for December, 1877, has a thoughtful editorial on Public Charities, from which we extract the following: "It is appalling to think that wherever a charitable door is opened, whether it leads to a benevolent individual or a benevolent society, the throngs that enter are mainly shams and cheats. The physicians of New York have had their attention called recently to the abuses of the free dispensaries of medicine. A visitor of the association for improving the condition of the poor, took up the matter and investigated one hundred and fifty-two cases. Of sixty-two male applicants, twenty-three were not found at all—they had given wrong addresses. Only six of the sixty-two were found without means. Of the ninety females who applied, thirty-five gave wrong addresses, and could not be found. Only six of the whole number were found to be without means. Cleaners, laundresses, paper folders, cigar makers, cap makers, artificial flower makers, etc., were represented among the applicants, who were found with family wages going as high in some instances as twenty dollars a week. So here were only twelve out of one hundred and fifty-two individuals applying for a certain form of aid, who really had a claim for aid, and one hundred and forty-two who could have paid for that which they lied to obtain for nothing. Fifty-eight out of one hundred and fifty-two, who begged for medicine, lied concerning the place where they lived. The chances are, that every one of these persons had money, or was engaged in some

pursuit of which he or she was ashamed." We have ourself a pretty large experience in free clinic business for the past five years, and can not only confirm the foregoing, but add very considerable thereto, did we think it worth while or necessary, in order to make plain the monstrous abuse suffered by these benevolent institutions. For our part we have suffered long enough. A careful scrutiny of our cases has cut them down considerably. For this we may be misunderstood, and suspected of falling off in business. No matter, we have had too much silk and broad cloth on our list. If we do less free charitable—no, gratuitous work—we are satisfied it is done to the Lord's poor, and not to a lot of dead beats, who, while they use us, abuse us, and do a lasting injury to the work of divine charity.

THEY SEE US THROUGH A GLASS DARKLY.—The Allopathic school has exhibited a comical effort in maintaining its dignity while it was cautiously ignoring the homœopathic school. Encompassed by us on all sides, it still failed to comprehend the fact that we were near. Driven at last to acknowledge our presence, it soberly declares that we are not of the slightest consequence. The last phase of the situation is that baring a few extravagances, we are very clever fellows, and possessed of some excellent points. And when they speak of *us*, they take the trouble to affirm that men like Dr. WYLD, in England, and Dr. H. M. PAINÉ, in America, and men of their sort are the representative men for excellence of the homœopathic school. It will do little good to point out to these men that they do not understand the position of our school. It is a waste of breath to tell them that neither HAHNEMANN nor his doctrines, are falling into disrepute among us. It is too much to expect of them that they should understand us, since it is only of late that they have taken the slightest notice of us. Speaking ophthalmologically, they have to-day only a quantitative perception of Homœopathy. In another decade their vision will perhaps rise to a qualitative condition. Their present opinions, will, like their former ones change, and they are as helpless before the advancing light as is night before coming day.

WHY DON'T YOU CONDENSE?—Scarcely a single written article comes under our observation that could not be benefited by condensation. Why will our writers continue to spoil the beauty and force of their ideas by verbosity! Dear people, all of you who write for the ADVANCE, consider how limited is our space, and govern yourself accordingly.

Our European Correspondence. Climate in South France.
Letter from Prof. Crank.

TO THE EDITOR OF THE MEDICAL ADVANCE:—The Mediterranean shore of France has long been favorably regarded as a winter resort for invalids suffering from throat and pulmonary difficulties. It is the Florida or California of Europe. As the chilly winds of Autumn ripen into the frosts of early Winter, invalids from all parts of Europe here do congregate to bask in the sunshine, bathe in the warm Mediterranean and to enter into all those outdoor pleasures which no people like the French know how to provide and really enjoy.

The principal places of resort along the French coast are Hyeres, Cannes, Nice and Mentone. These places, by virtue of situation and surroundings, possess a climate differing somewhat from each other, yet all bright with perpetual sunshine and rejuvenating in the luxuriance of semi-tropical life. The situation of all these places is charming. Earth, air and sky conspire to surround the invalid with a picture so brilliant in color, so wondrous in beauty as to captivate his sympathy—leading him out of self into nature—amid sunshine and flowers, forgetting, with the season of the year, his aches and troubles. I look out of my window this January morning upon orange trees laden with their golden fruit; upon rose bushes in bloom; upon the stately palm and graceful pepper tree; upon green grass and green leaves, and beyond the blue Mediterranean, all radiant with sunshine which carries my thermometer up to sixty degrees. Truly such a sight is all reviving if not, all healing.

The points of superiority claimed for this climate may be stated in two lines:

First, Amount of sunshine and consequent out door life afforded the invalid.

Second, Dryness and purity of the atmosphere.

During our stay of several weeks along this coast, we have had an almost cloudless sky, the sun shining with the warmth of a June day at home, unobstructed by fog or vapor. Thus

for several hours a day invalids are permitted to be out, and are to be seen walking the beach, seated under the orange and the palm, wheeling along the promenade in easy chairs, or driving down the avenue. The days, however, are short, and as the sun goes down, night closes in rapidly. As the night advances, we observe a marked change in the temperature. Windows are closed and the complaining ones hasten to their rooms to sit in the warmth which it has absorbed during the day, or what is more generally the case, by a wood fire. This change of temperature is an objectionable feature of the climate which invalids find extremely difficult to guard or protect themselves against. Yet it is an objection which must necessarily exist wherever you have a continued clear sky—no clouds to reflect back the radiating heat of a cooling earth.

The average temperature at Nice is 59.05° ; mean autumnal temperature, 61.10° ; winter mean, 47.10° [F.]

The average number of rainy days at Nice is sixty; average amount of rainfall, twenty-five inches; average difference of temperature between wet and dry, bulb, 5.90° . These figures indicate pretty correctly the facts. Mentone, and other places along the coast, claim a better record, and no doubt some are entitled to it, but the above figures may be taken as an average. The almost entire absence from fogs and mists, together with the long range of sunshine would substantiate the claim for dryness of atmosphere, while the saline breezes from the sea, together with the close proximity of the mountains, covered with pine trees, would seem to confirm it as one remarkably fine and healing.

The worst feature of this climate is the sudden changes of temperature to which it is liable. Not only that change which takes place after sunset, but the chilly winds which may overtake you at any hour. This coast is indebted for its climate to the protection afforded it by neighboring mountains against prevailing winds and to the remarkable warmth of the sea. Without these influences the orange and lemon could not flourish here.

The *Iristral*, or N. E. wind, and the *Bise*, or N. W. wind, are unwelcome visitors all along this shore. The former is a hurricane almost in its nature, while the latter brings with it the cold from the snow covered Alps. Against these chilling influences there is no protection. Visitors seldom venture far without overcoats, but with every precaution it seems impossible to guard against colds and influenzas, the dreaded enemy of those suffering from catarrh, throat and pulmonary troubles. The only safety lies in selecting that locality best protected and most favored.

Nice is not to be recommended as the best place for the invalid. It is situated fully three miles from the foot of the mountains, and the several gaps, through which runs the Paillow and other streams, give free sweep to these winds. Occasionally snow falls on the mountains to the North, and with the wind from that quarter, cold times are experienced in the city.

Mentone on the other hand is located close at the base of the mountains, is protected by an amphitheater of hills four thousand feet high, one side upon the sea. Hygrometrical observations record this place as the driest, and the thermometer gives it as the warmest and most equable. Hyeres and Cannes are highly recommended, each possessing a climate adapted to invalids. Those who find the atmosphere of Mentone, too dry and stimulating, prefer Hyeres.

Cannes is favorably located, and much frequented by the English.

San-Remo, a town of ten thousand inhabitants, across the French line in Italy, is attracting considerable attention in a locality superior to any along the coast. I expect to pay it a visit before long.

I find that nearly all conditions are much aggravated soon after reaching here. I am not certain but that it is owing to the too close proximity to the sea, and have advised several to go back into the country, and they report improvement. Each constitution is a law unto itself, and the only way seems to be the dangerous one of experimenting. I meet with many who are loud in denouncing this climate, and others

who present themselves as living testimonials of its healing virtues.

A majority prefer Nice, not for superiority of climate, but for the advantages afforded in way of pleasure and entertainment. The Public Garden in which the Military Band plays every day, the fine promenades, the club houses and opera attract the wealth and fashionable, transferring Nice into a lively watering place, vying with our Newport in gayety and splendor. Lords, dukes, princes and nobles are here to enjoy the pleasures and the opportunities offered at Monte Carlo, now the Baden Baden of all Europe. For Americans to seek the South shore of France for health and climate alone, is more of a sentiment than good sense. They can do as well, if not better, nearer home.

If they come, they will find thin winter clothes of service. Do not leave your coats and furs at home. Living is fair, and expenses just what you wish to make them. About the first thing an American learns abroad is, that things are not *dirt cheap*, and that a good article commands a good price the world over.

At every place mentioned, you will find local objections of some nature: poor water, bad drainage or prevailing diseases. Seasons differ, and with them these defects. A few inquiries, and not a close observation will determine these things on the spot.

We know that with the sick, a degree of contentment must abide in the mind, or returning health can not find a resting place in the body. For an American to feel at home in the smaller places which seem to possess the best climate, is a question well worth considering. Few Americans are to be found at them—society and means of entertainment quite limited. Climate and beautiful surroundings are powerful auxiliaries, but there are things quite as essential, and not to be found.

Nice combines with a mild climate every means of entertainment. It is the place for the worked out business man, the worn out student. Here they can find rest and pleasant recreation; but the invalid suffering from pulmonary compli-

cations would not be justified in leaving the United States in expectation of finding a "cure all" climate here. Having visited California I have no hesitation in saying that if the question were one of health and climate alone I would prefer California, that is, some portions of it.

As a physician I desire to enter a protest against the too common practice of the profession of sending to these distant places their dying patients. Could they realize what they were doing they would certainly keep them at home. I find cases here, as I did in California, sent on by their physicians, reaching their destination in a dying condition, their only earthly wish being to live to get back home. For cases well advanced in pulmonary affections, the worst thing possible is to send them away; keep them at home where they can receive home comforts and attention of friends. Truly yours, C. D. C.



Culture and Protection. By S. R. Beckwith, M. D.

The November number of the *Lancet and Observer* "contains a fourteen page article on Medical Culture and self-protection," written by Dr. Black.

A journal is not supposed to be responsible for the statements and opinions of its correspondents, but when it publishes a lengthy communication it is only fair to presume that the editor believes the article valuable.

Hence we take it for granted that the statements of Dr. Black are largely of the views of the best western organ of the so-called "regular" school of medicine. We desire to call the attention of your readers to the sorrowful and truly lamentable condition of the "regulars" as depicted in the article referred to.

It says that "the science of medicine has partaken largely of an onward tendency," that it has grown stronger and better every day, yet notwithstanding its growth and increase of wisdom, "people in high, as much, if not more, than in low, turn their backs upon the genuine promoters of scientific medicine;" "they ask in preference, council from the new school, regarding its members as better advisers as well as the leaders of medical progress."

What a confession! But hear more. "Consider, for instance, the tone of the newspapers, (those great modern moulders of public opinions) regarding the various pathies of medicine.: 'And it is too plainly evident that the number who exhibit any discernment, or special regard for the regular or scientific school is very small; a surprisingly large percentage of them openly declaring that we are slavishly bound to old time methods, or in other words, that we are respectable but conservative fogies.' 'For the thoughtful and studious physician to be placed by any one, not to mention the great moulders of public opinions, on the same level with charlatans is sufficiently humiliating, but to be rated far below them is to create an intense disgust toward the whole vocation.' "

What a sad scene to contemplate; the regulars, the time honored school; the discussers and promoters of all science in medicine, not appreciated by the usually discerning public or the press! The devotees of this boasted school of antiquity, they who have done so much good for the world, they who have been so careful to keep their honored science pure, have hemmed themselves in with a wall of stone, to keep out of their holy sanctuary all intruders from the new school, now in this nineteenth century publish without blush or shame—what? The open confession that the intelligent people and those in high places condemn them, and compel them to take an inferior rank and position.

But what is more surprising than all else are the reasons given to explain the cause of the fall, and here they are: "We pride ourselves in being a liberal profession, but we have overdone liberality, so much as to have seriously impaired our usefulness." "If we had kept all of our discoveries and im-

provements to ourselves, then the difference between the regular physicians and empirics would have been so wide and distinctive as to leave the latter in absolute obscurity."

How unfortunate for you "Mr. Regular" that you ever took your light from under a "bushel,"

If you could have kept the world in darkness, to-day you would still be plunging your lancets into the veins of the people and letting out their life blood; you would still be destroying thousands by giving destructive doses of *mercury*. The flesh of men, women and babes would at this hour be smarting and burning from denuded surfaces made by your blisters. The burning and thirst of a fever would still go unquenched by cold water, if the world had not opened the doors of your knowledge box and brought to view your horrid appliances used to cure the sick.

Again listen to Dr. Black. He has a new method by which he proposes to raise the "regulars" to their standard of primitive greatness. If by "organizing a physicians guild" "all discoveries and improvements are to be kept alone for the eye and ear of the guild" medical journals and books are no longer to be published. The former he says are "filled with crude and contradictory statements." The latter, he in a more generous mood proposes to let those read them who may, but "in ten years all books of the kind would be therapeutically obsolete." The knowledge of the guild is only to be published "in one journal in each state;" of course none but members will be allowed to take it but most of the information belonging to the "regulars" is to be imparted in the same manner as the secrets of secret societies, all their discoveries and improvements are to be kept within closed doors, and the world is not to know anything more of the doings of the guild than it does of masonry. As Sir Knight appears upon the street in his beautiful uniform we are struck with admiration and respect for the order that turns out so attractively dressed and well trained men. When Sir Regular Doctor rides out to see his patient, the people and newspapers are to respect him and reverence the guild. I have now given a fair but brief statement of the plan proposed in the *Lancet*, by which medical

men (regulars) are to organize and be educated for the purpose of making the world think better of them. It is the first instance in the history of the world where science sought darkness that it might be elevated. Alas! on what a weak foundation rests the edifices of regular medicine, its supporters (per *Lancet*) are respected less than quacks and empirics, and they are compelled to huddle in secret and silent groups hoping thereby to restore their lost reputation. Even Dr. Black can not invent any plan to again reinstate the King.

The people in their intelligence have pronounced their verdict they have long since sheathed the lancet, prevented the numerous wounds of leeches and blisters and declared for a better and more intelligent way to cure the sick.

Physicians since that decree have reduced their pills to granules and sugared them to make them sweet, have medicated wafers and used every conceivable contrivance possible to please the world, but the eyes of the people were open, and as Dr. Black observes they prefer the "council" of the new school because they consider them better advisers.

Surgery.

Ligation of the Common Carotid Artery. By Prof. S. R. Beckwith, Cincinnati, Ohio.

In the last number of the *ADVANCE*, we reported several cases of removal of the inferior maxillary bone. We now relate a few cases of ligating the primitive carotid artery. The efficacy of attenuated drugs has been demonstrated in the case reported by Prof. Ellis. In fact we can not comprehend how any honorable surgeon, who has had any considerable experi-

ence, can deny, in the operation referred to, that the cure was accomplished through the agency of the medicines administered. The common carotid artery has been ligated for wounds, epilepsy and malignant and erectile tumors, with varied success. The customary practice of most surgeons in reporting only their successful cures, prevents the collection of reliable statistics. The ratio of recovery following the operation of deligation of the carotid, may be summed up as follows;

Recoveries after ligation of both carotid arteries,	.60
“ “ “ “ “ one “ artery,	.60
“ “ “ “ for epilepsy,	.75
“ “ “ “ for wounds,	.40
“ “ “ “ “ tumors,	.50

Cases in which the artery was tied for the cure of
maxillary malignant tumors of the jaw, diploc,
orbit, neck and inferior sinus, .56

In a little more than one-fourth of all the cases, cerebral symptoms followed in various degrees of severity. In 1798 an English surgeon, in removing a tumor of the neck, accidentally divided the common carotid, and placed around it a ligature. The patient recovered. This is the first instance known where the carotid was tied. In 1805, Sir Astley Cooper ligated the artery for a carotid aneurism; the patient died on the nineteenth day after the operation; this is the second case reported of that operation. The honor of first ligating both carotids, justly belongs to Dr. Magill, of Maryland, who in 1823 ligated the arteries for a tumor of both orbits. The party had lost his vision and the orbits presented a mass of disease. The exact time that intervened between the tying of each artery is not known. The patient recovered from the effects of the operation but the disease was not materially benefited.

In 1827, Dr. Mussey, (deceased) of Cincinnati, ligated both arteries for an anastomatic aneurism of the scalp, with an interval of twelve days. The operation was unsuccessful. Soon after he successfully ligated both vessels at an interval of twenty-eight days.

In 1843, Dr. Blackman, of Cincinnati, reported a successful operation with an interval of twenty-one days. Drs. Mott,

Velveau and many others, attempted the operation at shorter intervals, but in every instance the patients died from cerebritis, and there stands alone a lasting monument, erected to the honor and success of Homeopathy, the operation of Prof. John Ellis in 1844 at Grand Rapids, Mich. His successful operation of ligating both common carotids in the unequalled and unprecedented brief interval of four or five days. Our practice in the epidemics of diphtheria, scarlet fever, and other equally severe diseases, has in every instance, when the comparison of results has been made with the practice of other schools, fully demonstrated its superiority, thereby convincing thousands of intelligent people and hundreds of physicians not bigoted of its true merit. There is not a single instance recorded where medicine so unquestionably and so undeniably saved a human life, that could not have been saved in any other manner, as in the case reported by Prof. Ellis. How much more honorable it would be for all surgeons, if they imitated the example of the eminent and honorable surgeon, the late Dr. Paul Eve, who declared in the case of an operation of ours, of ovariotomy, when extensive dissections were made in consequence of peritoneal adhesions, that God had never made the remedies to cure such a case. But when Dr. Dake, of Nashville, did cure it with *Aconite*, *Bell.* and *Arnica*, he openly declared that God *had* made the remedies. If the surgeons who with creditable ambition, competed for the honor of ligating the vessels at the shortest possible interval had used the treatment prescribed by Dr. Ellis, they might also say; God *has* made the remedies.

When the success of Prof. Ellis' operation was first known, surgeons and surgical journals richly praised him and his success. But when he reported the case, attributing the result to the treatment, he was passed by, as though he were a viper, and his remedies avoided as though they had been poisonous doses from a viper's fangs. Prof. Gross is the only author who has ever mentioned the operation, and he merely refers to it as Ellis' operation, without mentioning the treatment.

Pardon me if I diverge a moment to say, that those who take so much pride in being called "regular" seem to occupy

the same position in medicine that the regulars in the army did during the last war; they hindered more than helped, the progress of battle, by refusing to affiliate with the loyal volunteers who did the successful fighting. All who like, are quite welcome to the name, *regular* physicians, as the Lancet and Observer says: "the press and public consider them respectable but old time fogies." But to resume. The common carotid can be ligated in any portion, but the easiest part is in the upper portion of the neck, where the vessel is crossed by the omo-hyoid muscle. I have found it necessary to make a long incision to afford abundant room, if we desire to avoid the difficulties that arise during the operation. The great care necessary is to avoid the small branch of the ninth pair of nerves that lies on the sheath, and the enclosing in the ligature the pneumogastric that is within the sheath and behind and between vein and artery. Dr. Velpeau mentions the occurrence of the jugular vein swelling up during expiration so as to cover the artery and interfere with the passage of the needle. I have never seen this and can only believe that it takes place when the vessel is tied in the inferior part of the neck. The cerebral disturbance (in my cases), has not occurred at any regular time after the operation. In one instance when the operation was performed upon an epileptic, the spasms were arrested, and for fully three weeks every appearance of cure was promised, when the patient complained of dizziness and loss of vision for a few days, after which, she was seized with a violent epileptic convulsion, followed by loss of mind, and the patient in a short time died. In 1856 while I had charge of the Cleveland Infirmary Hospital, there was a large number of insane and epileptic patients. I determined to make thorough trial of ligation of the carotids, for the cure of the epileptic, and the relief of the violent insane. The first case chosen was a girl aged twenty-five, who had been subject to epileptic spasms for eight years. The spasms were irregular, she sometimes having several in one day, and again two or three weeks intervened without any appearance of their return. The left common carotid was ligated directly under the omo-

hyoid muscle. The patient complained of vertigo and fulness of the head and her gait was unsteady. In eleven days these symptoms having mostly abated the right carotid was tied. In a few moments her face congested and she had the appearance of an approaching attack of apoplexy. She was given *Aconite* and *Bell.* and in a short time the apoplectic symptoms disappeared, but in three days she had a severe convulsion, followed by coma and death. Dr. Slosson the resident surgeon, stated that up to the time of the convulsion she had no unfavorable symptoms and he felt confident of a recovery.

Case II. A German about forty years of age had been afflicted with epilepsy for many years; he was unable to give the time of its first appearance. His attacks were infrequent and his mind was sufficiently strong to make him a useful laborer about the place. We were in hopes he would be cured by ligation of the carotids, accordingly we ligated the left. Considerable hemorrhage occurred during the operation and we allowed him to bleed freely before arresting it, in hopes that the loss of blood would prevent cerebral disturbances. No unfavorable symptoms occurred and the patient declared he felt better than for a long time. He had no return of the epileptic spasms for five weeks when they reappeared, but less severe. The remaining vessel was now tied and the patient made a good recovery. He complained of vertigo and light-headedness for several weeks, and for two months his head and face congested by exercise, when all cerebral disturbance disappeared, and the man was as well as before, save weakness. His mind improved and there was no return of the spasms for three months, when they again occurred, at first mild, but grew in severity, and we could not observe that the operation was of the least benefit.

Case III. A strong healthy woman, aged twenty-five, had been the subject of epilepsy from childhood. The disease had impaired her intellect, but in no way affected her physical condition. *Bromide of Potassium* in large doses would prevent the return of the spasms for two or three weeks. We gave her sixty grains daily for one week, and then ligated one artery. She recovered without any important symp-

toms, and in fifteen days the other vessel was tied. On the following day she complained of numbness of the whole body and could only move her arms and limbs with the greatest difficulty. She took *Bell.* 3 and *Arnica* 3 and in a few days the numbness passed away, but her already injured mind soon became lost and she was idiotic. The early dementia in this case was induced by the tying of the vessels. Here all efforts of curing epilepsy by ligating the vessels ceased, and I am of the opinion that but few cases of this disease can be cured in this way, although there is quite a number of authentic cures recorded.

Case IV. A woman that had been in the insane asylum and whose case was remarkable for her continued fury, was brought to the insane rooms at the Infirmary. Her boisterous talk and frenzy were constant. For the purpose of seeing the effect of reducing the supply of blood to the brain, I ligated her right carotid, and her active mania changed to quiet melancholia. For one year this patient was quiet and harmless. She was then removed and we had no further knowledge of the case.

We have ligated the artery for a malignant tumor of the carotid gland, which arrested its growth for a time when it grew as before. From all that we can learn of the benefits derived from the operation, we believe it should mostly be confined to cases of wounds, or where an operation is to be performed on the face or neck, as malignant or erectile tumors have not as a rule been cured by the operation. The cerebral symptoms following ligation are wonderfully modified by *Aconite* 30, and *Bell.* 30.

Subperiosteal Surgery. By S. B. Parson, M. D., St. Louis, Mo.

The general question of subperiosteal surgery has of late been brought into prominence through the experiments and

writings of Ollier and Sedillot, of France, and Langenbeck, of Germany. To the former, however, must be given the credit of bringing it to so high a degree of excellence, and yet it is but in its infancy. It is but a few years ago that his first cases were published to the world showing what could be done by subperiosteal resections in favorable circumstances. Since a number of able and very valuable papers have been written by surgeons foremost in the ranks of surgical science. This theory with well attested facts was first represented to the faculty of medicine at Lyons. Cases upon which he had operated, with the bone completely regenerated, were exhibited, and his experiments upon the lower animals set forth in plain unvarnished words had the effect to set the whole surgical world in commotion. Previous to that time amputation was the usual treatment for the diseases to which he applied the remedy of resection, preserving the periosteum; the ordinary method of removing necrosed and carious bone by resection as understood now-a-days, was not very generally adopted. The results following it were not of the most encouraging kind in the generality of cases; such a thing as regeneration of bone, or restoration of the motions of the limb if the operation was in a joint, was not expected. I do not mean to say the profession knew nothing of the process before he gave it to them, for in the oldest histories of medicine are contained varied and interesting accounts of the means nature resorts to, to cast off diseased and dead osseous structures, how it is done, why it is done, how long a time is required, and the amount of repair that might be expected under the best treatment. Cases were also recorded of partial motion being restored to an articulation after excision, also after the casting off, by vital efforts, of a removed articular extremity, as well as the use of a limb which had lost one of its long bones by caries or necrosis, and a new one been produced. But the grand principle underlying them all was not understood until propounded by the French surgeon. Although enough is known to safely recommend it in nearly all cases of necrosis and that, too, with assurance of services attending our work, yet there is much more to learn before it will

become a universal system of surgical procedure. That at times it will disappoint us in our expectations must be admitted. Like every surgical measure there are conditions that oppose its successful application, and to ascertain what are and what are not favorable signs and work for the future. Each and every circumstance connected with the case, such as age and its influence upon the reproductive sphere, temperament, and its relation to the activity of the circulative physical condition, tendency to quick or slow repair or degeneracy of tissue after injury, or constitutional ailment, hereditary taints, if any there be, the local condition of the diseased parts, the nature of the destructive process, whether there be at the same time any apparent effort on the part of nature to limit or check it, the external surroundings of the patient, all these must be carefully considered before deciding upon the mode of surgical interference. And the probabilities of success offered to a greater degree by one mode over all others, should determine the line we ought to pursue. Because this or that operation is more difficult to perform, fraught with greater danger to the patient at the moment of its performance, but holding out positive assurances of greater or more lasting benefit to the sufferer, than any other plan of treatment, should not deter us from employing it within the bounds of reason, and discreetly and judiciously executed. The object and aim for which all surgical operations are performed, should be for the best interest of the patient, and not for the surgeon's emolument. Therefore we are in duty bound to adopt such means and measures as present the greatest advantages, to exercise the highest skill, the best judgment, the most careful consideration of his case, we may command, though they lead us through days, weeks and months of perplexities and exercise of mind and patience. It is far easier to resect a bone by the old method than by the one under consideration. In the former no unusual caution is necessary over that ordinarily shown by surgeons, for the main object in the operation is to remove a diseased bone, and the relief of constitutional irritation engendered thereby. But the latter has a higher and more important end to attain.

It is not only to remove all source of offending matter, and whatever may tend to subvert the functions of healthy organs, but to also replace organized material of a like nature to that removed, which possesses all the characteristics, functions, and powers belonging to the part when in a normal state.

The question as to whether the periosteum itself alone contains the power to reproduce bone tissue is yet a mooted one. Sedillot and some others claim that it is only when a thin shell of bone is left on the periosteum to act as centers of ossification, that it manifests osteogenetic properties. Whilst Ollier and his school assert it resides in the innermost or deepest layer of this membrane, the latter goes farther and assumes the position that both the outer and middle layers may be dissected away, and still the investing layer remain capable of reproducing true bone cells. This conclusion, he says, he has arrived at from actual observation in his experiments on lower animals, and that while the integrity of the deep layer remained uninjured he was able to renew osseous structure. He has also transferred a piece of periosteum from one part of the body and buried in muscular tissue, and succeeded in reproducing bone deposits. He has even taken it from one animal, and inserted it into another animal, and obtained a similar result. It is evident beyond dispute that the investing coat of all bones possesses an inherent power to manufacture, if I may so speak, bone tissue, and if the observations of Ollier, are correct, this peculiar property resides in that layer of the membrane which immediately surrounds the bone. In the passage of the blood vessels from the periosteum to the interior of each bone, this layer forms their particular protective covering. If a piece of bone with its periosteum be removed entire from the shafts of a long bone, and the case allowed to proceed in the usual way of healing, an inspection of the parts a few weeks afterwards and reveal the fact that there have been deposits of bone cells on the ends of the cut bone, but none in the center of the definitive callus, and this deposit will continue to be made to a considerable extent, far enough to close up the gap made by the removed piece of bone if it does not exceed

two, two and a half, or three inches. As the bone producing layer of the periosteum enters largely into the animal part of all osseous structures, having the same vital properties within as without the bone, we may all confidently look for the exercise of its peculiar function from the ends of a cut from where the periosteum is also removed, when opportunity offers, or necessity demands, as when remaining intact in strength and place in a healthy subject. But as a matter of course, its powers are more limited than if a larger surface of its bone organizing tissue was exposed, as when three or six inches of bone are removed sub-periosteally. In the latter case we may have bone deposits not only at the ends of the divided bone but also along the whole surface of periosteum. Though it is not usual to see one continuous, uninterrupted lamella of new bone, but rather developed from ossific centers, as observed in the growth of the fetal skeleton. Outside of the osteogenetic layer of periosteum within osseous structures, I believe bone possesses no power to reform or rather renew itself. That the theory of bone being produced directly by the small vessels in the immediate neighborhood is I believe untenable, that the theory of bone being produced directly from fibrous tissue unaided by periosteal support is also untenable, and I further believe that whenever or wherever true bone tissue is found, not a calcareous accumulation, but genuine bone cells, a minute microscopical examination would prove the existence of a true osteogenetic layer surrounding it. If we believe that each separate and distinct system of organs and tissues has a special duty to perform, in the organizing and maintenance of animal life, one to support the weight of the body, another to feed and defend and move it, another to warn it of approaching danger and applied harm, another to digest proper aliment, and a further one to take up the prepared material and distribute it over the body, then must we also believe that in the renewal and repair of all tissues there is but one structure capable of forming and moulding into just such shape as may be required, the cells peculiar to each individual fiber. It is not worthy of belief, or thought even, the supposition that the formative

powers presiding over reproduction of bone would be seated in any other structure than bone itself, were it capable of reproducing bone tissue. Every bone cell has an inner and an outer membrane accompanying it. The inner one is continuous with and identical in structure to the internal coats of the arteries, the outer one a prolongation of the deep layer of the periosteum. These two coats completely surround each bone cell passing, the one through the cavity of the bone cell and its canaliculi, the other enveloping the outer side. Between the two the lime salt is deposited. The shape of the cell is first carved of animal tissue, the second step the collocation of earthy material in the interspace creates true bone.

It was not my intention to make this digression and trespass on your time and patience, and I offer as an apology a deep felt interest in a subject I feel is so fruitful of good to us as guardians of the public weal, and of incalculable value to a suffering humanity. In sub-periosteal operations there are two main objects to be attained: First, the regeneration of bone, and second, mobility of the joint if the operation be at an articulation.

The great advantage to be gained, there, is in carefully detaching the periosteum without tearing or injuring it, for often a small amount of violence is fatal to its integrity. In most conditions in which resection is required, as well as in many subjects previously healthy, especially in early life, the periosteum can be stripped off the bone with moderate facility, by using raspatories or chisels with blunt edges. I have many times dissected it away upon the cadaver of persons whose ages range from four to sixty years, and found that while it could easily and effectually be removed in children and in youth, at middle life it was only accomplished with great difficulty, and not at all in old age unless in a torn and ragged state. This is an important fact and should be kept prominent in mind whenever our assistance is solicited in cases requiring operative measures for the extraction of diseased bone. In many diseased conditions, however, the separation is made with much greater ease than in a healthy state. In fact, in necrosis, and the advanced stages

of caries, the periosteum separates from the bone almost spontaneously. There are other conditions, again, during the active stage of inflammation for instance, where the periosteum adheres too closely to the bone to be detached without great difficulty and liability to laceration of its fibers, and consequently loss of its osteogenetic powers.

The important question arises, how far can we trust the periosteum in the reproduction of new or substitute bone, where the whole thickness, and nearly the whole length of a long bone, like the tibia, has been removed by operation? This question not unnaturally suggests itself, because we know from experience that under the expectant plan, when large and long sequestra were removed, the thickness of the shaft was never renewed to its full extent, although under that method we have both, bone and periosteum to furnish new material. Here for example, is a specimen representing the whole diaphysis of the tibia taken from a little girl eight years old, one year ago, the photograph and letter from her father attest with what success. Looking at the matter practically, when we see a patient suffering from diseased bone, hectic and hemorrhage from ulceration of vessels, and consider the long period of time he must be exposed to such sources of debility, the gradual extension of the disease into healthy parts and risk of implication of neighboring joints necessitating amputation, we are forced to the conclusion that resection is certainly indicated in many if not all cases. The case here represented is indisputable evidence that under favorable circumstances the entire bone can be regenerated. What I mean by favorable circumstances refers to conditions of age, osteogenetic powers, etc., of the patient, not to his physical condition solely, though this has also its share in the general considerations from which we are to draw our conclusions of the feasibility or infeasibility of the operation. The fact of having once accomplished such an attainment is almost proof positive that it can be done again, and that if cases for its performance be judiciously selected, and the operation properly effected, I think we may confidently anticipate the happiest results. There is almost as much to be gained by a careful

management of the case afterwards as there is in preserving entire the periosteum. It is the next most important consideration; without it the best opportunities will often end in signal failures.

Now what are supposed to be favorable and unfavorable signs for periosteal resection and exsection. First in importance I consider to be age. Childhood and youth are pictures of activity, not only in point of physical action but in all that pertains to growth and development of the body and mind. Activity of body implies activity of circulation, activity of circulation implies quick repair of both soft and hard structures. I am well aware there are phases of mortification of this state of bodily function, but I speak of it in a relative sense. At this state of life the powers of growth and repair exceed those of waste, hence enlargement and expansion of all the organs in every direction. Strength not being required so much as mobility, there is a vast preponderance of one over the other, and goes hand in hand with the increase of bodily proportions. It is at this time the reproductive and regenerating spheres are at their maximum, building up the organism from the weakness of tender years to the stability and firmness of middle life. As manhood and old age creep on, the circulation and all the vital energies diminish, degeneration instead of regeneration gradually asserts its influence, and the reparative powers are subdued, by the march of decay, the common lot of all organic bodies. From this we infer that childhood, youth and early manhood, are the periods in which we may expect most decided and favorable results. It may be possible to succeed to a limited extent, for instance in partial excisions of joints in more advanced age, but we could scarcely hope or expect a full and perfect reproduction of a long bone after its total extraction by operation.

The next consideration of favorable import appears to me to be a disposition on the part of nature to confine and surround the diseased part by throwing out ossific matter, and thus effect a separation of healthy from unhealthy tissues. This is always observed in those instances of caries where

the process partakes of a healthy or sthenic character, in necrosis, which runs a slow and variable course, and also in the acute form after the vitality of nearly the whole bone has been destroyed. Added to these signs are good constitutional powers, ability on the part of the patient to procure healthy and nutritious food and the necessary mechanical appliances proper and intelligent nursing, and vigilant care on the part of the surgeon.

The unfavorable indications are the existence of syphilitic, rheumatic, or decided scrofulous taints in the system. The ravages and rule of these disorders may, perhaps, by a well selected course of treatment, be so held in subjection in a certain proportion of cases, as to permit the reformations of bone tissue, which shall be useful and comely. Because either of them invades the body it does not necessarily imply that in every instance we shall fail to repair a removed bone, but I would not advise an operation in any case under such conditions without a careful review of every phase the case presents, and a thorough preliminary medication. Organic changes in the hollow organs, irregularities and weakness of circulation, vitiated external surroundings, bad diet, intemperance, low reproductive powers, are also expressions of conditions unfavorable to operative procedures.



Surgical Clinic. University of Michigan, Homœopathic Medical College. By Prof. J. G. Gilchrist, M. D.

EDITOR ADVANCE:—It may be a matter of interest to your readers to know something of what we are doing for Homœopathy in this border land; and the last issue of your journal, containing a paper from Prof. Beckwith, incited me to note briefly a case recently presented to our clinic, which

may possibly be of service to him in his promised work on surgical operations.

(Let me suggest, by the way, that perhaps a better work on surgery could be produced if all our homœopathic surgeons were to combine their energies and produce a work on the plan of Holmes' magnificent classic. There are enough of us to divide up this work, and perhaps all can be induced to do their part. Should any of our older heads see fit to take the editorial management, they may put me down for any part of it they please).

Our clinic, considering this is the first year in which one has been attempted, has not only been well patronized, but has presented a great variety of cases, and the results of treatment, both medical and surgical, have been all that could be desired. A full report of the first-four and a half months of the term will be published soon, and it is only necessary to note here that our record book shows thirty four cases, two of which were captured by the old school college, and three of which came to us, unsolicited, from them, pronounced incurable by the "scientifics," as some one calls them, and dismissed cured, or much relieved, by us. My purpose now is to give the record of a single case, as one presenting some points of interest, referring those interested to our full report when it appears.

SUB-MAXILLARY TUMOR—REMOVAL.

John Smith, *act.* sixty six; Shratea Lake, near Montreal. Large sub-maxillary tumor on the right side, of eight months duration. He was a pauper, of feeble mind, and from mercurialization, blisters, and the internal swelling of his cheek, impeding his speech, a very imperfect history was obtained. Now that all this has been removed, his poor memory has not enabled us to add much to our store of knowledge. It appears that after some unusual exposure, he noticed a small swelling under the angle of the right jaw, which soon began to grow quite rapidly, until at the time of his admission to our hospital it had attained the dimensions of a good sized fist. There was little, if any, pain, but the impediment to breathing and circulation was great and stead-

ily increasing. He was admitted on January 18, 1878. On examination, a hard, incompressible, firmly fixed tumor was found extending from the angle of the jaw to the thyroid cartilage, to which it seemed also attached; one part felt soft and it was thought might indicate approaching suppuration. An exploring needle, however, failed to reveal any traces of pus. He had applied to a hospital in Hamilton, as well as London, Ont.; one in Detroit, and the Wayne county poor house, in this state. At each of these places any surgical interference had been declined, and attempts made to decrease the growth by various means. Most of the medical men who had seen it pronounced it malignant. There were no signs of cohesion, no glandular infiltration, and the rapidity of the growth, with the nature of its development, convinced me that it was not cancerous. It was determined to attempt its removal on the succeeding day.

January 19th. The patient being placed upon the operating table, and with some difficulty brought under the influence of *Chloroform*, an incision was made in the integument along the border of the jaw, from the symphysis to the angle. The platysma myoides was divided on a dissector and the tendons of the digastric, fully exposing the tumor, which was enclosed in a dense capsule, and intimately adherent to everything in its neighborhood. In attempting its enucleation, it was found that the center had commenced to break down, and about an ounce of exceedingly fœtid pus was discharged. The intimate relations the tumor sustained with important parts, forbade the use of the edge of the knife, and the whole enucleation was made with the handle of the scalpel and the fingers, with an occasional division of a fibrous band with the knife. The external jugular vein, superior thyroid, lingual and facial arteries were found passing through the tumor, and were securely tied on both sides and divided. The growth extended under the jaw, pushing up the tongue to the margin of the alveolar process; upwards it was in close relation with the parotid which was uncovered during the operation and attached to the trachea below. The adhesions were unusually firm and very extensive. Two hours were

consumed in the operation and the loss of blood did not exceed two ounces. Much caution was required in administering the *Chloroform*, and one of my assistants had the sole duty of "fishing for his tongue" entrusted to him. Much of the success of the operation must be attributed to the assistance of my colleague, Prof. Gatchell; Dr. Knapp, my first assistant, and Messrs Corey, Franklin, Avery and Hait, my corps of trained student assistants.

January 20th. Doing well; rested finely. In the afternoon was attended with symptoms of tetanus. Gave *Bell. ix* once in fifteen minutes with speedy abatement of the symptoms. Wound dressed with *Arnica*.

January 21st. *Calendula* in place of *Arnica*. Wound looks well and conditions very encouraging.

January 22d. Good condition. Dr. H. C. Allen, of Detroit, saw the case with me and pronounced success almost certain.

January 25th. No change since last report, except general improvement in all directions.

February 2d. Smaller ligature discharged to-day, (fourteenth day).

February 4th. Ligature per jugular came away.

February 9th. Wound at least two-thirds closed, and looking finely. Some paresis on right side of jaw, but not marked.

February 8th. Remaining ligatures discharged and wound nearly closed.

The points of special note in this case are, the age of the patient, his deficient vigor, prompt action of *Bell.* the slight constitutional disturbance, rapid recovery, and the absence of sloughing after such prolonged rough treatment.

VIGOROUS BOMBARDMENT of an infected district is said to be certainly followed by an arrest of the epidemic. This is due to the killing of the germs by the concussion, according to some. One idea is, that it is due to changes in electrical conditions, if at all.

Theory and Practice.

Spedalskhed. A rare disease in Michigan. By H. C. Allen, M. D., Detroit. See illustration.

Plate XII, (fig. 5), Neligan's atlas of skin diseases presents a drawing illustrative of Norwegian elephantiasis, copied from Danielssen and Boeck, of which the following graphic description is given: "A young woman, aged twenty-eight, in whom the tubercles have become confluent, and are covered with thick, greyish-brown crusts, which sometimes reach the height of two inches. These crusts being removed, the tubercles present an ulcerated appearance. Both on the surface and in the interior of the tubercles reside millions of *Acarides*, which we (Danielssen and Boeck) believe to be identical with *Acarus Scabiei*. The crusts are almost wholly composed of the dead bodies of these animalcules." The writer is indebted to Dr. Reynolds, of Grand Haven, Michigan, where this patient resides, for photograph and facts of this interesting case, as well as the privilege of seeing it.

The above description of this disease from the excellent work of Danielssen and Boeck, clearly portrays what is known as Norwegian leprosy, but the more recent works of the best writers and thinkers in the field of dermatology, tend to throw some doubt on it as being only distantly related to true leprosy.

Elephantiasis Arabum should be strictly termed, *buenemia tropica*, and never confounded with true leprosy *elephantiasis Græcorum*. The latter is a tropical disease, very contagious and usually fatal. No matter how insidiously its approach is manifested, ulceration is its distinctive characteristic. In this it differs from *buenemia tropica*, and *spedalskhed*. There is a very general impression prevailing among the profession, that all forms of elephantiasis are traceable to hereditary syphilis, also that a fish diet particularly in Northern Europe and

North America, is a remote cause of Norwegian elephantiasis. Recent researches in India, Java, Ceylon, China and the Mediterranean countries, as well as the Sandwich Islands, establish facts which disprove both these theories, or at least do not substantiate them.

This case is characteristic of the Norwegian variety of elephantiasis, and has proved amenable to treatment. It also differs from true leprosy in not involving the face at all.

Lucy V., aged sixteen, illegitimate, by birth a native of Holland, was attacked by this terrible skin disease when not quite a year old, probably during first dentition. Her parents are to all appearances healthy; has but one-half sister who is hydrocephalic. No other member of either family ever had a skin disease or syphilis, so far as I could learn, but there is evidently a constitutional dyscrasia somewhere. Hahnemann called it *Psora*; can we improve the name? The tubercles have not rapidly increased in number, but the crusts have become confluent, larger in circumference, and very much thicker the last few years, until when I last saw the case in the winter of '76, they had in some places, particularly on the arms and legs, become two inches, and even two and a half inches thick. The face, hands and plantar surface of feet were few, and wherever the skin was not covered by disease it looked natural, though apparently very dry. The scalp was completely covered, being one entire crust over an inch in thickness, but cracked or broken here and there, through the fissures of which exuded a dark colored fluid which was soon dried to increase the thickness of the artificial cap. The shoulders, back, chest, abdomen, thigh, were not so thickly covered, patches being more isolated and crusts thinner, evidently worn or rubbed off by friction of lying on them. The crusts were of a dirty greyish color, very much resembling a piece of honey combed lava, and yielding a semi-metallic sound, when struck or tapped by a pencil.

When torn or broken off, the surface presents a raw appearance, but not an ulcerative character. She was very careful to preserve them (the crusts) intact, as each reproduction invaded healthy integument, and increased the size of

the crust. As may be imagined, the patient was very much emaciated, but otherwise appeared to suffer very little; no itching or burning was complained of, except from its mechanical inconvenience. Appetite good, no thirst, bowels regular. Sleep was much interfered with, by having to lie on the crusts or tubercles. She has suffered much of many physicians, without any material benefit from any, and with the exceptions of one or two prescriptions, made by Dr. Styles, she has always been treated "secundum artem," and has been cured during the last year by a traveling doctor, with "*Ferri mur.*" et "*Pot. iod.*" internally, and the external application of *Olive oil*. Or had not the change of system caused by the approaching menstrual period assisted the *Olive oil*? However, it is to be regretted that our clinical knowledge is not enriched by the treatment in the case. How much more satisfactory had a single remedy been used.

A Few Remarks on the Potency Question. By E. W. Berridge,
M. D., London, Eng.

In the *ADVANCE* for November, 1877, are two articles which touch on this subject; the first by Dr. Barnes in a reply to Dr. Lippe, and the second by Dr. Breyfogle in an open letter to Dr. Swan. Omitting those points which refer solely to the two physicians named, I will confine my remarks to the general statements contained therein.

First, Dr. Lippe is accused of the great wickedness of giving "*Potash*" (Query: *Iodide of potassium*?) to antidote *Mercury* in a case of poisoning; such practice being said to be at variance with his statement that since 1845 he always gave the high potencies. I hope Dr. Lippe does not practice as a surgeon, else he may occasionally have to amputate a limb, and

will in that case be infallibly accused by Dr. Barnes of departing from his acknowledged universal practice, by giving *Chloroform* or *Ether* as an anæsthetic in ordinary doses, instead of a single globule of the *em* potency. Can not Dr. B. perceive that Dr. Lippe referred to cases of sickness and not to poisonings, which *may* require other treatment? It is indeed important that he who has "been studying and practicing Homœopathy for more than thirty years" should have remained all this time in ignorance of what Hahnemann himself taught on the subject of poisonings. We refer him to the note to section sixty-seven of the *Organon*, where Hahnemann says: "To this category belong various antidotes to sudden poisonings: *Alkalies* for mineral acids; *Hepar sulph.* for metallic poisonings," etc. Now as acids can be antidoted chemically only by equivalent preparations of alkalies, according to the chemical law, it is evident that Hahnemann approved of the use of large doses when a poison had to be antidoted chemically, because infinitesimal doses could not act in this manner. Whether a very high potency of *Merc.* would have answered as well I can not say; the plan of curing a "disease" by the highly potentized products of the same "disease," (of course after proving it and selecting it strictly according to the symptoms of the individual case), is but briefly touched upon by Hahnemann at the end of the first section of his *Chronic Diseases*, though he there approves of it. The idea of antidoting a drug by a very much higher potency of the same is really an extension thereof, and is, therefore, fully in accordance with Hahnemann's teaching; that this plan is efficacious in many cases has been proved, whether it is universal yet remains to be shown; but the fact that those who have not adopted this antidotal plan are those who claim to be the strictest Hahnemannians, shows that we are not "fossilized," and that while we object to build on any other foundation than that laid by Hahnemann, we steadily endeavor to build higher on that foundation.

Dr. Barnes says: "I presume no space need be used to prove by quotations, that Hahnemann used and directed

chiefly the 30th and nothing higher." We really, for once, agree with the learned Doctor; we believe that "no space need be used," for the simple reason that there are none so blind as those who will not see, and that as the above fallacy has been repeatedly repeated, it might seem a waste of space to repeat it again. However, we will make one more attempt, which we sincerely hope will be the last; we are really tired of quoting the same paragraphs of the *Organon* again and again. The anti-Hahnemannians have made a contradictory assertion about Hahnemann's teaching on the dose and potency. They have publically asserted:

First, That Hahnemann fixed the potency at 30, therefore, was dogmatic, and therefore was unworthy of confidence.

Secondly, That Hahnemann in his later years went back to low potencies.

Thirdly, That Hahnemann has given us no law whatever for the dose.

Perhaps they will at some future time inform us which of these three propositions they have fully made up their minds to adopt.

As Dr. Barnes seems to have a horror of "using space for quotations," I will content myself by referring him to the note to section 287 of Hahnemann's *Organon*, where no limit whatever to dogmatism is fixed; to the preface to Vol. V of *Chronic Diseases*, and to Hahnemann's one case treated in 1842-3 and published by Bøninghausen. When Dr. B. has referred to these pages, and a few others which he will find in the *Organon*—a work which he has evidently never read, or of late not remembered—he will find for himself an answer to his question, "Who is violating most egregiously the fundamentals of the *Organon*?"

Dr. B.'s third charge is, that his "high dilution friends" are departing fast from the law of similars by adopting the "key note system" in place of the "totality of the symptoms." We wonder if he ever read section 153 of Hahnemann's *Organon*. It contains some instructions relative to the qualitative value of symptoms which may be of use to him. As for "key notes," Dr. Guernsey, who is well considered their

father, says, (N. E. M. G., vol. xii. p. 120): "All characteristics or key notes, must be in harmony with and confirmed by the totality of the accompanying symptoms before we have sufficient reason for prescribing." If this is not a sufficient answer to Dr. B.'s charge, I do not know what is.

Now for Dr. Breyfogle's statements: First, He says he finds the 30th potency much more efficacious than the others, especially the so-called high potencies. If so let him by all means use it; but this does not indicate the fact that others find the highest to act best. As Hahnemann says, it is all a question of homœopathicity; the more homœopathic the remedy, the higher the potency; if the remedy is not a similitimum, but of a similia, the lower potencies are needed. (See Organon, note to section 276).

Second, He says, "all the pharmacutists I have talked with say they can not make them;" (i. e. the 100m, 500m and mm potency). If so, these precious pharmacutists had better choose some other occupation, for they certainly do not understand their present one. Why do not homœopathic physicians make and dispense their own medicines as Hahnemann advised? It is the pharmacutists who recommend patients to consult the large dose givers and alternatives, because it pays them best; who publish worthless mongrel works and get them puffed in their journals, and who supply the inquirer with *Lachesis* 1 or anything else he may ask for whether he may have it or not, and who, lastly, often make such blunders in the dispensing of prescriptions that I have lost confidence in the large majority of them. In our new homœopathic journal, the Organon, Dr. Breyfogle will find a full description of Dr. Skinner's potentizer which makes centesimal potencies at the rate of thirty or more per minute emptying the vial after every one hundred drops. This I have seen at work and I know that these high potencies can be made, and have *Sulphur* 500m in my possession.

Second. "Fincke refused to tell how his were made." Did he? I always thought that he kept it a secret till their efficacy was established, and then patented the process. If patented how can it be a secret? Can not any one read the pro-

cess at the patent office? And was not an account thereof published many years ago, I think by Dr. S. A. Jones, in the Observer or U. S. Medical Gazette?

Fourth, That the "close student" who believes in and uses the high potencies should be unsuccessful is certainly to be deplored, but how does he study? If he merely tries to retain in his memory the symptoms of the materia medica, and then refers to his books at home after prescribing from memory, no wonder that he fails. No human brain, not even Hahnemann's, could contain the whole materia medica. A repertory must be used, aye, and in the presence of the patient, and taken into the sick chamber, and moreover, as there is no complete repertory in English (save of the symptoms of single organs) a knowledge of German is at present indispensable.

Fifth. The man who says he never uses lower than the 1200th potency and gives large doses of *Quinine* for the cure of the sick is simply a liar, and should be exposed as such. But don't find fault with one side only. In the Monthly Homœopathic Review, November, p. 716, Dr. D——, a pretended homœopath, of M——, England, speaks of the "necessity of giving single remedies to the sick." Yet a patient of his came to me a few months ago and showed me the following recent prescriptions for him: First, *Sarsaparilla* mixed with *Iodide of potas.* and *Nitrate of silver* locally to the throat; second, *Donovan's solution* internally and *Cautic* to the throat; third, a mixture of *Aconite*, *Capsicum*, *Chloroform* and *Alcohol* to be applied to a painful tooth, and a mixture of *Chloride of potash* and *Hydrochloric acid* to be taken internally. Only a few days ago a patient came two hundred miles to consult me, having been treated in vain by allopaths and mongrels. He said he had seen Dr. Drummond's prescriptions and knew that this style of practice was frequent with him. These facts, coupled with the fact that Dr. ———, another pretended homœopath in London, who extinguished his friend the late Dr. Phillips, another pretended homœopath, with leeches, blisters and twenty grain doses of *Bromide of potassium*, is on the council of that new

sham the London School of Homœopathy, should be enough to remind our friends of the opposite side that those who live in glass houses should not throw stones.

Perhaps Dr. B. may like to know what potency I give. Well, I have tried all, from the strong tincture to the highest potencies procurable, and have seen allopathic practice as well. Remembering what Hahnemann says about the necessity of a similitum of the high potencies are to be used, I hold myself free to use any dose or potency, because I might at times be unable to find the similitum, but as a matter of fact I prefer the highest potencies. I removed to London in 1869; since that time I believe I have only used low potencies about a half a dozen times. Then I did so because the high had failed; but in all these cases except one no effect was produced, and in the single exception the disease only changed its location, and a high potency of a more homœopathic remedy selected with greater care, did all that could be wished for. For the last few years I have used nothing below the 200th except occasionally the 30th when a higher could not be procured, or when I wish to vary the potency and could not obtain a higher than the 200 previously given. I obtain all the highest potencies I can and employ them in the severest and most obstinate cases, using up my supply of 200th, which I can easily replace if necessary, in slight cases. As to my success, the fact that in addition to my local practice, I am consulted by patients from all parts of Great Britain, not to mention others from Australia, British America, United States, Egypt, New Zealand, etc., I do not think I have any cause to complain of want of success through closely adhering to Hahnemann's rules.

But the accurate solution of the similitum is the most important point; all else is secondary.

Is Local Treatment Non-Homœopathic? Read before the New York County Homœopathic Medical Society, November 14th, 1877. By Phebe J. B. Wait, M. D.

My attention has recently been called to this subject by the perusal of a paper issued by Dr. Lippe, of Philadelphia, which contains a proposed Homœopathic creed with a request for signatures. The preamble of this creed states, in substance, that Samuel Hahnemann was allowed to reveal to the world, principles for the cure of the sick, with their application; known as the "homœopathic healing art." That the Encyclopedia Britanica, the American Encyclopedia and Johnson's Universal Encyclopedia give different and contradictory definitions of Homœopathy and that our colleges, societies and journals decline to help us out of the difficulty, hence the "undersigned deem it timely and a duty to affix their names to this declaration and definition of principles." These differences of opinion in regard to the homœopathic art are, by this paper, assumed to be tantamount to a difference of opinion in regard to the law. Then follows the creed which contains six articles or, so called "essential points 'of doctrine' to which we are asked to subscribe. An examination of these "points" leads to the enquiry; What is Homœopathy? Of what does it consist? Is it a codification of all the maxims and theories of the many students of medicine who have sought to promulgate their various discoveries or experiences, or is it expressed by the one terse maxim *Similia Similibus Curantur*, into which it was compressed by its discoverer Hahnemann? The first of the six "essentials" is as follows, "The cure of the sick is most easily, mildly and permanently effected by medicines that are themselves capable of producing in a healthy person morbid symptoms similar to those of the sick," which is only another way of stating our law. The second, third, fourth and fifth "essentials" each contain points, which are not bad, but none of which in any way may add to the force of or effect either the truth or falsity of our law; and if they neither

add to or take from the force and truth of the law, should they be regarded as "essentials?" And if they be not essentials why incur the risk of differences and dissensions in our ranks by embodying them in a creed. The sixth "essential" is as follows: "And local treatment of all kinds in non-surgical cases is not only unnecessary but is apt to change the location of the disease and induce dangerous complications and never permanently cures." Now if we are to put forth articles of faith we can not be too particular in regard to the meaning of the terms used. What determines a case to be surgical? Does it depend upon the case itself, or upon the means or methods of treating it? Worcester defines surgical, as "pertaining to surgery" and surgery as "that part of the healing art which relates to external diseases and their treatment especially to the manual operations adapted to their cure." Thus we have a large class of cases included under this definition; notably burns, scalds, cuts, extraneous growths, ulcers of every variety and all cases which require "manual operations" such as amputations, reduction of fractures, dislocations, etc. Now if surgical cases are external diseases and those requiring manual operations, could not the sixth "essential" be made to read, "and constitutional treatment only is necessary in non-surgical cases," and since it is a poor rule which will not work both ways might it not be added that surgical cases require only surgical treatment. It has long been our practice to keep on hand convenient for emergencies a few simple remedies expressly for topical application. For example our time honored friends *Arnica* and *Hamamelis*, for cases of sprain or contusion, *Calendula*, for cuts, and lacerations and a preparation of *Aconite* with *Glycerine* for superficial burns; and by the timely use of these applications it seldom becomes necessary to resort to any internal medication. But, it may be said, that these cases all belong strictly to surgery and hence are excluded by our sixth, article. It will be admitted that the morbid conditions of tissues found in all these cases arise from extraneous causes; but are there not cases of a mixed character the morbid conditions of which are usually regarded as originating

in internal disturbances, whereas the internal disturbances, are themselves as truly the result of external injuries as hospital gangrene, erysipelas or lpyemia may be the result of gun shot or other wounds. I refer to the almost endless variety of uterine disturbances included under the head of metritis and endometritis both corporal and cervical as they fall under our observation from time to time. A study of these cases shows a striking similarity. We copy from our note book:

CASE I. Mrs. D., married at the age of nineteen, up to which time she had been perfectly healthy; soon found herself pregnant and dreading the responsibilities of maternity she had little difficulty in finding a *Restelle* who assured her that "it was the simplest thing in the world to be rid of her trouble." This "simple thing" though instead of ridding her of her trouble she found to her cost was but the beginning of trouble as it was the first of a succession of abortions which were stopped only by the greatest care. At the age of thirty-two she was a broken down woman suffering from the train of evils pertaining to chronic cervical endometritis the foundation of which was no doubt laid in the violent procuring of her first abortion.

CASE II. Mrs. G., age twenty-eight, married six years being a business woman could not spare the time to have children and so upon three different occasions when finding herself pregnant had resorted to various unnatural measures until her object was attained. Now she is suffering all the tortures which one woman can well endure; health and happiness both gone; she is unfitted for either business or pleasure and would gladly give almost any sum for such relief as would enable her to become a mother. Here again illness supervened only after injuries consequent upon this crime against nature.

CASE III. Mrs. S., age forty-two, mother of two children, youngest child twelve years of age. At the birth of last child, after a prolonged and tedious labor, she arose from her bed the second day to take care of a sick and dying husband; result, prolapsus uteri which eventuated in complete proci-

dentia and twelve years of misery. This condition was none the less the result of a hurt even though wisely duty drove her to the exertion when she was wholly unfitted to endure it.

CASES IV, V, VI, are so nearly alike that the following description will answer for the three. As young women, all three were addicted to tight lacing, fond of society, attended parties and danced in heated rooms even while menstruating which caused much dragging pain in the back and loins with leucorrhœa but did not know the significance of this pain. Afterwards, ignorant of the laws of life, marriage was contracted and pain, suffering and permanent injury were the result. The objective conditions were prolapsus, in the first or second degree, with ulceration, leucorrhœa, etc., These are not isolated cases but examples of many which gynecologists are treating. Now we do not pretend to say that there are no general, or as Dr. Lippe puts it, "dynamic disturbances" in cases of this kind. Just as there are general disturbances which follow amputations, fractures or luxations of the extremities, so have we here; but that the general disturbances were not the original cause of the troubles, is to our mind clear. The objective conditions present in this entire class of diseases are, luxations of the uterus in some form or other, abrasions, ulcerations, hypertrophy indurations, preternatural closure of the os-external or internal, or both, and the almost invariable cervical and vaginal catarrh. We believe that all practitioners admit that these conditions are slow of cure at best and it is in their treatment that we come upon the debatable land in Homœopathy, the members of our school being divided as regards the value of local as against general treatment in uterine complaints. We have sought in our practice to test carefully the relative merits of both general and local treatment, and candor compels us to say that our best cures have been made by a combination of the two. We aim, as a loyal disciple of Hahnemann, first to collate, as nearly as possible, all the facts in a case and then by means of these facts to select the homœopathic remedy which we give internally in the potency usually from the two hun-

dredths upwards and at the same time we apply externally a glycerole or cosmorole of the same remedy prepared in the proportion of one drachm of the tincture, or of a low potency, to three or four ounces of the combining substance. When we refer to cures made in this way we use the word in its strict sense which excludes the inference that one avenue of disease has been closed simply by opening others. Where the induration or hypertrophy is excessive we have found it advantageous to make a true surgical case, for a period, by the use of tents or other dilators, or by making incisions, both perpendicular and transverse, upon the enlarged cervix until it bleeds freely, then paint with *Iodine* and follow with a dressing of *Glycerine* in order to hasten resorption. In this treatment we claim to be guided strictly by our law similia, as we usually find ovarian, mammary, or other glandular disease which calls for the internal exhibition of *Iodine*. In luxations of the uterus we find electricity a most useful adjunct, especially in prolapsus where we apply the negative pole to the cervix, placing the positive at one of the extremities; the results being most gratifying. This treatment alone would, we presume, exclude our name from Dr Lippe's paper. But before we are asked to subscribe to the sixth "essential" ought not Dr. Lippe to show that nature herself does not localize the remedies which we administer; thus when we meet a felon or an abscess or ulcer and give our patient *Silicea* or *Calcarea* or *Sulphur* or some other indicated remedy, does not nature take these potentized tissue restore and localize them at the very points where the repair is needed? and is not the same process repeated in smallpox and abdominal typhus? When a bone is broken does nature deposit the plastic bone making material (in the form of a callous) at any other place than where it is needed to solidify the fracture? In this last we submit that nature localizes her treatment without the intervention of a doctor. Now if Dr. Lippe should show that the operation of remedies administered internally is never local, still must it not also be shown that the local and external application of remedies can not be effectual by absorption into the system? The thirsting man is refreshed

and his thirst slacked by a partial or entire bath even in the salt sea; the starving person is fed by baths of nourishing broth and enemata of liquid food when the stomach is too weak to perform its function. Many of our recognized provings are ascribed to smelling or inhaling the fumes of the drug, while others are abstracts of poisonings which are the result of absorption through the skin. If then food and drink and poison may be absorbed through the exterior of the body; why may not also curative agents be administered in like manner with corresponding results? Moreover we ask, does the manner of administering a remedy in any way affect the law *Similia Similibus Curantur*, whether the remedy be given by the mouth, by snuffing or inhaling, by hypodermic injections, by rubbing upon the skin, by enema per *and*, or by application to the cervix uteri? Surely our law is silent upon either or all of these methods. To what then does the law of *Similia* apply if it be not entirely to the selection of the remedy? We aver that herein lieth the gist of the whole matter. But even if the sixth point be admitted to mean all that Dr. Lippe himself can claim for it, how does it affect the law *Similia*? The law we assume is the foundation upon which the entire superstructure of Homœopathy is raised and all creeds and theories are subordinate to it. Wherein then is the wisdom of any man, or set of men, putting forth as essential matters about which believers in the law *Similia* may honestly differ but to which all must assent or take the risk of excommunication from our school as heretics? We would gladly add our name to the list of those who heartily subscribe to the law discovered by the immortal Hahnemann and in so doing denounce unqualifiedly the use of the entire list of quack nostrums which includes blisters and plasters, ointments, washes and douches to the end of the chapter. But that a carefully selected homœopathic remedy may not act with equally good, nay, with better effect when in connection with its internal use it be also applied to a diseased surface without, as Dr. Lippe puts it, "changing the location of the disease or inducing dangerous complications." We can but believe not only as the result of our

own experience but also of the long and varied experiences of Gynecologists whose opportunities for observation have far exceeded our own.

Bureau of Medical Information.

In Charge of A. McNEIL, M. D., New Albany, Ind.

NOTE:—The blanks on which these reports are made call for Prevailing Diseases, Remedies Employed, Meteorological Conditions and Special Facts as to Diseases and Remedies. We will furnish blanks to all who will favor us with monthly reports.‡

Memphis, Tenn., Jan. 15, J. G. Malcolm, M. D.—Very healthy; a few cases of scarlet fever for which *Apis mel.* is all that is necessary. Coughs requiring *Cor. rub.*, *Rumex c.* and *Kali bich.* Pneumonia seems to require *Ant. tart.* in consequence of the rattling of mucus. Malarial fever is still met with occasionally, but is cured by *Gels.* usually at this season.

Philadelphia, Pa., Jan. 25, H. N. Guernsey, M. D.—Pneumonia, *Phos.* Bronchial diseases, *Bell.* and *Puls.* Cold and dry to warm and damp, alternately. Pneumonia with exhausting coughing spells, *Phos. cm.* Bronchial catarrh with soreness of chest and loud, coarse rattle, *Bell. cm.* Bronchial catarrh, can not bear close, warm room, *Puls.*

Harrodsburg, Ky., Jan. 2.—Scarlet fever amounts to almost an epidemic in this vicinity. In town only two cases are reported.

New Albany, Ind., Jan. 19, A. McNeil, M. D.—Some whooping cough, a few coryzas and mild cases of bronchitis. *Apis* is frequently indicated; *Cina.* many times in children. Unseasonably warm and alternately rainy and fair. There are no well marked epidemic diseases and the epidemic influence is weak. I have found *Cina.* indicated in cough where the patient, even in infancy, is afraid to speak or move for fear he will bring on a paroxysm. This refers to whooping cough and bronchial cough. This symptom I do not find in the *Materia Medica Pura*, Hering's Condensed or Allen. The other symptoms first led to its employment.

Charleston, Ill., Jan. 17, G. B. Sarchet, M. D.—Rheumatism, *Nur.*, *Bry.* Catarrhal affections, *Caust.*, *Ars.*, *Kali b.* Whooping cough, *Bell.*, *Ip.* Pneumonia, *Acon.*, *Bry.*, *Eup.* Intermittent fever, *Ars.*, *Nux.*, *Phos.* Hu mid weather.

Syracuse, N. Y., Jan. 15, H. V. Miller, M. D.—Catarrhs, rheumatism, neuralgia and bilious derangement. For acute catarrhs, chiefly *Cepa.*, *Nux.*, *Merc.*, etc. For rheumatism, *Arn.*, *Bell.*, *Bry.*, *Lechem.* and *Pub.* For neuralgia, *Bell.*, *Lach.* For gastric and bilious derangement, *Chelid.*, *Nat. mur.*, *Nux.*, *Merc.* Weather extremely mild but rather fickle, hence ones capacity for digestion is limited, resulting in catarrhs and gastric complaints. I find *Chelid.* frequently indicated in bilious derangement with relief of gnawing in stomach after eating. *Nat. mur.* is often indicated especially in obstinate chronic cases.

Dayton, O., January 19, A. C. Rickey, M. D.—A great variety of diseases, yet no epidemic. One fatal case of diphtheritic croup; seen too late to do anything. A few cases of diphtheria. *Bell.* 3, *Merc. cyan.* 6, and locally *Alcohol* and *Glycerine aa*, applied every three hours with a brush. Fat meat on throat, after cold compresses to reduce fever in the parts. Pertussis, *Bell.* 1x and 3x *Nux* 3x. One case typhoid fever *Bapt.* 1x and *Ars.* 3.

Book Notices.

The Organon. The Quarterly Anglo-American Journal of Homœopathic Medicine and Progressive Collateral Science. Vol. I, No. 1.

This is the long looked for journal of the simon pure homœopaths. This is guaranteed by the fact that it is edited by Drs. Thos. Skinner and E. W. Berridge, of England, and Drs. A. Lippe and Sam'l Swan, of America. We quote from the introductory: "We therefore 'unfurl the banner of the prophet,' and summon all true believers to our standard, and with our 'quadrilateral' of editors and hosts of true soldiers and recruits arming for the struggle and flocking to our ranks, we hope to repulse the advancing stream of Anti-Hahnemannian 'Muscovites' which assail[s] us." "We wish to keep 'the Organon' free from all angry personalities—no 'atrocities' to be perpetrated, and show by illustration what Homœopathy can do rather than

"Prove our doctrine orthodox,
By apostolic blows and knocks."

To all of which we utter a devout AMEN! We beg to suggest to the able editors that while technically they may keep clear of "personalities," yet there is a kind of language that may be used toward people taken as a class, which is not less objectionable than personalities, themselves. Add this to your rule of action gentlemen, and you will win the respect of all your readers and friends. This first specimen number is excellent. We wish it could be read by all. If we might be allowed, we would say, don't trim your journal so close, and don't allow the printer so much "phat." Give us a bumper every time—fill it to the brim. Think of the many good things you might have said on the numerous blank spaces and without additional expense.

We hope many of our readers will invest *four dollars* in this journal. Subscriptions may be sent to us if desired. The Organon and the ADVANCE for 1878 for six dollars.

Cyclopædia of the Practice of Medicine. Vol. VI. Diseases of the Circulatory System, together with Chapters on Whooping Cough, Diseases of the Lips and Cavity of the Mouth, and Diseases of the Soft Palate. Wm. Wood & Co., New York.

This volume is one of the largest of the series, and also one of the best. It has over one thousand pages, and several sphymographic illustrations. Rosenstein, of Leyden, treats of the anatomy of the Heart, Physical Diagnosis and diseases of the Endocardium. Prof. Schroetter, of Vienna, then follows with changes in the position of the heart and diseases of the heart substance. His chapter on wounds of the heart are especially of interest, showing in four hundred and fifty-two cases collected by Fischer, the various instruments that have been employed designedly or accidentally for that purpose.

Some rare and curious cases are noted, in which needles, fish bones and in one instance a thorn, made their way through the œsophagus into the heart. Prof. Liebert contributes a few pages on Congenital Diseases of the heart. Prof. Quincke, of Berne, then gives us two hundred pages on Diseases of the Arteries, Veins and Lymphatics of which the subject of Aneurism is especially important, and his discussion of Diseases of Lymphatics, so little known to the profession, worthy of close study. This is followed by Bauer, of Munich, on Diseases of the Pericardium, and practically forms some of the most valuable chapters in the volume.

Steffin, of Slettin, follows with a fine chapter on Whooping Cough. Prof. Vogel, of Dorpat, and Prof. Wagner, of Leipzig, close the book with Diseases of the Mouth and Soft Palate. On the whole this num-

ber forms an important part of the series, and we are increasingly assured that the encyclopedia is all it represents to be, and will be of incalculable value to the medical profession. To the homœopathic school it is not all that could be desired, but for all that, it will amply repay investment. For sale by Robert Clarke & Co.

Editor's Table.

SHAME!.—There is no end to the petty annoyances we are subjected to by persons in the employment of the United States Postal Department. The last comes from the postmaster in New York City. We wrap our journals only so they may go safely through. The ends are open to ordinary inspection. But his royal highness comes down on us for *thirty-four cents* postage. A gentleman paid it, and we remitted the amount to him. And all because the postmaster couldn't slip the journal out and in. The law is plain, and we have carefully observed it, but we have no defence against the tyrannical ruling of office holders. We have forwarded the letters and a specimen number wrapped to the Asst. P. M. General, and simply asked if we mailed our journal in accordance with the law. Answer:—"The law must be observed!"

No wonder the postal department is a burden on the general government. In the nonest conduct of our business, we have been subjected to repeated losses through the mismanagement of officials. When will the government wake up to its duty, and learn to deal justly by the newspapers and journals, which pour so many thousands into its coffers annually?

PREPARATIONS FOR THE JOINT CONVENTION.—The physicians of Cincinnati and vicinity, met at the Gibson House, Thursday evening, Feb. 7th. Dr. E. S. Stuard, of Covington, was called to the chair, and Dr. J. J. Marvin, Secretary. The following committees were appointed: Executive Com. Drs. M. M. Eaton, J. D. Buck and T. P. Wilson; Finance Com. Drs. G. W. Smith, B. Ehrman, Joseph Garetson, A. F. Worthington, E. S. Stuard. The profession may expect matters to be properly attended to in the hands of the above gentlemen. The convention noticed elsewhere, will be held May 14th, 15th, and 16th.

"WHY SHOULD a woman be less womanly because she playfully adjusts the bandage or prescribes the harmless necessary pill? Is she to foreswear all charming consciousness of her own beauty because she knows how the *sternocleidomastoideus* aids the graceful pose of her head? Will she deny her lover the kiss, since she is aware of the action of the *orbicularis oris* during that 'tenderest pledge of soft affections'? Will she be a worse sister, daughter or wife, because she has a right to put M. D. after her name? Shade of Hippocrates forbid! Rather will she echo the words of a brilliant operator and sound anatomist, who makes his heroine sing as follows:

'O, Medulla,' she cried; 'O, thou light of my life,
Thou pith of my skeleton's ossa,
And I buried my head, like a dutiful wife,
In my husband's subclavian fossa.'

—London Paper.

SOCIETY MEETINGS.—American Institute of Homœopathy at Put-in-Bay, June 18, 19, 20 and 21.

The American Homœopathic Ophthalmological and Otological Association at Put-in-Bay, June 19th and 20th.

The Western Academy of Homœopathy and Homœopathic Medical Society, of Ohio, in joint session at Cincinnati, May 14, 15 and 16.

Indiana Institute of Homœopathy, at Indianapolis, May, 21 and 22.

Hahnemann Medical Association, of Iowa, at Davenport, May 22.

Indiana Institute of Homœopathy meets at Indianapolis, May 21 and 22, 1878. We hope this will be remembered by all interested.

—M. T. RUNNELS, Secretary

COMPLIMENTARY.—A distinguished editor of a well known allopathic journal, writes to the editor of the MEDICAL ADVANCE: "Your journal is lively, candid and independent; qualities for which I have great admiration." This is generous, and we hope truthful, at least we will try to deserve it.

CINCINNATI HOMŒOPATHIC DISPENSARY.—A brief summary of the work of this Institution for the year 1877.

Medical Department.—Number of different patients treated, 2,978; number of prescriptions, 9,465; number of out door visits, 1,012; number of teeth extracted, 239. J. J. MARVIN, M. D., Resident Physician.

Eye and Ear Department.—Whole number of diseases treated, 782; whole number of prescriptions, 4,028; whole number of operations, 103. T. P. WILSON, M. D., Surgeon in Charge.

EXTRA POSTAGE must not be paid on the ADVANCE. If such is demanded of any one, promptly refuse, and notify us. This thing must be stopped.

MUSIC! MUSIC!—Williams & Manss have opened a large musical establishment at 74 west Fourth street. They keep the latest and the best in their line. They also publish Brainerd's Musical World, the quality of which is assured by the fact that Prof. Karl Merz is the brilliant editor.

MUSIC.—Helmick & Co., send us a gem, Fare Thee Well, a transcription, piano.

MARRIED—Dr. Chas. L. Koch and Miss Hattie C. Dodd, January 29, 1878, at Quincy, Ill.

"O happy day that fixed my choice
On thee . . ."

A. A. ALLEN, M. D., has located in Perrysburg, Ohio.

MARRIED.—Dr. C. E. Walton, of Hamilton, Ohio, and Miss Jean Mitchell of St. Cloud, Minn., Jan. 1, 1878.

DR. M. H. CLEARY to Galena, Ill. The doctor is a fine representative of Pulte Medical College.

DR. S. W. COHEN has located at 344½ Freeman street, Cincinnati.

DR. O. C. EVANS hangs out his shingle corner of John and Seventh streets, Cincinnati.

DR. W. RAYMER is associated with Dr. G. M. Nippert, at New Brighton, Pa.

DR. W. T. KNAPP has removed to Hillsdale, Mich.

W. JOHN HARRIS, M. D., to 1528 Franklin Ave., St. Louis.

WASHINGTON, D. C.—The Holiday Number of the *ADVANCE*, I see, contains a proposition from Madame Hahnemann, to publish the unpublished works of Samuel Hahnemann. Please put me down on the list of subscribers.—CHAS. BITHINGER, M. D.

WESTERN ACADEMY OF HOMŒOPATHY.—The next session of the Western Academy of Homœopathy will be held at Cincinnati, Ohio, May 14, 15 and 16. Arrangements are fully under way for a grand time, and the largest meeting ever held. All members of bureaus should send to their chairman at once the title of their paper to be read. Volunteer papers on any subject from members of the Academy or those who are not, will be acceptable, and should be sent to the General Secretary. Information as to rates of transportation will be given in circular. Correspondence on this subject should be addressed to T. P. Wilson, M. D., Chairman Committee of Arrangements, Cincinnati, O. Applications for membership may be sent direct to M. M. Eaton, M. D., Chairman Board of Censors, Cincinnati, Ohio. Blank forms may be had on application. All correspondence on other subjects should be addressed to C. H. Vilas, M. D., General Secretary, 56 East Washington street, Chicago, Ill.

MERRELL, THORP & LLOYD, Pharmacutists, claim to be making Specific Tinctures 16 oz. to the pint, equal in strength to fluid extracts. Those wanting goods of this kind, will do well to try this house. See advertisement.

DR. S. B. PARSON'S article should have been marked, Part First, Read before the Western Academy of Homœopathy, at Indianapolis, May, 1877.

RECEIVED.

The Dogma of Human Responsibility, More Especially as it Relates to Inebriety. By Rev. J. Willett.

Alcohol, its Rational use. By W. John Harris, M. D., St. Louis.

Clinical Therapeutics, Vol. I, Part 4. By Temple S. Hoyne, M. D., Chicago.

An Index to the most Important Surgeon's Papers, etc., etc., published in Homœopathic Journals, during the year 1877. By S. B. Parsons, M. D., St. Louis.

Prolapsus Uteri and its Homœopathic Treatment. B. W. Eggert, M. D.

The Homœopathic Treatment of Spinal Curvatures According to the New Principle. By E. C. Franklin, M. D., St. Louis.

Femoro-Popliteal Neuralgia. Neuralgia Ischiadica, Sciatica. By J. Martine Kershaw, M. D., St. Louis.

A Plain Statement of Facts connected with the Peace Movement, in the Homœopathic Profession of the Pacific Coast. By Drs. G. M. Dixon and C. W. Breyfogle, Majority of Committee of the California State Medical Society of Homœopathic Practitioners.

State Regulation of Vice. By Aaron M. Powell.

Cyclopædia of the Practice of Medicine. Vol. XIV. Diseases of the Locomotive Apparatus.

THE Homœopathic Mutual Life Insurance Co., of New York, reports for 1877:

Number of policies to homœopaths	7,927
Number of policies to non-homœopaths	2,258

Total	10,185
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Deaths, homœopaths, 84; deaths, non-homœopaths, 66. Cash interest receipts paid all losses.

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VOLUME V.

CINCINNATI, O., APRIL, 1878.

NUMBER 12.

All business communications, relating to the **MEDICAL ADVANCE**, should be addressed to **DR. T. P. WILSON**, Cor. 7th & Mound, Cincinnati, O. Terms \$2.00 a year.

THIS ENDS our fifth year of editorial labors in the **MEDICAL ADVANCE** and our eleventh in this special branch of the profession. For all the hard work we have done, there can be no recompense equaling the appreciation of our many friends. To have done something for Homœopathy in this humble way will be no small satisfaction in our closing hours of life, whether near or remote. And that we have been true to the doctrines of our school never willing for a moment to lower the glorious old flag in order to win the smiles while deserving the scorn of our foes will be something worth looking back to in coming years. And we shall give to our successors no prouder legacy than this: we have held the standard of *similia* aloft untainted by treason or doubt. If in our present seat as editor of this journal there shall ever sit a man with soul so craven that he will sell, give or throw away this grand heritage bequeathed to us by **SAMUEL HAHNEMANN** may he look up with shamed face to this grand height from which he has fallen. When Homœopathy exists only in name it will be worth fighting for no longer. If Eclecticism is today better than Homœopathy it must have always been such, and if so, what a mistake it was to have founded such a system! The idea is preposterous, absurd. It is only fit to be cast out, and trodden under foot of men.

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THE NEW YORK SUN, daily, comes to us with stunning head lines all about a meeting of the Homœopathic Medical Society of that city at which Homœopathy was more than wounded in the house of its friends; it was "demolished," "stove in," and "done for" by the passage of the following resolution after a "stormy debate," and by a bare majority of one.

Resolved, That in common with other existing associations which have for their object investigations and other labors which may contribute to the promotion of medical science, we hereby declare that although firmly believing the principle "*Similia Similibus Curantur*" to constitute the best general guide in the selection of remedies, and fully intending to carry out this principle to the best of our ability, this belief does not debar us from recognizing and making use of the results of any experience, and we shall exercise and defend the inviolable right of every educated physician to make practical use of any established principle in medical science, or of any therapeutical facts founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care.

Well, such a resolution as that is enough to kill anything that it could be made to pass through. It gives one the lock jaw to read it. Where for heaven's sake is the schoolmaster? Has he gone West and left these doctors to concoct such a literary nondescript? Read it gentle reader, and tell us how it can be parsed or passed by any sensible people. No, gentlemen of New York, you are joking this time. If you don't know any more about Homœopathy than you do about English syntax, you have no occasion for airing your opinions. You have succeeded in swallowing this dose, but our word for it, it will not stay down. The well known ruminating character of the society enables us to believe, that it will be regurgitated for chewing, and when that time comes, we hope it may be treated to a few grammatical rules. Write it out in plain words, and you can't find a dozen nominal homœopaths in the United States who would venture to stand god-father to it. This is the way to have the thing stated:

Resolved, That *Similia Similibus Curantur* is a good thing as far as it goes. Beyond that, it is the physician's duty to employ such means as are in vogue with Allopaths, Eclectics, Physio-Meds., Magnetic and Indian doctors, and old ladies generally. Note: This does not debar the practitioner from his rightful claim of being called a homœopath.

LATER.—The New York World is at hand and we find that the said resolution has regurgitated and been duly expunged from the records, by what might be called a shouting majority. If in the sharp fight over this question a few gentlemen have not made asses of themselves we are much mistaken.

Tennessee is not to be out done by New York. It goes the Empire state one better and a little over. At a recent meeting of the Homœopathic Society of Middle Tennessee, it was

Resolved, First, That we affirm and publish our full confidence in the law *similia* as the paramount guide in special therapeutics, where pathogenetic means alone are to be employed.

Second, That we also proclaim our reliance upon the laws of chemistry, mechanics and hygiene, or physiology, as guides in the use of means not pathogenetic, and in the adoption of measures to correct the excess or deficiency of things requisite in health, and to remove the known causes and products of disease.

Third, That we deprecate all efforts, on the part of societies, to adopt creeds and platforms, limiting the freedom of educated medical men, believing as we do, that the responsibilities of the practitioner are essentially personal, and that the art of healing is yet imperfect and progressive.

Over the New York resolution this has the decided advantage of having been passed unanimously. As the German says: "You *dakes* your money and you pays your choice." As for us we like the Nashville style best. In quality of a certain sort it lacks nothing. In extent it is too limited. Tennessee is noted for its modesty. The catalogue of virtues possessed by its doctors, is much greater than appears. Will they allow a disinterested friend to amend their resolution?

Resolved. That we believe in *Similia*, but we also believe in the multiplication table, the metric system, the cardinal points of the compass, and the constitution of the United States.

Resolved. That we deprecate the demonetization of silver, the annexation of Canada, and the stealing of timber from the government lands, and other things too numerous to mention.

Madame Hahnemann. A Second Letter.

104 FAUBAURG, ST. HONORE,
PARIS, March 4th.

MONSEUR LE DOCTEUR WILSON :

Upon referring to my letter written you and published in your January number, I find that I am not correctly represented in the following phrase :

"Do you not think they would subscribe for the book, and remit to me so much in advance as would enable me to live without practicing my profession until I can get out the work."

What I desire is a subscription which once organized will produce a fund sufficiently large to enable me to give my entire time to the works of Hahnemann, and obviate the necessity of my attempting to

recover my practice, which, in the nature of things I must lose while engaged in this work. I have never yet sold one of Hahnemann's works: I have only used them in order to meet my necessities. I ask only for a subscription from the doctors and their patients. Such a subscription, if properly managed, would in a little time produce a capital of considerable size without causing the donors to give more than they wished. It is the surest means, the most delicate manner, and the most honorable by which to obtain money in an affair of this kind. I wish to begin this work as soon as possible. In the course of a few months I will be able to give you the *Organon* for printing. After that I will proceed to the other works which are equally of great importance.

Present my thanks to the noble doctor, who proffered aid in the sum of one hundred dollars (Breyfogle). I thank you all in the name of Hahnemann.

With great esteem and consideration I remain yours, dear doctor,
M. HAHNEMANN.

A Peep Behind the Curtains.

It has been our good fortune to stumble, as it were, upon the following bit of happy advice delivered to a class of medical graduates, after their examination, by their professor of obstetrics:

"I find by a careful examination of your papers a wide diversity of qualifications for the duties demanded of the profession. Some of them show previous study and education.

Most of them are grammatically and orthographically correct as a whole, whilst the rest are at war with all the rules of grammar and orthography!

"These latter papers if published, as handed in by their authors, would be a disgrace both to the writers and this

college—and this is true to some extent of the papers of those who will be graduated at this session.

“Such papers would prevent the authors of them from passing in an examination for graduation in our grammar schools in this city. This is not very flattering to you, or hopeful for the college or profession. The only ground of passing such, is the fact that their authors possessed a pretty fair and clear knowledge of the subject matter of which they wrote. Penmanship, grammar and spelling were wholly left out. The spelling of some of the anatomical and technical words would make Josh Billings jealous. I hope the time will come, and I think it will ere long, when a preliminary examination will be required by this and all medical colleges, especially of our school, of all who desire to enter the medical profession; and the standard of this preliminary examination, I hope, will be a good English education, equal to that required for graduation in our high schools, with the addition of a fair knowledge of the Latin language, which plays so important a part in medical education.

“Some of you, and perhaps all of you, think you have had to pass a fiery ordeal in your examination, and I should not wonder if some of your fine feathers had been singed. But this examination would have been much easier to a great majority of you, if you had had as a basis a good English education and some knowledge of Latin. If you had had the latter I would not have received such a lot of Latin terminations as have never before been put on paper since the days Virgil wrote the *Æneid* or Livy his histories. When I read some of them I said to myself, “Well, almost everything in medicine changes, and perhaps its Latin has also,” and as I read on I really began to believe it for a fact. I said “It is thirty years since I said ‘hic, haec, hoc,’ ‘amo, amas amat,’ ” etc.

“Perhaps some of these new Latin scholars are like the Irishman in his efforts to communicate with the Frenchman, when he wanted to get the loan of his gridiron: “Parlez vous Francais,” says the Irishman. “Oui, Oui,” says the Frenchman. “Lend me the loan of your gridiron,” says Pat. This

confounded the Frenchman, whereupon Pat got mad and said, "Och to the divil wid ye, if ye can't understand your own language, I'll not talk to yees."

"But the difficulty does not end here. Anatomical names are mangled, eviscerated and spelled according to the orthography of Rev. Petroleum V. Nasby. Let me give you some samples selected at random from a number of my papers. One tells of *justation*, and another of the *coxsix*, and another of *synethycis*, and another talks of the *mencise*, and another rubbing his empty skull calls it *sefalic*, and to crown the whole another says this is *siens*.

But now you may ask, "With my present, comparatively slight attainments, what am I to do?" The question is easily asked, but not quite so easily answered. It is certain to me that you can not cease your studies as soon as this course of lectures is closed. If you do, whatever may have been your attainments, you will soon become unworthy of the profession, if not a nuisance in it, and a disgrace to your "Alma Mater." Keep on your right hand your *medical*, and on your left hand your *English* dictionary, and have done with this horrible spelling. Keep better libraries than turn-outs, and see to it that they are equally well used. Read, or study rather, first and most constantly the standard authors, the *Organon* included. No man has the right to allow a busy life, or large practice to occupy all his time, to the exclusion of his books. Your present stock will be exhausted before long, unless you add thereto. Then you must keep up with the times—the new developments of medical science. Now in order to do this, every month you must be visited by one or more homœopathic journals. Show me the young doctor who regularly receives these visitors, and diligently reads them, and I will show you the young man most likely to succeed in his profession. By this means you will keep fresh and bright. There are a number of homœopathic journals worthy of your patronage. We have the * * * presided over by * * and then we have the "ADVANCE," published at Cincinnati, and edited by * * * * * a live and thoroughly practical journal—one abreast of the

times, and securely anchored upon the solid ground of Homœopathy. Take it, see if my declarations are not true. I can assure you that you will be the wiser medically by so doing. Then again give some attention to medical societies. Attend them—write for them—brush against your brother doctors. Who are the growing men, the men of influence, the men of success in our school? Why the men who write for, and attend these county, state and national medical societies.”

[All the writer says about the *ADVANCE* is too obvious to need elucidation.—ED.]

Theory and Practice.

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

ETIOLOGY.—Dr. Clymer says, “In the year 1807, influenza spread simultaneously over the whole inhabited portions of the United States.” No other author whom I have consulted, but says influenza is developed in certain localities and spreads in certain directions. But the exact spot where it commences no one pretends to tell. It springs into existence among the hills and mountains; it visits the low, marshy lands and valleys; people living on wide avenues and well cleaned streets do not escape the symptoms that influenza produces. It may be confined to certain streets or certain portions of the town or city; a few families may be attacked and in a day or two it seems more general. At other times the whole town seems to be simultaneously affected. It is a disease that has prevailed in both hemispheres and in all latitudes.

PATHOLOGY.—Of the pathology of epidemic influenza, we can say but little, but where post mortem examinations have been made, the middle and lower lobes of the lungs are the portions which are found diseased, while the apices are rarely affected. The lungs are darker than natural color.

The blood in the heart and large blood vessels is also dark and contains an excess of fibrin.

Glucal says: "In fatal cases where influenza becomes complicated with pneumonic attacks, there are found exudations in the bronchia, which he can compare only to the false membrane of croup." (Might they not be similar to the membrane in diphtheritic croup?)

Pathologists claim that the middle and lower lobes of the lungs are the first parts which become affected, and say that the apices are rarely diseased. Why it is so we are not informed.

MICROSCOPIC EXAMINATIONS reveal in the early stage of the disease, numerous flattened cells and small, round granular bodies in the fluid which is discharged from the nasal organ. The microscopic examinations made by scientific men do not discover bacteria, fungi or any substances that are capable of producing symptoms that have been described in influenza.

SYMPTOMS.—The disease is characterized by great prostration. Patient complains of being tired; feels cold, some attacks are ushered in by a chill; soon comes head ache, constricted feeling about the forehead; fever makes its appearance in a few hours after the attack; eyes become sensitive to the light; a watery discharge from the nose begins, sneezing, coughing, with a compressed feeling about the throat; the patient must have everything loose about the neck. Asthmatics have great difficulty, in breathing the cough becomes croupy; is much easier to breath, while in an erect position; the tongue is usually coated white or whitish yellow; the alimentary canal is sometimes attacked, and the patient has diarrhœa and vomiting. The palate loses its sensibility; the pulse is soft and weak; the skin in a few hours after the attack, becomes moist and inhales a peculiar odor.

The patient has pain in the limbs and back, a sore and bruised feeling all over the body. Near the close of the attack rheumatic pains take place of an intermittent type. The great debility which comes on at the onset of the attack is one of the peculiar characteristics of the disease. The prostration is similar to a person attacked with diphtheria, and many of the symptoms correspond to those of diphtheritic patients, namely: loss of appetite, great depression of spirits, feeble pulse, moist skin, pain in the back and limbs.

In ordinary catarrh many of the above symptoms may be found in a milder form. The attacks generally seize upon the mucous membranes, especially the internal lining of the air passages. Some epidemics are much more severe than others, while some are mild, others are acute and sometimes dangerous. The inflammation may invade one or both lungs. When both lungs have the mucous membrane inflamed, then it becomes dangerous to patients with lung or bronchial diseases, as well as to those advanced in life. Death may take place in the second week with symptoms of general exhaustion. Sometimes a sequela follows the attack, as in diphtheria and scarlet fever. Fortunately acute epidemics rarely occur in the United States.

MORBID ANATOMY.—As deaths from influenza are rare, and occur only in complication with other diseases, usually in old people, in those who have long suffered from some bronchial, lung or cardiac disease, or acute inflammation and congestion of the respiratory tract, the morbid anatomy has not been of much avail to the medical profession. E. A. Parker says: "The collapsed portion of the lungs is smooth, non-crepitant, somewhat softer than usual, like gangrene, but somewhat *fœtor*."

If pleurisy and pneumonia have occurred, the usual post mortem appearances of those diseases are present.

TEMPERATURE OF THE BODY.—During the past two years I have taken the temperature of patients at various times, Some in the morning and evening, others, only once daily, and of those who were suffering with influenza colds, also those who had attacks of hay fever, as well as patients suffering

from other causes. I could ascertain but little deviation from the normal standard.

TEMPERATURE OF THE ATMOSPHERE.—Thinking the temperature of the atmosphere might have some influence to cause influenza, I had a table prepared by Mr. G. A. Hyde, of this city, expressly for this paper,* embracing January, February and March of the past twenty-two years. My experience proves that there are more attacks of catarrhal colds in March, than either of the other months. By referring to your note books, and ascertaining the number of cases of influenza you have treated during the past few years in the months mentioned, you may judge for yourselves whether or not influenza prevailed more or less at any particular temperature of the atmosphere. Sudden changes of temperature will often produce influenza colds, which we may consider a milder form of the disease.

RELATION TO MAN AND ANIMALS.—The lower animals do not escape the agent that produces catarrhal symptoms; birds, chickens, pigs and horses have symptoms similar in many respects to those man has in attacks of influenza.

Most of you present, are familiar with the epidemic that prevailed among horses, in the fall and winter of 1872 in this city, and many other portions of the United States.

I am not aware that any other country has had such a severe epidemic for a number of years. It was called an "Epizootic" by veterinary surgeons. The catarrhal discharges were examined by microscopists and chemists, but nothing definite was ascertained as to the cause of the disease.

Horses were attacked by the hundred in certain localities within a few hours of each other. Omnibus lines and street railroads suspended business. Cartage was done in Cleveland for two weeks by men or oxen.

Horses that were overworked and exposed to inclement weather just before the attack had more violent symptoms than those that were well stabled and well cared for. The epizootic of 1872 continued for several weeks.

* We are obliged to omit the table on account of space.—Ed.

DIAGNOSIS.—There is no other disease influenza can be confounded with; there are local attacks of catarrhal fever, but they differ from influenza in being slower in their attack and less prostrating. There are few diseases that require more study as to cause and character than influenza.

CAUSE OF INFLUENZA.—As to the specific cause that produces influenza, there have been many theories advanced by scientific men. Some authors claim that geological formations and volcanic eruptions may produce the agent causing influenza.

Others say that fogs and certain electrical conditions of the atmosphere may develop it. Attempts have been made to prove that *fungi* in the air is the cause of influenza.

All of you are aware that winds convey and distribute every constituent of the soil and we breathe particles of every chemical of which the earth is composed.

From the vegetable world, seeds, spores, germs, pollens and the debris of vegetable decompositions, is wafted by the winds to our doors. From the animal kingdom, germs, bacteria and monads epithelium and pus cells are scattered broad cast in every direction. Organic vapors arising from vegetable decomposition, from marshes and decayed debris, pass into the atmosphere and are disseminated in every direction, poisonous gases odorous and inodorous. Among the most productive causes of disease in cities is the sewer gases; and yet no one has been able to demonstrate by chemistry or by any other method, that any of the poisons, or other substances mentioned have any relation as to the cause of influenza.

The most popular theory as to its cause, is organized bodies, so small that the microscope has not been able to detect them in the catarrhal discharge attendant on influenza.

Let us for a few moments review the *fungi* or animalculæ theory, for it has its advocates here and elsewhere. The strongest advocate in Europe, or I might say in the world, of the germ theory of disease is Prof. Lister, of Edinburg. He claims that the air is full of animalculæ, spores or vegetable germs which poison mucous membrane and denuded surfaces, that every particle of air that comes in contact with

wounds is laden with these invisible bodies, capable of reproducing themselves rapidly where the germ is planted on a wounded surface. Prof. Lister advocates the theory that these bodies, when coming in contact with wounds, are the cause of gangrene and extensive suppuration. To destroy these germs he uses several sprays of *Carbolic acid* during all surgical operations, and the dressing of wounds; the sutures lint and bandages all receive the anti-animalculæ sprays.

This is a plausible way of treatment for a surgeon who believes that germs exist in the air, and that *Carbolic acid* will destroy them. But as Prof. Lister is no more successful in the treatment of his cases than other surgeons in the same hospital, his theory is of no avail, and never will be adopted by the medical profession.

Physicians theorize that influenza, diphtheria and scarlet fever are caused by fungi, germs, bacteria, etc., while many surgeons among us advocate Lister's theory, and claim that putrefaction of wounds, septicæmia and pyæmia are produced by ferments, by animalculæ that are in the air, and come in contact with the wounds of their patients.

I am not aware that any positive proof has ever been brought forward, by scientific men to substantiate the above theory. If it be true, why are certain patients at the same data affected and others escape. Why, in certain years or certain months in the year, do surgeons have more serious cases to contend with? Why does erysipelas follow almost every surgical operation? and why, do surgeons (I mean the prudent ones) postpone many of their minor cases, until that predisposition to erysipelas has ceased to exist?

If influenza is caused by foreign bodies in the air when the atmosphere is charged with impurities, how could it be developed on shipboard, when the crew had not seen land for weeks. Yet Watson in his "Practice of Medicine," page 599, says: "The crew of a vessel were attacked with influenza after being at sea twenty-seven days, not having had for that time any communication with land."

This occurred in the epidemic of 1822. In the year 1833, Watson reports other ship's crews becoming affected in a

similar manner. So much were the crew disabled, that the ship had to return to port.

Many similar reports are on record made by scientific observers. It can be said, and with some degree of plausibility, that the air which contains germs, may be wafted along the line of transit of the ships, and the crew become affected the same as on land, but it is hardly possible. The water in the ocean contains so much *Chloride of sodium*, that it would dilute, purify and disperse any fungus in the air long before it could traverse the distance a ship would sail in a month, or even a week.

As we can find no direct evidence to support the fungus theory producing influenza, we must look with care and caution for some other cause. From the rapid transit it makes, we must conclude that the special agent must be in the air. It can not be poisonous gases for they would be dispersed and changed, nor is there proof to substantiate the molecular theory, nor can the spread be by contagion.

Whatever theory we shall adopt as to the cause of influenza, we shall expect objections to be made; men after careful study and thought, disagree upon the same topic.

OZONE.—That theory which commends itself to my acceptance, is that a deficiency of ozone in the atmosphere will cause influenza, catarrh, hay fever, cholera, scarlatina and diphtheria, while an increase of ozone in the air will increase bronchial and pulmonary diseases.

Ozone is defined to be "oxygen in an active or highly negative state." Ozone is a constituent in the air, and is remarkable in its properties. It has an odor similar to a spot that has been struck by lightning. In quantities, that is, an excess in the atmosphere, "it will attack the mucous membrane of the throat, nose, mouth and bronchia," so says Hartly. Short says: in his Chronological History of the weather, "thick ill smelling fogs are preceded by attacks of epidemic catarrh.

Subperiosteal Surgery. By S. B. Parsons, M. D., St. Louis, Mo. Read before the Western Academy of Homœopathy, at Indianapolis, May, 1877. Part Second.

The next question is, What class of cases is subperiosteal surgery likely to obtain the highest achievements? Ollier has excised nearly every large joint in the body, as well as all the long bones, occasionally meeting with the most gratifying results, and again the severest disappointments. In excision of joints I think this method must be used with discrimination. In ordinary excisions of the upper extremity there is usually an excess, rather than deficiency, of bone deposit, and generally requiring the removal of a considerable amount of bone to prevent ankylosis recurring. Under the subperiosteal method there is also, not unfrequently, a redundancy of new bone, and particularly is this the case in excisions of the elbow joints. Stokes, of Dublin, Prof. Langenbeck, Dutrelepont, Ollier, Hunter, Lucke, the English as well as our American surgeons, have all recorded experience of this kind, and in some cases the excess was so great as to entirely obstruct motion of the joint, although the articulating surfaces were perfectly formed. But there is another phase of pleasanter appearance connected with the subperiosteal operation of articular excisions, which is based upon numerous instances reported by the highest authorities in surgical literature. That is, a perfect redevelopment of all the associated parts, firm and natural attachment of all the muscles, and reestablishment of every motion peculiar to the respective joint in healthy subjects. Hunter asserts that he has succeeded even to the extent of reproducing the synovial membrane, and that the new joint was provided with synovia. Dutrelepont has published an account of the dissection of a case which had been operated upon four years before, in which the olecranon and coronoid processes of the ulna were removed, together with the head of the radius, and two-thirds of an inch of the humerus. The post mortem examination revealed the entire reproduction of

the condyles of the humerus, the internal one forming a deep groove for the ulnar nerve, the olecranon was larger and more curved than natural, the head of the radius was perfectly reformed and united to the ulna by an orbicular ligament, as in the natural joint. There was a regular joint between the ulna and humerus, an articular surface, surrounded by a capsule, being formed on the summit of the reproduced sigmoid notch, and true hyaline cartilage covered the articular extremities. There was no appreciable shortening of the arm, and the muscles were as well developed on that side as on the other. Pronation and supination were almost natural, flexion and extension were good, but within the limits of 75° to 120° only. Stokes gives the details of five cases two of which, in children ten and twelve years of age respectively, did extremely well, the wounds healing rapidly, with reproduction of bone and excellent movement. Two of the remaining ones recovered with flexion and extension very limited—almost ankylosed—through an excess of osseous deposit. These are but a few of the many successful cases I could relate, but deem them sufficient evidence to prove the value of this operation when properly applied, and that not only may bone be reformed but also the epiphyses and epiphyses like unto those of the natural joint. There is one class of cases, however, in which the subperiosteal method seems destined to obtain brilliant achievements, and known as acute necrosis. The nature of the disease, its rapid and violent course, the suddenly arrested nutritive changes and separation of bone and periosteum before the constitutional powers are dragged down and exhausted by long months of profuse purulent discharges and imprisonment of body, appear to more particularly favor this surgical measure than any other condition I know of. While, hitherto, we have been content to wait patiently for nature to separate between the living and dead bone in such cases, by the subperiosteal operation we aid and anticipate her efforts, thus saving to the constitution the tax on its powers from pain, irritation, hectic and discharge, inevitably attending the expectant plan. Thus, also, the bone reproducing organ is preserved

to furnish new tissue to take the place of that removed by the surgeon, and the limb gradually assumes its normal form and usefulness. Since, also, in this proceeding the tendons of the muscles are detached entire from the bone, they will not be so much injured as in the ordinary operation, and consequently under their new attachments will obtain better leverage. While the instrument used in separating the periosteum is being kept close to the bone there is much less risk of dividing or lacerating the neighboring vessels and nerves. Another point to be kept prominently in mind during the performance of the operation, is never to remove or extend the exsection beyond the epiphysial line. It is through the mediation of these cartilages the leg increases its long diameter proportionate with the developments of other parts of the body, and its removal will certainly produce a permanent shortening, though the bone in every other respect may be as good as the original one.

It has been my good fortune to remove the entire length of the tibia by subperiosteal resection, an account of which may be of interest to you, and I, therefore, herewith append it.

Louise N—, act. eight years, was attacked in September, 1875, with malarial fever, from which she suffered all that fall. Four weeks after the commencement of her illness she began to complain of very severe pains on the anterior and inner surface of her right leg, below the knee. Swelling of the tissues was soon noticed, which rapidly increased, accompanied by all the symptoms of abscess. It finally broke and discharged a large quantity of muco-purulent matter, but ceased doing so after about ten days. Shortly it again opened, discharging a smaller quantity of thinner pus, and then again closed. A week or more thereafter it reopened at a lower point, and remained issuing a variable exudation until I saw her in March, the following year. Part of the time she had been under homœopathic treatment, prescribed by Dr. Gundelach, of St. Louis, who had never seen her up to the time she was brought to our city, she living a long distance in the country, and from the commencement of the treatment her general health began to improve, so that on

her arrival at St. Louis, although the pulse was quick and rapid, the skin hot, and the hectic flush pervaded her cheeks, exacerbated every evening, the body was fairly nourished, and the appetite and digestive organs were in a comparatively good condition. On examination of the leg an increase of size over the well one was very perceptible, and a probe entered at the opening came directly in contact with dead bone, and also disclosed the existence of an exfoliation near the orifice. I at once diagnosed it as a case of acute necrosis, and advised an immediate operation, which I performed the next day, March 16th, 1876, assisted by Drs. Walker, Gundelach, Vastine and Currier. Having chloroformed the patient a straight incision down to the bone, uniting the two openings, four inches long was made which laid bare the diseased parts. The periosteum was separated from the bone for some distance in all directions, and it was then seen that the destructive process involved a larger portion of the shaft than a physical inspection could detect. As will be seen by the specimen considerable of the compact and cancellous structure had been dissolved and exuded in the discharges, and a probe passed into the cavity in the bone could be run upwards nearly to the knee joint. The disease extended downwards to within two inches of the ankle, and the probe could also be passed to what appeared to be the ankle joint. The extensive area of disease, implicating apparently the ankle and knee joints, or nearly the whole diaphysis of the tibia, considered with other conditions, such as the long period of confinement, exhausting discharges, etc., etc., caused me to hesitate in the operation. A further consultation was held, and after fully reviewing the situation the conclusion that the best plan to pursue was to amputate the leg above the knee, was arrived at, and so communicated to the father. He opposed the measure, and I then informed him what course I should pursue, resect the entire bone by the subperiosteal method, at the same time exacted the promise from him that whatever the results might be no blame or censure should be cast upon any one of those present. The incision was continued upward and downward, so that its

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full length was about seven inches. The periosteum was carefully separated from the bone, and where this was accomplished a spatula was passed behind and beneath, near its upper cut, isolating it completely from the periosteum and other soft structures, and the bone sawed through just below the upper epiphysial cartilage. I took this course in order to avoid injuring, in the slightest, this organ of extension, and then cautiously removed the small fragment attached to the cartilage, piece by piece, until the upper end was free. Lifting the body of the bone from its bed, it was but the work of a moment to detach the lower extremity, which was done in the same prudent way as was the upper one. After carefully cleansing the wound a further examination disclosed both epiphysial cartilages in a good state of preservation, and but little altered by disease. The periosteum was thickened and soft, turgid with blood, but presented no appearances of ulceration or degeneration, except around the spots which gave exit to the former discharges. The lips of the wound were drawn together and held by three silver wire sutures. Lint saturated with *Sweet oil* and *Carbolic acid*, one part of the latter to ten of the former, was applied along the whole length of the incision, and the leg closely bandaged and placed in a wire splint, and slight extension applied. Reaction was quick and satisfactory, and in the afternoon she was given meat broth and stale bread quite freely. The dressings were renewed daily and *Calendula* substituted for the *Carbolic acid* lotion. The wound healed rapidly, and in four weeks was closed except at the upper and lower ends. At this time a collection of purulent matter gathered around the ankle on its outer side, but an early evacuation and injections of *Calendula* soon closed it up. Then followed a similar train of symptoms on the inner side, which also yielded as readily to similar treatment. The upper opening gradually contracted, and at the end of eight weeks not more than a drop or two of pus was discharged from any part of the wound, the cicatrix being already hard and firm throughout. In one week more I put a brace on her, constructed so as to allow motion at all its joints, and

maintain gentle extension, and sent her to her country home, with instructions to give her a free supply of outdoor exercise, and good nourishing diet, and plenty of sleep and rest. *Calendula* was used from the third day to the end, and *China*, *Silicia*, *Calc. c.*, and lastly *Calc. phos.*, were the main remedies administered internally, the latter continued for eight months. For six months she was not allowed to step her foot to the ground in walking, but the reports were then so favorable I permitted an occasional attempt to bear her weight upon it. All soreness and tenderness had long passed away, so that in standing there was no pain felt but the leg was seen to bend slightly under its burden. It was then discontinued. Three months more slipped by before another effort was made to use the limb, and was then found strong and did not yield to the pressure. She continued to use it daily until I saw her on the 21st day of last February, the first time since the operation, having come to St. Louis specially to consult me. She could walk quite well, but there was still a little limping, or rather a bowing of the leg, and perfect motion of the knee and ankle joints. The constant use it was put to before there was a complete reproduction of bone tissue, and while the exudation was partly cartilaginous, had the effect to force the head of the fibula upwards a distance of one-half an inch, and also to noticeably incurvate the tibia. The leg, I found, on measurement to be one-half an inch shorter than the sound one, but fully as well developed and nourished as its partner. I advised her to continue the use of the brace for two months longer, and on the 17th of last month she put it away for future reference, the leg supporting her firmly both in standing and walking.

Could a case be more instructive and encouraging? From it we may learn a lesson of conservatism which a life time of theoretical reasoning could not impart. And that under the most serious and apparently fatal aspects a restoration may be possible if we but follow the dictates of nature, and aid, not hinder, her mighty powers of self-preservation.

Ophthalmology and Otology.

Neuro-Paralytic Keratitis. An Accidental Illustration. By
S. J. Bumstead, M. D., Decatur, Ill.

E. M—, aet. ten years, on October 26, 1876, while playing with a small pistol, which carries a number twenty-two Smith & Wesson cartridge, shot himself in the right ear. He fell at once, and for a few moments a bystander thought him dead. He was carried into the house, and in about five minutes consciousness had returned. I first saw him an hour later. The ball had struck the outer edge of the superior bony wall of the meatus, penetrated the skin, and passing between the dermal lining of the meatus and its osseous wall, seemed upon first examination to have lodged in the petrous portion of the temporal bone. During the efforts made to extract the ball this day we were misled by thinking the ball had buried itself, and remained in the promontory of the tympanum.

Oct. 27. Pulse was to-day one hundred and twenty-two, inclined to coma. Administered *Chloroform* and made quite a prolonged attempt to reach the ball, but upon ascertaining that it had passed inwards, posteriorly and upward fully three inches, and also that brain tissue was distinctly oozing out, we refrained from further attempts.

Oct. 28. Partially comatose and pulse one hundred and forty.

Oct. 29. Pulse one hundred and twenty, temperature 38° C; partially comatose.

Oct. 30. Pulse one hundred and twenty; temperature not taken; seems better; about two-thirds of the ball, much flattened, fell out of the wound to-day, as also a piece of brain tissue, the size of a couple of peas, and of which I obtained quite good microscopic specimens.

Oct. 31. Pulse one hundred and twenty, and rests well.

Nov. 1. Pulse one hundred and twelve; same as yesterday, excepting some difficulty in urinating.

Nov. 2. Pulse one hundred; left hemiplegia and dysmia.

Nov. 3. Pulse one hundred and eight; urinated last night; cornea of right eye destitute of sensibility, and looking opaque.

Nov. 4. Pulse one hundred; perfectly conscious; urinates without difficulty; fifth nerve, especially the superior branches, seem paralyzed.

Nov. 5. Pulse ninety-six, thoroughly conscious.

Nov. 6. Pulse one hundred and twelve; does not feel so strong; now urinates freely. As I was only the consulting surgeon in the case I did not see the patient regularly after this, and my record meagre as it is was broken.

Already on Nov. 3, although not recorded in my notes, when the cornea first appeared opaque the orbicularis palpebrarum was paralyzed, and seeing the probable result, I urged the importance of closing the lids with adhesive plaster, and applying *Sweet oil*. At this time no other implication of the facial was plainly perceptible, but a few days after the muscles supplied by the facial of this side were quite decidedly paralyzed.

Nov. 27. Found the destruction of cornea had progressed in spite of precautions, so that a large anterior staphyloma had been produced with a slight fistule of same, and nearly total loss of vision. The eye remained nearly in this condition, the fistule healing and the globe filling tolerably well again, with some perception of light through a narrow strip of attenuated cornea. Touching the conjunctiva is borne easily, scarcely perceptible, certainly no painful sensation resulting, and the perceptive faculty over the supra-orbital region with the esthesiometer very defective, in other regions upon this side of the face is however nearly normal. Facial paralysis still exists, though not to such a degree as formerly.

The orbicularis palpebrarum is still paralyzed, and the eyelids can not be closed by any effort of the will. During sleep the upper lid drops down and covers its half of the globe, but the lower one failing to meet it leaves a deficiency. The left leg has regained much of its contractile power again, enabling him to walk, though with that peculiar gait

so characteristic of paralysis of the extensors; the swinging the limb to its advanced position instead of its being lifted forward. No tendency to contractions of these muscles was observed upon my last examination (May 1st, 1877,) but with the arm it is different. This limb has not recovered as the leg, and quite a decided contraction of the flexors is taking place. The brain does not show any indications of the wound and loss of substance it experienced, owing no doubt to the locality. He sleeps soundly, and seems in every respect as before, only I have suspected that he is more emotional than before.

This case brings up for consideration the much discussed question of neuro-paralytic keratitis on the one hand, as opposed to that of necrosis of the cornea. From the direction of the ball we can readily see how the ganglion of Glasser in the course of the fifth nerve, and situated on the extremity of the petrous portion of the temporal bone, could have suffered injury. We have also good reason to believe the anterior columns of the cord were injured above the decussation. That the facial was also involved was probably owing to its passage so close to the tympanum, rather than to a central lesion. The ball must have completely demolished the tympanic cavity and its walls, and in this way the facial was probably prevented from the normal exercise of its office. The question that concerns us most at present is whether there are trophic fibres in the fifth nerve, which having been wounded or destroyed caused the degeneration of the cornea by withdrawal of its influence, or whether this destruction was owing to a lack of protection of the cornea by the constant winking of the eyelids lubricating, or possibly even giving or promoting the nutrition of this tissue, as it may do in health.

A short sketch of the history of this interesting physiologico-pathological question is perhaps not inappropriate here. More than fifty years ago Magendie directed attention to the occurrence of keratitis which regularly followed the severance of the trigeminus. The view which came into acceptance from this fact, was that in some mysterious manner the

trigeminus exercised a peculiar nutritive power over the cornea, and that inflammation invariably followed the withdrawal of its influence.

In 1857, Snellen asserted that this was nothing but a traumatic inflammation, and although his plan of protecting the eyes by stitching the lids together, only occasionally prevented the keratitis, he gave the old theory a very hard blow. These results led most physiologists to speak of a decreased power of resistance against traumatic influences. In 1863 Schiff, Buttner and Meissner took up the question again and made a number of experiments, and they succeeded in preventing the neuro-paralytic keratitis by fastening a closed cylinder before the eye. But from one or two cases these investigators met with, they were inclined to view the median fibres of the first and second branches of the trigeminus as trophic nerves, which opinion was afterwards shared by Merkel and Eckhart. Buttner also succeeded in delaying the appearance of the keratitis for some days by the fastening of a wire netting, such as is used to cover the bowl of a pipe, in front of the eye, but it seems he made but one such experiment. Snellen, and after him Seuffleben, showed that the wire gauze would at pleasure delay the keratitis, and from these experiments concluded that the cause could not be in the dusting of the cornea, for the lubrication furnished normally by the lids, and against which the wire gauze could not afford protection, but rather to be found in the greater injuries, such as blows, and rubbing rough bodies upon the cornea, deprived of its sensibility. However when they irritated corneas so deprived of sensibility the evidence was very unsatisfactory. Ebesth and Balogh, in 1873 and 1876 respectively, took a new departure, and declared the inflammation in these cases to be caused by micrococci solely, and that they had found them. Claude Bernard also, as late as 1876, declared the keratitis following section of the trigeminus to be caused by a withdrawal of the dilator nerves of the blood vessels.

Meynert and Merkel, both excellent authorities in such questions, describe a root of the fifth nerve as proceeding

from the anterior ganglion of the corpora quadrigemina, and consider it the anterior sensory root of this nerve. Other authors, however, place it as belonging to the fourth nerve. Both the above mentioned observers agree as to the existence of these fibers, but disagree in regard to their functions. Meynert considers them sensory, and Merkel trophic in their nature. Merkel bases his opinion upon pathological evidence, as well as physiological experiments.

In rabbits the roots proceeding from the quadrigeminal origin of the fifth do not fuse with the sensory roots of that nerve, but run separately along the median side of this root. In an experiment he made, whilst the sensory root of the fifth was destroyed, this portion was uninjured, and only very transitory trophic disturbance was the result. This would indicate the probability of a strictly cerebral origin of these cases of trophic troubles, or neuro-paralytic keratitis. Lately, (April number of *Medizische Jahrbucher*, 1877,) Dr. Feuer has added a great deal of interesting matter to this much discussed question.

His article is quite lengthy and we can hardly do more than present his conclusions here, but as the following case of a woman he describes is so interesting and instructive, bearing on the question of diminished resistance to injuries after paralysis of the fifth nerve, we reproduce that at least.

Anna P., forty-one years old, in 1869 had severe pain in right side of head, soon after a dimness of vision followed, and later blindness of right eye. After a year the pain on this side subsided, leaving anesthesia of this side of the head, then the pain appeared on the left side, where it raged for a whole year, and still continues in a lesser degree. During this attack the vision of the left eye gradually decreased to complete blindness. The patient in 1872 came to the Klausenberger eye clinic, and showed such a degree of anesthesia in the region supplied by the first and second branches of the trigeminus of the right side, that only the sharp pricking of a needle was slightly perceived, while on the left side a slight paralysis of the facial was present. On the right cornea, from the center outwards and downwards

was a cicatrix the size of a hemp seed, and in the region of the palpebral fissure were several superficial losses of substance. The cornea and conjunctiva was very slightly sensible, so that rubbing with a piece of charpis pressed considerably upon the former, occasioned only slight perception of its presence, and produced no winking whatever. The iris looked atrophic and the edge of the pupil was for the greater part adherent to the corneal cicatrix; only superiorly was there a pupillary opening the size of a pin head, which was covered by the opacity of cornea. The tension of the globe was somewhat diminished to the left. The light of a candle was seen at a distance of thirty feet, and was in all directions properly projected. In the left eye slight ptosis, and complete paralysis of the superior and inferior recti muscles was present, while the internal rectus seemed intact; conjunctiva and cornea slightly sensitive, latter in its inferior portion opaque and softened superficially; outward and below the center a cicatrix the size of a pin's head; the iris atrophied; pupil more than medium size and immovable; optic disc chalk white; the natural veins enlarged and tortuous; no perception of light; the nasal bridge depressed, and cicatrices upon the soft palate and its arches. Prof. Schulek made an iridectomy on the right eye above which occasioned no disturbance whatever, and both corneas under a bandage completely recovered their normal transparency in four days. As an opacity of the lens showed itself in the right eye, the patient was instructed to return after some months to be operated upon for the same. This she did in the summer of 1875. The status, made from the over ripe cataract, had not materially changed, neither had any further changes in the cornea occurred. Dr. Feuer operated for the extraction of the lens, after the method of Von Graefe, and was surprised at the rapid and extremely mild course during the healing process. To make this eye a little more secure, he decreased the palpebral fissure by an operation, and then finding the iridectomy too much covered by the upper lid, he made another small iridectomy to the inner side. From both these operations she recovered in the happiest manner. This case,

as Dr. Feuer remarks, by the persistence of the paralysis of the trigeminus, and the severe nature of the operations which were so well borne, should make me think of an increased resistance to injuries rather than a diminished one, as a consequence of said paralysis.

Dr. Feuer at the close of his paper draws the following six conclusion:

First. Section of the trigeminus does not in any direct way disturb the nutrition of the cornea; it occasions neither immediately the inflammation of the same, nor does it place the cornea in a condition of diminished resistance to external influences.

Second. The keratitis resulting from section of the trigeminus, has its foundation exclusively in the removal of the winking or lubricating action of the eyelids; that portion of the cornea corresponding to the palpebral fissure becomes dry and not receiving its usual moisture, produces a very similar state to that of necrosis. This portion then acts as an irritant in consequence of which reactive inflammation of the surrounding parts sets in, having for its object the separation of the necrotic parts.

Third. The diminished secretion of tears also hastens and contributes to the formation of the necrosis, which, however, without this factor must occur all the same.

Fourth. A wire gauze or cork ring fastened before such an eye is enabled to prevent the inflammation in question, only because such an arrangement causes the lids to be frequently moved over the cornea.

Fifth. Sewing the lids together also protects the animal against the neuro-paralytic keratitis.

Sixth. Blows and bruises are not capable of causing the neuro-paralytic keratitis, or anything resembling it.

These conclusions Dr Feuer has reached principally from experiments upon rabbits, and as to how far they will agree with pathological cases in the human family, further observation must determine.

Dr. Feuer made another strong point in favor of his views, in the microscopic evidence which seems to show a true

inflammation of the corneæ cells only in the parts adjacent to the necrotic process, while in that everything indicated a true necrosis.

For my own part, in conclusion I would say, while the evidence seems very strong to me in favor of the necrotic nature of the affection, a feature of the case I have detailed, does not seem quite consistent with it. I allude to the fact that the loss of sensibility persists in nearly the same degree as when the disease of the cornea began, as well as the inability of the lids to lubricate the eye by winking, etc., and that the trouble should cease before destroying utterly the cornea.



Otorrhœa.

Many cases of "running ears" are very tedious and difficult to cure, but by zealous attention to the cleansing and disinfecting the external meatus, and with a due appreciation of the concomitant symptoms in the choice of the internal remedy administered, success will certainly crown the effort. The following case may illustrate:

Betty P—, æt. eight, white, German descent; heavy set, fleshy, but flabby, stolid look and manner, (her father says she used to be very lively,) came to our clinic February 10th, 1877, troubled with "running ears," and with the following history:

Three years ago had scarlet fever, and about three months after complained of slight pain in ears for several nights, which disappeared upon the appearance of a thin yellow discharge from both ears, which has continued ever since notwithstanding the efforts of the family physician, and several aurists, that her parents have taken her to. The dis-

charge is very offensive, although they use a syringe at home, and cleanse the external meatus often. Hearing is not so good in wet weather; tested it with the watch, and she could hear it held at six inches from the ear. Her father states she has had a slight chill every evening for several weeks, followed by fever next morning, with thirst, and is more dull and listless during the forenoon, and appears to be growing weaker from the constant discharge. Appetite poor. The condition of the bowels was not known.

After syringing the external meatus, examination shows extensive perforation of both M. T.'s, and membrane of meatus thickened and soft; discharge thick, yellow, profuse and very offensive. Politz positive, and the sound of the air whistling through the perforated M. T.'s was plainly heard six or eight inches from her head.

Treatment.—Blew in *Salicylic acid* powder as a disinfectant; gave no internal remedy.

Feb. 12th. Discharge not so offensive, used the syringe, blew in the *Salicylic acid* powder; politized the middle ear, and gave *Calc. carb.* 30.

Feb. 16th. Not much change; same treatment.

Feb. 19th. Still has the chills, gave *Kali bich.* 30, as the symptom of chill, etc., seemed best covered by this drug, and although the discharge was not stringy, yet it was thick and tenacious. Local treatment the same.

Feb. 22d. No chill for two days; continued the same treatment.

Feb. 26th. No discharge from right ear.

March 15th. Both ears again discharging, but not profusely; noticed perspiration on head, and she said her feet felt wet and always cold; returned to *Calc. carb.* 30, the first remedy chosen; local treatment the same.

March 17th. Discharge from right ear again stopped; same treatment.

March 28th. Same.

April 2d. No discharge. We now thought she had enough of *Calc. carb.* for the present, and gave *Sac. lac.*, and continued inflation of the middle ear by politzer method.

April 4. *Sac. lac.* and politz.

April 6. Her hearing was now beginning to improve, and the air could be heard to whistle only from the left ear; gave *Calc. carb.* 30 again.

She came in twice a week and had her ears politzed, and *Calc. carb.* 30 was given, one powder per day for a week, then *Sac. lac.* for ten days, then *Calc. 30* for a week, and continued in that way, politzing her twice a week for a while, then once a week, and on June 6, 1877, (four months from admittance,) she was discharged as cured, her hearing being nearly up to the normal by the watch, and not troubled conversationally; tympanic membranes healed, and no visible trace of the late perforation, and the girl had a bright, cheerful appearance, quite a change from her first appearance at the clinic.

In December last I noticed her on the street talking and laughing with her companions, and saw her father a few days afterwards, and he stated "she was just as well as could be, and her hearing as good as anybody's."

Our experience in the treatment of otorrhœa is, that after we get the discharge stopped we must not discontinue treatment. And the semi-weekly inflation of the middle ear, and continuance of the constitutional remedy we have found to give good results. We invariably politz all cases of trouble in the middle ear, whether suppurative, catarrhal or proliferous, and generally with very favorable results.

J. F. EDGAR, M. D.

(Prof. Wilson's Eye and Ear Clinic.)

General Clinics.

CASES FROM PRACTICE.—From Die Allg. Hom. Zeitung. Translated by A. McNeil, M. D., New Albany, Ind.—NEURALGIA MAMMALIS AND NEUROMA—STAPH. 12X. ONE DOSE. —Mrs. W. brought her daughter of fifteen years of age; has already menstruated, but is of delicate constitution. She had noticed for several days that often, even while quietly sitting or when standing and also while walking, that the upper part of her daughter's body would suddenly twitch and her face would be simultaneously distorted. The patient when questioned by her mother would reply that she should not be uneasy, that it was only a bad habit which she would soon overcome. An old family friend, formerly a practicing physician, to whom the mother communicated these things on an accidental visit, was of the opinion that probably a chorea would be developed and advised river bathing, plenty of open air and gymnastic exercises. All this was faithfully observed yet after a few days the mother learned through the governess, to whom the patient had confidentially told it, that she at times perceived a violent stitch in the left mamma which was sensitive to touch. This determined the mother to consult me, as I had been the family physician for years. By much persuasion from her mother and the governess, she consented with tears in her eyes, to allow her breast to be examined. I found it somewhat swollen and sensitive to slight touch, while with the exception of a small spot, it bore a strong pressure well; on this place six-tenths of an inch above the nipple, there was a lump not far from the skin, of the size and form of a small hazel nut. I discovered nothing else abnormal in the health of the patient. I perceived from all the symptoms that the disease was not inflammatory but of a neurotic character, and this was confirmed by finding the breast more cool than warm, and the small lump revealed only on heavy pressure a slight sensitiveness. I therefore

found myself compelled to consider the disease as neuralgia mammalis, and the small lump in the external breast as a neuroma.

More difficult than the diagnosis was the selection of a remedy, as the entire materia medica offers extremely few symptoms which correspond to neuralgia mammalis. In consideration of the circumstance that the patient in her childhood was clearly disposed to a lymphatic constitution, which was manifested by sores behind the one or the other ear, sometimes also in the nose, I selected *Graphites* 15, of which I gave her a powder every alternate morning. A week passed without any beneficial change in the symptoms, when they sent me word that the patient was suffering from an extremely violent toothache. I visited her and on examining the painful tooth I found it considerably carious and extremely sensitive to touch. Drinking cold water and chewing increased the pain to a high degree. These symptoms appeared to correspond to *Staph.* According to my experience *Staph.* should not be repeated often, particularly in toothache. I therefore administered *Staph.* 12, one powder; but because of the impatience of the patient, who would not tolerate along waiting, I gave her six blank powders to be taken every two hours. Next day she reported that after taking the second powder, which was about three hours after I gave her the *Staph.* powder, she suddenly perceived an abatement of the pains. The night passed entirely free from pain and she slept well. On being asked about the pain in her breast she was visibly surprised, and replied, strongly, I have not even thought of it since last evening; I have not perceived it." And striking enough, from that time the neuralgia mammalis did not return, and the sensitiveness of the breast entirely disappeared, and fourteen days after the neuroma itself was soon gone. In this case it was an accident which caused me, on account of the toothache to choose a remedy whose specific relation to neuralgia of the breast certainly is worthy of consideration, for which the quick cure speaks clearly, and it is so much the more striking, that physiological provings of *Staph.* did not guide me to the choice of this

remedy in the case, as the symptoms generally in our materia medica which point to pure neuralgic affections of the female breast appear very scanty.

NEURALGIA RIGHT UPPER PALPEBRA, WITH DRYNESS IN THE MORNING—*Verat. alb.* 2x.—In the same way a case of neuralgia palpebrarum of the right upper eyelid occurred to me. During my several days sojourn in Gmunden I was approached by a man from Prague, on account of an extremely painful complaint on his right upper eyelid, in which a slight pressure, but more particularly a delicate touch, would produce an uncommonly violent pain, a feeling as if hundreds of the finest needle points were penetrating the cuticle of the upper eyelid. He complained besides that on awaking in the morning he could not open the eye immediately, for it felt as if the conjunctiva palpebrarum was too dry, and therefore adhering to the eye ball; after some minutes this ceased gradually. I knew well that the neuralgic suffering was seated in a sensory twig of the first branch of the trigeminus, yet what remedy stood in the particular relation to this part of the trigeminus, I know not, therefore I must first consult the materia medica, in order to send the medicine to the patient. He consulted me during the forenoon about his ailment and as I was studying the case about noon, I received a note from him in which he stated that since he had been with me he was attacked by colic-like pains and diarrhoea, and wished me to visit him for it. I found him bent together lying on the sofa; he complained at intervals of violent pains in the bowels, accompanied by violent urging, and a thin brown stool followed with rumbling in the bowels. It more frequently happened that he thought he would pass some flatus, but instead a diarrhoeic stool passed. I immediately administered *Verat. alb.*, which has always proved with me successful in such cases; I gave him the second decimal, three or four drops on a lump of sugar the size of a pea, with directions to take what I left him in the same way every half hour, but as soon as improvement was observed, to take it at longer intervals. In the evening when I again visited him, he could not praise highly enough the beneficial effects

of the medicine. He was free from pain, perceived only at times some rumbling in the abdomen, and for the last three hours there was no discharge from the bowels. The next morning while on my way to see him, he met me on the street with a cheerful expression, and said he was perfectly well. He said: "You have killed two birds with one stone," for this morning when I washed my face, I was extremely surprised to find that as my hand rubbed across the right eye that it did not produce violent pain." On my touching the eyelid it felt to him like ants creeping over it, but no pain, and he had no difficulty in opening his eyes. The further use of medicine was stopped. On the next day the creeping on touching the eyelid did not occur. Several weeks after, he met me in Prague, and announced to me joyfully that the pain had not returned.

On a close examination of the physiological provings of *Verat.*, we find indeed the symptom of difficult opening of the eyes, and also some sticking in the upper lid, and some soreness of the eyelids, but we can find no pronounced neuralgia of the upper lid, and the question arises whether the stronger affection of distant sensory nerves did not contribute to the case of the neuralgia of the lid.

KALI CHLORICUM AND DIPHThERIA.—I have several cases of malignant diphtheria to report (worse than the one cured with *Lac caninum*, in that the larynx was invaded) cured with the *Kali chloricum*, given somewhat after Seligman's method, and I am satisfied that it is the much wanted specific for malignant diphtheria and (I strongly suspect) for malignant scarlatina also.—H. W. T.

ŒSOPHAGEAL STRICTURE.—TWO CASES.—August 15, 1875, was called to see the child of Mrs. R., aged three years, who had been under the care of a regular physician of large practice, for four months. He claimed that the child had ulceration of the stomach, that the blandest medicines were at once thrown up, and that the case was beyond medical aid.

Apr. 3

The parents, hoping that Homœopathy might furnish something milder, consulted me. I found the child sitting by its mother, eating ice, which was returned almost immediately after being swallowed. I learned that four months previous the child had drank some *concentrated lye*, which had been left by the servant, after doing the family washing. This was followed by a very active inflammatory condition of the mouth throat and stomach, which subsided in a few days, but about one month afterward the child began to vomit its food. I diagnosed œsophageal stricture resulting from traumatic action of the caustic alkali, explained to the parents the nature of the disease, its tendency, the proper surgical treatment necessary for its relief, and directed them to bring the child to my office the next morning, that I might make an exploration of the passage. This they did not do, and I learned that the family doctor had called after my departure and had suggested that he might give something to bring about absorption of the stricture. One month afterward, a consultation of physicians was called, and efforts made to explore the œsophagus, but they were ineffectual. The child was kept alive for a time by enemas, but at last died from inanition. I desire to contrast this case with one now under my treatment, in which timely and appropriate means for relief were used.

March 20, 1877, Mr. C., brought to my office his little boy, aged two years, giving the following history of his case. Eight weeks previous, the child had climbed upon a table, and drank some *Concentrated lye*, which was being used by the servant in scrubbing the floor. Rapid and inflammatory symptoms supervened, the lips and tongue became enormously swollen, the former being almost everted. The acute symptoms subsided in a few days, and the child became apparently comfortable for a time, but after two or three weeks it commenced to vomit its food. The family doctor an old and established physician, was again consulted. He pronounced it ulceration of the stomach, and prescribed therefor, but the medicine like the food, was almost immediately ejected when taken. One remedy after another was tried,

with the same results, the child gradually growing worse, losing flesh and constantly craving food, which was never retained. The family finally becoming tired of the doctor's failures as he gave them no positive opinion of the case, but always "hope for the best," concluded to try Homœopathy, and consulted me, saying that although they had every confidence in their family physician, they thought his medicine too strong for the child, and wanted something weaker. I diagnosed stricture of the œsophagus, and at once explored the passage, using the ordinary French flexible urethral bougie, No. 25. About midway between pharynx and the cardiac orifice, it met with an obstruction, it could not pass. I then substituted one of smaller size, No. 19, which readily passed this stricture, but after proceeding downwards about one and one-quarter inches, another obstacle arose, which was only overcome after careful and somewhat prolonged manipulation. Nos. 20 and 21, were now successively passed and the child seeming much worried, further operative procedures were abandoned for that day. Some bleeding followed the use of the instruments, and the little fellow fought vigorously against each introduction.

An exclusively liquid diet of beef tea, soft eggs, milk and porridge was prescribed, and directions given to return with the child on the fifth day following.

March 25. Child has done well, had only vomited once or twice, and that when it had clandestinely obtained solid food.

Nos. 22, 23 and 24, were successfully introduced, and so on every fifth day, until we reached No. 30, our largest size urethral bougie. I then attempted to continue the dilatation with the ordinary œsophageal bougie, but found it too stiff and hard, seeming to cause excessive pain, so it became necessary to improvise an instrument with which to continue the treatment.

Taking a No. 21 French bougie, and beginning about one and one-half inches, from the point, I wrapped it tightly with cotton for two inches, increasing it to the size desired, making it much in the shape of Bodenhamer's rectum exploring

sound and extending one or two lines out upon the bougie at either end. I then painted a coating of ethereal solution of gun cotton over this entire surface.

This, upon drying, contracted upon the cotton wrapping, giving it a very firm hold upon the instrument, and resembling in appearance the cocoon of the silk worm. I then dipped this in melted beeswax until I obtained a smooth, even surface of required dimensions, carefully shaving off with the knife any little irregularities upon the surface, and to give additional stiffness, I introduced into the hollow of the bougie a common yellow English catheter. (This may be used either with or without the wire as found best). With this very simple contrivance which can be constructed by any practitioner, however remote from instrument makers, and will, I think, be found superior to either the œsophageal or rectal bougie for treating ordinary strictures of these passages. The treatment was carried on, the instrument being from time to time increased in size, until the stricture was dilated to the full capacity of the canal, which occurred about the 20th of May. From that time up to the present, the introduction of the instrument has been continued, but at gradually lengthened intervals until now the time observed is once in six weeks, in order to prevent recontraction of the passage. At this time I discover no tendency to contraction, the child seeming perfectly well, hearty, and able to eat any and every thing without inconvenience. I think it advisable, however to continue the dilatations at long intervals for the next two years.—W. E. GREEN, M. D., Little Rock, Ark.

Department of Consultation Cases.

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

MOTTO:—BREVITY IS THE SOUL OF WIT.

WAYNE, N. Y., Feb 21, 1878. Rev. A. W. S., aet. seventy-five. One year ago last January was taken with violent pain in left hypochondriac region, followed by an eruption called "shingles" by the attending physician. Eruption healed in about four weeks; treated with *Carbolic salve*; pain has continued ever since, more or less. I have been treating him for two weeks past for catarrh of bladder, which is yielding nicely to the following remedies: *Sulph.*, *Nux v.* and *Dulc.*, but the pain following the course of lower rib on left side seems to be hard to manage. I have used *Mezereum* and *Aurum*. This being a case of long standing, I should like your advice if you please.—D. A. DEAN.

This affection is by dermatologists recognized as a neurosis, and follows the track of the spinal nerves, and is the result of irritation of the trophic filaments. The region of pain is supplied by branches of ninth, tenth, eleventh and twelfth dorsal nerves, which include trophic (organic) filaments derived from the solar plexus. The irritation usually takes place at or near the ganglia or posterior root, and is transmitted toward the peripheral distribution upon the surface, and interferes with the functions of these organic filaments, inducing local hyperæmia of cutaneous capillaries and transudation of serum causing elevation of the epidermis forming the herpetic vesicle. The continued pain along the track of the spinal nerve or nerves, which in some is usually pressing, aching or darting, indicates *Rhus.*, *Hepar sulph.*, *Graph.*, *Merc.*, *Mezer.* or *Puls.*, all of which have such pains. It is possible the vesical catarrh may result from suppressed zona, and if so the whole may be cured by *Sulph.*, *Nux vom.* and *Dulc.*

CASE I. Lady, aet. thirty-six; strabismus of left eye came on suddenly when out walking some five months ago; had a similar spell some years ago, but it did not last so long; has been married seven years, no children; family is consumptive; retroversion of uterus; enlargement of uterus, measures three and one-half inches; pulse one hundred; absence of sexual appetite; bloating of abdomen; no leucorrhœa and suffers only from feeling of weight in abdomen, otherwise very healthy. Have given *Bell.*, *Hyos.*, *Physos.*, *Sulph.* No results.—J. G. MALCOLM, M. D., Memphis, Tenn.

Loss of sexual appetite, bloated abdomen with sense of weight in it, with enlarged uterus and sterility indicate *Sepia*. If the enlargement preceded the other phenomena, which is probable, with the sterility and disturbed menstruation of which nothing is said, *Cantharis* will meet the condition. The strabismus must then be regarded as reflex from irritation by pressure of enlarged uterus upon hypogastric or sacral plexus—the indications are to restore the uterus to, and support it in its proper place.

CASE II. Mr. W. H. G.; feeling of constriction and obstruction in the larynx, which impedes breathing and causes hoarseness and at times aphonia; hems and coughs to rid the passage; expectoration very little and mostly in the morning, of clear mucus; hawks without getting anything up often; speaking causes exhaustion across the chest; worse from sunset to eight p. m.; hoarse in wet weather or before a change of weather, or on getting wet or damp; general feebleness of sexual organs. Is thirty years old, reddish hair, blue eyes, active temperament. Have given *Corallium rub.* and *Agnus cast.*—J. G. MALCOLM, M. D., Memphis, Tenn.

Case not very fully reported. Symptoms of throat, chest and lungs, also sexual organs and temperament indicate *Ignatia*. Sensitiveness to changes of weather indicates a rheumatic tendency which is also met by *Ignatia*. *

Examination of Urine. Patient of Mrs. Dr. Cook, of Chicago.

Physical and chemical characters: Color pale; reaction slightly acid; specific gravity, 1026; albumen, none; sugar, one grain per ounce; uro-hematin, nitric ac., normal; hy. chlo. ac., slight.

Quantitative examination, per f3: Urea, grs. 17; uric acid, grs., excess; phosphoric acid, grs. 1.410; earthy phosphates, grs. 2½.

Microscopic examination: Crystals of uric acid in most of the various forms, all in great excess; urine, in fact, swarming with them. Casts, none observed.

DEAR DOCTOR:—There are two conditions brought to daylight by this analysis. First, the quantity of urea secreted is double that of health, and secondly, the great excess of crystals of uric acid. Two methods of treatment are indicated, and there is no 'pathy connected with either.

First, as to the urea. If this seventeen grs. per f3 is constant, there is danger of the urioamic poisoning, to wit: your patient may have "hysteria," as it is termed, where the real trouble is a mystery, and one of these days may come the dimness of sight, the muscular twitchings, and then the parson.

This lady must always and under all circumstances, void the urine when called on, i. e. she must never resist a call. When urine is thus abnormally retained in the bladder it is reabsorbed into the system, and to a considerable extent; an experiment easily demonstrated by any one.

Again, as to treatment, I recommend at the first to stop the supply, in short, head off the nitrogen. Forbid, as far as practical all animal foods and prescribe vegetables, anything in the way of diet, non-nitrogenous will be the thing. By this one mode you not only prevent the undue secretion of urea but prevent the undue consumption of waste (effete) tissue which accompanies the process of destructive assimilation (Dr. Pronts) in the cause of which urea is eliminated.

Again, start up the surface action, skin; give hot baths, as many as your patient can bear and as hot; by this method you will get rid of much of the surplus urea.

This treatment ought to bring down that urea to ten grains in six weeks, if the treatment is carried out (mark that) faithfully.

Second: As to the immense amount of uric acid crystals, no single examination can afford positive evidence of treatment; it may only be an occasional thing, but if constant, demands prompt interference, as it would certainly indicate a tendency to the formation of a calculus, hence I simply send the result of the analysis, suggesting that another specimen of the urine be sent. I find none of the pustalic calculi before named, and as I have before intimated, of themselves they did not cause much trouble. In the female there is no contracted postrate to interfere and cause a lodgment.

These crystals of uric acid are the finest specimens I have ever seen. My assistant has mounted some slides; if you have access to a microscope, I will forward you a mounting of them.

You will now see that in the future a similar analysis will give the fluctuations, and the effect of treatment, note that, without asking your patient "how she feels." Very sincerely yours, J. EDWARDS SMITH, M. D., Cleveland, O.

Book Notices.

Lectures on Fevers. By Alfred Loomis, A. M., M. D. William Wood & Co., New York.

This is a handsome volume of four hundred and three pages, and is devoted to an exhaustive discussion of one of the most important

subjects connected with medical science. So largely do fevers enter into all the various diseases the student is called upon to investigate, that it may be said that when once he is master of the multitudinous phenomena of fevers, and when he understands the various pathological conditions connected therewith, he is well fitted for medical practice in general. This accomplished, his studies in pathology and symptomatology are largely advanced toward a conclusion. Dr. Loomis has evidently given the subject very careful study. His bibliography is something appalling. He gives a list of four hundred and eighty-six books, all dealing more or less with the subject, and presumably he has carefully read all they contain, pertaining to the question of fever. But large as the number is, we could suggest other works of equal, and in some respects of greater value which the author might have consulted with profit. His remedial agents given internally, seem to be almost solely *Quinine*, *Opium* and *Calomel*. To these may be added the occasional use of *Arsenic* and *Turpentine*. In this respect the treatment is certainly simple enough. The pathology of each form of fever, and the various symptoms are clearly and extensively described, but for what purpose, it is hard to tell, since after all comes the unvarying *Quinine*, *Opium* and *Calomel*. This is not essentially different from the therapeutics of a quarter of a century ago. It does not show progress in the allopathic school. Prof. Loomis stands at the head of his profession as a teacher, but he has much yet to learn concerning the treatment of fevers. The style of the author is admirable, and we heartily commend his book for the many good things to be found in it. For sale by Rob't Clarke & Co.

Guernsey's Obstetrics and Diseases of Women and Children. Third Edition, 1878. Boericke & Tafel, New York and Philadelphia.

This standard work is a credit to the author and publishers. In the present chaos in the homœopathic ranks, it is a matter of much moment, what text book is selected by the young practitioner to guide his venture into the sea of practice, for, "as the twig is bent, the tree inclines," and it is to be regretted that too often, instruction is given in homœopathic colleges utterly regardless of principle, and thus we see so many of our young practitioners, and old ones to, practicing Eclecticism instead of Homœopathy.

In his preface, (page 10), Prof. Guernsey says: "From the first my work has been based on the principles of Samuel Hahnemann's Organon of the healing art," etc., etc., and all through the book it is apparent. It is valuable not only as a text book, but as a *Materia Medica* also, and should be read carefully and often.

The instructions in the manual and mechanical means employed by the accoucheur, are fully up to the latest reliable ideas, while the stand that is taken, that all derangements incidental to gestation, parturition and post partum are not purely mechanical, but will in the majority of cases, if not all, succumb to the action of the properly selected homœopathic remedy, shows that Prof. Guernsey has not fallen into the rut of methodical ideas and treatment, because life is so short that we haven't time to study symptoms and expand our knowledge and views of disordered function. The appendix contains additional suggestions in the treatment of suspended animation of newly born children, hysteria, ovarian tumors, sterility, etc., suggestions as to diet during sickness of any kind, etc., etc.

After the index is a glossary, a useful appendix of itself. Every practitioner should have a copy of this excellent work, even if he has two or three old school text books on obstetrics and diseases of women.

Editor's Table.

PUT-IN-BAY.—See Frontispiece.—This is the great summer resort of the West. It is the most beautiful and celebrated watering place, west of Lake Chautauqua. Nature and history combine to make it all that pleasure seekers can desire. Most of the members of the American Institute need no introduction to Put-in-Bay. Those who have been there will gladly avail themselves of the opportunity to go again. The accommodations are ample, and all the appointments of the place first class. There should be at the June meeting at least one thousand guests. Dear doctors don't forget to bring your wives and daughters.

DR. H. T. BRECKBELL, one of the "Pulte" boys, has entered into partnership with Dr. Ballard, at Shelby, O.

DR. GEO. D. GRANT, graduate of "Pulte," and late first assistant in Prof. Wilson's Eye and Ear Clinic, has located in London, O.

PROF. CHAS. GATCHELL desires to state that in Prof. Gilchrist's article in the last number of the *ADVANCE*, he "has been misrepresen-

ted," and wishes all reference to himself to be considered as "cut out."

DR. L. E. KELLY, of Marysville, Cal., reports an interesting case of artificial anus which he has under observation. It is in a lady who had two years ago an umbilical hernia.

SEE the corrected advertisement of the Homœopathic Life Insurance Co., on third page cover.

WE have been using the borated cotton in our eye and ear clinic, and find it to act very nicely, especially as a dressing in the treatment of otorrhœa. Manufactured by C. Am Ende, Hoboken, N. J. See his advertisement.

WE again call attention to Merrell, Thorp & Lloyd's Specific Tinctures. They are made from the green root, pound for pound, i. e. sixteen Troy oz. to the pound, and equal in strength to fluid extracts, but of superior quality. The resident physician at the dispensary says he can taste the bitterness in the 6z of *Nux vom.* prepared from the *Specific Tincture of Nux.*

PRACTITIONERS AND STUDENTS please look over our college advertisements. The East, the West and half way South have their representative colleges presenting their claims to you. Philadelphia, the oldest homœopathic college in United States with its years of experience. New York, located in the great metropolis with her great hospital advantages. Chicago, with her two live institutions, as all Chicago enterprises are. St. Louis, the great city of the West, with the Homœopathic College of Missouri, commencing its Twentieth Annual Session next October. Cincinnati, Pulte College, with her clinical and dispensary advantages.

THE circular of the Western Academy of Homœopathy is before us, thanks to the promptness of the General Secretary, Dr. Vilas. The meeting will be May 14, 15 and 16, in conjunction with the Ohio Society, and there is promise of good things in abundance. Come and see us just for once, if no more.

RECEIVED.

Progressive Muscular Atrophy, Cruveilhier's Disease, Wasting Palsy. A lecture by J. Martine Kershaw, M. D., St. Louis. Duncan Bros.

Brooklyn Homœopathic Hospital Annual Report, 1877. Compliments of J. Albro Eaton, M. D., one of the staff.

Valedictory Address Hahnemann College. By Prof. C. H. Vilas, M. A., M. D., Chicago, 1878.

1. Pay as you go. 2. What Becomes of the Money paid for Life Insurance? These two pamphlets are issued by the Homœopathic Mutual Life Insurance Co., of New York.

- Memoir of Dr. John R. Allen. By L. D. Morse, M. D., Memphis.
 Facts, Solid Facts, for the people to read. Munson & Co., Western
 Homœopathic Pharmacy, St. Louis.
 Diphtheria. By F. Hiller, Sr., San Francisco.
 The American Naturalist, April, 1878.
 Hip Joint Disease and its Homœopathic Treatment. By Fredrick
 Hiller, M. D., San Francisco.
 Codes of Medical Ethics (Allopathic, Homœopathic and Eclectic).
 C. Henri Leonard, A. M., M. D., Detroit.
 What am I? A Valedictory Address. By J. M. Bodine, M. D.,
 Louisville.
 Society of Natural History, San Diego, Cal. Geo. W. Barnes, M. D.,
 President.
 A Treatise on Typhoid Fever and its Homœopathic Treatment.
 By G. Panelli, M. D. Translated by Geo. E. Shipman, M. D., etc.,
 etc. Duncan Bros., Chicago, 1878.

CORRECTIONS.

- Page 131, seventeenth line from top, for "cure," read remedy.
 Page 133, thirteenth line from top, for "cure," read curability.
 Page 152, eighteenth line from bottom, for "shape," read spirit.
 Page 154, eighteenth line from bottom, leave out "poor."
 Page 277, seventh line from bottom, for "viscus," read viscera.
 Page 281, tenth line from bottom, for "Palbrooks," read Babcocks.
 Page 360, fifteenth line from bottom, for "claim," read clan.
 Page 363, thirteenth line from top, for "dose," read rest.
 Page 365, sixteenth line from top, for "conscientiously" read
 cautiously.
 Page 371, twentieth line from top, for "may be," read may have
 been.
 Page 415, seventeenth and twenty-eighth lines from top, for "veins,"
 read nerves.
 Page 421, fifth line from bottom, for "emitting," read quieting.
 Page 422, ninth line from bottom, for "contented," read benefitted.
 Page 446, fourth line from top, for "eruption comes out," read
 eruption disappears.
 Page 474, fourth line from top, for "great on," read severe.
 Page 522, fourth and ninth lines from bottom, for "buenemia," read
 bucnemia.
 Page 523, sixteenth line from bottom, for "few," read free.

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