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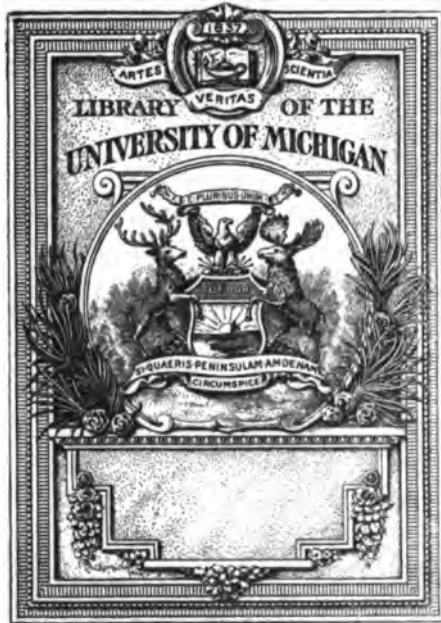
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T. P. WILSON, M. D.,
EDITOR.

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

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THE PHYSIO-MED'S.—On our exchange list we have the Physio-Medical Journal, published at Indianapolis, and it gives us real pleasure to notice the work put forth by this journal to elevate the standard of medical education in that school. SAMUEL THOMPSON, the founder, was not a learned man, nor have his followers been noted for knowing much beside *Lobelia* and "No 6." And that they are prone to hob-nob with "old women" and "Indian doctors" is well known. Their stock phrase, "sanative medicine," has for years stood them in place of "scientific medicine." They have laughed at anatomy, physiology, chemistry and the like, while they managed to keep their patients sober enough on *capsicum* and *lobelia*. The central idea of their practice seems to have been that God made the vegetables but the devil made the minerals. Now, these physio-med's have done much good in their day, and if they follow in the new and better paths of their leaders, like J. M. THURSTON and GEORGE HASTY, they may continue to be of some use in the world, but if they don't wake up to modern medical science, they can have no excuse for further existence. The journal in question is lively and always readable.

July-1

AT BUFFALO there is an enterprise on foot to establish a "Homœopathic College of Physicians and Surgeons (Modern School)." If the phrase "modern school" applies to the "surgeons or physicians" we don't know what it means. If it refers to the "Homœopathic" we do know what it means, and would be sorry to have any of our friends misled by the term. If the gentlemen think a bridge is safer than the main land they are entirely welcome to the pleasing hallucination, but they need not spend their energies in defaming the character of Homœopathic Colleges or in disparaging their modes of teaching. This is in bad taste and will not win for the parties in charge of the Buffalo project the good will and respect of the homœopathic profession. The man who recently whipped a Jew for taking part, as he supposed, in the crucifixion, is on a par with men who think they have found a bonanza in the law of similia and that it is really good for some few things. They only show their lack of general information of history, and what they call "modern" is already old and much of it out of date. When going backward is the same as going forward, the Eclectic Homœopathy will be equivalent to progress.

CONVENTIONS.—With an inborn and highly cultivated love for professional intercourse, we have never failed, for nearly a quarter of a century, in taking our annual fill of convention work. This season we have met with and enjoyed the Inter-Collegiate Congress and Indiana Institute meetings at Indianapolis; the Wabash Valley Homœopathic Society meeting at Charleston, Ill.; the Western Academy of Homœopathy at St. Louis, and the Homœopathic Medical Society of Ohio at Cleveland. Our long experience in this sort of thing has led us to note how rapidly the homœopathic school is improving and every way changing for the better. Every year new and valuable members are coming upon the stage and adding to the strength and effectiveness of our school. Far be it from us to say aught that should disparage the work of the noble old pioneers, but times change and progress is the watchword, and it must be conceded that our new members have in many ways the advantage of their predecessors. That these new comers too many of them lack in enthusiastic devotion to sound homœopathic principles and in a clear perception of the doctrines and practices of our school is often painfully apparent, but in ability, culture and practical talent, in the production of scientific papers and an ability to broadly and ably discuss leading questions, there has been a notable improvement. The proceedings of almost any of our conventions of to-day will largely out rank the reports of fifteen or twenty years ago. This is undeniable. We are proud of the fact and upon this we hopefully found our faith

in the future success and glory of the homœopathic school. We note also, by way of contrast with former times, that now, in all our conventions, the ladies put in their appearance and show an ability for work that is sometimes as pleasing as it is surprising. We never fail to get from them valuable papers. But now we are in a state of wonderment over this fact, that in these recent conventions we have not heard the much mooted question raised as to potency and dose. A stranger listening would not have suspected that we had among us such nondescripts as high and low potency men. Is the issue dead or have the profession settled down to the sensible determination to let every man judge for himself? We hope the latter course has been chosen and adhered to. The Wabash Valley Society is not large but is doing excellent work for our cause. DR. SARCHET and his friends entertained the members right royally. Charleston will be a good place to visit so long as the Doctor keeps his shingle hanging out in that town. We can not speak too highly of the convention at St. Louis. It consumed three of the best days of our life. The doctors and their friends honored the Academy with the warmest personal attention. Our thanks are hereby tendered DR. EVERETT and DR. GOODMAN—who is a good fellow as well, and worthy to be the editor, as he is, of the Homœopathic News—for locomotor privileges, for through their generous aid we did St. Louis to our heart's content. DR. CAMPBELL's Eye and Ear Clinic was a feast of fatness, and we vote the doctor the VON GRAFE of the entire trans-Mississippi region. At any rate the "ayes" and "noes" both have it with him. DR. J. HARTS MILLER, the President of the convention, did himself and the Academy distinguished honor in performing the arduous duties of his office. We are inclined to put a wreath on the head of the Treasurer if we could only get around his *Footie* to do it. Of the Cleveland meeting we dare not indulge in encomiums, for it would savor of praising one's own. When Cleveland fails to have a successful convention we may make a note of the fact. A fine volume of the proceedings will soon be issued. It remains for us now to finish up the summer's campaign by going to Lake George to attend the meeting of the American Institute of Homœopathy. We look for a large gathering and a grand time. Every one counts, so, dear reader, pack your valise and join us on the classic shores of that world renowned inland sea.

MEMORY AND FORGETFULNESS.—Those who have made the human mind a special study have discovered a most curious paradoxical characteristic in the faculty of memory. For many years this element of the intellect has been recognized as an attribute of the ganglionic centres. It is not specifically a mental faculty, or, in

other words, peculiar to the cerebrum alone, but inseparable beyond a doubt from the functions of all ganglia. Memory belongs to all animals endowed with a nervous system. And we may go further and say that bioplasm itself is capable of receiving and retaining impressions; and is therefore endowed with memory. Man's higher faculty of recollection is but an elaboration of what we find connected with the lowest orders of life. But the paradoxical fact we refer to is this: the brain has the power to absorb impressions much as a sponge absorbs water and like the sponge it may almost on the instant be wrung dry of its contents. This is practically one of the most beneficent facts connected with the life of man. There is an ascertainable limit to the receptivity of the ganglia. Hence, being full they can receive no more. This would seriously limit our power of acquisition if it were not that memory can free itself by an exhaustion of its stock and so make room for new impressions. An actor memorizes a piece with a rapidity that is quite astonishing, and he commits a new play several times in a week. But he learns the new one at the expense of losing a knowledge of the old one. Lawyers, ministers and students "cram" for a definite occasion and when the occasion is passed they forget as easily as they have learned. No impression is absolutely permanent but many are remarkably evanescent. And their relative permanency is not measured by their comparative sharpness. Grief and joy of the most acute kind pass out of the mind as easily as the most common place events. In one view of this fact it seems to have its disadvantages, but on the whole we have great reason to admire the faculty of forgetfulness, for faculty it is, and a blessed one too. To forgive and forget are both possible by an act of the will. The memory of disagreeable things, therefore, need not, of necessity, abide with us. But it is quite certain that we can empty the mind of one thing, only by filling it up with something else. Recreation and amusement are admirable substitutes for business cares. They take temporary possession of our thoughts and go away as swiftly as they came, leaving us to resume our old impressions or to possess ourselves of new ones. This is a normal function of the mind and should be recommended to all our patients.

A Retrospect of Medicine. Read Before the College of Physicians and Surgeons of Michigan, February 3, 1879. By T. F. Pomeroy, A. M., M. D., Detroit.

As ideas, like words, figures, chemical elements and musical notes, are elementary and few in number as compared with the combinations of which they are susceptible, the difficulty of presenting those that are new is met at the threshold of an attempt to write an "original paper." This is peculiarly the case with a subject whose themes have long ago been exhausted, as is the fact with the one I have chosen for my paper this evening. I may, however, avail myself of the capabilities for new combinations of old ideas with those of more recent date, in relation to subjects that are akin to that of medicine, notwithstanding the barrenness of ideas that has characterized the medical profession in relation to therapeutics, fully up to the commencement of the present century. For, while in all those branches of scientific investigation that are elementary and collateral to medicine, vast progress has been made, medicine itself, as an art, has been content to rest where the dark ages of the past had left it, so that to-day, even as then, the majority of its representatives are satisfied with the usages and with the methods, as they are with the means of cure that were then customary, and these are still the prevailing and popular ones upon which the great bulk of the human race relies in its utmost needs, and under its sorest trials. This is due to those causes that have already been alluded to in a former paragraph, a barrenness of ideas, as also to a neglect of those processes of development, and of those means of evolution that have insured the greater progress that has been made, both in science and art, everywhere but in medicine; those resources have evidently not been called into requisition in the cultivation of the medical art.

In mechanics, if we look at the steam engine of the past and of the present, we shall behold the great strides that

have there been taken in the line of progress and improvement. Some of us here can recall those primitive structures that were regarded with wonder and astonishment, as they were by steam propelled all along the course of the Hudson, and under the observation of the sparse populations contiguous to these great lakes not a very many years ago; and, the first specimens of steam locomotion upon land, which the writer can well remember, within the past forty-five years, that transported—in more senses than one—the passengers of those stage coaching days from Albany to Schenectady, only sixteen miles of the journey to the then far west of Ohio and Michigan.

Look now at the magnificent and commodious steamships that traverse the wide ocean in every conceivable direction; regard that superb structure, that almost thing of life, the locomotive of the present day, with its long train of handsomely equipped and artistically constructed cars, supplied with every convenience and comfort that the weary or the exacting traveler could demand, and behold the march of progress. A progress that is the result of the evolution and the development of ideas. The first steamboat, the first locomotive were but, so to speak, the efflorescence, the flowering out of a simple idea, you might almost say, the germ of an idea. This physical manifestation of this first idea, suggested new combinations of it with others that had already been made manifest and utilized, and so on from one improvement to another, until the present splendid triumphs of science and art, as applied to mechanics, have been thus reached. An idea, a series of continually evolving ideas, were the germs, the seed about which all these results have clustered. Like the seeds of vegetation and their germs which supply themselves with nourishment from the elements that surround them, combining and arranging their particles in obedience to fixed laws, until we witness the magnificent forest, the prolific grains and fruits for the food of man and beast, and the beautiful flowers of the field and garden. Who can tell how far apart are the ideas out of, and from which, such superb results of mechanical art have

sprung, and the controlling principles and laws that determine the development and manifestations of organic life? In the construction of machinery are not living principles and eternal laws as truly operative and potent as in the more subtle and hidden processes that result in living organisms? May it not be that both series of results are due to a similar, if not to an identical relationship of cause and effect? Both are indeed supplied and perfected from common elements as they are constructed and developed through the agency of common laws and universal principles.

Again let us regard the vast attainments in science and art, that have been made while medicine has thus remained stationary and dormant through its many years of hibernation, its sleep of centuries, and we will but glance at them, hardly more than to enumerate some few of them. Compare the chemistry of the last with that of the present century, especially as applied to the arts and to kindred sciences, who would recognize the relationship from its present standpoint with that of the past; even within the memory of the writer it has almost past recognition and comprehension. Then, the discoveries in astronomy and microscopy, and the revelations that are constantly made manifest through their agency; so also the vast and important advances in spectroscopic analyses and their results; the media of communication and inter-communication between points near and most remote furnished by telegraphy and its kindred agents; the processes of transferring almost by magic the images of objects, the symbols of thought, into tangible and convenient shape for use and ornament; the wonderful developments in the art of printing, and the great perfection attained in the construction of the printing press, and their wonderful results and transformations. So also in biology—the science of life, the science of the sciences—have thought and research begun to bestir themselves, and ideas hitherto widely separated have commenced the processes of affiliation and of association, combining into definite forms, and into propositions, many of which await farther investigation and ultimate solution. Investigations and problems that reach back into

the ages, that dig down into the hidden depths of the earth, that stretch forth into the spheres, that question as to the origin and history of the universe, that consult the very arcana of nature, and that stop at nothing that is between heaven and earth. Investigations that regard the most subtle, as well, as the most material of the processes and manifestations of life, that relate to mental as to physical phenomena, that find analogies everywhere, and correspondencies on every hand; in fact, that tend to unity and harmony, to universal similarity and relationship, to a grand incomprehensible central idea, the germ, the source of all things in the heavens above and in the earth beneath; that regard all organic life as but a microcosm, a representative of the universe itself, the outcome of an infinite series of evolutions and developments, obedient to the same eternal laws, subservient to the same subtle forces and constructed from the same elementary material. Such in general terms is the nature and direction of biological research, a science so vast, so comprehensive, that it embraces all the rest within itself, one that can not be regarded nor investigated without involving a knowledge that is universal, an apprehension that is eternal; a full comprehension of which must ever be unattainable.

It is "passing strange" that the medical art, the one whose relations are so exclusively confined to organic life, for the preservation and maintenance of its forces in equilibrium, and in the exercise of their highest capabilities should have been eminently the laggard in all that pertains to progress and development. It is astounding that it should have been an art so barren of ideas, one so destitute of a capacity for appropriating those of other arts, and of the collateral sciences also, to its own use, and of recombining them for its own advancement. That such, however, is the fact, can not be controverted; almost daily and hourly does the evidence of it come under the notice of ordinary observation. But originality in the conception of ideas does not, nor ever has, characterized the medical profession. It has rather been distinguished for its decided and persistent opposition to all

such innovations, as are the outgrowth of original thought, as it has ever treated the authors of them with its disapproval, and not unfrequently with persecution and a vindictiveness worthy of the bigotry that belongs only to ignorance and superstition. While we may not be able fully to explain the causes that have led to these results, or to deny the facts, or the history that records them, we are left to lament the consequences that an equally faithful history has also recorded, a history written not merely in books, but that is as indelibly stamped upon the victims of this ignorance and intolerance through a long succession of generations, as upon the profession itself.

Why the medical profession did not long before the present century, detect the intimate relations that exist between the three great kingdoms in nature, the mineral, the vegetable and the animal, in relation to itself, why it has remained oblivious to the suggestions of nutrition and development incident to these relations, is a question, the solution of which has puzzled wiser heads than ours perhaps. Why it has not from these facts of nutrition and growth, facts that have necessarily existed since the advent of organic life upon the earth, deduced a system of therapeutics commensurate with those relations, is another cause for wonderment to those who, at this advanced period of the history of the world, have begun to enter upon the investigation and the practical application of them.

From our standpoint, the inference is most direct and legitimate, that upon those laws that determine the facts and the phenomena of organic life, must its continued existence and its healthful conditions depend; and, that the same elementary constituents that enter into its construction, that administer to its nutrition and development, that maintain its functional action and direct its forces, are requisite for the maintenance of their integrity, and for the restoration of their harmonious action whenever disturbed or impaired, through disease or by accidental circumstances. Yet it has remained for representatives of the profession in this nine-

teenth century to make these deductions, and to announce this discovery. and to put them to the test of experience. And not only this, but in doing so to meet the determined opposition, the unjust opprobrium and reproach of the great bulk of the profession, a reward for progressive research and advancement that has not been as liberally accorded to discoverers in those sciences and arts that are collateral to, and concurrent with the medical art. Well might the denunciations of one of old against the bigots and hypocrites of his day, be hurled by them at their brethren and most unworthy representatives of the medical profession. "But woe unto you scribes and pharisees, hypocrites! for ye shut up the kingdom of heaven against men; for ye neither go in yourselves, neither suffer ye them that are entering to go in."

That these men who have had such a relish for pathological research, and who have wasted so much time, and consumed so many volumes in their almost barren theories and speculations, should have failed to see the necessary connection, through the *materia medica* of nature, between physiological conditions and the requirements of therapeutics, while they were so keen on the pathological scent, is one of those bewildering things that meet us along the dreary pathway of medical science. Unhappily too, the counterpart of this is found, far too largely found, in the midst of those who should know better, having themselves advanced, or assumed to do so, into a purer atmosphere of medical thought. Here also we are confronted by this absorbing and blinding bewilderment as to the paramount advantages of pathological research, the supreme importance of a *per se* knowledge of diseased states and conditions, apart from a perfect familiarity with the intimate relations existing between physiological and therapeutic ones. Had an observation of every day facts, in relation to health and disease, as constantly and as systematically commanded the attention of our professional ancestors, as did their studies and lucubrations upon abstract pathology, or pathology in the abstract, the revelations of this our day as to therapeutic science, would

not have awaited the advent of the present century for their recognition and observance, nor would their reception have been as ungenerous and as ungracious as the history of that reception abundantly records. Had the *materia medica*, which nature has always so profusely supplied, and scattered along the pathway of the past ages, been studied in its relations to the physiological status; and, had the results of its application thereto been as strictly observed and as faithfully recorded, as during the later years of the history of the medical art, we would not now have been compelled to the acknowledgment, the humiliating confession, that medical science is far behind its cotemporaries and its competitors, in the race for scientific supremacy and advancement. Such obliviousness to their everywhere surroundings, would require the almost logical inference that through all those ages of the past, and especially through these later years of progress, the members and the representatives of the medical profession, as a class, have not been the recipients of as thorough training, or of as full and complete education, as their fellows and cotemporaries in kindred scientific pursuits. How else shall we explain the fact that the suggestions, derivable from mechanical and kindred forces, the study of which has always been prosecuted and enforced in all institutions of learning, have not been observed nor regarded in their application to medical science. The subtle, the almost inscrutable power of the screw, the lever and the pulley, the hidden, but most potent forces developed in the process of crystallization, of vegetable growth, and of the conversion of water into steam, to say nothing of those elementary forces, attraction and repulsion, would, or should, be suggestive of the intimacy of their relations to animal life, and to the integrity of its healthful and continued existence.

To the completely educated medical mind, and to the truly observant one, the human organism represents the sum of all the forces in nature, both those that are purely subtle, and those that are merely mechanical; so also in the performance of its functions, voluntary or otherwise, he recognizes an

implicit obedience to the same laws, and the same influences that govern the movements of the planets as also of the universe itself, for of these it is the legitimate and direct product, and upon these it is dependent for sustenance and growth, as well as for all the phenomena that characterize, or that relate to its existence.

Mental function, which distinguishes the animal from all other manifestations of organic life, and most conspicuously in the human race, may, after all, be found to be but the highest form of force, the ultimate of the refining processes through which the forces of nature have progressed, the finality of many series of evolutions, the completion of the great circle of revolution that brings organized beings to their perihelion, to their nearest possible approach to that grand central force that governs and prevades all else in nature. At this point, in the order of nature, for the first time do we find, in kind though not in degree, a manifestation of attributes that belong only, so far as we are capable of understanding them, to the Deity itself, the great source of intelligence, and of all things else. Here we must be content to rest, to be satisfied that we are animated by those forces, that we are the possessors of those faculties that make us capable of observing, and of investigating all phenomena that emanate or flow out from the great source of all things, from the divine mind itself. We may congratulate ourselves, and feel happy over the thought that the medical profession even, with the rest of mankind, may yet aspire to the exercise of these functions, and indulge in their development whenever it shall awaken from its long period of inaction, its almost sleep of death, through which we may charitably suppose, that like the victims of its ignorance, it has been held under the influence and dominion of some demon of narcotism, of some infernal spell that bound it, body and soul, to the traditions and superstitions of the past in relation to medicine. If such reflections as these are pertinent, if such conclusions are just, as regards the medical profession of the past, with how much more force and justice do they apply to the profession of this, our day, when knowledge stalks abroad, and when science and art enjoy their holiday, and

revel in the sunshine of their ever fresh discoveries. Must the members of the profession, individually or collectively, rest content with the acquirements of past generations, yea, of past ages, with the methods of antiquity only at their command in their conflicts with disease, and especially at this juncture when the horoscope of the astrologer, as the prognostications of the astronomer, alike point to the dire calamities of war, pestilence and famine, that have already begun to swell their onward tide, a tide which, before it ebbs again, may swallow up and destroy a tithe of the human race, and bring woe and desolation to millions more? Already do we hear the tramp of this "pestilence that walketh in darkness," still louder, perchance, will its warning notes assail our ears before the current year shall have passed away, and it may be that before the summer of 1879 has faded into the autumnal months, many of us will have recorded our numerous victories or our many defeats in our conflict with it.

The great prodigality of nature in the production of life, which seems to spring spontaneously from everything, and from everywhere, and which is so suggestive of her recuperative powers, is but the counterpart of her wastefulness and extravagance in the destruction of it. Thus is put at naught the great importance that is, by the human race, centered in itself as the supreme end and object of all things else in nature, and for whose especial use and benefit the earth and all that it holds, the firmament and its myriads of shining orbs, were definitely created and set in motion.

Such events, such great casualties as are just now foreshadowed, serve to teach man that his race, in common with all others of the animal creation, is but an humble manifestation of nature's resources and capabilities, hidden away in this corner of the universe, and upon which the foot of old Time as he passes this way, may but momentarily press to crush millions of its representatives out of sight and out of mind. We are also now and then reminded, and to ourselves most forcibly and painfully, that man's existence is no impediment to the onward march of the hurricane, or the resistless flow of the flood, no more than it for a moment re-

tards the volcano's or the earthquake's relentless course; truly "all flesh is but grass," and we the creatures of a moment, and human existence but a flower that blooms to-day and to-morrow is dissolved into its elements; whose great prototype and exemplar is, nevertheless, the universe itself in its ever changing and ever varying course. Is it possible then that immortality, the immortality of which prophets and philosophers have written and speculated so much, of which the poets of all ages have sung, individual immortality, is but a dream of the imagination, a fantasy of the brain? Can it be that immortality appertains only to the perpetual evolution of the elements, and of the forces of nature, alike through organic and inorganic matter, using them only for their manifestation and for the exhibition of their power? The analogies and the suggestions of all natural phenomena would almost lead to such a conclusion, as would also the lavishness of nature, both in the production and in the destruction of life, her utter unconcern and indifference relative to the kind or the condition of it, whether vegetable or animal, or, of a lower or a higher degree, it matters not; it is all the same.

Such problems as these do not yet admit of final conclusions, they must await the further developments of scientific investigation and the results of biological research; but, in regarding them solely from a scientific point of view, such may be the only alternative conclusion presented for our acceptance. To no class of investigators, to no branch of scientists, do these investigations so properly belong as to those of the medical profession. The science of life in all its relations, and under all its conditions and manifestations, even to its final outcome is the physician's appropriate field of action, the study of it, his peculiar province.

That Same Old Question. By C. Pearson, M. D., Washington, D. C.

There appears to be quite an effort on the part of some physicians, and particularly of pharmacutists, to make the impression general that the high potencies, 1 *M.* and upwards, of Swan and Finke, are really nothing more than the third or the sixth centigrade. If this important discovery is calculated to make these men happy, and they seem to feel good over it, it would be a pity to spoil their fun. They are probably at a loss, on any other hypothesis, to account for the many brilliant cures effected by those who use these preparations. They appear to recognize no difference between diluting and potentiating. One drop of a tincture in a barrel of water would be diluting, and from their standpoint, as well, probably, as from any other, no toxical or even curative effects would be likely to be perceptible, though the patient were to swallow the whole of it; but when this water is taken ten or one hundred drops at a time, and thoroughly succussed with the medicine, a power is developed that is potent, call it dynamic or what you will, the fact is not to be gainsayed. Do these objectors believe that Doctors Swan, Finke and Skinner are dishonest, or do not know the third from the two thousandth potency when they prepare it, while others, a thousand miles away, are able to tell just how the thing is done, and when these men have blundered, why the most of these medicines have been run up by hand to the thirtieth, or even above, according to Hahnemann's formula, before these men commence with their machines to carry them higher. What nonsense, then, to prate about these potencies being low. Thirty years ago, it was customary for physicians to prepare their own attenuations. I did so and for some ten years seldom prescribed a medicine above the twelfth decimal. I afterwards carried them higher, to the thirtieth, and a number even to the two hundredth, and found that the higher I went, in most dis-

eases, the better was my success in practice. Some two years ago I commenced using Dr. Swan's high potencies, with a good deal of caution though, for years before the two hundredth had been my favorite, in that time I have rarely prescribed any medicine below the 1 m., generally fifty, or cm., and can truly say, notwithstanding I have been reasonably busy treating all the diseases incident to this locality, including scarlet fever and diphtheria, that the mortality in my practice during this time has been much less than during any former two years. If these preparations are the third or the sixth why is the mortality reduced one hundred per cent. below what it was when I used these potencies exclusively? We leave this question to those mathematicians that have no trouble in showing us that two and two make six.

A writer in the December 15th number of the Investigator labors hard, and successfully, to show how little he knows about the treatment of "malignant diphtheria," and says, "any one who proposes to arrest its course by a dose of Sulph. 200th or anything else, should be chained up as a mad man or sent to an idiotic asylum." It is a strange coincidence that insane men should always believe every one else crazy but themselves. I claim to be the first person to maintain that diphtheria was a blood poisoning, for which Sulph. was as nearly a specific as it was possible to have one remedy for a disease, but that it was useless or nearly so, below the two hundredth. I had practiced according to this belief for years before, making any such public statement in a lecture to the class of 1873 and 1874 in the medical college at Cleveland, an extract from which may be found in the February 15, 1876, number of *The Investigator*. I recommend this treatment, and again in discussing this subject at the World's Convention in Philadelphia, the only change my opinion, since then, has undergone is that, instead of giving it at the two hundredth I now give it cm. with much better results. Those who give *Mercurial* and other preparations low, with applications of hot or cold water, as this writer so highly recommends,

usually experience much more relief themselves mentally, than their patients do physically, for they can congratulate themselves they did something as they pass the cemetery where their patients are buried.

But when they counsel us to resort to the same treatment we have tried time and again, even to binding ice on the throat, only to see our little patients struggle and die. Their talk about "men of real genius coming to the front" in the treatment of malignant diseases, and those that practice to sustain a special "ism" being compelled "to step down and out," "passes by as the idle wind which we respect not," and is, "as a tale, told by an idiot, full of sound and fury signifying nothing."

But the Milwaukee Academy of Medicine proposes to finally and permanently settle this vexed question of potency, to determine whether there is any curative virtues in the thirtieth, and if they decide there is not then those who "parade their cures" with this and still higher potencies in our medical journals are to be regarded as frauds. In other words, they propose to determine whether Hahnemann was a fool, and all his true followers, from his day to the present, a pack of deluded asses. Now this is quite an important question, and some of us naturally feel interested to know just what we are. Why do they not accept the unanimous verdict of ten thousand allopathic physicians in regard to this matter. Why do they not appoint a committee to determine whether the sun shines or the earth moves, because some lunatics still doubt it. "Ye Gods! it doth amaze me" that men will go to so much trouble to weaken, and excite suspicions in regard to the only system of medicine that has ever blessed the race. But then we are getting some wise young men in the profession, and it would seem that the only way some of the veterans, who have grown gray in the practice, can keep from being humiliated and save their credit is to die soon. What do you say to this, Hering, Lippe, Guernsey, Bayard, McManus, Gallupe and other survivors of the old guard; men who forty years ago gave to Homœopathy by their success

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in practicing it in its purity that reputation which induced hundreds of adventurers to embrace the name without its principles. Is it to be supposed, that if these pioneers had prescribed as many do now, that their success would or could have gained the attention and confidence of the people as it did in those days? No never, and though there can be little fears that legitimate Homœopathy will ever die, now that its true principles have been discovered; still, its reputation is being seriously injured by the many miserable failures of its numerous mixed prescribers. My old friend, Dr. Gallupe, in the January 11th number of *The Investigator*, speaking of the treatment of cases of convulsions reported in a previous number, truly says, such published statements "are an open disgrace to any professedly homœopathic journal;" and he might have added, enough to damn Homœopathy in the eyes of any one who could be led to the belief that such treatment was homœopathic. The editor, in commenting on the strictures of Dr. Gallupe, remarks that "the management of convulsions is no child's play; that the physician's highest calling is to restore health to the sick," all of which is very true, and in view of which we ask why in God's name men who profess Homœopathy, do not practice it. Dr. Gallupe, like many others, has no doubt become tired and discouraged reporting cases "to show how it is done." There is a class of men now, as there has always been, who would not believe though one rose from the dead, and he who would point out a better way would be only likely to receive abuse in return for his kindness, and if Ephraim is determined to be joined to his idiots, it is not surprising that there should be a disposition to let him alone.

Theory and Practice.

"Frost-Bite. Death from Septæmia." By Alex. Main Curtiss, M. D., House Surgeon, Ward's Island Hospital, New York City.

In the early treatment of frost-bite all authorities recommend that the patient be placed in a room with the temperature low and either that friction be gently made with snow, or that the frozen parts be placed in ice water. Although these means are very simple and easy of application, cases are continually coming to the notice of surgeons which, through the neglect of early using these measures, often prove disastrous. The following case is a fair illustration, and resulted in the death of the patient, simply because of the ignorance and carelessness of himself and his friends.

William Tuttle, æt. seventy; nativity, England; occupation, laborer; entered the hospital December 28th, '78, in a delirious condition.

The patient, a prisoner in the Workhouse, had been at work attending hogs in an out house connected with the New York City Insane Asylum on Ward's Island, and was in the habit of stirring hot swill with his bare arm, after which he slept in a cold room. About a week ago on awakening one morning, he noticed that his right hand and wrist were stiff and without sensation; in fact, he knew they were frozen. On the advice of his comrades, he immediately immersed his hand and arm to the elbow in hot swill. With the exception of using some kind of liniment, the man entirely neglected his frozen member until his mates, becoming alarmed, had him sent to the hospital.

The hand and arm were very much swollen, dark in color, the skin moist and covered with watery bullæ, and emitting

a foul odor. Over the hand and wrist the skin was abraded in several places, from which issued a sanious, watery discharge.

Sensation was present to a slight degree along the outer margin of the little finger and palm. Delirium was constant, the patient muttering to himself, tossing about, continually restless, thirsty, drinking a little whenever it was offered; with a pulse of one hundred and thirty and a temperature of one hundred and four and one half. It was clear that *septic* poisoning had occurred, and owing to the low condition of the patient, and from the absence of any line of demarkation, amputation was contra-indicated.

The blisters were all opened with a bistoury, and a carbolized *flax-seed* poultice applied over the gangrenous portion of the limb from the elbow down. A high and concentrated diet was ordered, and *Ars. 3x* was given hourly.

Dec. 29. Patient was a little improved; not quite so delirious and more ready to take food. Temperature during the day varied from one hundred and three degrees to one hundred and four and one fifth degrees, and the pulse from one hundred and twenty-five to one hundred and thirty-five.

Dec. 30. Much worse, the delirium was continuous, of a low muttering character with *subsultus tendinum*. It was with difficulty patient could be gotten to take nourishment; temperature and pulse same as previous day.

℞ *Bell. 1x* and *Carbo. veg. 3c* in alternation half hourly.

Dec. 31. Fell into a coma and died.

Applied Homœopathy. By F. Park Lewis, M. D., Buffalo, New York.

There are two methods, aside from the proving of drugs, by which our knowledge of the application of medicine may be enlarged. These are first, what may be termed analogical

reasoning, and second, the accumulated clinical experience resulting from this method of practice. This may appear to savor of the so-called physiological school, and yet its necessity will in certain cases be almost universally acknowledged. In ophthalmological and otological practice, this is perhaps more readily apparent than in any of the other departments of medicine. Few provers will continue the use of a drug until decided tissue changes have resulted, or until either the sense of sight or hearing is to any marked degree impaired. Diagnosis too—at the time in which our most reliable provings were made, was in a very crude and imperfect condition, and to-day, it is quite impossible, in many cases, from the proving alone, to determine which of the several structures was affected by the drug. We are obliged therefore, in order to prescribe with discrimination, to resort to what I have termed analogical reasoning. We know for instance, that certain drugs appear to exercise a specific action on certain kinds of tissue. *Bryonia* shows an affinity for serous membranes wherever found, and hence its value in pleuritis, pericarditis, arachnitis; and although it is not at all probable that all of these membranes have ever been inflamed under its continued use; still the characteristic sharp stitching pain, denotes the nature of the part diseased, and the exhibition of the drug is many times followed by the happiest results.

This method of reasoning is by no means infallible, as a drug does not in every case affect similar tissues in a similar way, but is offered merely as a clinical expedient in those cases in which the provings appear to be insufficient. Take, for example, the single symptom hemiopia. This may arise from cerebral tumor pressing upon the optic nerve or commissure, and which may be either osseous or gummy; it may be due to cerebral blood clot, or to interocular hemorrhage; it may be a symptom of idiopathic optic neuritis; it may arise from a retinal detachment; yet without in any way indicating the affected tissue, we find that *Aurum*, *Calc. carb.*, *Caut.*, *Lycop.*, *Mur. acid* and *Nat. mur.*, all have the symptom half sight. How, then, are we to determine which of the

drugs is the one required? Of course we must rely as far as possible on the accompanying general symptoms; but as these are oftimes very few, we must depend, until provings, based on carefully made diagnoses, are instituted on our analogical reasoning and clinical experience. We know that in syphilitic periosteal tumors, *Aurum* exercises a marked influence. Should such a condition be accompanied by perpendicular half sight, it would be an additional indication for the exhibition of the drug. But should the tumor be of a gummy nature, we know that *Kali iod.* will probably have a more marked effect; and, if under its influence, the symptoms of hemiopia should vanish, we must not credit the *Potash* in curing the hemiopia, but in causing the absorption of the tumor only, by which the half sight was caused.

A case recently presented itself, in which a cloud seemed to cover the outer half of the field of vision in the left eye. This was found to be due to sub-retinal effusion. The proving of *Gelsemium* has no symptom of this kind; still, clinically, we know the value of this drug in serous effusion beneath the retina. The thirtieth potency was employed and the trouble vanished. But, we must not on that account, consider *Gelsem.* as having cured perpendicular half sight, but as having renewed the obstruction by which perfect vision was prevented, and with it the predominant symptom. A case of plastic iritis following inflammatory rheumatism, did not respond kindly to the remedies employed. The pupil would contract, notwithstanding the local use of a one per cent solution of *Atrop. sulph.*; while the night pain was of a most agonizing character, and only temporarily relieved by hot applications. Remembering the pleasing results of *Salicylate of Soda* in inflammatory rheumatism, and knowing the similarity of the two diseased conditions, the drug was exhibited in material doses at short intervals, with the effect of at once controlling the pain, allowing the pupil to dilate and leading to a speedy recovery.

This is a method that may be frequently employed; not, be it understood, is it meant in any degree to supplant our

provings, but as an auxiliary to them; and in this way, diseased conditions to which the drug is probably strictly homœopathic, but which have never been developed in the proving, are cured.

It becomes necessary, therefore, and in the highest degree important, that successful clinical results should be recorded and preserved. These, and repeatedly verified provings, would form the basis of scientific therapeutics, and inestimable advantages would accrue to the school and its patrons. Most carefully made diagnoses, however, are necessary, and honest prescriptions and results, and upon such results the profession would be enabled to place a reliance that would greatly augment the confidence manifested in our law of cure.

Influences. By P. B. Hoyt, M. D., Paris, Ill. Wabash Valley Homœopathic Association.

An old poem begins somewhat after this manner: "We are living, we are dwelling, in a grand and awful time." This may seem a strange text for an essay upon clinical medicine, but as we look over the history of medicine and see how great the changes have been, how varied have been the opinions of great men and physicians, and the strange therapeutical means that have been employed for the removal of the ills of this mortal life. Nay, more, as we look over the condition of the medical world of to-day, and see how little is made conformable to established law, while astronomy, chemistry, anatomy, physiology and all the sciences are moving on in solid phalanx, each giving out its quota of instruction, each adding to the great fund of human knowledge and advancement. While the world, as a mass, are leaning upon the medical profession, looking to them as safeguards from the destruction that walketh at

noonday, or the pestilence that starketh abroad at night, calling on us to tell them how to avoid the evil on the one hand, and how to escape its consequences when it is fastened upon them. May I not, in justice, say with the poet, "We are living, we are dwelling, in a grand and awful time?" And to us belongs the task of bringing harmony out of confusion. And this is precisely what the homœopathic school of medicine is doing; it being the only system of medicine that has a definite law governing it in the selection of the curative remedy; a law upon which we all unite, no matter what may be our individual opinion as to the dose; a law that experience has demonstrated to be reliable and universal in its application, sure in its results as any thing can be in this mortal state, understandingly applied a boon and a blessing to the sick and a safeguard to the healthy.

Yet we have much to learn, not only in the influence of drugs upon the system, "both in health and disease," but a vast field is opened to us as we turn attention to climate and the influences exerted on it by planetary changes. It has long been known that the planetary system exerts a most powerful influence on the conditions of climate and atmospheric changes. Also that some remedies always act more satisfactory in certain phases of the moon. There is no superstition, moonshine or foolishness about it. It is a simple matter of observation. In studying the relations of the planets to earth, astronomers have been able to determine, with a fair degree of certainty, the atmospheric changes that are likely to take place long before their occurrence, and as atmospheric changes do most certainly influence the health of the community, it becomes a matter of no small importance to us, looking at it from a therapeutical standpoint, to understand how and when these changes are to occur. Since the commencement of the Christian era there has been two great periods in which the planetary system has stood in a peculiar relation to the sun and earth, at both of which very destructive diseases have visited the inhabitants of the earth. Either by coincidence or else by

the influences thus exerted, working through the atmospheric changes on the bodies and minds of the people, wars, pestilences, famine, have followed and thousands on thousands have gone down in death. These tripartite conjunctions occurred in the fifth and seventeenth century. I can not, in this short paper, enter into detail. But this I say: That during the next six years will happen what has not occurred for centuries. "All the great planets will attain their perihelion, or nearest point to the sun," "and as science has come to regard the periodical increase of planetary attraction which occurs when the superior planets make their perihelion circuit as the direct cause of the inauguration of epidemics or the recurrence of what are called "pestilential periods." Does it not become us to keep our eyes open and to watch with more than ordinary care the developments of the coming six years?

The immortal Hahnemann told long before he ever saw a case of cholera what would be the remedies, and to-day they stand as our sheet anchors in treating this terrible disease. What we want to do is this: To so observe and watch the atmospheric influences and the development of disease under these influences that we shall be ready, before hand if you please, to meet every emergency. Please do not turn away and cry moonshine, astrology, etc., etc. But as true learners of nature and nature's laws, prove ourselves worthy of our high profession. Gentlemen, if I have said enough to rouse in you a spirit of earnest inquiry, I shall feel exceedingly happy. Perhaps some of you know more on this subject than I do. I hope so, at least. There are many other things that exert a powerful influence on health and disease which I can not here more than mention. Such as the purity or impurity of water. And I am glad to note that much attention is being paid to this branch of sanitary science, for there is no doubt that through this medium disease is generated and carried from one to another. We can not be too careful in selecting the water we daily use in cookery, for drinking and for bathing. Moreover more attention should be given to ventilation, to

the sleeping apartments, to the position we assume while sleeping, with reference to the points of the compass, always sleeping with our heads to the north, if possible. Again the covering, while sleeping, should receive more attention. We are apt to cover ourselves too heavily. There should be covering enough to prevent any chilliness, but not enough to produce perspiration. Diet comes in for its share of attention. We should eat to live, not live to eat. Much disease is induced by eating too much, as well as improper food. I am satisfied that eight-tenths of the diseases of the alimentary canal are caused by errors in diet and the quantity of food consumed. Lastly, we will mention medicine. Too much medicine is taken, even in the small quantities of Homœopathy. Many persons would be infinitely better off without a particle of medicine, would enjoy better health, be more happy, and consequently enjoy life better. We have studied to know the right remedy in a given case. This is well. But what is better is to know how to avoid the necessity for medicine. All things considered, then, did I not well say: "We are living, we are dwelling, in a grand and awful time," in an age on ages telling. To be living is sublime.

General Clinics.

GLAUCOMA.—ARGENTUM NIT. 200.—Mrs. C. consulted me for a severe glaucoma. After treating her for a few days, I advised her to go to Boston and see Professor Angell, which she did. The Professor, after a careful examination, told her she must have the worst eye removed in order to save the other eye, which was getting bad by sympathy. This she did not consent to, but consulted an

oculist, who advised to wait a little and fixed up something for her to take, and also to use as a collyrium. She came back to me worse than when she went away, bringing me a letter from Prof. Talbot, to whom I also gave her a letter, advising the internal use of *Mer. cor.* In a short time she decided to give up all her treatment, commenced from advice received in Boston, and depend on her home physician. I studied her case carefully and decided to give her *Argentum nit.* 200, and use no applications to the eye. The left eye was so painful she was nigh distracted, pains being deep in socket, behind the eye, and shooting up into the brain. She could just discern light but no distinct objects with that eye. The other was red and very painful, with sharp stitching pains, going back deep into the socket and up about the superciliary ridge. Pains would make her knit her eyebrows. Clusters of intensely red vessels extended from both canth, to the cornea, the left cornea being opaque. She complained of feeling as if hot sand were in her eyes. The *Argentum* gave her relief in a few hours when she had been almost distracted for days. I gave her no other remedy and no other potency, as she seemed to mend quite beyond my expectations and far beyond any predictions given of her case. In a few weeks the right eye was fully cured and the pain about the left eye was only felt occasionally. She only partially recovered her sight in the left eye, however, but it has troubled her very little since six months after beginning to take the *Argentum*. She kept a little phial with her to take a dose of if she felt pains about the eye for two or three years.

SCROFULOUS OPHTHALMIA.—I have found *Merc. protoiod.* in the 30th and 200th a very certain remedy for ulcers of the cornea of this class of constitutions. Nasal ulcers are found a frequent accompaniment. Have cured several cases of congenital sore eyes with the *Mer. biniod.*, using more often the third trit. Should have confidence in higher preparations from my experience in the *Protoiod.* Some of these cases were in children born of consumptive mothers.—G. N. BRIGHAM, M. D.

During these spells the patient struggled with great force in her endeavor to get breath. So powerful were her efforts that it required two men to hold her and prevent her doing herself violence.

After thus struggling from one to four minutes she suddenly inspired again and would sink away completely exhausted until aroused by another similiar paroxysm.

Thus she suffered during the night, resting between her spells from five to thirty minutes. During this time she was seen by three physicians. At ten o'clock a. m. I was called in being the new doctor in the town.

I at once diagnosed the case œdema of the glottis, with spasm. This case occurred about the time I commenced giving some attention to Homœopathy and I was consequently not well prepared to treat the case according to our system of therapeutics.

I advised ice cold compresses to the throat and *Atropia sulph.* hypodermically, to relax the spasm of the laryngeal muscles.

I accordingly administered *Atropia sulph.*, $\frac{1}{10}$ grain, every three hours, and applied the cold, and in addition the positive pole of a Kidder battery.

The effect of this treatment was most satisfactory. In three hours the spasms had become very much lighter and further apart and soon my patient was sleeping.

A slight return the next day was treated by *Arsenicum 3x*, which remedy completed the cure. There has been no return in four years' time.

I think there could have been no mistake in the diagnosis, since inspection of the larynx revealed decided œdema of the glottis and epiglottis.

The homœopathic remedies for this disease are *Bell*, *Hyo 1x*, *Sang 1x*, *Ars. apis*, *Chi.*, *Kali bro.*,

Dr. Dunham, in his "Science of Therapeutics," recommends *Chlorine gas* in watery solution, as a speedy cure for this distressing affection.

Elsewhere I have seen it recommended to forcibly flex the toe or thumb or any of the joints of the extremities; it being

stated that this forcible flexion antagonizes and overcomes the spasm of the laryngeal muscles.—A. C. RICKEY.

INTERMITTENT FEVER.—*Awa samoa*. Case I. Paul Sch. aet 21. Frenchman, cook, dark complexion, March 11, 1878. Had the Panama fever two years ago, and for the last four months has been suffering at intervals from chills and fever. For the last seven days had every day chills commencing in the forenoon; fearful pain in the back, great weakness, dull pain in the head, night sweats. *Awa samoa*, tr., one powder every two hours. March 13, he reported no chills and fever and no night sweats. I continued *Awa samoa*, tr., every two hours one powder, which I should not have done; the 30th or 200th would have been appropriate in this instance. March 19th, he reported a slight chill and fever. This time with shortness of breath and pain in the region of the heart by breathing, headache, thirst. Patient says that the attacks now are different from what they used to be. So I gave him *Ars. alb.* 6 every two hours a powder. March 22, patient had no chills but complained of high fever with thirst. *Ars. alb.* 6, every three hours a powder. March 26, patient improving, *Ars. alb.* 6, every six hours. March 28, patient reported himself cured. April 4, patient called again reporting another slight chill, for which I gave him *Mer. sol.* 3, every two hours a powder. April 10, patient considered himself again well and discharged.

Case II. F. G., aet 24, Irish farm hand. March 19, patient was first taken with chills and fever in Bakersfield in July last, the fever coming on every third day. He had it broken up with *Quinine* within three weeks and considered himself well until last week. March 16, while working on a farm in San Rafael and by drinking some water, he was suddenly taken again by chills coming on this time every other day. During this attack he experienced a pain in his back, and during the fever he drinks large quantities of water. He has an unusually bright and healthy looking color in his face. I gave him *Bryonia alb.* 3, every two hours a powder. March 21, at the usual time the fever set in but no chills, slight headache

and thirst, same medicine continued. March 23, patient much improved and medicine continued. March 25, patient considered himself discharged as cured, requesting me to supply him with a few more powders in case of need. May 2, patient presented himself again telling me that he had enjoyed good health up to yesterday when he was taken with another chill. I now put him on *Awa samoa* tr., every two hours a powder. May 4, patient improved and medicine continued. May 8, patient again improved and *Awa samoa* every four hours. May 12, patient cured.—D. A. HILLER.

Obstetrical and Gynaecological.

Prolapsus Uteri. By Dr. W. T. Branstrup, M. D., Vincennes, Ind. Wabash Valley Homœopathic Association.

For many years great attention has been directed, by authors, lecturers and proprietors or salesmen of patent instruments, to the diseases peculiar to women, and perhaps more attention has been paid by the profession to such diseases than to any other class; as well in striving to determine their true nature, as to seek by a mechanical and therapeutical means their cure.

In my humble opinion many of the profession have wandered far away in the zeal and enthusiasm from the path of rational treatment, and the object of this paper is to point out some of the deviations.

It has been sometimes remarked that whenever a (so-called) uterine doctor locates in a community and promulgates for a time his doctrines and advertises his treatment, every woman that has a uterus, forthwith has something the matter

with it. And the passion with many not over-scrupulous practitioners has been to excite the sex to fear of uterine disease, and to practice upon them with all the great variety of mechanical appliances.

Indeed so great has the desire of the majority of females become to be examined and elaborately treated, that every rational and conscientious physician has been, more or less, troubled by patients who find fault with them for their refusal to use these modern appliances.

One would imagine, for instance, that prolapsus uteri was the bane of every lady in the land, that the uterus itself was as large as the whole cavity of the abdomen, and that simple mechanical and medicinal means would never suffice to hoist this pendulous mass into place, or retain it into position.

Let us consider for a few moments the true size and position of the uterus.

In size not to exceed a very small pear, its measurement in the virgin is in length three inches, breadth at the fundus two inches, and one inch in thickness, sustained in its position between the bladder and rectum, in the pelvic cavity by strong, broad and round ligaments, and by sub-adjacent parts.

How singular must it appear to the young student of its anatomy that such dire effects should so constantly be seen in practice as are reported in our periodical literature.

In a majority of cases, prolapsus is caused directly by relaxation of the pelvic viscera, other causes are straining, a shock by a fall, vomiting, chronic constipation, etc., or by extreme doses of *Ergot*, or by forcibly dragging away the secundines.

Most of the reported cases of prolapsus, are simply a descent of the uterus, the os not being visible between the labia.

No complicated apparatus for sustaining the uterus in its normal position is needed, on the contrary, its use is a positive injury.

The dorsal decubitis, rest abstinence from coitus, being ordered a very simple support, and proper medication soon produce the happiest results.

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As a mechanical means, the air bag fills every requirement. The general indications for medicinal treatment are restoration of the impaired powers of the relaxed parts, the removal of any obstruction of the bowels, or the cure of any ailments, as a straining cough, upon which the displacement may depend.

The most frequently indicated remedy is *Nux vomica*, the indications which are for prolapsus, caused by lifting or straining, urging to stool, constipation or impaction of the rectum, with pain in small of the back, and bearing down pains.

Sulphur is of use when there is pressure and weakness, the difficulty aggravated by standing, with burning and smarting leucorrhœa.

Sepia. When the pelvic viscera seems about to protrude from the vagina, the patient crossing her legs involuntarily to prevent it, with papescent but sluggish stool.

Mer. sol. has been of advantage in cures, when there is great weakness of the abdomen drawing downward of the genital organs, pale gums, perspiration and feeling of great illness.

Lachesis. Said to be indicated where the patient can not bear the weight of the clothes upon the abdomen.

Other remedies are *Calc. carb.*, *Lyc.*, *Arnica*, *Puls.* and *Aletris far.* Many of the so-called cases of prolapsus are simply groups of symptoms arising from a variety of causes, simulating the disorder under discussion.

Miscellaneous.

Hahnemann.

We continue Hahnemann's masterly essay upon venereal. A number of our readers have mistaken the part already presented, as a recent essay upon the subject, and, therefore

open to serious objections, on account of certain pathological views not considered up with the times. It should be remembered that this was written in 1816. In no respect, however, has the true homœopathic method of treating syphilis changed, and, however one may view Hahnemann's pathology or nomenclature, his principles of medication are true, and always will be.

On the Venereal Disease and Its Ordinary Improper Treatment.

For the first thirty or forty years after the occurrence of the venereal disease, that is, from the year 1493 until the first third of the following century, this infecting virus was much worse than it is now; nature then strove much longer before it allowed the completion of the general internal diseases in the organism; often several months elapsed after the local infection before the chancre then burst forth. At that time too, the opposing action of the body and the general ill state of health before its appearance, as the signs of the development of the venereal disease going on in the interior, were much more distinct and striking than now-a-days, when the infecting virus is much milder. The venereal disease pursues the same course even yet, for since that period it has only decreased in violence, but its nature is not altered. Even at the present day there is, immediately after the infection, absolutely nothing abnormal to be perceived on the spot; the change only goes on in the interior, and a general feeling of illness is felt by sensitive individuals for some days or weeks, until the thorough alteration of the organism is effected by the venereal poison, and it is only after this that the chancre is produced by nature on the suitable spot, and is the infallible sign of the perfect development of the venereal disease in the entire organism, and the silencer of the internal malady. After the breaking out of the chancre the previous feelings of debility and fatigue, the dullness of the sensorium commune, the depression of the spirits, the earthy complexion with blue borders round, etc., go off. The internal venereal disease then remains as it were enchained (latent)

and concealed, and can never break out as syphilis, as long as its external substitute and silencer remains uninterfered with on its seat; but when the indwelling venereal disease is completely destroyed and cured by the sole internal employment of the best *Mercurial* preparation, then the chancre heals up of itself without the aid of the slightest external remedy; if, however, it is driven off by external means, without curing the internal malady, the latter inevitably bursts forth in the form of syphilis.

From a consideration of this mode of the production, and of the nature of the venereal disease, and of this true signification of the chancre, which are founded on incontrovertible observations, what plan of treatment of this disease would suggest itself to any person endowed with common sense? Certainly none other—for I have a high idea of, sound unprejudiced common sense—than the following: “Treat the venereal affection of the whole system by the best internal remedy until it is completely eradicated, that is to say, until the thoroughly cured organism no longer requires any virulent chancre, any external silencer and substitute for the now annihilated internal venereal disease, and from the period of the completed internal cure, it must become a healthy ulcer, without any assistance from without, and rapidly heal up of its own accord, without leaving behind the slightest trace of its previous existence.”*

Thus, I imagined, plain common sense would advise and carefully warn against meddling with the chancre by any local application, either before or during the internal treatment, that might cause his premature disappearance, for it is the only certain sign of the indwelling venereal disease, and it only can, by its persistence, infallibly demonstrate to the patient and to the physician, that the cure of the disease throughout the organism is not completed, whilst on the

*It is worthy of remark that any chancre burnt off without the preliminary cure of the internal disease, always leaves behind it a certain amount of redness and hardness as long as the virus in the interior is not destroyed; a bubo must then occur in its stead, which assumes the office of substitution, and keeps the internal affection in abeyance.

other hand, by its perfect spontaneous healing under the internal exhibition of *Mercury* (without the employment of any sort of external remedy), it gives the most irrefragable proof that the cure is completed, and that nature no longer requires this substitutive organ for an indwelling venereal malady, since it has been completely healed and annihilated by the medicine given internally.

But as experience moreover incontrovertibly teaches us, that when the chancre is driven off by local means, and nature is thus deprived of the silencer and substitute of the internal venereal disease by external desiccative or corrosive applications, it then invariably happens that either an inguinal bubo soon occurs, or after a few months the general venereal disease (syphilis) breaks out; we might have imagined, that physicians would have had the sense to perceive the importance of preserving the chancre inviolate, and without disturbing it by any external remedy whatsoever, have made it their duty to employ only internal treatment, with the best anti-venereal medicine, until the system was completely cured of this disease.

But no!—In spite of all these loud speaking facts, proving the true nature and signification of the chancre, almost all the physicians and surgeons of the habitable globe have gone on regarding it as a purely local and at first insignificant ulcer confined to the outer surface of the skin, and have exerted themselves to dry it up and destroy it by local means as rapidly as possible, and have even considered this destruction of the chancre as the chief object of their treatment, just as though the venereal disease proceeded from it (the chancre) as its source, just as if the chancre were the originator and producer of the venereal disease; whereas it is only an evidence of the fully developed internal malady, which they might have inferred from this, that the consequence of the local destruction of a chancre* performed ever so early, and even on the very first day of its appearance, was always a subsequent breaking out of syphilis; and

*John Hunter's *Treatise on the Venereal Disease*, p. 551—553. (Leipzig edition.)

they might also have learned this from the incontrovertible experience, that not a single patient escapes syphilis if his chancre have been only locally destroyed.*

Now, as the indwelling venereal malady can never break out as long as the chancre, undisturbed by external applications, remains on its seat (however long it remains there) and as the venereal disease at every period, whether it has broken out as syphilis or betrays its hidden existence merely by the presence of the chancre (or the bubo) can only be radically cured† by the use of (the best preparation of) *Mercury* (when the chancre heals up spontaneously without the aid of external remedies) I would ask if it be not very foolish, nay, sinful, to destroy the chancre by external desiccative and corrosive applications, seeing that thereby, not only is no part of the venereal disease removed, but we deprive ourselves of this conclusive sign of a perfect or imperfect cure, which should be our guide during an internal *Mercurial* treatment: nay, more, what is much worse, we even cause the outbreak of the syphilis, which had hitherto continued to lie latent and enchained in the interior, and as long as the chancre existed could never burst forth, but would

*Hunter, *op. cit.*, 531. "Not one patient out of fifty will escape syphilis if the chancre be only locally destroyed." So says Fabre also (*Lettres, supplement a son traite des maladies veneriennes*, Paris 1786)—"A chancre always causes syphilis if it be only treated with external remedies." Let it not be supposed that these local irritating corrosive remedies caused a recession of the virus from the chancre into the interior of the body, and thus produced the syphilis. No! a chancre destroyed locally without employing any irritant remedies, produces the same result. "Petit (so says Fabre, *loc. cit.*) excised a portion of the nymphæ of a woman on which some chancres had existed for some days; the wound healed, it is true, but the syphilis broke out notwithstanding." And this might naturally have been expected, as the venereal disease exists completely in the body before the chancre appears, and is only prevented bursting forth by the presence of the chancre on the skin.

†Fritze *On the Venereal Disease*, Berlin, 1790, and Sam. Hahnemann, *Instruction for Surgeons Respecting Venereal Diseases*. Leipzig, 1789, § 273—284, 290—293, 614, 635, [vide antea, p. 72, et seq.] wherewith although they contradict themselves, the other better writers agree, as Schwediaur, Hunter, Bell.

have been forever healed and destroyed had we medicinally treated the disease solely by the use of the internal remedy, whilst the chancre still existed until its cure was completed, that is to say, until the chancre had disappeared without the aid of an external remedy!

“But,” say these medical men, “we give *Mercury* internally whilst we dry up or burn off the chancre.”*

I would ask—in a sufficient or insufficient manner? (It must have been insufficient if the syphilis, as usually happens, breaks out afterwards.)

“Oh, we give it in a sufficient manner,” they reply.

Possibly: but how can they tell during their treatment whether their internally administered *Mercury* sufficed for the cure, as it is only the healing of the chancre that has remained untouched, under the influence of internal remedies alone, that can give us the sole certain proof thereof; but the chancre has been burnt off by them before or during the treatment.

Had their employment of *Mercury* sufficed for the perfect cure of the internal venereal disease, they had not needed to burn off the chancre, this would and must have disappeared† at the same time that the internal malady was eradicated without the simultaneous employment of any external remedy whatever!

But it is just because they know that their internal treatment does not suffice for the extirpation of the internal malady, consequently also not for the spontaneous healing of the chancre; it is just for this reason that they burn off the chancre to give their treatment the superficial appearance of having cured everything (the poor patient is deceived; he can not help believing himself to be cured); they give at the same time—if they wish to do the thing thoroughly—*Mercury* internally without knowing (since the chancre, the

*The worst kind of physicians advise nothing more to be done than destroying the chancre, e. g. Girtanner, *Treatise on the Venereal Disease*. Gottingen, 1803, p. 215, and Hecker, *On the Venereal Disease*, 2d edit. pp. 67, 180, 182.

†See Fritze and Hahnemann, *op. cit.*

guiding sign, is gone) how much or how long they require to give it,* and this they do under the idea that even though the patient may not be thereby thoroughly cured, they have at least advanced the treatment of the disease as far as it will go.

But this is a mere delusion. For they torment the patient by burning off his chancre, which is of no use, but is of the greatest injury, as it is certainly followed by the breaking out of syphilis, and they at the same time harass him by giving him an indefinite quantity of *Mercury* by the mouth without avail. For the venereal disease can not be half or three quarters cured; it must either be quite cured (and in that case not a trace of it is left), or it is not all cured; even though it be treated until it is almost cured (but not perfectly eradicated) it is not at all cured; what has been done for it is equivalent to nothing, for in the course of time it infallibly spreads round about again and reaches the same extent and again plants itself just as firmly as if nothing at all had been done for it.

Therefore what is the certain consequence of this local drying and often very tedious, often very painful burning off of the chancre, whereby a portion of the genital organ is destroyed, and of the blind employment of internal *Mercurial* remedies? That the patient is deceived into believing

*They often attempt to justify themselves by saying that they pushed the internal administration of *Mercury* until the appearance of the *Mercurial* fever, whereby they obtained a certainty of cure being effected. But what do they usually call *Mercurial* fever? Something that is not the least like it, and that affords no proof whatever of an internal cure; looseness and falling out of the teeth, ulceration of the mouth, swelling of the cheek and neck, violent pains in the belly, salivation? No! not every violent assault with useless *Mercurial* preparations as is now the fashion (*Calomel* with or without *Opium*) can deserve that appellation; their remedies very seldom produce that peculiar ferbile state which can still serve as the sign of the internal cure, when some mischievous hand has burnt off the still more convincing chancre. It is only the purest, most perfect, and hence most efficacious sesquioxide of *Mercury* that produces it in venereal diseases, whereby the chancre (if it be still present) spontaneously heals without the aid of an external remedy, showing that the internal disease has been completely eradicated.

himself cured, and that his lesser evil (chancre with latent internal venereal disease) is changed into a greater! Now, either a bubo (a now much more troublesome substitute for the indwelling venereal disease) or (where no bubo has appeared, or if it have, has been driven off again) after a few (three, four, six, nine) months syphilis breaks forth.

And if, after it has broken out, (as it inevitably must if the patients were not assailed with unhelpful *Mercurial* preparations so violently that there was a struggle betwixt life and death, when if they did not go the way of all flesh, some few of them were thereby freed from their venereal disease) the physician be asked if the ulcers on the tonsils, the bluish pimples on the face, extending even into the hairy scalp, the round copper-colored spots on the skin, etc. be not remains of the venereal disease that was thought to be cured, he usually seeks to get out of the scrape by alleging: "That he certainly had thoroughly cured him on the former occasion, there was then nothing more to be seen about him" (he had burnt off the chancre and removed from sight the proof of the existence of the indwelling disease; this he calls a cure)—"the patient must certainly have caught a fresh infection during these four, six, or nine months, whence this venereal ulceration of the throat, etc. has arisen."

Thus the poor betrayed sufferers must, in addition to their misfortune, bear the doctor's disgrace, because they knew not how syphilis can and must arise.

It can only proceed from the uncured indwelling venereal disease, whose external substitute and suppresser (the chancre, which, as long as it exists undisturbed, prevents the outbreak of the syphilis) has been destroyed locally by the physician, and can consequently no longer hinder its outbreak; and even though our patient may be conscious of having had several suspicious connexions since the removal of his former chancre, but got no chancre therefrom, yet he has not been infected anew, and the syphilis that has broken out must be derived indisputably from the chancre that was formerly burnt off, consequently from the bad treatment of his former venereal disease. For it has never occurred that

syphilis has been produced without a previous (destroyed) chancre, *there is no authentic instance on record of such a case having happened.

Did the patients, whose syphilitic symptoms the physician attributes to a new infection, know this, they having in the meantime contracted no fresh chancre (which has been driven away), they would know how to reply to the physician when he tries to transfer his disgrace upon them, whose treatment he has bungled.

But as patients are ignorant on this subject, they alone have to bear the injury and the disgrace; the doctor subjects them to a new course of *Mercury*, and if this be not pushed by him to a much more violent and serious extent than the former one during the destruction of the chancre was—if, I say, the patient be not assailed until his life is endangered with the ordinary unserviceable *Mercurial* preparations, a radical cure of the disease will not be effected even with this second course; the patient gets rid of his ulcers in the throat for example (for each of the primary symptoms of syphilis is easily removed even by small quantities of a bad *Mercurial* remedy, whereby the disease is not radically cured) but after a few, or after many months, a new syphilitic symptom appears in their stead—and after a third and a fourth similar, imperfect *Mercurial* treatment, a third and a fourth affection appear in succession, and at length the affections of the joints and the agonizing nocturnal pains in the bones, for which the useless *Mercurials*, decoctions of woods and baths are no longer of any avail; and the patient is left in the lurch, that is to say, to suffer his torture.

Thus, from an insignificant primary malady (for the original venereal disease still accompanied by chancre may be readily cured by the internal use of the best *Mercurial* preparations), there arises a succession of sufferings and morbid alterations of many years' duration, often on account of the health destroying treatments attended with danger to life, and all this—from the original local destruction of the

*Hunter, op. cit. p. 487, says, "Probably not in one case out of 500, i. e., in no case.

chancre which was designed by the beneficent Creator to be the constant preventive of the breaking forth of the syphilitic malady and the sure monitor of the physician as to whether the internal treatment is complete (if it heals up of itself), or the disease is not yet radically cured (if it remains unaltered on its seat).

It is only by the discretion of the patients themselves that physicians can ultimately be improved. Let every one that is infected immediately dismiss the physician who wishes to commence the destructive plan with him, of treating the chancre by local remedies, though he bestow on the remedy he would employ externally the mildest and most seductive of names, even though he should call it cooling, sedative, alleviating, emollient, relaxing, descutient, purifying or healing; all these fine appellations serve to but disguise the enemy. The chancre, being the most important witness of what takes place within, must on no account be touched or treated with any kind of external remedies by whatever names they may be called.* The patient ought only be allowed to wash the genitals occasionally with tepid river water or warm cow's milk.

On the contrary, let him choose a physician, who, fully alive to the extreme importance of the chancre, leaves this quite alone, and understands how to conduct the internal treatment alone in a masterly way; that is to say, eradicate it by means of the best *Mercurial* preparation that is capable

*And should the patient have allowed himself to be seduced and have permitted the external driving off of his chancre, and should there arise, as usually happens, in the place of it a bubo, let him remember that this has the same significance as the chancre and it is a substitute for the internal malady, and that if allowed to stay there undisturbed it also prevents the outbreak of the syphilis. Therefore he should not allow this at least to be driven off by external remedies (inunctions of the blue ointment beneath the bubo, called frictions, and the application of many other things which physicians term resolving the bubo), for after a few months the syphilis follows inevitably; but he should rather let himself be only treated by the best *Mercurial* preparation, only inwardly, until the bubo, without the aid of external remedies and without frictions disappears spontaneously when the internal malady is cured; and it is only thus that he can be certain of his complete recovery.

of doing so, given internally without the production of salivation, in such a manner that the chancre heals up of its own accord, without the aid of the slightest external remedy.

Then and then only can the patient be sure that his disease is cured.

The best *Mercurial* preparation for effecting this is the dark-colored pure sesquioxide of *Mercury*, of which a small portion rubbed with a drop of water on the palm of the hand by means of the point of the finger, runs into minute globules of metallic *Mercury* which are observable either with the naked eye or with a lens. My mode of preparing it will be found in many books. This only is the most innocuous and most powerful preparation wherewith the venereal disease of all degrees may be cured, without salivation, if the general state of the patient's health be not very much broken up and weakened.

If, however, the patient have been mistreated by a physician by having his chancre or the subsequent bubo driven off by external remedies, and the syphilis have consequently broken out; if it be already present, after several long continued, fruitless treatments with bad *Mercurial* preparations, in a high degree, the general health that has been ruined by such violent treatment must first be restored, and the accessory ailments usually present must first be removed before the master in his art can employ even the best *Mercurial* preparation to effect the perfect cure.

In such masterpieces of treatment, where the malady has taken such deep roots, and the chancre having been previously driven off serves no more as a loadstar; there is nothing to show that the treatment has accomplished a perfect cure, but the closest observation for the arrival of the period, when, after the complete restoration of the patient, some fresh symptoms present themselves that are only peculiar to the action of *Mercury*, but which are quite new to the patient in the course of his venereal complaint, and have scarcely ever been experienced before, but among which neither salivation, nor toothache, nor ulcers of the mouth, nor pains in the bowels, nor diarrhœa are to be found.

Correspondence.

BOIS BRULE, May 9th, 1879.—*Dear Advance*:—No witticism in the address, mind you. For really I consider the *ADVANCE* not dear at all, but the cheapest "reading" I get. Not even excepting some journals which have my name on their free list, in commiseration of my impecuniosity.

Bold to fearlessness; courting no favors; serving no clique; promoting no cabals; shrinking not from the fullest and freest discussion of all the controversial aspects of forensic Homœopathy. Taking no care to be softly shod for corns it may tread upon. As ready to tickle the intellectual nose of some snoozing friend, with the soul vexing straw of sarcasm, as to hurl the hurtling javelin of irresistible logic of facts straight into the incautious Achillean heel of Allopathy, the *ADVANCE* stands alone, the picket guard of true "scientific medicine," and the vidette of universal, non-partisan Homœopathy.

Now who says I don't indorse the *ADVANCE*? In fact everybody knows that my indorsement of Homœopathy is cosmopolitan. But there is getting to be a large amount of red tapery about Homœopathy of late. Formerly the new school welcomed all comers with open arms and hearty words of cheer and gratulation. Now she coolly takes your measure, makes note of the height of your instep, observes the ceruleanity of your cutaneous capillaries, and if up to the high standard, you are passed in with a coolness and formality that may be courteous, but is certainly not cordial.

This was the way things struck in at the May meeting of the Indiana Institute. A pioneer of my sex applied for membership. She was in all respects "up with the times." In years gone by she would have been accepted with acclamation. But, bless you, was'n't she put through an inquisitorial process? Didn't they ask her questions all the way from astrology to wheat harvest? And when with woman's tact and acuteness she had succeeded in disarming two of her adversaries, didn't the other great big fellow hold out against

her just because she would not commit herself to the cardinal proposition that all local treatment of the uterus is hurtful? I glory in her grit! No woman in the world, with any experience, will assent to such doctrine.

Some queer things transpired in the numerous discussions of valuable papers; and in the light of the experience accumulated during these discussions, I am compelled to the opinion that if you have a special liking for some "low" preparation or a vile crude drug of any name however sweet, you had better keep it to yourself. Don't impart it as valuable information.

O, young man, if it happen that wholesale dosing with *Kali chlor.* has cured a whole epidemic of malignant diphtheria and scarlatina for you, if it has, as you aver, succored your cases of membranous croup, if it has translated an apparently moribund puerperal woman back to life and health, if it has rescued some little ones from an apparently hopeless crisis in pleuro-pneumonia, if it has done all these things, don't allow your enthusiasm to carry you to the extreme of openly recommending this drug in its undynamic crudity as an antidote to malignancy in all disease. You justly deserve that the little finger of scorn be pointed at you for confessing to the use of so unhomœopathic a thing as an undynamized drug. Verily it is the sense of the "innertemplars" that Homœopathy should be rendered dynamopathy.

The inter-collegiate conference partially failed to materialize, as neither Ann Arbor nor St. Louis were represented. However, Iowa University, Pulte, Cleveland and the two Chicago's are full five-sevenths of the combination, and the signs of the times indicate longer and better drill for the coming doctor.

The knightly Breyfogle, of the Yellow Fever Commission, made a report on statistics that gladdened the homœopathic hoosier heart. This report, from actual survey of the ground, shows the average homœopathic death rate to be no more than eight per cent. The whole death rate, according to the daily papers, was not less than twenty-four per cent. The irrefutable inference is that the allopaths lost three where the homœopaths lost one.

That kind of argument will make long strides toward proselyting the whole country to littlepillics, or I miss my guess.

The veteran Baer was to the fore, with all the vivacity of a second youth. Did he write the "Therapeutics?" I am sure he could have written that or anything else. For it does seem as if there is no subject that he has'n't a store of rare and valuable knowledge upon.

Woodyatt represented one Chicago college and Hawkes the other. I expected to hear them clash their roman shields, and cross weapons in deadly combat as soon as they entered the room. They didn't. They didn't even look mad. Contrarywise, they seemed in most Christian mood. Is the fight of the Prairie City schools only a stage combat?

There were many signs of prosperity of the profession in the meeting.

Sawyer, of Kokomo, read a good paper on alveolar abscess, and had a skull with the necessary alveolar appendages to point his moral and adorn his tale. He should be encouraged.

Fahnestock, of La Porte, demonstrated the fact that a homœopathic surgeon may flourish among allopathic bone mashers.

Jones, of Connersville, and Bowen, of Fort Wayne, showed by their presence, good clothes and practical papers, that Homœopathy will not want for live advocates in their localities.

Blakely, from Bowling Green, Ky., was an accession to the Institute, and I confidentially look for wide-spread conversion to the new faith in that roaring region of the ready revolver.

MANSFIELD, O.—*Editor Advance*:—*Dear Sir*:—The article "Nailed to the Counter" in last number of this journal, reminds me of the progress that Homœopathy has made within the last fifteen years in this (Richland) county. At that time we had three homœopathic physicians in the county; since then two of these have died and the other removed from the

county. Now in their stead we have fourteen homœopathic physicians, and have sent thirteen outside of the county to practice, have had four conversions from the old school, and not a single homœopath to leave the rank. Ten years ago the writer was the only homœopath practicing in this city with thirty-one old school physicians for competitors. Now we have four homœopaths practicing with but sixteen old school, and so far as my knowledge extends into adjoining counties there has been a steady increase in our numbers. With this corresponding increase all over the country, with each year's addition of colleges, hospitals, conversions and students, I can not see where the retrograde comes in. A.

Homœopathic Progress. Bungletown Letter No. 4.

Dear Mr. Editor:—I hasten to inform you that I am still alive. You have missed me no doubt. All your readers have suffered my long absence from your pleasant pages. The shortest account I can give of myself is, that I have been busy making maple sugar. I've been at it so long I feel that I am almost too sweet to live. Besides this, the roads have been so long, and wide, and deep, that going to the post-office was wholly out of the question. But, thank God, communication is opened to-day with the outer world. And I find on looking over my mail that things have been going on quite briskly of late. It does me so much good to learn how the world is progressing. Medical matters are just getting into shape. I find Homœopathy is being greatly improved. Hahnemann was a good fellow, but with narrow ideas. He has really been a great injury to the cause. But we are outgrowing him and casting off his shackles. Now, we are laying broader and more stable foundations; and there is little doubt but that the regulars will recognize us before the close of the present century. You have often wondered, no

doubt, why a man of my talents could consent to be so hidden away in a little place like Bungletown. Well, to own the truth, I have always felt just a little ashamed of my professional company. A man of my abilities ought to have joined the regular school. But, unfortunately, I was raised a homœopath from the stump. I grew up in ignorance of the virtues of the allopathic school. Now I want to give you the result of some mental ebullitions that have transpired with me while the sap also was boiling in the kettles. Not having much practice of late, I've had more time to theorize. I learn from history, that Troy, the ancient beleagured and walled city about which old Homer sang, and which long resisted assaults, fell at last by craftiness. I learn from the same source that while Rome burned, the Emperor Nero sat on his throne and played a fiddle. I believe in history. I'm told it responds rather readily to an encore. In other words, it is prone to repeat itself. There, for instance, is that once beautiful system of medicine, called Homœopathy. A few years ago, when I came to know the truth, I found myself on the wrong side. Not so far as truth was concerned, but in matters of influence and reputation. I have not dared to venture into the world, because I could not help feeling oppressed with the littleness, and, as it were, the political weakness of our school. There is no mistake, Homœopathy has many serious disadvantages for its practitioners. A homœopathic doctor can not get into the army and navy of the United States, except as a high private. Nor can he get into insane asylums, except as a patient. In that respect, the "fluxion potency" men are in a fair way to enjoy this privilege. Nor can he get into the penitentiary without performing some misdemeanor more gross than letting his patients die for want of "something that has something in it."

This latter item is not likely to be long a reproach to our school. An "empty vacancy" has heretofore been our chief characteristic. We have largely abounded in nothingness. This is fast being taken away. Every year we have more or less of it knocked out of us. When the last of it is gone, God only knows if anything will be left.

July -4

By the mails received to-day—the first for several months—I have gotten some joyful news. The old school, out of sheer pity, have tried for years to reform us, and have failed. Now, I see, our leading men have set up house cleaning for themselves. *Homœopathy must reform or die!* That cry wakens in my heart the brightest hopes.

Two years ago at the meeting of the American Institute of Homœopathy, a distinguished member, and a college professor at that, took up one of the foremost of our remedies and showed conclusively that, out of some fifteen hundred symptoms, only three or four hundred were worth a cent; and some of these even were doubtful. This brilliant feat made him chairman of the materia medica bureau, in place of a very worthy gentleman already in the place, but unfortunately he was a poor pharmacist, who had never done anything at reforming Homœopathy. The following year, as I see by another document, this college professor fairly immortalized himself by demonstrating, before the same august body, that triturations of metals above very low attenuations, were all myths. He proved it, I also discover, by the use of a microscope. Now a microscope is a microscope; and they've got the thing down to such a point of perfection, that a boy can run it. An old man or woman who has been operated on for cataract, is rather the best manipulator. He hasn't so many things in the way of his eye sight. But the demonstration was complete and satisfactory—proven, in short, by what was not there; for if it had been there, he would have seen it.

Thus two great nothings having been exploded by this champion, nothing was left but to make him president of the society. It was a fitting reward. I fear, however, it was a cunning trick to shut up his mouth; for in the name of goodness, where would we be with a few more mines like these sprung under our foundations!

The pharmacist, whom he supplanted, did not forget the lesson he learned at Chautauqua. While his rival slept in the soft embraces of the presidential chair, he, the said pharmacist, has quietly laid in store *nitro-glycerine* enough to

blow the earth out of its orbit; and it looks, now that the thing has gone off, as though Homœopathy would be knocked out of time. When the thirtieths are gone, where is the underpinning for the high dilutions?

Mr. Editor, I am exhausted at the contemplation. *Ex nihilo nihil fit.* Ah, what classical satisfaction in the thought, that nothing comes from nothing. It is not so with making maple sugar. You boil it down and there's something in it. But the man who would blaze all the trees, split all the trunks, and turn over all the kettles, would, if worse came to worse, be taken out of the sap bush, and sent to the asylum, or elected to the legislature. Fraternaly yours,

Bungletown.

DR. QUIDMUCK.

P. S. Mrs. Quidmuck says the title of my article is ambiguous. She has, however, no diploma and may therefore be mistaken. She insists that I am sarcastic, but if I am, I don't know it.

Circular Letter.

As two (the third member being Dr H. M. Paine) of the committee appointed by the Homœopathic Medical Society of the State of New York, to co-operate with the Milwaukee Academy of Medicine, in its proposed tests of the thirtieth attenuation, after due reflection and consideration, we protest against such test, and advise that the Homœopathic Medical Society of the State of New York, do not commit itself to any such action; for the following reasons:

It would be calculated to destroy confidence in attenuations as high as the thirtieth, and thereby do great injury to our school. The mode proposed can never be satisfactory as a test, because under certain conditions a remedy will act with clearness and distinctness, and in other cases, where

these conditions are absent, will not be felt at all. In one individual the drug may be a similar irritant in the direction of his weakness, and then will act with a power and fullness of expression which will leave no doubt of its presence and of its qualities. In another individual, in whom there is no tendency to the direction of the remedy, it may produce no appreciable effect. One person may be highly impressible and his resisting power weak. He may show the action of a drug in all its effects. Another is strong in his resisting power. His impressibilities must be less, and the disturbing action of the attenuation will be scarcely felt in his system. This truth is exemplified in the frequent experience that one person may be exposed to the contagion of small-pox disseminated in the air, and yet resist its action. It has no power on him. Is it a proof that the small pox virus is not in the atmosphere because the man is not stricken? A robust man may laugh at the contagion of small-pox and deny its existence, and may laugh at the power of the thirtieth attenuation and deny its existence; and yet his feebler and more impressible brother may be brought to death's door in the same locality with confluent small-pox, or have all the sufferings from a drug in the thirtieth attenuation. An individual is vaccinated. He resists the power of vaccine, for it will not take. Another time when his conditions are altered, the vaccine is developed in all its fullness of action.

Now if this be true, how can this proposed plan of the Milwaukee Academy be any reliable test of the power or action of the thirtieth attenuation of a drug? What possible value can such a test have? How can its advocates avoid the inference that their proposed test discredits and damages Homœopathy in the house of its ministers and friends?

T. W. WILDES, M. D., 24 West 26th St., New York.

MARCELLO M. GARDNER, M. D., 12 Steuben Park, Utica,
New York. Majority of the Committee.

FOR a sensation of weight in the gravated uterus, it seems too heavy, there is a sensation of heaviness; can not walk much, this sensation seems to prevent. *Aloes*.

Montgomery County Homœopathic Medical Society. Reported
by Dr. A. C. Rickey.

The Montgomery County Homœopathic Medical Society held its semi-annual session in Dayton, O., May 1st. 1879. There was a large attendance.

After a few well chosen remarks by the President, Dr. J. W. Miller, of Springfield, O., Dr. R. F. Buchanan, of Sidney, O., read a valuable paper on diphtheria, setting forth the views held by pathologists as to the nature of the disease and its etiology.

During the discussion of the subject, Prof. Wm. Owens, of Pulte Medical College, advanced the idea that diphtheria was essentially a catarrhal affection not owing its origin to the direct influence of either bacteria or a miasm. That bacteria were in the air we breath, the water we drink and the food we eat, and that so long as the epithelial coating of the mucous membrane of the throat remained unbroken, the bacteria exerted no influence upon the disease; that the membranous formation thrown out upon the throat furnished a nidus in which not merely the bacteria, but also the poison developed thereby, increased rapidly, and that so soon as an abrasion of the epithelium occurred from any cause, this poison was absorbed infecting the blood and whole system.

He said that in many years practice he had not had a case of diphtheria go on to the development of constitutional symptoms, showing blood poisoning, and believed greater success attended mild treatment and the non use of severe caustic or local applications. He recommended *Chloride of potassium* in solution as a wash to the throat.

Dr. Wm. Webster relied on *Bell., Merc., Protoiodide 2x*, Milk as a gargle and raw cotton to the throat. Dr. Wm. Egry used a saturatad solution of *Sulph. Copper* and *Chlorate potassium aa* applying with brush to the diseased surface to remove membrane.

Dr. Miller used *Lime water* in the atomizer for the same end.

Dr. J. W. Clemmer, of Piqua, read a very able paper on typhlitis, based on a case from practice. On the subject of treatment he advised copious injections of water, in those cases which result from impaction of feces, aided when this alone was insufficient, by mild cathartics. Dr. Wm. Owens recommended *Beef's gall* as a solvent of the hardened fecal matter, adding two tablespoonsful to a quart of warm water.

Dr. Beebe, of Sidney, reported a case of strangulated inguinal hernia cured by the use of the aspirator after all other procedures failed.

Dr. A. C. Rickey advised the administration of *Atropia sulph.* $\frac{1}{8}$ of a grain by rectal injection, dissolved in half a pint of warm water, where it is desirable to secure prompt evacuation of the rectum and colon in cases of impaction of feces. Follow the injection of *Atropia* in a half hour's time by copious water injections.

This society meets again the first Thursday in November, 1879.

Eastern Ohio Homœopathists.

The Homeopathic Medical Society of Eastern Ohio was called to order by Vice President Dr. Royer, of Massillon, in the office of R. B. Rush, M. D., in Salem. There were present Drs. R. B. Rush and Coon, of Salem; McGranaghan and Allen, Youngstown; Clapp, of Wellsville; R. B. Johnson, of Ravenna; Peirson, of Clarkson, Narke, of Leetonia; Saxon, of Alliance; Rockwell, Grow, Murdock and Childs, of Akron. The Society was also complimented by the presence of members of the press.

Dr. Rush read a report upon yellow fever, by Dr. Holcombe, of New Orleans, which with discussion and other minor matters occupied the forenoon session.

At twelve o'clock the Society adjourned to enjoy one of Mrs. Rush's very best of dinners.

Dr. Childs made a short verbal report on typhoid; Dr. Grow

also on dysentery. Dr. Rockwell gave a written report on Hemorrhoids which was discussed by most of the members. Dr. Johnson read a paper on scarlatina, which was discussed by Drs. Peirson, Clapp, Royer, McGranaghan, Childs and Coon. Dr. Rush reported a case of diphtheria, following closely an attack of distinct scarlatina; Dr. Murdock also a similar case. Dr. Johnson reported a case of relapse which presented a clear case of desquamating twice. Dr. Royer reported a case of tumor on the Iliac Fossa of a bony nature, not remedial; also a case of double cataract operated upon with success to the sight.

Dr. Grow reported a case of dysmenorrhea with marked peculiarities, which brought out general discussion.

Adjourned to meet in Akron on the third Wednesday in April next. *

French Doctors.

London News.—The fees which French physicians receive would seem to their English brethren very low. I gather from a recent controversy in the papers that some leading London practitioners lately raised their fee for a first consultation to two guineas. In Paris the best physicians expect twenty francs for a consultation at home, and forty francs if they go out; but a rather exaggerated sentiment of professional delicacy prevents them, as a rule, from demanding more than a patient chooses to give. The table of a busy doctor is littered over with gold pieces so grouped as to convey the hint that fees of one, two or three Napoleons have been received; but if a patient lays down ten francs, or even five, he receives his bow and thanks without a protest, the doctor assuming (often wrongly) that the man has given all he can afford. In country towns five francs is the usual fee, but two francs are often given even by men who ought to know better; and two francs is the invariable fee which village doctors put down per visit when sending in their

bills at the end of the year. One is ashamed to say that these doctors' bills often give rise to the sorriest hagling, for there exists a crooked opinion among the French peasantry and working classes that a physician should regard himself as a philanthropist, and pay his butcher's bill with mere thanks of his patients. A country doctor attends a prosperous peasant proprietor, day after day for weeks, supplies medicines, effects a cure, and at the end of the year is treated as an extortioner because he has charged a sum which will barely pay for the wear and tear of his horse and gig. Some doctors draw a regular salary from a medical club; but these are the the worst used of all, for every member of the club feels bound to take out five or six times the value of his subscription in doctor's visits, even if he have nothing the matter with him.

Does Running Water Purify Itself?

Mr. J. A. Judson, in *Popular Science Monthly*, says: It is not impossible to point out authorities on sanitary matters so wedded to pet theories that they unhesitatingly deny that the conversion of a pure running stream, or even a large river, into a conduit for the sewage filth of a great city, will have any deleterious effect on the potable quality of the water taken a few miles below the filth entering point. It has been demonstrated that this is not only false in theory but also in fact. It was Dr. Letheby, of the English "Royal Commission on the Water Supply of London," it is believed, who was the first to announce what has since proved a fallacy, viz., that "if sewage be mixed with twenty times its volume of river water, the organic matter which it contains will be oxidized and completely disappear while the river is flowing a dozen miles or so;" and further, that "it is safe to drink sewage contaminated water after filtration." The "Royal Rivers Pollution Commission" of 1868, unwilling that this expression of opinion should remain untested, submitted it to

careful and ingenious experimental investigation. The result is thus announced: . . . "It is thus evident that so far from sewage mixed with twenty times its volume of water being oxidized during a flow of ten or twelve miles, scarcely two-thirds of it would be so destroyed in a flow of one hundred and sixty-eight miles, at the rate of one mile per hour, or after the lapse of a week." And, after mentioning certain details in support of this, the commissioners conclude with the remark that "it will be safe to infer, however, from the above results, that there is no river in the United Kingdom long enough to effect the destruction of sewage by oxidation." Dr. Frankland, an eminent English authority, before the Royal Commission on Water Supply, gives some strong testimony in support of the statement that it is impossible to remove the sewage contamination from water by any known process, natural or artificial, so as to render it harmless, except by boiling for a long time, or by distillation; and, as these two processes are impracticable on a large scale, then, he says, in his opinion, "water that has once been contaminated by sewage ought not afterward to be used for domestic purposes; and, inasmuch as it is generally believed that the noxious matter of sewage exists there in the form of minute germs, which are probably smaller than blood globules, I do not believe that even filtration through a stratum of chalk could be relied upon to free the water perfectly from such germs."

A Cheap Disinfectant.

The editor of the *Scientific American* says:
"A correspondent writes from the Sandwich Islands, saying that during a long life spent in tropical fever districts he has been able to escape infection and miasma by the use of

gunpowder, supplemented by a few simple precautions against sudden changes of temperature, sunstroke, bad water and the like. He uses no water that has not been boiled and afterward kept from air intact; but his main reliance is upon the practice of burning a thimbleful of gunpowder in his bedroom and very small quantities in his trunk, wardrobe, etc., so as to keep his clothes in an atmosphere feebly charged with gunpowder gas. In Madagascar, Reunion, Mauritius, the East Coast of Tropic Africa and other fever smitten lands he has found such simple means a sure preventive of epidemic diseases, and has thereby been often brought to the philosophic reflection that gunpowder is destined to invert the aim intended by its fabrication.

Book Notices.

Eighteenth Annual Report of the Work House and House of Refuge of Cleveland.

Our friend, H. F. Biggar, M. D., is the surgeon in charge and makes a good showing. Among the nine hundred and seventy-five inmates we notice three lawyers, one lecturer, one lecturess (?), but *no doctor* nor clergyman. There is one student and one druggist, and alas! there are three school teachers and nine printers. Education, we are told, is a good thing, but occupation is better if like that of medical practice, it only serves to keep one out of the work house.

Chemistry, General Medical and Pharmaceutical, etc, etc. By John Attfields, M. A. Ph. D. Eighth Edition. Henry C. Lea, Philadelphia, 1879.

As a manual for pharmacists, pharmaceutical and medical students, we know of no work so adapted to general use as this most excellent Chemistry of Mr. Attfields.

After considering the properties of the leading non-metallic elements, the doctrines of chemical philosophy are very ably set forth, following which the metallic elements and their compounds are discussed in order, both analytically and synthetically. The alkaloids, alcohols, fats, oils, resins, etc., are then treated at some length, and the concluding portions of the book devoted to a general exposition of the methods employed in qualitative and quantitative analysis. The scope of the work can be best understood by quoting a few words from the preface: "This work differs from other chemical text books in three particulars; first, in the exclusion of matter relating to compounds, which at present are only of interest to the scientific chemist; secondly, in containing more or less of the chemistry of every substance recognized officially, or in general practice as a remedial agent; thirdly in the paragraphs being so cast that the volume may be used as a guide to the study of the science experimentally." It has the advantage over most text books, of being thoroughly practical, and this is a feature which, from its great value, will at once commend the work to those for whom it was designed. The solid worth of this most excellent manual may be judged from the fact that it has now reached its eighth edition. For sale by Robt. Clarke & Co., price \$3.00.

Headaches. By John King, M. D. Chicago, W. A. Chatterton & Co.

As a characteristic of many diseased states headache holds a high rank, and it is *per se* a condition of no mean importance. That our materia medica is full of material to meet the varying states of this pathological symptom, no one familiar with it can deny. These facts have led the author to collate from our leading remedies such symptoms as have a direct bearing upon headache, and to connect with these concomitant symptoms all so neatly arranged as to render the greatest possible assistance to the physician. The monograph is neatly printed and substantially bound, and so small is it and yet so comprehensive and so fitted for ready reference, that almost everybody will buy it and use it. For sale at the Pharmacies.

American Health Primers. By E. W. Keen, M. D. Philadelphia, Lindsay & Blakiston.

The publishers announce eleven volumes already in press, and to be issued about once a month. The writers are all Americans, and discuss the various subjects from the American stand point as effected by climate, modes of life, etc., etc. The list selected to date, is I. Hearing, and How to keep It. II. Long Life, and How to reach

It. III. Sea Air and Sea Bathing. IV. The Summer and its Diseases. V. Eyesight, and How to Care for It. VI. The Throat and the Voice. VII. The Winter and its Dangers. VIII. The Mouth and the Teeth. IX. Our Homes. X. The Skin in Health and Disease. XI. Brain Work and Overwork. Price 30 cents; in cloth, 50 cents.

Ziemssen's *Cyclopædia of Medicine*. Vol. XV. Diseases of the Kidney. Wm. Wood & Co., New York.

It seems really astonishing when we note at certain points the rapidity of growth of medical science. It is comparatively a few years ago that the pathology of the kidneys was an almost unknown land. And now we have here a robust volume of nearly eight hundred pages, wholly devoted to this department. Prof. Badets, of Keil, and Prof. Elstein, of Goettingen, furnish all the material included in this book. In preparation of our recent course of lectures upon theory and practice, we have had occasion to consult this volume with some care, and our studies of it have filled us with the highest regard for the clearness and correctness of the writers. The whole subject, including the peri-nephritic tissue and the ureters, is exhaustively discussed and up to date. Several excellent illustrations help to set off the text, and give the reader a clear and correct idea of the subject. Now that we have come to recognize these heretofore obscure, and, in many instances, wholly hidden pathological conditions, we find them in general practice alarmingly prevalent, and their careful study demands just such a work as this. It is, therefore, a pleasure to commend it to physicians and students, as incomparably the best thing of its kind extant. For sale by Robert Clarke & Co.

Medical Chemistry, Including the Outlines of Organic and Physiological Chemistry. By C. Gilbert Wheeler, Professor of Chemistry in Hahnemann College, Chicago.

This work is divided into two equal parts. The first treats of Organic Chemistry, dealing with many of the most important medicinal, commercial and dietetic substances. The second part treats of Animal Chemistry, and in this portion we have to do with subjects of great value to medical students. There is not, to our knowledge, a work extant that so nearly fits the wants of our medical schools in this department, as this little book of Prof. Wheeler's. The author modestly terms his work as "Outlines," but the student who masters it will find himself possessed of a large share of valuable and practical facts, the possession of which, in a good degree, make the difference between the modern physician and the doctor of the olden time.

Popular Guide to Homœopathy. For Private and Family Use. Smith's Homœopathic Pharmacy, Cincinnati, 1878.

Among the multitude of domestic treatises, we have seen nothing that we like better than this. It seems, indeed, to be the *ne plus ultra* of hand books, and we think no more unexceptionable arrangement of diseases and remedies could be made than this. It is small and yet quite large enough. The price, sixty cents, puts it within the reach of all.

Editor's Table.

DIED.—Dr. James M. Cadmess, of Waverly, N. Y. Suddenly, May 10th, 1879. He was a physician greatly beloved, and will be long lamented.

DOWLING.—Wednesday, May 21st, 1879, of Meningitis. Mamie, eldest daughter of Dr. J. W. Dowling, of New York City, aged eleven years and six months.

MARRIED.—Dr. Geo. C. Jeffrey and Miss Amanda Walton, Brooklyn, N. Y., May 14. Good luck Brother George.

BOERICKE & TAFEL were severe losers by fire, which destroyed much of their stock of unbound books. They expect to have all in order again by October next. They are irrepressible.

TALLY HO! Lake George.—American Institute of Homœopathy.—All aboard! Saturday evening, June 21, a special Pullman car will leave Cincinnati, via Atlantic & Great Western R. R., through to the lake without change. Excursion rate. Secure your berth by addressing Editor Advance or W. B. Shattuc, General Ticket Agent A. & G. W. R. R., Cincinnati.

PROF. DOWLING writes concerning the New York Homœopathic College:

New York, Dec. 4, 1878.

Our graduating class of last spring numbered thirty-eight. If all graduate who apply, it will number over fifty this spring. We have one hundred and fifty students so far this session. More will come

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in before the close of the term, but this is the actual number registered to date. Considering that our school is not open to members of the opposite sex, we look upon the number as perfectly satisfactory.

Our class has not fallen off, but is larger than it has ever been before at this stage of the term.

DR. H. C. JESSEN has removed from 277 to 167 S. Clark st., Chicago.

PULTE BOYS.—Dr. R. S. Brigham removes to Cincinnati to take the agency of the U. S. Home and Dower Association; office in Emery Arcade.

DR. J. T. LOWRY has settled in Lexington, Ky. The doctor takes with him a large experience and a fine reputation.

DR. O. C. EVANS has removed to Lawrenceburg, Ind. We cordially commend the Doctor to his new patrons.

DR. D. B. MORROW has gone to Honduras. We hope to hear from him anon.

DR. ALFRED RICE is studying this summer in Marysville, O.

DR. D. R. OVERMANN is in Hillsboro, O.

DR. J. F. McCLAIN has removed to College Corner, O.

DR. H. N. GUERNSEY sails for Europe, June 14th.

AT THE usual monthly meeting of the British Homœopathic Society, held on the 1st of May, Dr. Pope, senior editor of the Homœopathic Review, was requested to represent the society at the forthcoming meeting of the American Institute of Homœopathy. We understand that Dr. Pope intended sailing for Boston in the *Batavia*, on the 21st of May.

POPULAR SCIENCE MONTHLY for May, is replete, as usual, with the best of reading. This journal is always a welcome visitor to our table, and we never fail to get out of it both profit and pleasure. One is sure to find in it something satisfactory and instructive, upon most of the current questions of the day. A careful reader of this publication may consider himself tolerably well posted on most scientific topics, and there will be few questions in philosophy which he will not find touched upon in the course of a year's reading.

IN OUR recent notice of Prof. Clapp's new book on Physical Diagnosis we were made to say "care," when, in fact, we intended to say "ease," and it makes a mighty difference in the sense. And now, that we are speaking of it, this book should be adopted by all our colleges, for it is the cheapest and best of its kind.

WE HAD the pleasure of visiting the Indiana Institute of Homœopathy at its recent meeting in Indianapolis, and spending one day with the earnest and intelligent gentlemen composing that body. Thanks to the energetic Secretary a fine attendance was secured and

a full supply of papers presented. The discussions were able and interesting. We expect a share of the essays and will give them to our readers in due time. We are under special obligations to Dr. Eggert for hospitalities which no one knows how to dispense better than he.

OUR FRIEND, Dr. W. H. Taylor, who was pronounced by competent authority at the meeting of the Indiana Institute of Homœopathy to be "no homœopath" but an allopath out of his place," was elected President of that august body for the ensuing year. Now what does that mean? Is the conundrum we propose.

A SCRIMAGE between two Indianapolis doctors occurred the other day at the medical meeting in that city. It was a small affair but it has been widely reported over the country as a very grave encounter.

"However, I'd remark that it's not a proper plan
For any scientific gent to whale his fellow man.
And if a member don't agree with his peculiar whim,
To lay for that same member for to 'put a head' on him."

AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.—The third annual meeting of this Society will be held June 24th and 25th, at the Fort William Henry Hotel, Lake George. The session will begin each day at two and a half P. M. A large number of valuable papers have been promised, and all interested in the study of eye and ear diseases are urgently invited to be present. By order of the President.

F. PARK LEWIS, Secretary.

Wants, Locations, Practices for Sale, Etc.

Under this head we will be glad to insert, gratis, notices, change of location, practices for sale, exchanges offered or any miscellaneous want pertaining to the profession, not of a purely advertising or personal nature. We will be specially obliged to physicians giving the names of good locations.

LOUISVILLE, KY., May 8th, 1879.

MEDICAL ADVANCE CO.:—In answer to your question, what places are needing homœopathic physicians, I would say that almost any town in Kentucky offers inducements. We have good men in Danville, Hopkinsville, Henderson, Bowling Green, Paducah. Physicians are needed in Clarksville, Lexington, Shelbyville, Elizabethtown. The two first mentioned are really good points. I am also informed that there is a first-class opening at Omaha, Nebraska. The farther south we go, the more difficult to introduce Homœopathy.

Yours respectfully, W. L. BREYFOGLE

COLUMBUS, OHIO, June 5th, 1879.

I beg pardon for delay in answering your request. Worthington, O., (twelve miles north of Columbus) is a beautiful little place of a few hundred inhabitants, is the location of a normal school. Has an educated and refined population, with excellent surroundings: country beautiful. Quite a number of homœopaths now come to this city. Potoska, a nice little place, twelve miles east, good county. Shadeville. (ten miles south) small place, country best part of Scioto bottom. At all these places Homœopathy stands well, and I have no doubt but a young man could well support himself at either place.

E. C. BRACKWITH, M. D.

MOBILE, May 13th, 1879.

MEDICAL ADVANCE, CINCINNATI.—*Gentlemen.*—Mobile has a white population of thirty thousand; society the best, but very poor. It offers a good opening for younger members of the profession, more especially for a surgeon. We have been cursed with traveling practitioners, so-called homœopaths, who have retarded the advance of the cause here, but we look for better times; and a young competent man of good address will grow up with the city. I have not the health desirable for the climate, and might be induced to sell out. I am the only homœopath in the field, was born here, educated in New York, and have practiced here seventeen years.

Selma, with a white population of four thousand and black of five thousand, is rapidly improving and offers a good field. Dr. Henry is here. Pensacola, with a population of eight to ten thousand bids for a homœopath—no regular there. Montgomery has never had a true and competent man; one of good address would do well there. Population, fifteen thousand. Meridian, Miss., Columbus and Aberdeen, with five to ten thousand population each, ought to support a homœopathic doctor, being especially good at Columbus, Aberdeen, Montgomery, Selma and Pensacola. Yours truly, WM. J. MURRELL.

AUSTIN, TEXAS, June 10, 1879.

MEDICAL ADVANCE Co., CINCINNATI, O.—*Dear Sirs.*—Palestine, Texas, three thousand population, railroad machine shops, no homœopathic physicians; Marshall, five thousand population, also railroad machine shops; Brenhan, Texas, five thousand population, good town; Paris, seven thousand population; Corsicana, two thousand population; Brownsville, ten thousand, and Matamoris, immediately across the river, twenty thousand population and no homœopathic physician in either place, (address Judge Powers, Brownsville, Texas.); Victoria, thirty-five hundred population. These are all the places I now think of, and I am quite certain none of them have homœopathic physicians, and most all have persons who would be glad to employ a *good* homœopath, and none other ought to come, as the self styled "regulars" oppose the school bitterly and a man must be able to hold his own for a while and he will come out all O. K. in time. I had a hard fight here at first. I was appointed a member of the Board of Medical Examiners and the regulars fought it, but no use, I held the fort, and am now reappointed and elected Secretary of the Board. I have also, since then, been appointed a member of the Board of Health of Austin, and this appointment received no opposition, and I meet with the Board and have my say at each meeting. So you see Homœopathy holds her own in the capital of the Lone Star Empire. Any further information I will gladly give.

Yours fraternally,

G. E. ROUTH, M. D.



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

VOLUME VII. CINCINNATI, O., AUGUST, 1879. NUMBER 2.

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THE AMERICAN INSTITUTE OF HOMŒOPATHY.—The Lake George meeting has come and gone like a bright dream. Competent authority pronounced it the very best of its kind. It was worth all its cost. To look upon that beautiful lake with its clear cut crystal face, and upon the glorious mountains that stand forever like faithful sentinels about it, is to excite our highest admiration and warmest æsthetic feelings. Yes, the events that marked the session are indeed gone, but the memory of that time will linger in our hearts until we also are gone to return no more. Our gratitude is hereby feebly expressed to the genial, noble-hearted DOWLING, in that he enticed the Institute to meet in such a lovely spot. It was doubtless this intimate association with nature in her grandest moods, which helped to lift the Institute out of the common path, and to stamp its work with a loftiness of thought, and endeavor quite unusual to its annual proceedings.

President CONRAD WESSELHOEFT opened the ball with an address which was devoted chiefly to the question of requirements of society

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membership. The order of exercises was full to the brim and taxed the energy of the officers and members to bring matters to a completion within the four days allotted. This was done only at considerable sacrifice, leaving many valuable papers unread, and many valuable thoughts unuttered. The occasion taken as a whole, was productive of much social enjoyment. Over four hundred were present who properly belonged to the Institute either as members or friends. The Fort William Henry Hotel gave very general satisfaction to its guests. An event of no small importance was the presence of Dr. ALFRED C. POPE, editor of the *Homœopathic Review* (London) and delegate to the Institute from the British Homœopathic Society. The Doctor made himself thoroughly at home, and won many friends by his courtesy and geniality. If we say he wasn't a bit stuck up, we express an element in his character much admired by all. Dr. POPE is talented, intelligent and well up in general as well as professional matters. He will bear to our British brethren the warmest wishes and fraternal greetings of their American confreres.

We need no more than refer to the boat ride and banquet, and to say they were all that could be desired. Dr. DOWLING and the members of the Homœopathic Medical Society of the State of New York, did all that lay in their power to make our stay at Lake George both pleasant and profitable. It would be easy upon our part to look with a cynical eye upon some particular events of the session. Most serious objections might be raised upon several points, but where every one seems to strive after the good and true, we may safely leave mistakes to be corrected and errors to be reformed, all in their own good time. The general work of the Institute is rapidly advancing toward a high degree of excellence. To an extent not easily measured, its power for good is being more and more felt throughout the entire country. The retirement of Dr. McCLATCHEY from the post of secretary, occasioned some sadness. For the work he has done in past years for the Institute, he will ever be held in grateful remembrance. As it was, it was better he should go, but of his ability in that position there can be but one opinion. We are now promised for a certainty the transactions of the present session, and the two Centennial volumes within the next four months. The bureaus for the coming year are all well represented, and the probability is now that their work will be chiefly done in sections, and this will give a wider scope and better opportunities to the members. The Institute adjourned to meet next June in Milwaukee.

STATISTICS.—Now after so many centuries we are approaching the one desirable thing in medicine. Vital statistics are the vital want of our profession. At last the government is awake to its duty. If it hold true to its purposes we will have in a few years so perfect a

machinery that almost nothing will be lost in the way of statistics. The Department of Interior, through the superintendent of census, is now furnishing gratuitously to all physicians neat blank books for recording deaths. The American Institute of Homœopathy, at its last meeting passed resolutions in support of this work, and urging all to keep and forward these records. We earnestly hope all readers of the *ADVANCE* will take hold of this work, so that in this as in all good words and works, our school shall be foremost. But deaths are only one item among the many we need to record. The government can not be wiser than the people. It is we who should urge the government and not wait ourselves to be forced into duty. The fact is, the homœopathic school must strive for leadership. Here is an open and most important field. By all means let us have statistics,

WE ARE IN RECEIPT of a circular setting forth the virtues of *Damiana* as an aphrodisiac, or in other words, an excitor of the sexual passion. The advertisement contains matter of an altogether improper character. We do not hesitate to brand it as a lewd publication, unfit to be seen in a physician's office. With evident propriety a druggist by the name of DUNG is general agent for the drug, and is probably circulating this filthy publication. We do not believe medical journals will knowingly aid or abet such work. To stamp on it as you would on fire is the only remedy.

Theory and Practice.

Two Radical Cures of Ulceri Ventricula. From "Die Allgemeine Homopatische Zeitung. Translated by A. McNeil, M. D.

We ought not only to add to our materia medica, but that already conquered, investigated and discovered we should retain, and confirm and preserve in increasing usefulness.

The sage Zoraster said that to plant a tree was as praiseworthy as making ten prayers; but to preserve one was equal to a hundred.

Almost every journal brings us daily new remedies but most of them disappear like ephemera. Drugs become fashionable as well as style of dress, and after they have made a *furor* for a while they are thrown in the lumber room in which, however, there is often valuable material. The reason for this lies partly in the very imperfect pathogenesis and deficient understanding of their action, and partly in the wrong dietic management of the patient.

I hope that I will be excused in relating cures with well known remedies, accompanied by well established dietic care. However, I will demonstrate my reasons for my selections, which I have missed in the history of most cases of diseases and of cures and which, therefore, remained fruitless.

I was called, in both cases, only after several months of allopathic treatment in its most diverse forms and copious medication, and accompanied by the most liberal diet, so that I am unable to produce the original picture of the disease, unmixed with drug effects.

The first of these cases I have already mentioned in my report to this journal of the Nice Homœopathic Asylum. The patient was a governess from French Switzerland. After I cured her she returned to her home, where she became strong enough, being actuated by gratitude, to volunteer as a nurse in the Asylum last autumn, and she was fully capable of performing the duties of the situation.

The second case was a dark brunette, widow of a physician from Nice, seventy-eight years old, who, partly from dwelling all her life in the hottest part of the city, in a house with a southern exposure close by the sea, and partly from the habitual abuse of red wine, (without which people here think they would be unable to digest their food), had acquired an extremely fiery temperament, although not unamiable. Soon after her menses began, which were scanty and painful, she was advised by a foreign lady friend to take some powders which had relieved her from similar complaints. The result, however, was very lamentable. She was attacked by a terrible metrorrhagia, accompanied by the most torment-

ing cramping pains, both of which continued nearly a week and were only controlled by the most powerful (allopathic) drugs. (What they were she did not know). The hazardous drug was *Secale cornutum*, notwithstanding her powerful constitution, restored her partially. There still remained, after this poisoning, a weakness of the eyes, particularly of the right; and also of the stomach. She complained constantly of the heat in all of these parts, and when her climacteric occurred (she had never been pregnant) a cataract appeared in the right eye and a trace of one in her left. She also suffered continually from violent rheumatic pains in the entire body, but most of all, of constant pains in the stomach and entire abdomen. So much for the anamnesis.

In the beginning of December, 1877, I was asked by one of my patients to call immediately on the above mentioned lady. She would not take any more allopathic drugs, and her gastric inflammation had become so violent that a priest had been called three days before, and on the morning of my visit he had administered extreme unction, which, of course, meant that she was in a desperate condition and that she could not live for more than a few days. I found her in a state of violent mental excitement, with large quantities of drugs on the stand by the bedside. She had also taken *Concentrated bouillon*, small portions of half cooked *Beef-steak* and strong *Red wine* to revive her (apparently extremely) depressed strength. They informed me that, after the smallest quantity of any of these she was attacked by the most indescribably violent burning pains and straining retching, with occasionally vomiting of every thing taken on her stomach, but, however, no blood, a only few brown flocks, yet every stool, which only passed after repeated injections, was very hard and black and only passed with excruciating pain.

STATUS PRÆSENS.

I. Amblyopia amaurotica, right eye at times very red and hot; II. Face occasionally deathly pale (Hippocratic countenance); III. Frequent severe vertigo and frontal pains; IV. Tongue coated white, with red tip; V. Constant eructations;

VI. Thirst not very great; VII. Appetite not entirely absent; VIII. Taste in her mouth salty and sour; IX. Heart and lungs normal; X. Violent pressure and burning as if on fire in the epigastrium, but more particular in the pit of the stomach, so that she often lifted the bed clothes in order to cool herself; XI. Abdomen tense, hot to the touch, and bloated; XII. Urine saturated, yellow, with acid reaction, and scanty; XIII. No stool, legs and feet cool; XIV. Pulse one hundred; XV. Respiration somewhat accelerated.

No emaciation, they said, had occurred since her illness, beginning at the last of October. A constant pressing, burning pain on the spinal column in the neighborhood of the eighth, ninth and tenth dorsal vertebra. The disease had begun with frequent eructations, nausea and retching, which had been combatted by cathartics, and as they produced debility; a strengthening diet was ordered. I was informed that vomituration was very frequent, (almost every half hour), which was always followed by exhaustion, for a short time, that almost became a faint.

I informed her that the principal condition to a cure was that she must swallow nothing but milk as a food, and as drink water which had been boiled and cooled. "Only these and nothing more" must be allowed. I then told her I would not give her any medicine till morning, which caused great consternation in the family. Her eldest sister exclaimed, Impossible! She has not tasted milk for sixty years and even then she could not digest it. That I might not be misunderstood I insisted on the use of milk as a *conditio sine qua non* to my taking the case. But I comforted her by saying that she might begin with only ten drops, and then, after a quarter of an hour, a half dessertspoonful, and if her stomach bore this an entire spoonful, and three-quarters of an hour more another spoonful, in another hour, if she had not rejected any, two teaspoonsful. In this way, and by giving her a warming in "Mary's Bath," the family acquiesced. I had the pleasure of seeing, during my stay of an hour, that she bore the milk, a half spoonful, well.

On my evening visit I learned that she had taken a small cup full in the prescribed manner and with perceptible

relief, and she had retained it. The retching came at longer intervals. I did not even yet give her any medicine, partly to allow the former diet and medication to be dissipated or exhausted, and partly to permit the milk to accomplish its work without interruption.

The night following was still stormy, but the tempest was allayed by the milk, which was not vomited; only a little, sour smelling, slimy substance was brought up; no more blood flocks.

Morning, pulse ninety; mind less restless. She had taken two cups of milk and had retained them. Evening, vomiting still unchanged. On the morning of the third day she had taken four cups of milk, although she took it without desire, only because she was requested to do so. But, the burning and tension in the bowels, the anguish before vomiting and the painful eructations still continued. I then gave her *Carbo. veg.* 6th dec., ten drops in one hundred grammes of distilled water, five drops of this solution were put on the tongue every two hours, alternating with milk, *i. e.*, one hour milk, the next *Carbo. veg.*

Reasons I gave *Carbo. veg.* instead of *Arsenicum*: I. Because the patient lay quietly and the former restlessness was more mental than corporeal, more from the weeping friends about her, which I could allay easily; II. The appetite had not failed; III. The saliva was rather increased than diminished; IV. She always had a repulsion to milk; V. Amelioration by partial recovering; VI. Amelioration from cold drinks; while the contrary is the case in all of these points with *Arsenicum*.

Fourth day.—Last night much quieter; burning less violent; abdomen less tense; for the first time empty eructations (which relieve), but accompanied by inclination to vomit; stool still black (bowels only moved by clysters); pulse ninety.

Carbo. veg. was continued till the seventh day, but in the tenth dilution. After the seventh day no more inclination to vomit. Tongue clearing; but still burning pains, which, on the ninth day were unusually violent, and were no longer relieved by *Carbo. veg.* (An aggravation?—TRANS.); great

thirst, but satisfied by a little water; appetite failed entirely, and also the salivary secretion; the burning still continues, but is no longer ameliorated by the cool air (lifting the bed clothing); the milk now agreed with her better warm than cold; the retching and the vomiting of mucus with brown flocks now returned; anxious tossing about in bed, which is followed either by faintness or fear of death. The time for *Arsen.* had now come, which I gave in the tenth cent., in the same manner as I had administered the *Carbo. veg.*, two drops every hour, which was soon followed by relief. The medicine was continued every two hours in alternation with a cup of warm milk, for two days, which was followed by a striking improvement with the eleventh day. Now the twentieth potency but only three times a day was ordered. As the pains returned with violence on the fifteenth day I gave *Arsen. 30* for two days, which was accompanied by constant improvement. The medicine was now discontinued and only milk, of which she took two liters a day with relish, and water were given her.

Notwithstanding the decidedly progressive relief and even disappearance at times of some symptoms, yet vertigo occurred frequently, the heat in the abdomen, the burning pain in the stomach (region of the pylorus) and the back still remained, which symptoms were no longer relieved by *Arsen.* In fact, most of the symptoms demanding it had disappeared, in a great measure. But there began a general itching of the skin that was aggravated by scratching. These indications, as well as the reappearance of the blood conglua in the hard stools, the great weakness, the newly appearing grayish blue color of the lips and gums, the pulse, which had again become harder and more accelerated, one hundred, the melancholy disposition instead of the former anguish, the amblyopia amaurotica almost to the extent of blindness, the appearance of a bluish swelling in the right nostril, with discharge of a brownish fluid; increasing thirst; increase of the urine and of the palpitation, all indicated *Argentum nitricum*, which I prepared as I had the *Arsen.* in the tenth potency, but I gave it every three hours, instead of hourly. Behold! now the pains first began to be

relieved constantly, instead of only periodically, as before, as well as the dark color of the mucous membranes and the stools. Even in three days there was a desire for solid nourishment. I allowed her toast and bread crust soaked in milk, which were well borne. She drank more milk, two liters a day. She was afterwards allowed white fish made fine and the bones carefully picked out, then gradually farinaceous food was allowed. After three days the *Arg. nit.* was given in the twentieth, and after seven days in the thirtieth, but only twice a day; then, after eleven days, only once, and after fifteen only on alternate days a dose; and after the twenty-first day it was entirely discontinued. On the eleventh day after the use of *Arg. nit.* she could leave her bed, and on the twenty-first she could take her accustomed food, with the exception of a bouillon and meat, viz.: vegetables and farinaceous substances, but as a drink only water and milk. All the symptoms, excepting the amblyopia, especially that of the right eye, were gone.

At the end of a month she could again drive out and eat any kind of food that she had formerly eaten, even meat. I only prohibited all acids, uncooked fruits, and particularly oranges, as I saw, twenty years ago, a woman with the same disease, who had become convalescent, while standing at the window eating an orange, she suddenly fell, deathly pale, with the cry: "Oh! what a burning pain in my stomach." She was laid on a sofa, where she died in ten minutes. The post-mortem revealed hemorrhagic erosions of great extent in the neighborhood of the pylorus.

Two years have now passed since the beginning of the convalescence of this lady. She is healthier than ever before, only her eyes remain in the same condition. She eats everything, drinks wine, goes out daily several hours, only she now and then feels a slight heat in the stomach, when she takes a small swallow of *Carbo. veg.*, ten drops of the tenth in two hundred grammes distilled water, and soon it passes away. She still continues to drink milk with a great relish.

REMARKS.—The first few months I never allowed her to swallow the medicine, but in the small frequent doses above mentioned; it was dropped on her tongue, so that it was only

wet, and I found that the medicine acted quicker in this way than when swallowed, which many patients are afraid to do in this disease, fearing that it will derange the stomach. In this mode of administration, particularly with gastric troubles or those who can not bear cold water or spirits are deprived of the pretext that they can not take medicine. In many cases the smallest quantity of water is hurtful, and for fear of perforation of the gastric walls the stomach must be allowed absolute rest. And also to such who, from mental or physical reasons (insanity, obstinacy, trismus, etc.) hold the teeth closed, we are thus enabled to give medicine.

I was first induced to administer medicine in this way by a peculiar case. Twenty years ago there came to the watering place, Gastein, the well known wine dealer, Herr M—, in order to be relieved of a very troublesome complaint. He showed to me the ends of his fingers, which nearly all contained small deposits of the *Carbonate* and *Phosphate of lime*. I could actually make dents in these with instruments. These gouty deposits he had, in fact, in all his joints, but there were more easily discovered in the clubbed finger ends. Why these accretions should be formed just there may perhaps be explained by the physiologists, particularly by those who have made electro-therapeutics a specialty. To these the resemblance of the rounded electrical conductors with the finger ends must be apparent. The Rhine wine districts have, it is well known, a calcareous soil. The wine dealer said, in reply to my question if he had not drunk too much wine: "I wish to God I had drunk it instead of tasting it, for I would not now be in so miserable a plight if I had, for I made it a rule never to eat a particle of food till I had completed my task of 'wine tasting.' I had determined to drive all opposition out of the field by my ability to discriminate between the finest shades of difference in wine better than my competitors and this was only possible by taking a few drops of the wine in my mouth or putting it on my lips when fasting, and then spitting it out. I did this for years and thereby accomplished my purpose, but at the cost of this terrible disease." His sufferings were considerably relieved by several seasons of the Gastein waters.

Belladonna Proving. By S. Mills Fowler, M. D., Dubuque, Iowa.

Was called early January 17th, 1879, to see Charles G., aet. sixty-one; marked bilious temperament; tall, slim American, with dark complexion and eyes, who had just swallowed two teaspoonsful of *Fl. ext. bell.* by mistake. Immediately he discovered his mistake, and with assistance of his wife, began swallowing large quantities of black coffee, salt and water, mustard seed and water, rare eggs, lard, milk, and everything else that suggested itself to them to induce vomiting; and, as may be inferred, succeeded admirably, as when I arrived, not more than twenty minutes after the accident, they showed me not less than two gallons of liquid, which had passed into and been ejected from his stomach, to say nothing of a large quantity which he had vomited on the ground outside the door. (Surely his capacity for swallowing was not small.) This, I judged, had accomplished all that could be hoped for in the way of vomiting. Enough of the *Bell.* had been absorbed, however, to develop the following symptoms: In thirty minutes a giddy, light feeling in head, with staggering as if intoxicated, on attempting to walk, rapidly increasing until, at the end of one hour he was obliged to lie down or sit still, as he could not control his lower limbs, making miss steps, etc.; giddiness increases, pupils beginning to dilate; begins to talk a little incoherently, but can yet answer questions correctly.

One hour and thirty minutes—Talks incessantly, but tongue seems thick and does not articulate understandingly; we can understand but an occasional word, and it seems to be entirely foreign to preceding words.

In two hours articulates more plainly, but talks of all sorts of things, each sentence or part of sentence being entirely different, but seems to dwell more upon the history he has been recently reading than anything else; pupils dilated to fullest capacity.

Two and one-half hours—Is quite delirious; wants to put feet into everything, stool, chair, goblet or whatever is

brought near, and says: "Pour in the water if you are going to bathe my feet." Medicine in goblet (*Stram.* 3) "tastes like *Nitrate of silver.*" Sees and talks of cats and rats. Tries to kick flowers from oil cloth on floor; constantly picking and rubbing face, lips and hair as if it itched or something were crawling over it; pulls off slippers and puts them on again repeatedly; wants to go out of doors; gets angry and talks very loudly on account of opposition, and because they can not understand him; on moving about or rising from reclining on sofa, he puts his feet down to within several inches of the floor, when he seems to think they are on the floor, and lets them drop, which jar startles and surprises him. Thinks his son is lying on the floor in front of him, and a large, strange cat is lying across his (the son's) neck; but the cat soon changes to a rat and runs away, and he follows it with his eyes. Seems constantly following some imaginary spectre through the air, or about the floor with his eyes. Very frequent micturition of clear, pale urine, nearly odorless, not very profuse—about two to two and a half ounces each time.

These symptoms, with little variation, last about three hours or possibly some less when he begins to improve gradually.

Friday night was very restless and wakeful.

Saturday there was yet some trouble with eyes. For instance his old father (aged ninety-three) sat about nine feet distance from him, cleaning his finger nail, and the old gentleman's hands appeared to him as though they were covered with wool, or, "as if covered with gloves, lined with lamb's wool, and the gloves were wrong side out." On looking at the morning paper could not read a word. "Letters were in all kinds of shapes, sideways, etc., and could not make out a single word."

On retiring Saturday night, for some time drowsy, but could not sleep; on closing eyes saw the newspaper with its odd arrangement of letters, the woolly hands, and everything he had noticed through the day.

He has no remaining consciousness of any part of Friday. "It is a total blank," and remembers nothing between Friday

morning and Saturday morning. Bowels locked from Friday morning to Sunday evening, when there was a very scanty discharge of very dry fæces, and voided only with great pressure and straining.

Treatment.—*Stram.* 3, Friday and Saturday; Sunday, *Bell.* 20m. Monday, a. m., nearly well.

There has been no change in the pulse from beginning to end, unless a little more volume. No acceleration. Patient suffered from a "bad feeling" in head every morning, coming on after breakfast and lasting till after dinner, for about a week. I asked him to describe his sensations, but he could not, only a "bad feeling." Has now entirely recovered, at least so he says, but he is one who will not confess to indisposition till he is obliged.

Complicated Case of Syphilis. By W. H. Blakeley, M. D.,
Bowling Green, Ky. Read at the Indiana Institute
of Homœopathy, May 1st, 1879, Indianapolis.

Them. A.. Englishman, aet. sixty-four, stout build, blacksmith by trade, has had double inguinal herina from youth. His father and two brothers and sons all have double herinæ. His father died from strangulation of same, he has been in the habit, through life, of getting on periodic drunks, lasting for several days or weeks. Thus to premise on July 4th, 1878, had connection with a prostitute while on a spree. Knew nothing of her condition. Had no further intercourse with any one until November 1st, when he had connection with his wife, who was, at the time, suffering with cancer of the breast, (variety not known), and she died in about three weeks from that time. She was entirely free from any uterine lesion. No pain or discharge from vagina or uterus. Fifteen days after connection with his wife a small double yellowish blister, situated just back of the corona glandis on

upper side. At the time it had a hard and infiltrated base. Began treatment under the old school with *Merc. cor.* and *Iod. potassium* internally. Was *Mercurialized* badly in a few days. *Acid nit. merc.* and *Carbolic acid* was applied externally. Sore began to spread rapidly. Had phimosis, which was slit back on the under side. No inoculation; wound healing rapidly. The case was under the old regime for about sixty days. I was called on January 28th, 1879, and found the patient badly salivated and exceedingly anæmic. The penis was infiltrated and hard as wood or ivory for about three inches back from the sore, glans penis. Mostly sloughed off. Ulcer looking dark and gangrenous. The phimosis had been but imperfectly relieved. So I made a cut directly over the ulcer for about one and a half inches, reaching behind the destroyed tissue, which I carefully dissected out and applied as a styptic *Persul. iron*, and afterwards a solution of *Nit. acid* internally. Applied *Slippery elm* dry to absorb moisture. The discharge at all times has been very small.

About the time I operated for phimosis, a copper colored eruption began to appear on the chest and arms and afterwards spread to the balance of body. I then gave *Kali hyd.* and in about ten days it was entirely gone, leaving no colored spots, leaving the skin clear and smooth. About this time the ulcer began to spread again, so I concluded to try *Merc. sol.*, which I gave for about five days. When the ulcer had extended for about two inches back I quit the *Merc. sol.* and gave *Nit. acid* again, which only seemed to give new impetus to the spread. I then gave *Arsenicum 3*, which had no visible effect on the spread. His general condition was one of great agitation; had but little pain; no glandular involvement. To quiet the restlessness I gave *Bell.* and several other remedies and finally gave *Sul. morph.* $\frac{1}{4}$ grain at night, to induce sleep. At the present time, April 28th, his penis is entirely gone, only a black string-like mass. The whole is destroyed to its connection with the pubic bone. The urethra was the last to be destroyed, as the disease progressed. There never has been a particle of

hemorrhage at any time. Pain at first was of a burning and twinging kind, at the present time there is but little.

Now, gentlemen, my object in presenting this is to get some opinion as to what the disease is. Was it uncomplicated syphilis? which would appear from the copper colored eruption and indurated base, but never destroys tissue, and would not have lain dormant for over four months. Certainly not syphilis. Was it chancroid only? which would appear from the rapid spread of the disease after it had nearly healed, and the aggravation from *Merc.*, but never has a hard base nor an eruption; or was it cancer? which would appear from the extensive induration and the fact of its appearing so soon after connection with his wife, who died of cancer; or was it gangrena engrafted on phagadema?

My diagnosis is a mixed disease, chancre and chancroid, both on the same base. Was I correct? What will he die with, cystitis, enteritis, peritonitis, pyemia, or general exhaustion?

Cancer of the Kidney.

Mr. J. B., aet. forty-seven, light complexion, nervous temperament, sedentary habit, scrofulous diathesis, was discharged from the army in 1864 for disability, resulting from what was diagnosed at that time inguinal hernia. There was a tumor in the inferior portion of the left lumbar region, in external appearance about like that of an ordinary hernia. Any slight fatigue from walking or remaining long upon the feet, would produce a tired feeling in region of tumor, which would be relieved by sitting down, flexing the thigh and resting the leg upon an opposite chair, general health otherwise good. Here is a brief history of the case up to August, 1878, when he was attacked with chills and fever, with paroxysms of hemorrhage from kidneys and bowels.

In this sickness, and up to January 1st, 1879, he was treated by an allopathic physician of some prominence, (and connected with one of the medical colleges) who, after treating the case for several weeks, arrived at the following rather unique diagnosis, which appeared in one of our city papers:

“STRONGYLUS GIGAS.

“The following account of a very peculiar case we clip from the Liberal: ‘Joseph Bevington, of this city, has been for some weeks confined to his bed by a disease that is remarkably rare. There are small parasites now and then found in the kidney, called technically echinococci. These are generally small and exist in sacs that sometimes become as large as a child’s head, and are quite like those found in the liver and spleen. They are, however, a rare variety of worms found in this organ and its capsules. They are from three to ten inches in length, and from one-half to a line and a half thick. They have no common name, but are designated strongylus gigas. In all the history of medicine and surgery there are but few of these cases described. The case is one of great interest to medical men. The worms are cylindrical, and when fresh are of a blood-red color. The cephalic end is blunt, and has six papilæ surrounding a small mouth; the tail is funnel shaped. Mr. B’s suffering is at times intense. The escape of one or more of the worms is accompanied by more or less hemorrhage. Notwithstanding the grave character of the disease, the many friends of Mr. Bevington hope that he may soon be restored to his accustomed health.’ ”

January 1st, 1879, the attending physician was discharged and myself called. After a careful examination, I informed the family that I thought the case to be a scirrhus tumor whereupon Dr. A. E. Keyes was called in consultation, when resort was had to the exploring needle, which confirmed our previous opinion. Up to the time that Mr. B. received our opinion of the case he had endured his intense suffering with the greatest fortitude, but now he at once gave up all hope and soon went into a delirium, which continued for several days, when death ensued. We then made a post mortem, at which were present a number of the physicians of the city,

which revealed an encephaloid tumor, involving the left kidney and ureter, pancreas, mesentery, omentum, descending colon, and firmly adhered to the walls of the abdomen, weighing ten pounds. There was no evidence of ever having been hernia.

J. C. A.

A New Disease. Translated by A. McNeil.

Professor Winckel reports concerning this disease, which was observed by him in the lying-in hospital, which is under his care, at the first session of the Congress of Pediatrics, as follows: A very malignant epidemic broke out which has raged since the last of March. Of twenty-three children attacked nineteen died. This murderous disease tears them away after an average of thirty-two hours' suffering. It begins with dullness (*benommenheit*) of the little patient, groaning, respiration, sometimes attended with salivation. The most extraordinary was the alteration in the blood, on scorifying the skin, it only appeared after violent pressure, as a thick, blackish-brown, syrup-like fluid. The abdomen was soft, the liver somewhat swollen. Convulsive action soon followed, with which the child died. The Professor proposed for this new disease the name, "*Cyanosis afebrilis icterica perniciosu cum haemoglobinuria*," but the president, Professor Gerhardt, proposed that it should be called "Winckel's Disease."

COMMENTS BY TRANSLATOR.

This newly-discovered monster is one which Homœopathy may have to meet in deadly combat, but it behoves us to learn how to attack and destroy it. It is unfortunate that we have not fuller information regarding the symptomatology of Winckel's Disease, but it is clear that the remedies for it are the serpent poisons, *Hydrocyonic acid*, *Carbo. veg.*, and *Secale cornutum*, according to the characteristic indications. I will communicate any further information the German journals may contain.

Aug-2

Obstetrical and Gynaecological.

Retained Placenta and Its Treatment. By G. W. Bowen,
M. D., Fort Wayne, Ind. Read before the Indiana
Institute of Homœopathy, Indianapolis, May 1st, 1879.

It will not be necessary to describe the placenta, or its use, for there is none here who have not been intimately related to it, and perhaps have used it for a pillow, though unconsciously.

Its retention after confinement, or in abortion, has frightened more than one doctor out of a year's growth, and caused many a mother to become anxious about her hereafter, and perhaps set some man to looking over his list of acquaintances to see who should be Mrs. No. 2. Now I plainly assert that there is no more danger from a retained placenta than there is in keeping an ulcerated tooth in the head, and in some cases not so much.

I have a placenta in my office that remained in the uterus fifty-six days after the abortion took place. When it was thrown off at the second menstrual period, it was all right and not at all decomposed, as one would have supposed it would be.

True, the woman did not have any fever to heat it up and cause it to soften up. On the contrary, she was nearly froze to death, (and that in July). So' cold was she that I gave her *Hot baths*, one quart of *Brandy*, and nearly two grains of *Strychnine* (in decimal plain doses) before I got her warm enough for a healthy woman. She has had a baby since, so I know her structure is all right again.

If, from any cause, at any time, the cord has been broken off or the uterus has contracted, or the neck of it has been bruised, inflamed or spasmodical constricted, do not force either hand or instrument into that sacred precinct and ruthlessly force it away, but let it alone and give the appropriate remedies and all will come out right. I mean, of course, the

Obstetrical and Gynecological.



contractions will force it out into or through the neck of the womb, and then you can judiciously assist nature's delivery

I have only found four remedies called for in some thirty-two cases that have all terminated successfully, in complete recovery, and getting what was wanted.

Aconite and *Belladonna* will relieve the sedulousness and fever, as also the congestion of the first six or twelve hours, then the *pulsatilla* will, if possible, bring on labor pains and expel all retained. If it does not, then give *Arsenicum* in reasonable doses every few hours, and the system can not become contaminated by reabsorption of the decomposed or decomposing secundines or placenta. It will not decompose at all if you give *Arsenicum* enough and diet your patient so as not to cause an elevation of temperature.

With the natural timidity and nervous susceptibility of women, they are prone to expect death if all is not right, and they need to be repeatedly assured that no ill can come from its present retention, but danger will ensue if the hand is ruthlessly forced in and it is extracted by "force of arms."

Perhaps cold applications may be needed the first day to aid in reducing the exhaustion but not longer. Let us not forget the physiological condition without regard to what the symptoms may be, and bear in mind the object to be accomplished. The neck of the womb must be relaxed so the obstruction can be forced through or out. Physiologically we find that *Opium* and its adjunct forms all contract the circular muscles of the system, hence, we can not give prudently anything of the kind. *Belladonna*, on the other hand, relaxes every circular fiber in the body, so that should be given to relax the neck of the womb so the remnants

"Essential to creation of immortal man"
can be extended from the citadel of life.

So with *Belladonna* to relieve congestion, produce relaxation of the constrictor muscles of the neck of the womb, *pulsatilla* to favor solution, excite sedition and contract the fundus, *Arsenicum* to sustain the nervous system, prevent decomposition and reabsorption, and all will go safely to a happy termination if you add a few kind and assuring words to you patient so as to convince them there is no danger.

General Clinics.

DIPHTHERIA.—LAC CANINUM 200.—It is seldom I witness a more brilliant cure than I did recently, effected by the above named remedy. Patient was an Irish servant girl in one of our leading hotels; a very large, fleshy person about twenty-two years of age; fair, rosy complexion, with dark hair and blue-gray eyes. She complained of sore throat, which was growing rapidly worse; some fever; difficulty of swallowing; worse on right side. Inspection revealed right tonsil intensely inflamed; bright red and greatly enlarged, and a spot the size of a dime, of a yellowish gray color upon the inner surface. The whole pharynx uvula and velum were much inflamed. I diagnosed a case of diphtheria, and gave *Kali dich.* 3 internally, and *Kali dich.* 1 in solution as a gargle, with instructions to report next morning. Report no improvement; but, if anything worse, and I was requested to call.

Found the spot larger and others forming in the pharynx, and the other tonsil nearly as large as the one first affected, with considerable more fever, and the characteristic fetor of breath. Changed medicine, giving *Merc. cyan.* 6 (which has done me splendid service in such cases) alternating it with *Bell.* $\frac{3}{16}$, every hour.

The following morning found all of the symptoms aggravated, and on face, hands, neck and chest, a bright scarlet eruption, exactly resembling scarlatina. Almost total inability to swallow, especially fluids. Gave *Bell.* 2c. every hour for six hours. No better. Gave *Lac. can.* 2c. in solution one teaspoonful every hour, which was followed by almost instantaneous relief, which, without any other remedy, entirely cured the case, and she resumed her duties in forty hours and has been well from that time, May 2d, 1879.

This is a comparatively new remedy, and clinical verifications, and experiences are now only wanting to teach us its



sphere and place in our therapeia. One symptom I noticed especially prominent, was aversion to liquids, particularly water, which, by the way, was about the only one I obtained from the patient herself. Even the teaspoonful of medicine in solution caused much suffering.—S. MILLS FOWLER, M. D., Dubuque, Iowa, May 22d, 1879.

Miscellaneous.

Hahnemann. The Genius of the Homœopathic Healing Art. Preface to the Second Volume of S. Hahnemann's *Materia Medica Pura*, 1833. Translated by Dr. Ad. Lippe, Philadelphia, 1878. Part I.

It is impossible to guess at the internal nature of diseases, and at what is secretly changed by nature in the organism, and it is folly to attempt to base the cure of them on such guesswork and such propositions; it is impossible to divine the healing power of medicines according to a chemical hypothesis or from their colors, smell or taste; and it is folly to use these substances (so pernicious when abused) for the cure of diseases based on such hypotheses and such propositions. And had such a course been ever so much in vogue and been generally introduced; had it been for thousands of years the only, and ever so much admired, course, it would nevertheless remain an irrational and pernicious method thus to be guided by empty guesswork; to fable about the diseased conditions of the internal organism, and to combat them with fictitious virtues of medicines. In order that we may change disease into health it must be laid open to our senses what is discernibly—clearly discernibly—removable

from every disease, and clearly must each medicine express what it can cure with certainty, before it may be applied to the cure of diseases; then the medical art will cease to be a lottery in human life, and will then become a certain means of rescuing men from disease.

I will now show what we discern as indubitably curable in diseases; how the curative virtues of medicines can become clearly perceivable, and how they can be applied to the cure of the sick.

What life is can only be empirically discerned by its manifestations and appearances; but it can never be explained, *a priori*, through metaphysical speculations; what life is, in itself and in its internal essence, can never be comprehended by mortals, and can not be explained by conjectures.

The life of man, as well as his twofold condition (health and sickness), can never be demonstrated in a manner usual in demonstrating other objects according to definite principles; it can not be compared with anything else in this world but with itself; it can not be compared with a wheelwork, with a hydraulic machine, with chemical processes, with decomposition or formation of gases, with a galvanic battery, nor with anything inorganic. Life is in no respect controlled by any physical laws, which govern only inorganic substances. The material substances composing the human organism are not governed in their living composition by the same laws to which inorganic substances are subjected, but they follow solely laws peculiar to their vitality; they themselves are animated and vivified, just as the whole organism is animated and vivified. Here reigns a nameless all-powerful fundamental force which suspends all forces of the constituents of the body inclined to follow the laws of pressure, collision, depression, fermentation and decomposition; and only this force guides and governs by the wonderful laws of life; that is to say, it maintains the necessary conditions for the preservation of the living whole in sensation and action, and that in an almost spiritual dynamic condition.

As the organism in its normal condition depends only on the state of its vitality, it follows that the changed condition

which we call sickness must likewise depend not on the operation of physical or chemical principles, but on originally changed vital sensations and actions; that is to say, a dynamically changed state of man—a changed existence—through which, eventually, the constituent parts of the body become altered in their character as is rendered necessary in each individual case through the changed conditions of the living organism.

Further, the noxious influences which, as a general rule, create in us from without the various sicknesses, are generally so invisible and immaterial* that is impossible for them to change or disturb the form and structure of the components of our body mechanically, nor can they bring into the circulation pernicious or acrid fluids whereby all our blood would be chemically changed or vitiated; an inadmissible crude speculation of material brains which can in no way be proved. The causes producing disease affect, by virtue of their qualifications, the conditions of our life (our state of health) simply in a dynamic (similar to a spiritual) manner; and while at first the higher organs and vital forces become disturbed, there arises through this dynamic alteration of the whole living condition (discomfort, pain) a changed activity (abnormal function) of single or all organs; this necessarily causes secondarily a change of all the fluids in the circulation, and also the secretion of abnormal matter; and this is an inevitable result of that changed condition which is at variance with a state of health.

These abnormal substances appearing in disease or therefore only products of the disease itself, and as long as the sickness retains its established (present) character, they will necessarily continue to be secreted, and, thereby form a part of the signs of the sickness (symptoms); they are only effects, and, therefore, demonstrations of the present internal sickness, and react† on the whole dis-

*Rare exceptions are some surgical conditions and complaints arising from indigestible or foreign substances occasionally coming into the alimentary canal.

†Expulsion and mechanical removal of these abnormal substances, impurities and excrecences, can not cure the origin of the disease

eased body (while they frequently contain the germs of disease affecting other healthy persons) which produced them, not at all as disease sustaining or creating matter, not as the material cause of disease. It is just as impossible for a person to infect his body or augment his disease with the poison of his own chancre, or with the gonorrhœic secretion from his own urethra, as it is for a viper to inflict upon itself, with its own poison, a dangerous or deadly sting.

Therefore it is obvious that the diseases of mankind caused through the influence of a dynamic (morbid) noxiousness can originally be but dynamic changes (caused almost only in a spiritual manner) of the life character of our organism.

We perceive easily that these dynamic disorders of the life character of our organism, which we call disease, inasmuch as they are nothing else but changes in sensations and actions, express themselves only through an aggregate of symptoms, and are recognized only as such by our powers of perception. As the work of healing is such an important one to human life, and as our steps must be guided only by our perception of the condition of the sick body, (to be guided by conjectures and improbable hypothesis would be a dangerous folly, yes, even a crime against mankind), it is obvious that diseases, as dynamic disorders of our organism, express themselves only through changes in sensations and actions of the organism; that is, only through an aggregate of perceptible symptoms; therefore they alone must be the object to be healed in every case of illness. If all the symptoms of the disease are removed, nothing but health remains. For the reason that diseases are nothing but dynamic disorders of the condition and character of our organism, they can not possibly be cured by mankind in any other way than through potencies and forces which are equally able to produce dynamic changes in the condition of man; that is, itself, as little can coryza be shortened or cured by possibly frequent and perfect blowing of the nose. The coryza does not continue any longer than its stipulated time, if the nose were not cleaned at all, by blowing it.

diseases are cured virtually and dynamically by medicines.* These efficacious substances and powers (medicines), which are at our command, effect the cure of diseases through the same dynamic changes of the present condition; through the same changes in the character of the organism in the sensations and actions, as they would in the healthy man; changing him dynamically, and producing in him certain sickness and characteristic symptoms, the knowledge of which, as we shall show, gives us the reliable indication of the diseased condition which can be most surely cured by each particular medicine. Therefore, nothing in the world can produce any cure, no substance, no force can effect any such change in the human organism as to make the disease yield, nothing except a power capable of changing dynamically the condition of man, and therefore a power capable also of changing the healthy condition into a sick one.†

On the other hand, there is no agent, no power in nature, capable of affecting healthy persons, which does not at the

*Not by means of ostensibly dissolving or mechanically resolving, evacuating, properties of medicinal substances, nor by means of expelling (blood purifying and secretion improving) imaginary productions of disease, nor by means of antiseptics (only acting on and useful to purify dead matter), nor through chemical and physical forces of any kind imaginable, in such manner as they affect inorganic material substances; nor in the manner in which the medical schools have always erroneously imagined and dreamt.

The more modern schools have begun to consider diseases in some measure dynamic changes, and to a certain degree they have tried to combat them through dynamic means; but they do not perceive the sensitive, irritable, reproductive forces (dimensions) of life, so endless and perpetually changeable *in modo et qualitate*, and do not look on the innumerable and changing symptoms of diseases (those endless and only, by us, by reflex discernible internal changes) as the only reliable object to be healed, which they really are: and as they only accept hypothetically an abnormal increase or decrease of their dimensions *quoad quantitatem*, and as they ascribe arbitrarily to the medicines used by them for the cure this one sided power to increase or decrease, and bring these dimensions to a normal condition, and thereby profess to cure, they have nothing but illusions before them—illusions of the object to be healed (the indication), an illusion as to the action of drugs (indicate).

†Therefore none, as, for instance, merely nutritive substances.

same time possess the capacity of curing certain diseased conditions. But as the power of curing diseases, as well as the power of affecting healthy persons, is found inseparable in all medicines, and as both active powers derive their origin from the same source, that is, from their capacity to change dynamically the condition of man, and as they, therefore, can not possibly follow different inherent laws of nature in sick persons than in healthy ones, it follows that it must be identically the same power of the medicine which cures the disease in sick persons and possesses sick making properties in healthy ones.*

We will, therefore, also find that the healing power of medicines, and what each of them is capable of curing in diseases, can not be expressed in any other possible way, and can never come to our knowledge in greater purity and completeness, than through the diseased phenomena and symptoms (a kind of artificial disease) which medicines produce on well persons. If we have before us a record of the characteristic (artificial) symptoms which the various medicines have produced on well persons, it becomes only necessary to let the pure experiment decide what particular symptoms of diseases are invariably quickly and permanently removed by the medicinal symptoms, so that we may know always in advance which of the proved medicines, and which of their known characteristic symptoms, will be the surest curative remedy in each case of disease.†

*The different result in both of these cases depends solely on the difference of the object to be changed.

†As simple, as true, and as natural as this proposition is—and therefore it would seem as if it should have been made the fundamental means of ascertaining the curative powers of medicines—it is evident that, in fact, up to this time it has not been approached even distantly. During these thousands of years, and as far as the history of medicine is known, not one person conceived, *a priori*, the source of ascertaining in so natural a manner the healing properties of medicines before they were applied for the cure of the sick. For hundreds of years, up to the present time, it was surmised that the curative powers of medicines could only be ascertained by the effects they produced on diseases (*ab usa in morbus*). It was attempted to ascertain them in cases in which a certain medicine (and then most frequently a compound of different medicinal substances)

Finally, we appeal to experiment (experience), in order to determine what artificially sick-making powers (observed of medicines) should be applied successfully against certain natural diseases. We ask:

has been beneficial in a named given case of disease. It is impossible to learn from the curative effect of a single medicinal substance, even (which not often happened) in an accurately described case of disease; because (with the exception of diseases caused by fixed miasms, small pox, measles, lues, the itch, etc., or those consequent on the same disturbing element, as the gout) all other cases of diseases are single cases, that is, they appear under varying and different symptom combinations; have never appeared in just the same manner it is on that account that we can not draw the conclusion that the same remedy will also cure another (different) case. The forcible combination of such cases of disease (which nature produces in her wisdom in such an endless variety) under certain named forms, as is done arbitrarily by Pathology, is leading to continuous illusions, and a temptation to a mistaking of various conditions one with another—human guesswork without any reality. Equally seductive and inadmissible, although from times immemorial introduced, is the establishment of general (curative) effects, based on occasional results in diseases, which the *Materia Medica* does when, for instance, in some cases of diseases occasionally during the use of (generally compounded) medicines, increased urinary secretions, perspiration, appearance of the menstruation, cessation of convulsions, a kind of sleep, or expectoration appeared; the medicine (which among the rest was honored with being charged with this effect) was credited with possessing the virtue of being diuretic or sudorific, or capable of restoring menstruation or anti-spasmodic, or soporific, or expectorant, thereby committing a *fallacium causae* by confounding the terms *with* and *of*. But there was likewise drawn a wrong conclusion, a *particulari ad universale*, in contravention of all the laws of reason, even changing the conditional into the unconditional. Because that which is not capable of causing, in every case of disease, an increase of urinary secretions, or perspiration, or menstruation, or sleep; which can not allay, in all cases, convulsions, or loosen the cough, can not, without violating common sense, be pronounced unconditionally and absolutely diuretic or sudorific, or emmenagogue, or anti-spasmodic, or expectorant. Furthermore, it is impossible that a medicine in these compound phenomena of our conditions, in such multiplied combinations of a variety of symptoms as are the nameless varieties of the diseases of men, can possibly reveal its original medicinal effects, and that which we expect to know with certainty of its sick-making, sensation-changing properties.

1. Whether they be such medicines as are capable of producing on the healthy organism different (allopathic) changes from those observed in the disease to be healed.

2. Or such medicines as are capable of producing on the healthy organism opposite (enantiopathic, antipathic) changes to those observed in the disease to be healed.

3. Or, whether we can expect restoration to health (cure) with the greatest certainty, and in the most permanent manner, by such medicines as are capable of producing on the healthy similar (homœopathic) changes to those observed in the natural disease (there are only these three modes of administering medicines possible); experience most emphatically and indubitably decides for the last.

It is even self-evident that medicines acting heterogeneously and allopathically, capable of producing different symptoms on the healthy organism to those then observed in the disease to be cured, are in the very nature of things incapable of being suitable to the cure, and can not cure. Their effects, consequently, must be injurious; otherwise every disease would be cured by means of any imaginable, ever so differently acting, medicine, quickly, safely and permanently. Whereas each medicine possesses effects differing from all other medicines; and so each disease causes on the human organism, under the eternal laws of nature, different and varying ailments and sufferings; this in itself would demonstrate a contradiction (*contradictionem in adjecto*), and would by itself demonstrate the impossibility of a beneficial result. Furthermore, each demonstrated change can only be produced by a cause especially belonging to it, but not *per quam libet causam*. And experience proves it daily that the common practice of prescribing for the cure of the sick a compound of medicines, the powers (effects) of each of these unknown, causes a variety of effects, but the least of all—a cure.

HOWŒOPATHIC MEDICAL SOCIETY of the State of New York, Semi-Annual meeting at Rochester, September 9th and 10th.

New Discoveries. By E. J. Lee, M. D., Philadelphia.

Past experience has demonstrated the fact that new discoveries, calculated to overthrow long existing errors, universally regarded as facts, are never well received.

This is especially true in medicines. The profession deny new theories without examination; the laity endorse and adopt the opinions of the profession, deeming them to be unbiassed and skilled judges.

Does the fact need proof that the opinions of high contemporaneous authorities, as regards new doctrines, are less than worthless?

As a practical illustration is often more forcible than pages of argument, we quote a recorded dialogue concerning Harvey and his discovery. It applies most aptly to Hahnemann. The discussion is between Lords Holland, Seymour, Southampton, a doctor and a clergyman.

"One object of old Parr's going to London, is that Harvey may study the case, and see if he can gain hints from it for lengthening our lives."

"But surely," said the clergyman, "it can matter but little what Dr. Harvey concludes and gives out about the case of this old parishioner of mine, or about any other case. No one can have any respect for his judgment in the face of the wild doctrines he gives out about the blood."

"Does he adhere to that?" asked Lord Southampton.

"Yes," replied Lord Holland, "He will, ere long, publish another tract upon it. It is astounding to see a man who seems, otherwise rational and sensible, lose himself on this one point. There is no making any impression upon him; he persists as quietly as if all the wise people in the world agreed with him."

"Quietly?" said Lord Seymour, "I thought he was a passionate, turbulent fellow, who thought all the world a fool but himself."

"Whatever he may think," replied Lord Holland, "he says nothing to give such an idea; on the contrary the most amus-

ing, and yet melancholy part of the business is his entire complacency. He is so self-satisfied that nothing can move him."

"Dr. Oldham," said Southampton to the family physician, who sat smiling while this description of Harvey was given, "you have looked into this business—this pretended discovery—what have you to say of it?"

"But little, my lord, it is not worth so many words as have just been spent upon it. There is not a physician in Europe who believes in this pretended discovery.

"After examination?"

"Surely, my Lord. Any announcement of a discovery made by a physician whose merits have raised him to Dr. Harvey's post, can not but meet with attention from a profession whose business it is to investigate the facts of the human frame and constitution."

"Then the known facts are against him?"

"Entirely, my lord. No point, for instance, is better understood than that the arteries are occupied by the vital spirits, which are conducted in the left side of the heart, from the air and blood in the lungs."

"And what says Dr. Harvey to this?"

"He controverts it of course. Neither the opposition of all living physicians, nor even the silence of Galen on this notion of his has the least effect upon him. It is sad and pernicious nonsense, and ruinous to a man who, but for his madness, might have been an honor to his profession. Of course his opinions on any subject are of no value now."

"In the profession, do you mean or out of it?"

"I believe there are a good many out of the profession who listen to him, open mouthed, as to every professor of new doctrines; but it is an affair in which no opinions but those of physicians can be of any consequence, and, as I said, not a physician in Europe believes Harvey's doctrines."

"It ought to be put down," said Lord Seymour; to which the physician gave an emphatic assent, observing, that "in so important an affair as a great question about the human frame false opinions must be most dangerous, and ought to be put down."

“And how is new knowledge to fare, when it comes?” said Lord Southampton.

“By my observation, Dr Harvey’s notion, is so following the course that new knowledge is wont to run, that I could myself almost suppose it to be true. It has been called nonsense; that is the first stage. Now if it be called dangerous that is the next. I shall amuse myself by watching for the third. When it is said there is nothing new in it, and that it was plain to all learned men before Harvey was born, I shall know to how apportion Harvey his due honor.”

“I thought, my lord,” said the physician, “you had held my profession in respect.”

“Am I not doing homage to the most eminent member of it—perhaps the most eminent in the world,” said Lord Southampton; “and it appears I am rather before than behind others in doing so. There is no man, not even the greatest, who may not stand hat in hand before the wise physician; and I for my humble part, would even do so.”—(Kopp, in “The American Journal of Homœopathy.”)

Such arguments (?) as the above, most of us have heard advanced by our shallow opponents. “’Tis false because ’tis not true” is their cry.

Dr. Dake on High Potencies.

MR. EDITOR. In the last volume Transactions of the American Institute on page 263, Section 11, I find Dr. J. P. Dake reported as saying:

“I have no confidence or belief whatever in the power of medicine without medicinal matter. When that limit is passed the spirit is intangible. You cannot handle or direct it; it does not act upon the human body for us so that we can make it useful. I say that disembodied spirits are of no earthly use to us. (Applause). We are acting on the material

tissues of the body, and must have matter which is the body, the spirit or soul of force."

The first impression one gets upon reading this, is that the statement is utterly without meaning. That it has a meaning however is apparent from the applause which greeted it. Somebody understood what the speaker was saying. In fact it seemed so good a thing, it was encored; and our quotation was a second and more elaborate rendering of what must have been considered by the doctor and his friends a peculiarly happy thought. For all this it is a matter of regret that so distinguished a gentleman could allow himself to utter so ill-considered a statement. "I have no confidence or belief whatever in the power of medicine without medicinal matter." A brave statement indeed for a scientific man! Incorporeal force is a myth to all learned men. There is not a man in the Homœopathic school that does not believe all that the doctor says is true. "When that limit is passed," what limit doctor? "the spirit is intangible." Are you quite sure it is tangible in bodily forms? If so how does it feel, or smell or taste? "You cannot handle or direct it. It does not act upon the human body for us so that we can make it useful." Speaking of limits here is one that would satisfy the most dogmatic mind. Is Dr. Dake a homœopathic Pope that he can issue such a bull as this with impunity. How came he know so much of dynamics? A beardless youth might hurl such a glove into the arena but a gray haired man should be more cautious. "I say disembodied spirits are of no earthly use to us (applause)." What surprised us at the time was that so many good orthodox brethren joined in the applause notwithstanding Dr. Dake slapped their theological faith squarely in the face. Why, Christianity and Spiritualism, to say nothing of all other forms of religion, should rise and crush out this bold heretic. "We are acting on the material tissues of the body and must have matter which is the body, the spirit or soul of force." Here the doctor is incorrectly reported. "The spirit or soul of force" is too meaningless even for Dr. Dake. What he did say is not known and it is of no consequence for the

meaning of it all, is not in the lines themselves, but in what is known to exist between the lines. The thing stated is absurd, but the thing understood is plain as the nose on your face, and hence the applause. Had he said, Gentlemen I dont believe in high protencies, they are too ethereal for me, they remind me of disembodied spirits. There is no medicinal substance in them and hence no medicinal action. I want something that is tangible and hence I have faith only in low protencies", he would have said what he meant. He would have said at least what he was understood to say. And this, to say the plain truth, is Dr. Dake's view of the potency question. He is the champion heavy weight of our school, but he is not a safe leader in matters pertaining to science. This fine piece of sarcasm, that made the groundlings roar, is a betrayal of weakness. He has no arguments, but he hurls spiritualism and theology at the heads of his supposed enemies, and postulates a universally accepted fact as something quite unheard of. Now the high potency men always use matter forms by which to convey their medicinal force to the bodies of their patients. They were never known to use insensible agents for the cure of disease. Even "smelling of the cork" is on a par with smelling of one's handkerchief; in both cases there being invisible but potent particles of matter floating in air. Dr. Dake's assumption or perhaps I should say implication that even the highest potency men attempt to use in any case abstract force is as gratuitous as it is untrue. But when he declares that it is not possible to use force in that form he clearly transcends the limits of a scientist. He says "we must have matter." This is by no means correct. We do have matter and we must have force is the true statement. It is not for Dr. Dake to say when the bodily form if ever shall be finally thrown away and the soul or force of the drug be wholly used apart from any form of matter, let the future decide that. The rostrum of the Institute is a place where too many utter crude ideas, but Dr. Dake should beware of such a result when he stands up to expound science to his younger brethren of whom one is

FINGAL HAPGOOD, M. D.

Aug-3

The True Issue Stated. By Dr. Ad. Lippe, Philadelphia.

It is a fatal error to ask for a proof that the thirtieth potency possesses sick making and curative powers, because this question has been decided in the affirmative without any possible doubt; and because the question was definitely and positively settled by persons who would have preferred a negative answer but who were compelled by necessity to give an affirmative answer, and this necessity was the result of investigations by the experiment.

It is now our purpose to produce such evidence as shall convince the most sceptic questions to admit that this question has been permanently settled, and our evidence is "Documentary Evidence."

The Austrian provers published in the first part of the fourth volume of the "Oesterreichische Zeitschrift fuer Homœopathy," and among the contributors to the development of the physiological materia medica of Hahnemann, an essay of two hundred and fifty-six pages on the sick-making and curative effects of *Natrum muriaticum*. This essay was written by Dr. Watzke in 1848.

The sick-making properties were ascertained by thirty-five provers, who repeatedly and perseveringly tried this salt on themselves; there were also added experiments with salt on animals. There existed then as now sceptical philosophers, who asserted that a substance which was daily used by millions of individuals could not possibly cause, and also cure such a multiplicity of ailments as were enumerated in Hahnemann's rendition of the effects of *Natrum muriaticum*; they did decline to make "the experiment," declined to prove this remedy on themselves, and remained in the opposition—sceptics, on the other side. The thirty-five provers made the provings with the crude salt in large doses, and also in potencies up to the thirtieth. One prover reports only two hundred and twenty-five symptoms from a few pellets of the thirtieth potency. Hahnemann's provings were not only confirmed, but also materially supplemented. To those of us

acquainted with our literature, I refer to this exhaustive documentary evidence; others unacquainted with our literature might be offended if their newly promulgated proposition to prove the efficacy of the thirtieth potency should be pronounced unnecessary or preposterous. The most positive proof was published over thirty years ago, and has been accepted. To make our paper short, we will only quote the final decision Dr. Watzke arrived at. He says, on page 251: "Concerning the dose of our remedy, (*Natrum muriaticum*) I am unfortunately—I say unfortunately compelled to declare myself for the higher potencies, unfortunately, because I would have preferred it, could I remain a representative of the ordinary views favoring the ordinary larger doses. The physiological provings of the *Natrum muriaticum*, as well as the overwhelming preponderance of clinical results, obtained all along by it, speak decidedly and positively for the higher potencies."

Where we furthermore take into consideration that this conclusion was the result of experiments made with the potencies of a substance never before supposed to possess medicinal powers, except in the shape of natural water, heavily saturated with *Salt* applied as baths, when we see from these elaborate provings that potentized *Muriate of soda*, causes on the healthy more prominent and more characteristic symptoms than material doses, should we not be able to see very clearly that what we understand under medicinal powers, both sick-making and health-restoring, are a thing which is not susceptible to weight, are imponderables? Again, when we consider that Dr. Watzke voluntarily acknowledges that the deductions drawn from the facts revealed and elucidated by "the experiment," are entirely in contravention to his previously held opinion, we are forced to admire his honesty, his good sense to make the experiment, and accept facts, make more experiments and proclaim such facts to be true, even if they did not turn out to be in harmony and in accordance with preconceived, well cherished opinions.

The lesson we learn from the above is this, every honest seeker of truth will make the experiment himself: it is preposterous to ask others to make the experiment for him, give

him facts only, and let the sceptic draw his own deductions from the facts as he accepts and represents them and the sceptic can only be convinced of his errors by experiments made by himself and on himself.

It is a fatal error to agitate the posological question at present. In almost every number of our journals we find some severe paper denouncing as spiritualists or worse than that, as blind and audacious men the members of the profession who publish cures made by means of high potencies. One of these scandalous papers is found in the July No. of the Homeopathic Times, the author of it, Frank A. Ruckwith, M. D., Saginaw, Michigan. We will not here discuss the assertion made by Dr. R., page 80, that the very origin of Hahnemannianism dates from the time when its founder said that nothing could he make out of his battle-cry, of *Similia Similibus Curantur*, as a thing, *per se*, he was forced to resort to the stratagem of inventing attenuation (*verduennung*). Did the learned Dr. find this in the Organon of the Healing Art, and where? The posological question is untimely, is a false issue and always has been a false issue; it is the last of all questions to be considered, it never was a stratagem; it is a historical fact that men well versed in the teachings of the Master finally are enabled to gradually decrease their doses, that is all. The battle-cry of to day is "The Law of the Similars." Is it a universally applicable therapeutic Law or have we no such law—have we supplementary and auxiliary laws? have we to be guided by our individual judgment when we exercise the sacerdotal duty of a true Healer, or are we to be unerringly guided by unerring laws, by natural laws, or in other words does our professions to be Homeopathic Healers admit freedom of action, or does our School bind us to obey the laws on which it is founded? Are Homeopathy and Eclecticism synonyms? The Philosophers who proclaimed that the law of the Similars was not the *ne plus ultra*, but that other supplementary and auxiliary laws existed, were discovered or were discoverable, would now do well to come to the aid of the man who impliedly denounces the Law of the Similars as a battle-cry which amounted to nothing, let them

illustrate these other laws. Let them illustrate the possibility of admitting the palliative treatment to be in harmony with the Law of the Similars, or that it can by any possibility be consistently applied by a professing Homœopathician! These are the vexed questions of the day—not the question of the dose: and the silly attempt to divide our school into high and low potency men must fail. We are divided on the question of the “Law of the Similars.” While one side accepts it as a universally applicable Law the other side claim a right to accept it occasionally if it does not interfere with their own individual judgment, and if it does, or if the individual can not properly apply it, do anything he chooses.

Pleasure and Pain.

No one knows better than a physiologist how false is the old maxim, “Seeing is believing.” He knows that sight and all the other senses never show us things as they are. “No kind and no degree of similarity,” observes Professor Helmholtz, “exists between the quality of a sensation and the quality of the agent inducing it and portrayed by it.” Our sensations tell us nothing of the real nature of the external world. They are mere symbols, every whit as remote as the written word horse is from the animal. Their value depends, however, not on the fidelity of their correspondence, for this is null, but on their fidelity at all times to the same impression. The color red is always the color red; the scent of the rose is the scent of the rose, and it is this logical law of identity which gives sensations their value, not the objects which call them forth.

The laws which govern the correspondence of sensations to impressions are those of transmission; in other words, of nutrition. By an accidental variation of structure at some remote epoch, a cranial nerve became sensitive to light; this aided

the animal in its efforts to nourish and preserve itself, and strengthened by descent, gave rise to an eye. All the senses arose and were ripened in a similar manner. The stimulus of all of them is their preservative powers.

Now, it is conceded by students of sensations that all of them partake-either of the nature of pleasure or of pain. Every impression is either one agreeable or disagreeable. It is further experimentally demonstrable that an agreeable sensation is one which is produced by a sustained and continuous impression up to the point of fatigue, a musical tone, for example; while intermittent and discontinuous impressions, as tones of different pitches, or a flickering light, produce disagreeable sensations. This is the inductive axiom on which Helmholtz bases his celebrated *Lehre der Tonempfindungen*.

Continuous impressions, short of fatigue, mean increased nutrition, repair exceeding waste, preservation strengthening itself. Pleasure, therefore, is physiologically the quality given to sensation by nervous action not in excess of nutrition. The utmost pleasure is derived from maximum action with minimum waste.

This generalization offers many instructive corollaries. That which we call the beautiful in art depends upon it. Hogarth drew a "line of beauty," which he found to be that which in its variations most gratifies in outline and form. It is a double curve, and an analysis of it shows it to be that which the muscles of attachment of the eye permit our sight to follow with least labor to themselves. A curve is preferred, in art, to a rectangle, for the same reason. The changes in languages toward greater brevity and sonorousness are dependent upon the rising preference for action with least waste which the use of such idioms implies.

Waste exceeding repair produces a disagreeable sensation reaching as it increases to actual pain. As such it incites to action, but to deterrant and evasive action. Pain is the sensation attendant on the death of the part or system, as the sensation opposed to self-preservation and continuity, as contrary to the first law of existence or motion, it is avoided by

all organisms. "To move from pain and to pleasure is the fundamental law of organic beings," says Professor Bain.

The reader may still be dissatisfied with the explanation, and ask, through the operation of what general law are deterrent sensations, that is, painful ones, associated with waste? Is it an *a priori* arrangement in "the fitness of things"? The question is a proper one, and the reply is, not at all; it is a mere accident; not hardly so much as an accident, but a piece of unconscious choosing. There is nothing in waste itself which necessarily ties it to pain. No god fastened their heads together.

Probably many creatures have been born whose nerves felt pleasure in waste of tissue. Their race is not extinct. "There are," says the Baron d'Holbach in one of his works, "some men who find no pleasure except in actions which will bring them to the gallows." Fortunately, human law generally brings them there; and natural law with infinitely greater certainty soon or forthwith destroys that organism which finds pleasure in waste, but preserves that one which feels pain from waste and transmits this feeling, strengthened by descent, to its progeny. The vices which conceal waste under pleasure, such as alcohol and opium-taking, are the most dangerous ones.

This physiological discussion shows how erroneous that doctrine is which regards pleasure as the negative of pain (pessimism), or pain the negative of pleasure (optimism). The Scandinavian mythology represented Odin, the god of action and effort, as accompanied by his two brothers, Vili and Ve (*Wohl* and *Weh*, pleasure and pain). So in fact every action disturbs the pre-existing relations of nutrition, and brings out agreeable or disagreeable feelings. But as repair is one definite thing and waste is another definite thing, so are the feelings to which they give rise.

This inquiry does not stop with physiology. All religions are founded on some theory of pain. They all teach, to some extent, "purification by suffering," they all connect pain with sin, death with evil, pleasure with goodness, life with joy. In much that they teach the confusion of sensation and thought

is evident; pain and death, as has been shown, can not have come into the world by sin, for the latter can exist in the intellect alone, while the former is common to all organic existence. But that in which the better religions are right is that in preservation, in continuous life, in obedience to law, lies man's true happiness; that through the destruction of those who disobey, consciously or unconsciously, the race is purified; and that sin, wrongfulness, conscious evil-doing has a punishment as certain, as eternal, as irrevocable as Calvin ever taught. The easy doctrine that "bad is good in the making," or that "an error is a truth half seen," finds not a vestige of support before the merciless laws which take no steps backward, hear no prayers, and admit of no moment of truce. The ground maxim of all morals lies in pleasure and pain, and is embraced in this sentence from Schopenhauer: "No error is harmless; every one will sooner or later do him who harbors it a hurt."

Lines on a Skeleton.

Behold this ruin! 'Twas a skull,
 Once of ethereal spirit full.
 This narrow cell was life's retreat,
 This space was thought's mysterious seat.
 What beautiful visions filled this spot,
 What dreams of pleasure long forgot!
 Not hope, nor joy, nor love, nor fear,
 Have left one trace of record here.

Beneath this mouldering canopy,
 Once shone the bright and busy eye.
 But, start not at the dismal void.
 If social love that eye employed,
 If with no lawless fire it gleamed,
 But through the dews of kindness beamed,
 That eye shall be forever bright,
 When stars and suns are sunk in night.

Within this hollow cavern hung
The ready, swift, and tuneful tongue.
If falsehoods honey it disdained,
And where it could not praise, was chained,
If bold in virtue's cause it spoke,
Yet gentle concords never broke,
This silent tongue shall plead for thee
When time unveils eternity.

Say, did these fingers delve the mine?
Or with its envied rubies shine?
To hew the rock or wear the gem
Can little now avail to them.
But if the page of truth they sought
Or comfort to the mourned brought,
These hands a richer meed shall claim
Than all that wait on wealth or fame.

Avails it whether bare or shod,
These feet the paths of duty trod?
If from the bowers of ease they fled,
To seek afflictions humble shed.
If grandeur's guilty bribe they spurned,
And home to virtue's cot returned,
These feet with angels wing's shall vie
And tread the palace of the sky.

Book Notices.

Clinical Lectures upon Inflammatory and other Diseases of the Ear. (London School of Homœopathy). By Robert T. Cocper, A. B., M. D. London Homœopathic Publishing Co., 1878.

Taken as a whole, we have here an excellent treatise upon diseases of the ear. The style is easy and colloquial, and the student will read it with interest. As a systematic treatise upon this department it does not meet many of the requirements of the profession. Its ar-

rangement is altogether too disconnected, and the discussions too discursive. At the outset we are struck with the author's failure to appreciate the power of *hot water*, and a knowledge of its right application in controlling pain and inflammation of the ear. The author would do well to consult American homœopathic literature upon this point. But of American contributions to this subject, Dr. Cooper is seemingly and unfortunately not well informed. He is a faithful disciple of Hinton, and this author he quotes on numberless points. His range of homœopathic remedies is remarkably limited, and he gives only the most general indications for their use. The ghosts of speculative pathology haunt him at every step. "Wide-spread nervous derangement," "profound spinal disturbances," "cerebral anæmia" and the like are very learned (?) but sadly empty phrases. The author will excuse us, but if he had studied the homœopathic materia medica as much as he has Hinton, he would have given his readers a clearer line of treatment. He goes aside at one point to thrust an imaginary class of men who would make no distinction between the tinnitus and vertigo of induced by cerumen, and that induced by exudation into the vestibule. He declares them "a perfect nuisance in Homœopathy." This is in bad taste. It uncovers an objectionable animus. In all schools there are men who can not differentiate these conditions; and who, therefore, treat their patients improperly. This is not strange, nor is it altogether disgraceful when we consider the state of medical knowledge when these men received their education. There is no justice in specialists abusing those less informed than themselves. There is no man in the homœopathic school who would treat his patient solely with internal remedies for tinnitus and vertigo, arising from impacted cerumen, *if he knew the cerumen was there*. The author is learned in pathology, but he is not wise in its use, if this is a fair specimen of his work: page 21. "When we place a watch or a tuning fork upon the mastoid process, the non-transmission of vibrations would simply, if acute inflammation be present, complete blocking up of the cells, *and therefore the necessity* for operative procedure, in the shape of incision over the mastoid process." Such advice we most unhesitatingly condemn. A homœopathic teacher would, in such a case, do well to try Homœopathy. We earnestly recommend it to the attention of the author. Homœopathy is great only in the hands of those who understand it. Page 25 he says, "Homœopathy dispenses with leeches, mercury and blisters, *not by assuming their absolute inutility* for the purpose in hand, so much as by substituting in their stead less harmful, and more efficient measures." We would not like to say that this sort of teaching "is a perfect nuisance in Homœopathy," but we do say, it wholly misrepresents our attitude toward such agents. Why, if Dr.

Cooper would have the courage to charge upon leeches, blisters, and mercury, "absolute inutility" as he should, and yet confess that homœopathic treatment was only "less harmful" than any other mode, he would only bring disgrace upon the school he attempts to represent. These are by no means the only weak and objectionable points in this otherwise valuable book.

The author bravely courts criticism. Had we space, he should have more than enough of it. His position as "physician for Ear Diseases in the London Homœopathic Hospital," will give him an excellent chance to improve his future utterances upon this subject. The fact is, he lags in his therapeutics. He needs knowledge, or faith, or both. When he has a needed fullness of these in our materia medica, he will give better lectures and write a better book. And for all this, the work before us is a good one in many respects, and it would give us more pleasure to point out its virtues, which are many, rather than display its faults, which are serious. We commend Dr. Cooper's treatise, therefore, to the profession, but not in unqualified terms.

A. Critique. Dedicated to the author of "Scratches," etc.

O Wm. Toß,
Dei gratia!
 A poet born,
Non fit!
 I've read your book
 From end to end,
 Wisdom and wit.

I like it not,
Absit invidia,
 But that's a thing
Ad gustem.
 I am a critic
 And must object,
 For that's the custom.

You are a surgeon,
Cumaogiasral
 In scalpel work
Andax and Canteus.
 Now, see my friend,
 To what a strait
 Your tricks have brought us.

You've ventured on
Licentia vatum.
 A miracle,
Mirabile dictu!
 Pray drop the pen,
 And after this
 The catlin stick to.

Was't not enough
 That one Old Scratch
 Has cursed mankind
 Since the days of Eden?
 Why has your brain
 More *Scratches* still
 Alas! been breedin'?

NOTE.—It is simply to avoid profanity, that the first Latin phrase is here introduced. The English rendering of it would make an excellent rhyme with the first line, but as will be readily seen it would not be allowable. Having commenced the use of Latin it became necessary to continue it at intervals through the entire poem (for such I candidly consider it. Of this, however, posterity must judge). Uneducated readers may be greatly assisted in understanding this production by consulting the table of phrases in Webster's unabridged, etc. We speak from experience on this point. It will be seen that the late Robert Burns has imitated our style but not successfully. The last verse contains no Latin. This is entirely the fault of the table of phrases referred to. But this is less a matter of moment since this verse contains the gist of the entire production. When this Critique is published in book form the "Scratches of a Surgeon" will be published an appendix thereto as an explanatory necessity.

P. S. It seems a hard thing to say of this celebrated surgeon and author that he is not fit for a poet. But since he comes to it by a higher right we maintain the statement.

American Journal of Electrology and Neurology.

Volume one, number 1, of this Journal made its appearance for July. It is a neat Journal mechanically and should its able editor present such an attractive table of contents each quarter we bespeak for it a hearty and extended reception by the profession. Messrs. Boericke and Tafel are the publishers, than whom there are none better known to our school. Price \$2.00 per year.

Report of the London School of Homœopathy for 1879, etc , etc.

This is an honest showing of both success and failure. There is no concealment of difficulties that surround the maintenance of this enterprise. The school evidently has too many friends from whom it may well pray to be delivered. The men who would make this institution a mere tail to the allopathic kite, are not yet in the as-

endant. We hope they never will be. The school will live in spite of those who would drag it down in suppliance at the knees of Allopathy. It makes a good showing. It lacks in that moral support which comes from a genuine love for Homœopathy, but it has a few intelligent and sincere friends. It has valid assets to the amount of £2,169.40, and last year an income of £904,191. It is doing a good work and we wish it success. By the way do our English friends give any attention to matters of this sort in this country?

Editor's Table.

ANOTHER STRAW.—In his recent important work on Gynaecology page 145, Dr. Emmet says of uterine diseases: "We must also bear in mind that as a rule the local condition is but an expression of the state of the whole body. Therefore the local condition is not likely to be permanently benefited unless we can at the same time improve general nutrition by a careful and well regulated constitutional treatment."

As a statement in Pathology this sounds decidedly Hahnemannian. It is a doctrine which the stricter class of homœopaths have believed in and practiced for over three quarters of a century, and yet there are men even in our school whose practice in uterine diseases is wholly opposed to this theory of disease, else why do they use local applications precisely as laid down in the books of the allopathic schools.

B.

"DRYING UP" MILK.—Who'd a thought it. "At a meeting of the New York Academy of Medicine (old school) nearly all the speakers argued that the best plan for drying up milk in non-nursing mothers is to let the breasts *entirely alone*; no pumps, *Ointments, Belladonna or friction*, etc., etc.—*New York Medical Record*. This is almost as good as Homœopathy. It is too good to be true. Locally nothing; add to that such homœopathic medications as the derangements of the system if any may demand, and you have adopted a treatment rational scientific and successful.

AN OBSTETRIC APHORISM.—When there is delay in labor from plethora, employ the lancet [in picking your teeth or cleaning your nails, meantime give *Bell.* or *Acon.* or *Puls.*, as may be indicated.]—*Hospital Gazette* (old school). No charge for the amendment.

L. L. D.—This distinguished title recently fell upon the ample shoulders of Dr. Nicho. Francis Cooke, M. D., of Chicago. We can not object to this but why on earth did it not fall to some poor devil who needed it to make him happy? Brother Cooke did not need it for that purpose nor any other, but as he richly deserved it he shall keep it with our consent and congratulations.

NEW YORK OPHTHALMIC HOSPITAL.—Report for the month ending June 30, 1879. Number of prescriptions, three thousand, three hundred and fourteen; number of new patients, three hundred and eighty; number of patients resident in the hospital, thirty-six; average daily attendance, one hundred and thirty-three; largest daily attendance, two hundred and three. J. H. Buffum, M. D., Resident Surgeon.

A FREE DISPENSARY for women and children has recently been opened at 306 Linn street. The financial management is under the control of an able board of ladies, and the clinical work in charge of Dr. Ellen M. Kirk and Dr. Martha May Howells. The Dispensary for women and children will, no doubt, soon be numbered among the successful charities of our city.

THE GOVERNOR OF INDIANA vetoed the health bill passed by the legislature of that state, to regulate the practice of medicine, for the very good reason that the dear old mothers in Israel, the Good Samaritans and those wise people who know more about medicine "than all the faculties put together," would be prevented from carrying on their labor of love.

CINCINNATI HOMŒOPATHIC FREE DISPENSARY.—Annual report for year ending July 1st, 1879. Medical Department—New cases, one thousand eight hundred and twelve; prescriptions, seven thousand one hundred and forty-eight; visits, three hundred and fifty-eight; teeth extracted, three hundred and thirty; obstetrics, eight; surgical operations, twenty-eight. C. A. Quirell, M. D., Resident Physician.

AT THE late meeting of the American Institute of Homœopathy, at Lake George, the following officers were elected for the ensuing year: President, T. P. Wilson, M. D., Cincinnati; Vice-President, Geo. A. Hall, M. D., Chicago; Secretary, J. C. Burgher, M. D., Pittsburg; Treasurer, E. M. Kellogg, M. D., New York; Chairman Board Censors, F. R. McManus, M. D., Baltimore.

THE OPHTHALMOLOGICAL AND OTOLOGICAL ASSOCIATION held daily sessions, and the eye and ear men gave up the Institute meetings for this, their "particular vanity." It won't do, gentlemen. You must come earlier or stay later. You make too big a hole in the old ship when you are all out.

THE LADIES made a good showing at the Institute. Drs. M. A. B. Woods, of Erie; C. T. Canfield, of Titusville, and M. J. Chapman, of Pittsburg, read interesting and valuable papers. They were listened to with pleasure by all.

SUBSCRIBERS will confer a favor by sending their money directly to MEDICAL ADVANCE Co., 80 W. 9th Street, and not to the editor. The latter has nothing to do with the financial department of this journal.

ARE YOU A BELIEVER in the thirtieth? Hold up your right hand. Very well, you have just saved thirty cents. This is one of the many blessings that come from being a "high dilutionist."

DR. D. G. CURTIS, of Chatanooga, has just been elected to the Board of Health for that city for three years. He reports the cause of Homoeopathy on a sound basis in his section. It looks like it.

DR. A. S. EVERETT, on account of the health of his family, has removed from St. Louis to Denver, Col., and formed a co-partnership with Dr. J. M. Walker,

MARRIED.—Dr. J. Pettet and Miss Delia Wolke, Cleveland, Saturday, May 24th.

MARRIED.—Geo. Pyburn, M. D., of Sacramento, and M. Jennie Bearby, M. D., of Oakland Cal. Accept the congratulations of an old friend.

MARRIED.—April 30, 1879, O. J. Travers, M. D., of North Brookfield, Mass., and Mary P. Lytle, of Saratoga Springs, N. Y. May they always recall this day with pleasure.

DR. T. WOOD, of Cincinnati, reports eight cases of removal of the uterus, five of which were successful, the patients recovering.

DIED.—July 15, 1879 in Cumberland, Md., the estimable wife of Dr. J. T. Lowry.

PULTE BOYS.—Dr. Chas. A. Littler has removed to Onondaga, Mich. F. B. HORNELL has located at Spring Valley, O.

RECEIVED.

Cyclopaedia of the practice of Medicine. Ziemssen Vol. XVII. General Anomalies of Nutrition and Poisons. Wm. Wood & Co., New York.

Spermatorrhoea. By Robert Bartholow, M. D. Wm. Wood & Co., New York.

Clinical Therapeutics. Vol. II, Part VI. By T. S. Hoyne, M. D., Chicago.

Demonstrations of Anatomy and Dissections. By Geo. Vineo Ellis. Henry C. Lea, Philadelphia.

The Nurse. By C. T. Harris, A. M., M. D. Duncan Bros., Chicago.
Scratches of a Surgeon. By Wm. Tod Helmuth, M. D. W. A. Chatterton & Co., Chicago.

Posological Tables. By Chas Rice. Wm. Wood & Co., New York.
Sielier's Art of Singing. Translated by Dr. F. Seeger. Wm. A. Pond & Co., New York.

Rhymes of Science, Wise and Otherwise. Illustrated. Industrial Publication Co., New York.

The Laws of Therapeutics. By Joseph Kidd, M. D. Lindsay & Blakiston, Philadelphia.

Wants, Locations, Practices for Sale, Etc.

Under this head we will be glad to insert, gratis, notices, change of location, practices for sale, exchanges offered or any miscellaneous want pertaining to the profession, not of a purely advertising or personal nature. We will be specially obliged to physicians giving the names of good locations.

DEAR SIR:

CLEVELAND, July 19, 1879.

A friend of mine living at Jamestown, Mercer Co, Pa., is anxious to have a good homœopathic physician settle there. It is a village of 1,800 inhabitants, a growing place and surrounded by a wealthy farming country. There is no homœopathic physician nearer to him than six miles. He thinks it an excellent opening for the right man.

Fraternally Yours, B. P. BROWN, M. D.

CORSICANA, TEXAS.—I am settled in this little city; it is in the finest section of the country I ever saw, and is rapidly improving. There are many other fine locations in this state for homœopathic doctors. Can't you spill a few of them through this country? The circulation of "Solid Facts" published by Munson & Co., of St. Louis, has done me much good. After the 1st of September, 1879, the law regulating the practice of medicine goes into effect, after which graduates of recognized medical schools can practice without being examined.

Yours, A. P. Davis, M. D.

DR. M. H. PHISTER of Parkersburg, W. Va., reports good locations as follows: Portsmouth, Va. 10,000; Lynchburg, 19,000; Charlottown, 7,000. Danville, 9,000.



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

VOLUME VII CINCINNATI, O., SEPTEMBER, 1879. NUMBER 3.

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Proceedings of the Fifteenth Annual Session of the Homœopathic Medical Society of Ohio. Held at Cleveland, May 13 and 14, 1879.

The society was called to order at ten o'clock, a. m., by the president, H. H. Baxter, M. D., of Cleveland. Prayer was offered by Rev. C. T. Collins, followed by an address of welcome by W. A. Phillips, M. D., of Cleveland, in behalf of the Cleveland Academy of Medicine and Surgery.

E. P. Gaylord, M. D., of Toledo, responded in behalf of visiting brethren.

President Baxter then delivered the annual address.

On motion the address was received and referred to D. S. Schneider, Owens and E. C. Beckwith for disposal.

On motion of Dr. Sanders all physicians present were invited to participate in the proceedings of the meetings.

Sept-1

The president appointed Drs. J. Pettet, R. B. Johnson and E. Gillard committee to audit the books of the treasurer, and Drs. H. F. Biggar, H. W. Carter and L. W. Sapp on credentials.

BUREAU OF LEGISLATION, REGISTRATION AND STATISTICS.

Dr. J. Pettet, the chairman of this bureau, made a verbal report that no laws had been passed, detrimental or otherwise, to the interests of the profession. He also recommended that the chairman of this bureau be selected from Columbus.

Society then adjourned to meet at two o'clock, p. m.

AFTERNOON SESSION.

The society re assembled at two o'clock, the president in the chair.

Dr. H. F. Biggar presented a case of excision of the elbow joint, with a fibrous union taking place within six weeks after the operation.

The censors reported favorably upon the following applications for membership: N. B. Armstrong, M. D., Bedford; D. Gillard, M. D., Port Clinton; N. E. Wright, M. D., Berea; W. F. Miller, M. D., Cleveland. The report of the board of censors was accepted, and on motion they were admitted to membership.

REPORTS OF DELEGATES.

Dr. Carter, of Cuyahoga Falls, reported for the Northeastern Homœopathic Medical Society of Ohio. Announcing its prosperous condition. Holding semi-monthly meetings, and has forty members.

Dr. Schneider asked if they took under graduates into their society.

Dr. Carter said they had on one or two occasions done so, but for a limited time only, and that they were subjected to an examination before admittance.

Dr. Owens, of Cincinnati, reported that the Cincinnati Homœopathic Society, consisting of twenty-five members,

holds weekly meetings, was thoroughly alive and doing good work. He thought it an advantage to the people, as well as the under graduates to be allowed to skirmish a little on the outer line under the protection of local societies.

BUREAU OF GYNÆCOLOGY.

Dr. H. F. Biggar reported the following clinical papers:

1. Amputation of the Neck of the Uterus.
2. Recto-vesical Fistula.
3. Uterine Fibroids.

Dr. E. C. Beckwith read a paper on gynæcology.

On motion the papers were received, and the discussion was opened by Dr. Owens.

Dr. Schneider spoke of the diagnosis of fibromata and said he had cured them by rest in the recumbent position without medication. He had had good effects in the use of *Iodide of lime*, 3d trit.

On motion of Dr. D. H. Beckwith it was voted that two speeches, of five minutes each, be allowed in discussion.

BUREAU OF SURGERY.

Dr. N. Schneider, chairman, read a paper from Dr. S. R. Beckwith on "Esmarch Bandages."

Dr. H. M. Logee read a paper on "Renal Calculi."

Dr. J. G. Jones read a paper, "How to Administer Chloroform."

Dr. J. A. Gann on "Anchylolysis Following Pneumonia."

Dr. N. Schneider closed the report in this bureau by reading a paper on "Ulcers."

On motion the reports were received and referred to committee on publication.

The discussion was opened by Dr. J. G. Jones, who suggested the use of the "holder" instead of the "bandage," as the bandage is usually too strong.

Dr. N. Schneider objected to the indiscriminate use of the Esmarch Bandage, though he thought it a great help in some cases.

Dr. W. A. Phillips extended an invitation to the society to visit the new hospital at half past eight o'clock, Wednesday morning.

Society then adjourned to meet at eight o'clock, p. m.

EVENING SESSION

Was called to order by the president, and during Dr. Logee's temporary absence Dr. J. A. Gann was elected secretary pro tem.

BUREAU OF ANATOMY, PHYSIOLOGY AND PATHOLOGY.

Dr. M. H. Parmalee presented a paper on "Muscular Paresis."

Dr. A. Claypool read a paper on "Stenosis of Ascending Aorta, etc."

Dr. M. A. Canfield read a paper on "Physiological and Pathological Position of Alcohol."

Dr. M. B. Lukens read a paper on "Practical Physiology."

The above papers closed the bureau, and were accepted and referred to committee on publication.

BUREAU OF MATERIA MEDICA.

Dr. Wm. Owens read the following paper: "How far can Physiological Effects of Drugs be Considered Pathogenic, and how far Available as a Guide?"

The above paper was received and referred to committee on publication.

Society adjourned to half-past nine o'clock Wednesday morning.

WEDNESDAY—MORNING SESSION.

Society called to order by the president at nine o'clock.

The censors reported favorably on the following applications for membership: D. F. Baker, M. D., Cleveland; B. F. Gambier, M. D., Cleveland; L. R. Sturtevant, M. D., Conneaut; E. H. Jewett, M. D., Oberlin. The report of the board of censors was accepted, and on motion they were admitted to membership.

BUREAU OF SANITARY SCIENCE.

Dr. E. P. Gaylord read a paper on "Wells."

Dr. D. H. Beckwith presented a paper on "Sanitary Duties of Doctors to Themselves."

On motion the reports were received and referred to the committee on publication.

Dr. T. P. Wilson expressed his entire disapprobation of sanitary science, as presented to this society.

Dr. Wm. Owens followed in much the same strain.

The papers were defended by Drs. Sanders, Lukens, Morrill and Beckwith.

BUREAU OF CLINICAL MEDICINE.

Dr. J. G. Jones read a paper, "How to Prevent Pitting in Small Pox."

Dr. B. P. Brown presented a paper on "Movable Kidney."

BUREAU OF INSANITY.

Dr. E. R. Eggleston read a paper on "Insanity."
Society adjourned to two o'clock, p. m.

AFTERNOON SESSION.

The society was called to order by the president promptly at two o'clock, p. m.

The censors reported favorably upon the following applications for membership: R. N. Warren, M. D., Wooster; F. P. Putnam, M. D., Cleveland. The report of the board of censors was accepted, and on motion they were admitted to membership.

Dr. J. G. Jones opened the discussion on insanity, taking strong ground in favor of the patient being entirely cared for by strangers.

Dr. Eggleston closed the discussion by referring to the harsh treatment that that poor demented class of sufferers so often receive in our public institutions.

BUREAU OF OPHTHALMOLOGY AND OTOLOGY.

Dr. T. P. Wilson presented "Studies in Refraction."

Dr. W. A. Phillips, "Hints on Ophthalmic and Aural Medicine."

BUREAU OF OBSTETRICS.

Dr. J. C. Sanders read a paper on "A few Aphorisms and Practical Hints Pertaining to the Third Stage of Labor."

The above papers were received and referred to the committee on publication.

On motion a committee of three, consisting of Drs. D. H. Beckwith, J. C. Sanders and T. P. Wilson, were appointed to publish the transactions of the society.

The treasurer presented his report, showing a balance of one hundred and thirty-three dollars and eighty-three cents in the treasury. The report was received and referred to the auditory committee.

On motion it was voted to meet in Cincinnati on the call of the officers.

The auditing committee reported that they had examined the treasurer's books and vouchers, and found them correct.

ELECTION OF OFFICERS.

President, E. P. Gaylord, M. D., Toledo.

First Vice President, Wm. Owens, M. D., Cincinnati.

Second Vice President, E. Gillard, M. D., Sandusky.

Secretary, J. A. Gann, M. D., Wooster.

Treasurer, J. C. Sanders, M. D., Cleveland.

The society adjourned to meet at the call of the officers next year.

H. M. LOGEE, Secretary.

Address of Welcome. Dr. W. A. Phillips, Cleveland.

Mr. President and Members of the Society:—Representing our local society, it is my privilege to extend to you a cordial welcome, to greet you in a spirit of warm, earnest hospitality,

and in the name of fraternal regard, to hail you as champions of a cause worthy of profound attainments, demanding most subtle skill, and meriting the noblest ambition of practical life. With a high estimate of the motives calling us together, I greet you in the full expectation that we will enjoy a free and kindly interchange of thought and experience, and thus convert our individual work into mutual profit. But while the "stern logic" of potency, dose and "totality of symptoms" is crowding the brains of this society, do not let us forget the freedom, toleration and words of cheer that filleth the heart and doeth good like a medicine. But gentlemen, for your entertainment as the compliment of our welcome, we have not presumed upon extremes as the measure of your anticipations—have not thought to vie with Alexander, whose royal feasts were at the expense of a conquered world, nor yet of the eccentric Diogones, who flourished in a tub and tickled his palate with the suggestions of a feast afforded by a mouthful of pebbles. In other words, our philosophy of entertainment does not take us into the speculative realms of "high potency"—that is somewhat the style—nor stop with a consideration of the crude, unprepared material, but with generous impulses we do hope, in an acceptable manner, to banquet you, to toast you, and, if you like, show you our new viaduct—the symphysis that joins the limbs of our city—a monument of engineering skill, and a prodigy of endurance when we consider the amount of *ferrum* and *silex* it has taken; in a word, geometrically and financially speaking, Cleveland's "Bridge of Sighs"! But I would not have you infer that this reference to the viaduct even remotely suggests anything more than lake water, by way of beverages; for it is the reputation of the profession in Cleveland, that our doctors never give or take anything strong—they always dilute it.

But aside from all considerations of personal friendship and hospitality, you are to be especially welcomed in the interests of the art which it is your pleasure and duty to advance by every means which observation, aided by improved appliances, can afford. And I assume that your presence here to-day is an earnest that you are alive to the pro-

gress of the times, and to the demand which it imposes on all who adopt the responsible office of relieving physical suffering and deformity. Certainly the advances made in the medical world during the last score of years, merit our highest congratulations, and it is scarcely presumptuous to say that with all the later revelations of minute anatomy, physiology, pathology, chemical analysis, the definite action of drugs and all other contributions which the collateral branches have laid as a tribute at the feet of medical science; it is not too much, I repeat, to affirm that the schools are approaching remarkably near to the practical possibilities of an art, which from the very nature of things must always remain comparatively inexact. This possible perfection of the medical art will not, we may suppose, be found in an entirely new departure, but rather in a modification of the old and new systems as now practiced, represented by the "bloody lancet" on the one side and the eighty-thousandth potency on the other—a modification to be celebrated when the rival schools shall be drawn together, and a more rational system than either extreme shall lead the world captive. To the end of creditably sustaining our characteristic trusts to correspond with the developments of the future, not the least important of the work to be done, is that of inciting an enthusiastic interest respecting our school, in the minds of young men of promise and culture—in the minds of those who have already acquired habits of study, and who are competent by nature and literary training to sustain themselves in any society, social or professional. With a like earnestness with which I welcome you, may you welcome this thought of recruiting our ranks with young men who will each prove a buoy, and not a weight, and young women who will be a credit and not a pull-back, to our school. When this hint is faithfully acted upon by preceptors, the existence of an "inter-collegiate congress" to vow that a blockhead shall not matriculate, will be as superfluous as dubbing a doctor "professor," because, perchance, he happens to deliver a few lectures in a medical college. A student of theology was once asked at his examination for ordination, to quote a text from

either the old or new Testament. He immediately repeated, "And Moses said when in the whale's belly, almost thou persuadedest me to be a Christian." He is said to have been converted too; and to have passed a matriculative examination.

A "limb of the law" was called upon to define an alibi; whereupon he replied that "it was having your body in Ann Arbor when it was being searched for in Cleveland." So when a candidate for graduation defines "*sugar of milk* to be condensed *lactic acid*," it is some consolation to think that there is an hereafter for some representatives of the other learned professions as well as for the medical. But while students are to be taught that the unravelled mysteries of medical science still challenge the most profound knowledge and keen experimentation; that medicine is a profession, and not a trade—a calling embodying philanthropy, zeal and self-denial, and not merely an occupation presuming only emoluments and large fees; still we should not forget to lend encouragement by citing examples of great reputations that dazzle and obscure even the glitter of gold. Behold as an instance, the great Bavarian surgeon, of whom it is said that the common people believe he can open a man's skull, remove a part of the brain, close up the wound and send the man about his business, if he has any. If, however, he should feel a little stupid after this procedure, he would only need to send for the renowned Liebig, made immortal by his beef-tea, who with his compounds will supply cerebral substance to order, fifty dollars for cineritious matter, the gray seventy-five! An instance of wonderful skill was once related to me by a son of the Emerald Isle, who assured me in all seriousness, that Dr. Weber, of this city, removed his wife's liver, cut a tumor from it, washed it in milk and put it back again, and "Biddy" got speedily well! Now, I am creditably informed that we have several homœopathic surgeons in Cleveland, who do not regard the latter exploit as very much of an operation. Indeed, we have examples in which the patient has had her "mortal coil" removed and wings given her instead. But these examples "must give us pause;" for eye hath not seen, and ear hath not heard what

a Cleveland Doctor may yet do for this world—to say nothing of the next!

Dr. Holmes once made the witty remark about Homœopathy that it resembled an attack of erysipelas, as it spread in one direction it faded out in the spot of its origin.

Now, while it is in some measure true that Homœopathy has acquired only a stunted growth in the land of its birth, when intolerance and persecution overshadowed it—or as the boys would say, “put a head on it”—we have the satisfaction of knowing that it has made a most significant “spread” on this side of the water; that happily in our own land it found the sunshine of candid investigation, and to-day grows in the genial atmosphere of a generous support. It is, therefore, an encouraging and proud reflection, that the signs of the times indicate that the greatest achievements of our school are to be acquired in our own country. The wide spread and intelligent patronage enjoyed by our practitioners, is unimpeachable testimony that the “regular” school is sharing certainly if not gracefully, a round of business which it formerly controlled altogether. Hence with equal “pith and point” the humorous doctor might have likened the old and the new school to the principle in medicine, that two diseases do not invade the system at the same time—as the new advances the old recedes. We say, then, let Homœopathy “spread,” and let advancement be the motto, whether Dr. Holmes calls it progress, erysipelas or the gout.

In conclusion, gentlemen, I am glad to welcome you to this meeting—glad that your interest in the growth of your profession is exhibited by your coming to sit in council and to learn of each other—glad that you have respite from your arduous duties, and that after reading and meditating and gathering together the fruits of your experience, you have brought forth well conceived papers as an offering to this convention, and with your labor complete, are looking at last a well deserved rest.

President's Address. H. H. Baxter, M. D., Cleveland.

To the Members of the Homœopathic Medical Society of Ohio:—Gentlemen, Again the time has arrived for the annual session of our society, and we have assembled here to learn from each other the lessons which the experience of the year has to teach. It becomes my duty in the position with which you have honored me, to say a few words upon such topics as are of general interest to the profession, and of special interest to this society.

The past year has not been distinguished by any event of paramount interest to the medical profession, or to Homœopathy. We have no reason to think, however, that the principles in medicine to which we have given our allegiance, have retrograded or suffered in any way, by this apparent inactivity. On the contrary Homœopathy has achieved some substantial victories, and has made steady progress all over the country. In this connection I desire to call attention to what seems to me a marked change which has slowly taken place in the relations between the members of the two schools of medicine. With one exception, there has been an almost entire absence of those bitter controversies, always more or less personal in character, which were so common a few years ago; and from various parts of the country come reports which indicate a manifest desire on the part of allopathic practitioners to live on more friendly and intimate terms with those of different schools. Consultations between allopathic and homœopathic physicians are not now uncommon; joint attendance at post-mortem examinations, and mutual interchange of opinions and observations of disease now give rise to no remark or question. In their conventions, too, a more liberal spirit seems to be manifested, and those intolerant spirits which were wont, on all possible occasions, to denounce Homœopathy as a humbug and its practitioners as quacks and swindlers, do not now meet with the same encouragement as formerly. As peace is much pleasanter and more to be desired than war, this may be con-

sidered a cause for congratulation. Moreover there seems to be a decided and increasing tendency toward a recognition by the old school, of the law of similars in medicine. Into their later works on materia medica and therapeutics are incorporated some of our best known and most frequently used remedies, and the recommendations for their use coincide exactly with their sphere of action as demonstrated by homœopathic provings. Some writers go even further and give symptomatic indications for the use of these remedies. These works cannot but bear their legitimate fruit in the practice of allopathic physicians. These are encouraging signs that the time may come, perhaps is not so very far distant, when we shall be able to meet on some common ground. It can hardly be expected that we shall ever agree upon all points, but if the different schools into which the medical profession is now divided shall come to entertain a proper respect and consideration for honest, though different opinions, the principal cause of division will have been removed.

In looking over the subjects which occupy the attention of the public at the present time, we find the cause of medical education prominently before not only the profession but the laity as well. Great advances have been made in this cause within the last eight years, and it is a source of just pride that we are able to cite the fact that to homœopathic colleges belongs the credit of making real progress in this direction, in securing a longer attendance at college and maintaining a higher standard of excellence for their graduates. More recently the homeopathic colleges of the West have sent delegates to an inter-collegiate congress for the purpose of securing still other improvements in the system of educating our students.

One of the first problems which this Congress is endeavoring to solve is that of a proper preliminary education. One of the objects sought to be attained by the colleges, by means of this Congress, is the establishing of a matriculate examination, for the purpose of ascertaining at the beginning of his career the educational qualifications of each student. For the present it is proposed to demand a thorough familiar-

ity with what are known as the common English branches, as a condition of attendance upon lectures. This is an absolute necessity if the profession of medicine would become in fact what it is in name—a learned profession. At first thought it might seem ungenerous and contrary to the spirit of our republican institutions to exclude any young man from the privilege of seeking to “rise in the world,” or of improving his social standing, but a moment’s consideration will convince any one that it is right and just to all concerned. The people have rights which must be considered, and one of these is the right to be protected from the bungling of ignorance, however honest or well meaning. Great improvement has taken place in the character and attainments of young men seeking admission to our colleges. The evil still exists, however, and every year students present themselves for attendance upon lectures who are woefully deficient in what is known as a common English education. The time has long been passed for an ambitious parent to attempt to have his son “learn doctoring,” simply because he is not good for anything else. It is too late for the young man, who is tempted by the deference which is paid an intelligent practitioner, to leave the plow or the bench, and attempt to study medicine, regardless of his educational deficiencies. The people themselves are becoming better educated and more intelligent and are demanding more of their physicians in the way of general attainments and scientific knowledge. They are demanding fewer doctors and more physicians. They are moving rapidly to the front, and unless the profession speedily rouses itself to a full realization of the vital importance of this subject, we shall find ourselves in that position which the medical profession has too often assumed, viz: Being compelled by the common people to adopt these measures, which we should have been the first to propose, and to follow and learn where we should have been the first to lead and teach.

There is another point in this connection which removes all doubt from my mind as to its justice even to the student himself. The country is thickly dotted with free schools and

academies, and any one can obtain a reputable education with but little trouble or expense. This is pre-eminently the age, in this country at least, of cheap education, and it is not sufficient for any young man to plead poverty or want of time and opportunity, or anything else, as an excuse for deficiency in this particular. Hence I do not think it is saying too much to assert that he who has not sufficient energy to overcome all ordinary obstacles that may stand in his way, and an inherent love of study and love of knowledge strong enough to induce him to obtain not only a good English education but some knowledge of the classics, has no right to aspire to a place in the medical or any other profession. Wanting in this, he may still make a good mechanic, or perhaps a good business man or financier, but the medical profession has no longer any use for him.

If any of you still think this unsympathetic and liable to induce hardship and injustice, let me remind you of the scores of men who have been, and many who now are prominent in the nation as leaders and teachers, whose names will be known to future generations by reason of their scholarly attainments, and extensive knowledge of the arts and sciences, and who obtained all their vast learning without those aids and advantages which so closely surround every earnest student of the present day.

I commend the whole subject of medical education to your careful and thoughtful consideration. I would respectfully suggest that before the close of this session you take such action as, in your judgment, shall best serve to encourage the inter-collegiate congress in their efforts, and to sustain those colleges which are earnestly striving to take this advanced position. The successful inauguration of this progressive measure will tend greatly to advance Homœopathy in the esteem and confidence of the people everywhere, for it is a fact of which we may well be proud, that it is the homœopathic colleges and the homœopathic profession that are insisting on a higher educational qualification for medical practitioners.

I have no desire to occupy your time unnecessarily, and consequently will somewhat abruptly change the topic for

consideration, and call your attention to the subject of sanitary science. This has assumed of late such proportions as to become a distinct and by no means unimportant department of medicine. Extended research and investigation have been instituted, and a large amount of information has been obtained, with no small expenditure of time and labor, and its practical value is being demonstrated every day in all the cities and large towns. The homœopathic profession has not been prominently active in this new department, and it is too important to be longer neglected. I am not advised as to the nature or extent of the report to be presented by the present committee on this subject, and I have no intention of reflecting upon them or their efforts. I would earnestly recommend, however, that a larger share of attention be given to the study of sanitary science than heretofore, not only by the committee especially appointed but by the physicians generally. Most of the information thus far obtained has been under the authority of large municipal corporations. This is perhaps natural, since with them it is a matter of life and death. But by far the greater portion of the people of the state are inhabitants of the rural districts, and dwelling as they do in isolated farm houses, or in small villages, much of this knowledge, as well as many of the appliances and expedients invented, are of no practical value to them. Moreover their attention has never been called to this subject, and consequently, they are not informed concerning what seem to others the most common sanitary laws.

It has been stated that certain diseases, of which typhoid fever is the type and is of most frequent occurrence, prevail to a greater extent—that is in proportion to the number of people—in the country than in cities. This is attributed to the ignorance of, or at least the total disregard of all sanitary measures in and about farm houses and villages. Here, it seems to me, is a field in which it is eminently proper for a committee of this society to labor. Of course, at present, at least, there can be no legal enactments to enforce attention to these measures, but the causes of diseases prevalent in rural communities should be carefully investigated, and sugges-

tions and advice given for their abatement. All information on this subject that can be obtained might be collected, freed from technical language, and published under the sanction of this society, through its committee, in agricultural and local papers, or in any other manner that may seem best. Much good would thus be accomplished which would redound to the credit of our profession, and might result ultimately in the saving of many lives.

Theory and Practice.

How to administer Chloroform. Dr. J. G. Jones.

No one doubts more the benefit to humanity of anæsthetics. The surgeon who gives an anæsthetic almost daily, has some definite plan of operation, but physicians generally give *Chloroform* or *Ether* but seldom, and it is interesting to hear people relate how it is often given.

Sometimes a sponge large enough to wash a carriage with, is thoroughly saturated with *Chloroform*, wasting enough to anæsthetize a dozen persons, or a large towel is folded six or eight times, so as to be half an inch thick, and a drachm or more is poured upon it, the *Ether*, the sponge or the towel is applied closely to the patient's mouth, and atmospheric air almost excluded. The patient soon begins to show unfavorable symptoms, and the *Chloroform* is taken away until he nearly revives from the effects of it, when the same process is repeated.

I have known four to six ounces of *Chloroform* to be given (or wasted in giving) to a patient during one operation, and eight to ten ounces of *Ether* to another. One of the dangers

in the use of the anæsthetics is due to the prostration which follows the use of a large quantity.

All the deaths from *Chloroform* are not reported, as I believe patients die days after the operation has been performed, from this prostration and its consequences.

Of all anæsthetics in general use, *Chloroform* is the most powerful, but, if properly given, it requires the least amount to produce the desired effect. *Chloroform* is just as safe in the hands of an expert as any other anæsthetic.

During the last few years it has been my privilege and duty to anæsthetize quite a large number of persons.

My aim has always been to give as little as possible, and to keep the patient under the influence no longer than actually necessary. I am indebted to Dr. M. P. Hayward, late of Oberlin, O., for some valuable hints in this connection. I have always found that children were very easily anæsthetized, and next to children, women whose circulation was good.

As a rule, large people do not take *Chloroform* as well as small or medium sized persons. A person who is going to take *Chloroform*, should not eat for at least six hours previous to the period of the administration. The mind should be as calm as possible, and the body should not be exposed to the depressing effects of excessive heat or cold. No stimulants of any kind should be allowed.

I have found Powers & Weightman's *Chloroform* fully equal to Squibbs', and it costs about one half as much.

The articles necessary are a two ounce bottle for *Chloroform*, with a perforated cork, such as we find in many perfumery bottles, an ounce bottle of *Ammonia*, a small bottle of *Glycerine* and a coarse handkerchief or towel. It would be well to have a battery at hand, although I have never used one in such a case, and I would not forget to note that some of my colleagues think very highly of the *Nitrite of amy.*

The patient should lie perfectly straight on a bed or table, placed in a large, well-ventilated room, not too cool (I like the room about seventy-five to eighty degrees) and directed that as soon as the *Chloroform* is placed to the mouth and

nose to breathe regularly and deeply. All clothing about the neck and waist should be loosened. The tip of the nose, the chin and the prominences of the cheeks should be covered with a thin layer of *Glycerine*, as this prevents the *Chloroform* from affecting the skin; and then the towel should be placed over the whole face, as the patient will take it better if not disturbed by noticing other proceedings in the room. About ten drops of *Chloroform* are allowed to fall upon the towel just below the nose and over the mouth, and after that the bottle is inverted, permitting a drop to fall every three to five seconds, keeping a spot about an inch in diameter constantly wet. If the muscles of the patient should become rigid or the pulse become feeble the towel can be removed until these troubles are corrected. Ordinarily a patient can be fully anesthetized in this way with less than a drachm, and then kept under the influence for fifteen to thirty minutes with as much more. After the operation is over I am opposed to rough handling or harsh treatment to bring the patient out from the stupor. Let him be quiet, if the circulation is good, for at least five minutes, then bathe his face with cold water and let him inhale a little *Ammonia*. A window can be opened if the atmosphere outside is not too cool, or a fan can be used. If the *Nitrite of amyl* is used a drop or two may be placed upon a handkerchief and applied to the patient's nose.

I have given *Chloroform* in at least fifty cases within the past ten years for the extraction of teeth, using on an average one and one-half drachms of *Chloroform*, and keeping them under its influence fifteen minutes, and in thirty minutes they can walk home.

The advantages are simplicity of apparatus, cleanliness (not using the same inhaler) less work and greater safety.

Stenosis of Ascending Aorta, with Temperature at ninety-two for Three Days. A. Claypool, M. D., Toledo.

GENTLEMEN:—It is with a sense of reluctance that I occupy the time of this society in reporting a case in practice, but as there were some rare physiological and pathological conditions presented, that were very interesting to me and other physicians, I deem the time I thus occupy not wasted.

I was called to see Mrs. S——, age, twenty - three, American; married, whom I found suffering from an aggravated form of cardiac disease. Some ten or twelve years prior to this time patient had a severe attack of pericarditis which terminated—as was supposed—in health, but dating from that time the patient suffered, at irregular intervals, from palpitation and other unpleasant symptoms about the heart, which gradually increased in severity, but occasioned no unusual alarm till about two years preceding her death.

During the last two years of patient's life she was compelled to keep very quiet, because the least excitement or over exertion would produce alarming symptoms, and, at no time was she free from labored action of the heart. A year previous to death there was observed to be an undue prominence of left side of chest, and a jarring of the chest walls at every pulsation of heart, with nearly constant, difficult respiration and a constant hacking cough, these symptoms led the patient and her friends to believe that consumption was the disease. A physician was employed and treated the case for that malady for a long time, but, of course, without benefit. Now the disease was recognized to be an organic heart affection, and the patient was constantly under treatment, drifting from one physician to another, with but one result—the onward march of the disease.

Thus were matters, up to a few days before patient's death, when I was called and found the following prominent symptoms: Patient unable to remain many minutes in any one position, tossing wildly about with great anxiety; intense thirst; continuous retching and vomiting; constantly begging

for air; pinched dusky look to face; pulsations of heart shook the whole bed; respirations forty to fifty and labored; unable to count pulse; temperature one hundred and six; extremities cold, great beads of sweat on forehead; cold clammy perspiration over body; occasional sharp pain from heart to left shoulder. Palpation and percussion showed that the heart had encroached very much on the left lung and considerably on the right, causing the respiration to be intensely labored. Auscultation developed only confusion as the exceeding rough whirring or washing sound masked everything else. I diagnosed hypertrophy of the heart, but as to its cause or other conditions, except mechanical obstruction to respiration, I was at a loss.

Told the friends it was a hopeless case, but at their request I set about palliative treatment. During the first two days of my attendance the temperature gradually declined, the vomiting ceased, and patient took a little nourishment and got some sleep. I began to hope that life might be prolonged indefinitely, but on the next day my hopes took a departure for the temperature continued to decline to ninety-seven, ninety six, ninety-five, till on the fourth day it reached ninety-two, and I considered death from collapse inevitable. Told the friends that patient could not survive many hours with such a temperature as that, but, to my surprise, at my next visit a few hours later, I found the patient rational and comparatively strong with the temperature unchanged, so I began to think that through carelessness on my part, or a defect in my thermometer, I had failed to secure a correct temperature, therefore I used extra precaution but with the same result. To make assurance doubly sure I sent a messenger after my friend Dr. Gaylord, (the doctor is present and can verify this statement), who, when I had told him the state of the case, said "it is impossible, your thermometer is incorrect," but his proved to be no better, for it registered the same, ninety-two. We then verified the reliability of our instruments and concluded to take temperature again in a few hours, if patient survived that long, the result was that for seventy-two hours the temperature did not vary one degree from ninety-two.

During all this time patient had entire control of all the senses and was able to take some nourishment and converse with relatives. Respiration was about twenty-five to thirty, but pulse could not be counted. During the next twenty-four hours the temperature rose to ninety seven, and patient felt much better and stronger. I left her sitting propped up in bed feeling quite cheerful, and conversing with friends, but I had barely reached my office when a messenger announced that she fell over dead.

An autopsy was held in the presence of a number of our physicians and revealed the fact that the heart was enormously hypertrophied, at least the left ventricle was, but it was more of a dilatation with other cavities. The walls of the left ventricle were at least an inch in thickness, of its valves, the mitral was perfect, but the semi-lunar failed to close perfectly, but the change was deemed too slight to cause such a degree of hypertrophy. The auricles and right ventricle were very much dilated, but their walls were not materially thickened and the valves were perfect. The pericardial sac was almost entirely obliterated by adhesions. On laying open the aorta the cause of the hypertrophy was apparent. At an inch from its origin and involving about an inch there was a stenosis of the vessel contracting its diameter to one fourth an inch, (the size of an ordinary lead pencil.) and ending just before the giving off of the arteria innominata; the caliber of the vessel was normal throughout the rest of its course. The volume of the lungs was materially lessened by the encroachment of the heart, but in other respects were in a fair condition. The stomach, liver, kidneys, spleen, and intestines were not materially changed.

I believe that the pericarditis of twelve years before, spent its greatest force in the upper part of the pericardium, or that portion of the membrane immediately surrounding the aorta, and that the contraction of the vessel began at the time the pericardial inflammation ceased, and that it slowly but surely continued to contract and more and more obstruct the circulation of the blood, till after about twelve years from its beginning it destroyed life.

The, to me, unprecedented low temperature continuous for a long time, and the hypertrophy of the heart caused by a stenosis of the aorta, are the points of interest that induce me to make this report.

The Movable Kidney. B. P. Brown, M. D., Cleveland, O.

It has been known to the medical profession from an early date that the human kidneys, under certain circumstances, are liable to displacement, and as a healthy condition of the body depends so much on the normal functions of these organs, any derangement of them would necessarily excite alarm and lead to an examination of its importance.

The frequency of movable kidneys perhaps can not be easily determined, the symptoms often being so slight, as not to disturb the patient, or if more severe, they are attributed to some other cause and the true difficulty therefore remains unknown or even unsuspected, and the discovery of this anomaly has principally been by accident, the abdominal examination having been made for some other purpose. In clinical history on this subject there are relative estimates given, embracing the result of both ante- and post-mortem observations, the ante-mortem being 1:250, the post-mortem 1:732, but these proportions, if correct, could scarcely be accepted as of general application, for they may be so modified by the age, sex, occupation and physical character of the individuals.

The kidneys are located in the lumbar regions, behind the peritoneum, and rest on the crura of the diaphragm and the quadratus lumborum and psoas magnus.

They are held in position by their adipose capsules, by their peritoneal attachments, and by their own vessels, and also by their contiguous parts. Any change by which these supports are weakened or destroyed, such as wasting of the fatty encasement or yielding of the peritoneum or elongation

of the vessels, or relative change of neighboring organs, or emaciation of the body, or distention and consequent relaxing of the abdominal walls, blows, hard work, want of proper nourishment, etc., would predispose the gland to displacement, and further it may be dislocated by its own increased weight, or by tumors in its immediate vicinity.

The right kidney is far more frequently affected than the left. Few suffer from this before the age of twenty-five, or after forty. Women are more liable to it than men, and mothers than maidens, and laborer's than those of sedentary habits. It may take place in three directions, inward, forward and downward, and to any extent within the length of the renal vessels.

The symptoms of this difficulty will depend more or less on its new location, and on the character of the structures affected by the change. They may vary therefore from merest feelings of uneasiness, to general disturbance, or even severest pain.

In examining the patient we would be guided by the history of the case, and besides this occurrence belonging almost exclusively to those thin in flesh, we would have the advantage of free palpation; should the presence of other tumors however be suspected, making the diagnosis doubtful, we should carefully study the different indications and signs of these affections.

The movable kidney, in itself, is not considered dangerous, but its contact with other organs may be followed by serious results. It may lodge on the ascending vena cava, and produce œdema of the lower limbs, it may compress the ureter and cause retention of urine, it may be incarcerated and excite peritonitis, its nerves may be stretched, occasioning abdominal neuralgia, or its vessels may be deranged, and thereby interfere with its normal functions. These matters, however, are all rectified on the replacement of the organ.

In dealing with this trouble we would aim to dislodge the gland, restore it to its place and retain it there. Generally its reduction is easily effected by careful manipulation, and pressure of the kidney towards its original site, but its re-

tention may be more difficult, and to accomplish this, various forms of bandages and trusses have been employed, but mostly with unsatisfactory success. As a precautionary measure, the patient should avoid all sudden movements, or violent exercises, while the building up of the general system may be looked upon as a very important element in the accomplishment of cure.

Pneumonia, Followed by Anchylosis. By J. A. Gann, M. D.,
Wooster, Ohio.

On the 30th of December last I was called to see Mr. J. C. F., who gave me the following history of his case: Two days previous, after exposure to the intense cold of the winter, he was taken with a severe chill, which was followed by fever with intense pain in head and chest. Thinking it was probably nothing more than a severe cold, the common household means were used, but ineffectually, as the disease marched rapidly on:

At the time I was called I found him, in brief, in the following condition: Temperature, 103; pulse, 120; intense pain in chest, and, if possible, more intense pain in the head.

To aggravate his condition, the right limb, which for more than forty years had given him more or less trouble, again began to suffer greatly from fever sores—born in the heroic days when *Calomel* was a synonym for medical science, and when *salivation* and *salvation* seemed to go hand in hand. From the incipiency of the fever the limb became very painful and much swollen; but the ankle and parts below were free from any visible complication.

The painfulness of the limb was held in moderate check by the frequent application of mush poultices, while the primary difficulty progressed rapidly and favorably, and in ten days was dismissed convalescent.

When I dismissed the case Mr. F., who seemed well pleased with this, his first experience with Homœopathy, suggested that I now lay siege to his leg, and if possible relieve him of the condition from which he had suffered so long; remarking, that no physician had heretofore been willing to undertake it.

I requested him to wait a few days, when I would return, and would then see what I could do. In a few days I returned, having determined to treat the limb with electricity. But, *mirabile dictu*, in the time that had elapsed the treatment of the fevered limb had become a question of but minor importance in comparison with the difficulty that now threatened. In the time that had passed since I last saw the case the ankle joint had completely ankylosed. The flexor and extensor tendons were as firm and rigid as if they had always been immovable. And this had occurred without any additional febrile symptoms and no pain.

The gentleman had spent the greater part of his life as a carpenter; and the expression he used to describe the sensation was: "It seemed as if the whole ankle joint were being tightly shingled."

The leg had for many years been in a varicose condition. For this I ordered a wash of *Hamamelis*, and gave the same remedy internally.

On account of the positive mercurial dyscrasy I gave *Nitric acid* 30th, twice daily. But the principal part of my treatment was the active treatment. I still determined to use electricity—for if electricity can be of avail in its recommended power to remove abnormal deposits, I thought here was a case in which to test it. Being of so recent origin, I concluded the parts about the ankle must be abnormally positive, so homœopathically I applied the positive electrode to the offending ankle, and treated it for a period of fifteen minutes daily. In connection with this I had the ankle well rubbed with oil—which, under ordinary circumstances, should be of some value.

But little improvement could be noticed for the first week. The rigidity promised to be permanent; and yet a compari-

son of condition at the end of the week with the beginning, showed there was some slight modification—the toes being slightly movable; but the foot still in a position of talipes equinus.

Promising nothing but my best efforts, we continued, and though no change was perceptible from day to day, yet by the end of the following week we could notice that improvement had really taken place, and were therefore encouraged to continue. This was continued something over three weeks at his home, when he had so far improved that with the aid of a cane he could get to his buggy and thus visit me at my office. The same course of treatment was continued some three weeks longer, when he was able to dispense with the cane—walking with ease.

During this time the fever-sore limb had also received electrical treatment. The negative electrode being applied to the parts above the ankle; while, as before stated, the positive was applied to the ankle.

The judgment of both was that the limb should still receive occasional treatment; but the gentleman was so gratified with the restoration of the ankle, and from the fact that spring business was pressing upon him, he felt willing to defer the further treatment of the limb until some more convenient season.

The general appearance of the limb had improved *pari passu* with the ankle.

Was there a better way to treat the case than the one I followed?

I could not discard *friction*, for in many cases it had rendered good service. Nor could I refuse to use as auxiliary means which of late years have been gaining so much in favor. The object desired was twofold: The restoration of the ankle-joint, and the improvement of the limb.

The prognosis from the general condition of limb and ankle, from the expressed old school standpoint, was unfavorable. The deposition was so abundant, the adhesions were so hard, and the ankylosis of ankle and toes so complete, while the fever-limb had been in so bad a condition for so

long a time, that even from a most favorable standpoint it was at least doubtful.

While true that many cases of fibrous ankylosis have been cured, yet since the exciting cause had existed so long—for long before the last illness the limb here and there was hardened from obliteration or transformation of the natural structures—this case seemed very doubtful; and we have at least seen cases that promised to be readily cured that were intractable.

I again saw the case on the 19th of April. There was no stiffness of ankle or toes. The whole limb still presented a very fair appearance; for instead of the whole leg being of a livid blue or redness, the blueness had become circumscribed to an area of less than two inches in diameter, and this not so angry looking, nor presenting the probability of ulceration as when the limb was taken in charge.

I present the case, hoping there may be some who, like some of the boys of college days, "had a case just like it," and who by the use of *one* means secured results as fully or more satisfactory.

Materia Medica.

How far can the Physical Properties of Drugs be Regarded as Pathogenetic? And how far Available as Guides in Therapeutics? Wm. Owens, M. D., Cincinnati.

We submit: First, That the homœopathic law of cure is bounded by careful drug pathogenesis.

Second, That drug pathogenesis consists in the induction of morbid processes in the organism.

And third, That drug pathogenesis further consists in disturbed sensations and functions of the organism as a result of these morbid processes.

And fourth, All natural sensations or phenomena which occur during drug provings, such as taste, smell, weight and contact which are the immediate result of drug impressions are not necessarily pathogenetic, and therefore should be scanned closely, and if not found to proceed from perverted function should be rejected as non-pathogenetic.

Our writings upon materia medica and therapeutics are burdened with such so-called symptoms, the natural properties of the drugs, such as taste, smell, weight, acridity, corrosiveness, etc. Substances smell like *Sulphur*, smell like *Musk* or *Asafœtida*; smell sour, badly, horribly, etc.; or they possess acrid or corrosive properties, and are referred to under various rubrics of head, face, eyes, nose, mouth, air passages, alimentary canal, mucous membrane, etc., etc., causing rawness, erosions, violent inflammations, suppurations, ulcerations and destruction of parts, while other substances, by contact, cause irritation, burning, stinging, prickling, vesication and postulation. In this connection three questions present themselves to every practitioner under our law: Are these symptoms pathogenetic? Are they reliable guides for the selection of a drug in treating disease? Or if not, why are they included in our pure materia medica?

The provings of *Aconite*, *Aurum*, *Bell.*, *Cal. carb.*, *Phos.*, *Graph.* *Nux Vom.* and *Nitric acid*, develop odors of various kinds about the person, some of them the most horribly offensive; yet neither of these substances is offensive to the sense of smell. Some of these odors may arise from decomposition of mucous or other animal substances, but the large majority yield these symptoms from a pure pathogenesis.

Musk, *Asafœtida*, and some other substances yield their peculiar odors from supersaturation of the organism.

Ohamomile, *Colocynth*, *Kali bichrom.* and *Conium* yield a bitter taste immediately on their ingestion, and give us the same pathogenetically and verify it chemically.

Am. mur., *Chelidon.*, *China*, *Curare*, *Drosera*, *Ignatia*, *Kali bichrom.*, *Ledum*, *Lycopod.*, *Mag. carb.*, *Mag. mur.*, *Mag. sulph.*,

- *Mer. cor.*, *Nat. mur.*, *Nux vom.*, *Petroleum*, *Rhus*, *Sabina*, *Sepia* and *Veratrum*, have naturally a bitter taste. In twelve of these drugs it occurs again pathogenetically, in the others the bitter taste is not again found. Eighty drugs yield in their provings the metallic, coppery or brassy taste. Forty-eight of these are non-metallic substances. We infer, therefore, that the impressions made upon the gustatory nerve by the forty-eight is partly, at least, pathogenetic. Seventy-three drugs yield in their pathogenesis sour or acid tastes. A few only of this number have the taste naturally.

The corrosive properties of many substances are well known, and it is needless to dwell upon them. It would be useless to extend this list or to enumerate the various natural properties of drugs which we find placed in our "pure materia medica," encumbering and obscuring its valuable pages, confusing and often confounding our most careful therapists, and which in many cases prove a stumbling block to the inexperienced and unwary.

We beg of you, the more experienced members of the profession, that you will consider the importance of this subject matter and present it to those high in authority, and secure, if possible, a revision of our materia medica, with a view to securing greater accuracy and the elimination of, as far as possible, all non-pathogenetic symptoms.

Physiology.

The Physiological and Pathological Position of Alcohol. Martha A. Canfield, M. D., Cleveland.

It is a difficult task to set aside the great moral and social questions which thrust themselves into any discussion of the use of *Alcohol*, and consider it purely from a scientific stand-

point; yet this is the practical side of the question, for life is sweet, and self-preservation instinctive.

The mass of mankind believe *Alcohol* to be food, fuel and strength, the fat man drinks his beer and grows fatter; the lean man takes a drop to keep himself warm; the old man sees visions of returning strength in the sparkling wine cup, and the question is, do they base their confidence upon physiological authority? What are the immediate and secondary effects of *Alcohol* upon the human organism? What are its effects upon the animal tissues and fluids?

1. *Alcohol* is a powerful astringent, all animal substances immersed in it become hardened and corrugated, therefore we use it in preserving pathological specimens. It undergoes no change in its transit through the system, and has a similar effect upon all the tissues of the living organism. The stomach of the habitual drinker is tanned, the brain hard, white and atrophied, all albuminoid substances are modified; the red blood corpuscles shriveled.

2. It is a powerful solvent, more powerful than *Pepsin*, the solvent principle of *Gastric juice*, therefore, it dissolves *Pepsin*, it dissolves the coloring matter out of the red blood corpuscles.

3. *Alcohol* is an irritant. When swallowed it irritates the delicate mucous membrane of the stomach; this has been demonstrated in the case of that useful youth, Alexis St. Martin. Whenever Alexis drank liquor, Dr. Beaumont found the velvety pink membrane of his stomach, reddened and discolored, while he complained of no pain or sickness. It is not digested, but goes scorching and singeing through veins, arteries, heart, lungs, liver and kidneys, *Alcohol*, the irritant, to the end.

Let us study the phenomenon of intoxication. *Alcohol* passes quickly into the blood, unchanged, and acts directly upon the nervous system. The increased action of the heart, noticed in eight or nine minutes after its ingestion, has by some physiologists, been attributed to its irritant action upon the lining membrane of that organ, but more recent investigation regard it due to the heart's effort to overcome the

capillary torpor, caused by the paralysis of the nervous force controlling that minute vascular system. The engorgement of the capillaries consequent upon this paralysis is evidenced by the flushed face, and blood shot eyes, and every tissue of the body supplied with capillaries, is likewise congested. Could we see the lungs, or the brain, we would discover the same engorged net-work. The capillaries thus paralyzed and engorged, offer but feeble resistance to the heart's stroke, and to use the illustration of Dr. Richardson, the heart is liberated, like the main spring of a watch set free, which means not increase, but waste of power. Count Wollowicz measured the action of *Alcohol* upon the heart, counting the beats when the patient drank nothing but water, and then when he drank nothing but *Alcohol* in increasing quantities. The average number of beats during twenty-four hours water period, was one hundred and six thousand. In *Alcohol* period, one hundred and twenty-seven thousand, or twenty-one thousand more. In the last two of fourteen days trial, the heart was doing one-fifth more work, adopting the lowest estimate of daily work, as equal to one hundred and twenty-two tons lifted one foot. The heart during the *Alcoholic* period, did daily work in excess equal to lifting one hundred and fifty-eight tons one foot.

The cerebral mass soon becomes loaded with the poison, as *Alcohol* has a special affinity for the brain; reason is dethroned, and the animal propensities run riot; the control of the muscles is lost, and we have the phenomenon of a more or less complete paralysis of the nervous system. If it were not for the fact that the emunctories make an exhaustive effort to expel the poison, the blood would become more and more venous, until the medulla oblongata became so poisoned that respiration would cease, and the victim die from asphyxia; but in non-fatal cases, all the excretory organs hurry the intruder out of the system as soon as possible, and in the same form in which it was injected. Although Perry many years ago demonstrated the presence of *Alcohol* in the brain, many hours after it entered the body, it even burniug with its peculiar lambent blue flame, still a powerful school of physiolo-

gists, with Liebeg at its head, attested that it was largely decomposed in the system with a product of *Carbonic acid* gas and water, and therefore a generator of heat and force.

It was only a few years ago, (the man who drinks *Alcohol* to keep himself warm, has not heard of it yet,) that Dr. E. Smith, Lallemand, Duroy and Perrin, by the simple *Chromic acid* test, overthrew the whole theory. They found *Alcohol* unchanged in the blood, brain, nerves, and all the tissues, and therefore demonstrated that it is not decomposed in the body, and is not a fuel food. Not only is it not a fuel food, but by its chemical action upon the red corpuscles, and upon albuminoid substances, it prevents combustion of worn out tissues, occasioning the accumulation of fatty matter in the blood, thus actually lessening the amount of *Carbonic acid*, gas expired, and lowering the temperature. (see experiments of Prof. Binz.) From this experimental knowledge, it is proven beyond doubt, that *Alcohol* is not food, for it is not digested, and contains none of the elements of nutrition; that it is not fuel, for it lowers the temperature, the surface glow being due to the stagnation of blood in the capillaries, the warmth felt in the stomach, being caused by the irritant action of the poison upon its mucous membrane, and the presence of the blood in its congested vessel, the thermometer all the while indicating a fall in the general temperature; that it does not generate force, but calls it out and wastes it in expelling an intruder; that while it does not nourish tissue itself, it renders the blood unfit for nourishment, loading it with *Carbonic acid* gas and waste tissue, and devitalizing its corpuscles. It is now easy to understand, how the use of *Alcohol*, in moderate or excessive quantities, causes disease of various organs. The powers of each organ in the human economy, are so nicely balanced, that it can do its own work, and do it well; but if habitually overtaxed, its functional activity is prematurely exhausted. When *Alcohol* is introduced into the stomach, it precipitates the *Pepsin*, which is the solvent principle of the digestive fluid. If the superior solvent was not rapidly taken up by the blood, digestion would never proceed, but it is quickly absorbed, and then the *Gastric*

juice being neutralized, destroyed, the glands are over taxed to secrete a fresh supply, every glass creates a fresh demand, and every demand impairs their functional activity, until dyspepsia and its kindred horrors oppress the drunkard's life.

The scientific fact that *Alcohol* precipitates *Pepsin*, destroys the hope of the moderate drinker. All forms of liquor contain *Alcohol*, and the effect of each differs in degree, not in kind, but in proportion to the amount of *Alcohol* that each contains. If the man who abhors whisky, but indulges in beer, will procure two bottles, and place in each some meat and *Gastric juice*, then add to one a small quantity of his favorite beverage, the experiment will convince him that *Alcohol*, even in small quantities, precipitates *Pepsin*. The meat in the bottle containing the beer, will never be changed, while that in the other bottle will undergo a process simulating digestion.

The irritant presence of *Alcohol* in the liver, for which it also has a special affinity, stimulates that important depuratory organ to increased functional activity, and consequent impairment, while the presence of *Alcohol* in the blood, prevents perfect respiration and oxygenation; therefore upon the liver is thrown the added task of disposing of the hydrocarbonates, which ought to be removed by the lungs. Thus compelled to do its own work, its neighbors work, and expel an enemy at the same time, it soon becomes exhausted and diseased. Dr. Peters examined the livers of seventy drunkards and moderate drinkers, and found every one diseased, the substance softened and mottled with fatty degeneration. In old cases the liver was very large, weighing ten or twelve pounds. The other depurating organs are subject to the same law and suffer equally, while the nerve degeneration and partial atrophy of the brain, re-act upon the victim in a list of terrible nervous diseases. The two of most frequent occurrence, are delirium tremens and insanity. Dr. Sees says fully six-tenths of the insanity in Europe and America, is caused by *Alcoholism*. The number in any country corresponds exactly with the amount of drink consumed. Insanity was unknown among the American Indians until the fire water

was given them. In Cairo, comparatively teetotal, there is only one insane person in thirty thousand seven hundred. In Spain consuming one gallon per head, per annum, one in seven thousand, one hundred and eighty-one. In Normandy consuming two gallons per head, annually, one in seven hundred. In England there died of delirium tremens in three years, one thousand, four hundred and twenty-six persons, the next four years three thousand, seven hundred and eighty-four. There die in the United States one hundred thousand people annually, from diseases caused by drink; so the facts bear out the theory. Then this constant weakening of the vital forces, renders the system helpless in any disease, and many more die from diseases caused indirectly by *Alcohol*, or for want of resistance to disease.

In a cholera epidemic in Montreal, of twelve thousand cases, it is said not a drunkard recovered, and nearly all the other victims were moderate drinkers. In Warsaw ninety per cent who died of cholera, had been drinkers. In Tiflis, Russia, every drunkard is said to have been carried off in a cholera epidemic.

There is another feature of the case that is terribly appalling, viz., that degenerated nerve systems are stamped upon progeny, and subject to unending metamorphosis.

Whether we accept Darwin's theory of pangenesis, and span the chasm between the generations, with the infinitesimal gemules, which he assumes each cell constituting the aggregate unit has the power of emitting, and which are transmitted by parents to progeny, either developing in the immediate generation, or lying dormant during several generations, or Joseph Cook's theory of transmitted co-ordinating force, or any other theory which we may formulate, we can not in this age, deny the fundamental law of heredity, that like begets like. My connection with the Open Door, which institution is the sorting mill for all the other charitable and reformatory institutions for women in our city, has given me abundant opportunity for investigation upon this line. There is in our streets, as in every city, aside from hardened offenders and shameless magdalens, an army of young girls, be-

tween the ages of nine and nineteen, marching steadily to destruction. Detective Goodrich estimates the number at one thousand, five hundred in our city. Over two hundred of these have been under my observation, and fully one-half of them are the children of parents who drink either moderately or to excess, or whose grandparents were drunkards. One condition characterizes the whole class; a vitiated nervous system, a lack of co-ordination; a failure in balance and proportion. They are irritable, hysterical, vascillating, incorrigible. "Like sweet bells jungled, out of tune and harsh."

Thus children of parents who have injured their nervous systems by *Alcohol*, do not always transmit the tendency to the drink habit, but a tendency to all phases of neurosis. *E. g.* In our county infirmary is dying a wretched victim of dipsomania, though the member of a very respectable family. She has two daughters, perfect specimens of physical beauty, they have been nurtured in the bosom of their mother's family, instructed in all things, good and needful, but alas! they inherit the stamp of a degenerate nervous system, neither have yet developed the drink habit, but they will steal from the very hand that feeds them; they are violent, passionate, untruthful; one scarcely seventeen, has broken away from all restraint, and wanders a prey for vile men, in the streets of a distant city. The other, still younger, has just closed her first term in our work house.

Again, a patient who came under my observation was admitted to the Northern Ohio Lunatic Asylum two years ago, and is still an inmate of that institution; her father died of delirium tremens; her only child is a half idiot. So we have dipsomania in the first generation, insanity in the second, and idiocy in the third. Dr. Howe in his report on idiocy, says out of three hundred idiots, one hundred and forty-five had drunken parents. Dr. Magnus Huss has tabulated many interesting cases.

It is claimed that in disease *Alcohol* has a radically different physiological effect upon the human organism. Its two most powerful advocates are undoubtedly Lionel Beale and Francis Anstie. The former affirms that *Alcohol*

does not operate upon the nervous system in disease as in health, but spends its force in checking the growth of bioplasm, hardening the cell wall, thus preventing the ingress of nutrient matter, and therefore excessive growth, which he characterizes excess of vital action. Anstie does not believe that excessive cell growth is a sign of excess of vital action, but of the escape of a portion of the organism from the control of the nervous system, and as a similar benefit may be derived from other substances, as *Ammonia*, which can not possibly have a similar chemical action upon the tissues, he argues that the common good of *Alcohol* and *Ammonia* must depend upon their power to nourish the nervous system. In other words, he declares, in the face of the French savants, that *Alcohol* is a food; and challenges Beale to account for the removal of the coma, cessation of the delirium and production of sound sleep on any other theory. Beale denies that *Alcohol* is a food, declares that it does not nourish tissue, for it is impossible to conceive of greater waste than that which takes place while a patient is taking *Alcohol*; but gives up the problem in these words: "That *Alcohol* will produce delirium in health and remove or prevent delirium in disease are facts, but they can not be explained in the present imperfect state of our knowledge concerning nerve centers and nerves."

It is pitiful to see the great genius whose name is so revered in the scientific world to-day, stumbling over the problem which a babe in Homœopathy may solve; to hear a man of Anstie's caliber talking of a drug as a paralyzer in large doses and a stimulant in small doses, without stumbling upon the law of similia, which explains all the discrepancy. A state of nervous irritability is quieted by a small dose of *Alcohol*; excessive wakefulness and delirium yield to a small dose of *Alcohol*, because the primary action of the drug is to dispel sleep by exciting the brain, and as soon as the primary action is past, an opposite condition or reaction sets in; hence, in order to effect a cure the secondary action, or the reaction, has to be opposed to the disease. This is effected by the small dose, not because its action is essentially different from

a large dose, but because its uniform narcotic effect is so transitory in a small dose that it is readily overcome by the vital reaction or depression.

While it is true that *Alcohol* is sometimes homœopathically indicated, while it may be true that its chemical action upon tissue should be utilized, the advisability of its use in medicine is so closely entwined with the great moral issue of its use as a beverage that it becomes one of the most important questions of the day, and beyond the province of this paper. But there is no question that human life were safer with this narcotic poison expunged from the materia medica than with its present wholesale hap hazard use under the false impression that it is a stimulant and a food; indeed, we have well authenticated tables from physicians in hospital practice showing a decrease in mortality exactly as the dose of *Alcohol* is diminished and milk and beef tea substituted; *e. g.*, Dr. Gardner of Glassgow, reports six hundred cases, some reduced from thirty-four ounces to one half with a reduction of nineteen to eleven per cent. Two hundred and nine children treated without *Alcohol* and no deaths, while infirmary cases were treated with *Alcohol* with a loss of six per cent. Let the physician show us carefully compared tables, and in the meantime remembering his responsibility, in as much as his opinion is with his patient as final as if they had inquired of the oracles of God; let him teach that *Alcohol* is a rank poison, never necessary in health, and to be administered in disease as cautiously as any other deadly narcotic. He has the ear of every mother in the land; let him whisper this physiological truth, and wholesome knowledge may save the child at her knee, while the mothers enlightened will cry with one voice, as the women of Chicago are crying to-day, give our children a full course of physiology and hygiene in the public schools.

This would do more to stem the tide of intemperance than ten thousand testimonies of ten thousand trembling drunkards.

Importance of Physiological Knowledge. M. B. Lukens, M. D.,
Cleveland, Ohio.

It is one thing to obtain a knowledge of Physiology and quite another to make the best practical use of it.

New discoveries are continually flaunted before us. Theories are glibly explained. Yet everything seems to move on as usual. Some claim that the average duration of human life is gradually increasing. If this is true we can account for it in the diminished number of violent deaths—as in war—and in the smaller amount of poisons taken as medicines. Improvement in the treatment of disease alone is sufficient to favorably affect the average duration of life. This average at present is so far below the proper standard that a crusade should be organized against existing practices, which are considered highly civilized; but which the physiologist knows to be detrimental to life.

He who best understands machinery most readily detects the points where friction exists, and supplies the oil, knowing that by doing this he insures better work and increased durability. The human, the most complicated of machines, and infinitely the most valuable, ought to receive at least equal attention and study.

Perfection in mind and body should not be considered the wild dream of some enthusiast, whose aim is to carry out some impossible theory, for our great prototype is perfection—man, made in the image of his Creator, to be reproduced in time, and the method of its reproduction should receive conscientious investigation. This aim may be ideal—one that can not be attained in this, or may be a score of generations—yet it is elevating and ennobling, physically, mentally and morally, to raise the standard of thought and aspiration, and hence the standard of action.

A knowledge of Physiology has this mission: It is to take its place among the influences, second to none, which are to elevate the moral condition of the world. It will not displace other good agencies, but will prove to be the strong

backbone of all. Physiological knowledge correctly directed will diminish disease and lengthen life. Who is to enforce and direct this knowledge? By whom are the people to be inspired with a desire for instruction and learning, that their "days may be long in the land?"

Down deep in the souls of the masses will be found a willingness for instruction and a seeking for the "elixir of life." The parent would give worlds for some power to restore his dying child to life and health, little dreaming that the cause of his anguish lies within himself or his antecedents.

For relief in all physical trouble the mind turns to the physician. The patient is satisfied with the removal of present suffering, and seldom inquires into its cause.

There is entirely too much importance given to this individual dubbed "physician." No one ought to accept the guardianship of the health of the family or individual unless he is a practical physiologist. If he is, he will look after the sanitary conditions, and prevention will be exalted above cure. It might be safely said that all practical physiologists are physicians; but all physicians are not practical physiologists.

The present state of intelligence demands of the doctor removal of present pain; so the supply is in accordance with the demand. Every one you meet has a cure for whatever disease afflicts you, and as far as they accomplish the object of removing pain they have as much moral right to recommend and use their remedies as hundreds who have acquired a legal right, by purchasing an "M. D." as an affix to their names; for all have the same object in view, viz: to gratify the patient by removing or alleviating their pain temporarily. Few pretend to do more than this. Teachers ask no more from the graduate. In the beginning of his career he sounds his key-note—*relief*. He does not waste his energies in *preventing* disease; but when trouble overtakes his fellow-man is willing and even anxious to assist him (for a moderate fee). He is generally honest, and does his work to the best of his ability, so as to gain a reputation as an expert in his line, that he may be preferred above all competitors.

It might be asked, "Is it not good to alleviate pain?" Most assuredly. It is also good to have appliances to extinguish fire after it is under headway; but it is better to prevent the fire or make the building fire-proof. What is the building worth after the fire is put out? What is the body worth after a severe attack of disease? From ten to twenty years of life are taken away by every severe illness. A wise physician has said, "To cure a disease is to prevent it." The conscientious physician will look to this and endeavor to get above the practice of putting drugs into the stomach that he may the better put his hand into the pocket.

When we study life, whether animal or vegetable, we find it made up of a succession of periods of growth and decay. From the depositing of the germ there is a gradually ascending series to maturity and from thence a descending one till death. Nature has, no doubt, affixed a limit to each epoch, the extent of which can never be exceeded and is seldom attained. In applying this law to human life it is impossible to ascertain the precise length of each epoch, or the aggregate whole of existence. The greatest age ever attained by man, must fall short of the years he might have reached had he lived in strict conformity to the law of nature. The famous Thos. Parr, who lived one hundred and fifty-two years was, no doubt, prematurely cut off in consequence of a change in his usual manner of living. It was found upon post-mortem examination that his cartilages had not turned to bone, as is the case with the very aged.

All who die, whether early or late, have had the elements of a more enduring existence. The length of the descending series depends upon the length of the ascending series. The more slowly maturity is reached, or the longer the first series, correspondingly longer will be the last series; or in the ratio of one of the former to four of the latter. Our calculation here will not admit of mathematical precision, but approximates to the truth.

The length of life depends upon the length of this period of youth. During this period the material is accumulated in the superstructure, which by constant accretion in after life determines the relative power of resistance.

We know from experience, and draw our conclusions from nature, that the conditions of this period decide the state of after life. Health and longevity depend mainly upon the prolonging of the ascending series. Let physicians so deviate from their accustomed line of action as to give this feature especial attention. To promote healthy maturity will best promote longevity.

The most of those who have carried bad habits and appetites beyond the period of maturity, remain unchanged during life, and fortunately for the race the life of many is short. Those who are diseased, physically or morally acquired the first taint of the malady, during the maturing period, either before or after birth. All that skill can do for them is to retard progress, and palliate their sufferings, for which existing doctors have been especially educated.

Drunkards, consumptives, nervous wrecks and those with chronic taints can find rest only in the grave.

Some of the special means of promoting healthy growth are the food and the habits. From the beginning of life the proportion of the solid parts of the body is gaining upon the fluids. Natural death occurs when the structures become so consolidated that the fluid can not permeate the capillaries sufficiently to maintain the functions of nutrition and depuration. As the fluid and solid portions are formed mainly from the food and drink taken into the stomach, it follows that the character of the aliment has a controlling influence in determining when natural death shall take place.

When an infant makes its appearance in the world it is a soft, pulpy, juicy thing, if the mother has been properly nourished during gestation. If she has indulged to a great degree in food rich in bone producing elements the child enters the world, through much tribulation, with its bony parts advanced toward maturity far beyond the period of its existence. The fact seems to be well established, that the food which contains a large proportion of fluid, as compared with its solid matter, and a large proportion of bulk as compared with nutriment, is best adapted to sustain permanently the organism, provided it contains the requisite elements of nutrition.

All stock-growers know that animals raised for physical endurance should not be fed with concentrated food while maturing. Experience has shown that it is not the best practice, if they wish to produce a constitution capable of resisting hardship. So during the maturing period they are not allowed the same food as the matured animals which are subjected to hard work.

But how different with the human young! In the greater number of families, as soon as they are able to sit alone they are placed at the table and given the same food as the parents and grandparents. Such children, instead of having developed and fostered soft body tissue have old people's tissue. They become old far beyond their years, both physically and mentally. They early develop a brilliancy which is very pleasing to the parents, and shortsighted and ignorant as most parents are, they yield readily to the delusion that they have the smartest children in the world, and are destined to make their mark. Such children usually do make their mark. There is a precocity of both mind and body which is unfortunate for its possessor and for society, for it makes the child a giant and the man a dwarf. It produces manifestations of maturity at twelve and symptoms of decay at twenty. If this forced production of a man propagate his kind the offspring will inherit an imperfect organization.

If we examine the main sources of education—the pulpit, schools and colleges—we find no provision made for the symmetrical development of mind and body. If we analyze and grant all they claim for their respective spheres, we will still find that the physiologist stands alone to fight for the lives of the children. The central thought of the minister of the gospel is to induce the mind to reflect upon the Creator; to remind the people that they have moral powers to improve. His specialty is the soul. Judging from his preaching, he knows nothing about the body—the dwelling place of the soul. His business is not to save the dwelling, but to have the tenant “up and dressed,” ready to depart when called for. He never tells how to keep the body in a sound and healthy condition. He never says anything about clothing, diet, dry

feet, exercise, ventilation, etc. That is left for the doctors. But when the tenement is fallen and the tenant has departed he pronounces encomiums over the wreck, and attributes this physical ruin to a wise and benevolent though inscrutable Providence, and cheers the living with the assertion that all is for the best. The pulpit then fails to supply the need.

We have been in the habit of looking upon the common schools and colleges of our country as par excellence for the education of the youth of the land. When we analyze their methods of work and see the effect upon the youth after passing through these educational mills, we are forced to an adverse opinion. To preserve the body while the mind is being properly trained, does not enter into the modern system of fashionable education. The art of keeping up the bone, muscle and nerve of the pupil so as to keep pace with the brain development, is yet to be learned and practiced. The o'd Grecian and Roman idea of keeping the body strong and vigorous, whatever might be the state of the mind, is now considered a relic of barbarism, and no more to be brought into our civilized refined educational processes than are their modes of physical exercise, the Olympian games, gladiatorial contests, etc.

The high-toned school of the cities and larger towns, whose machinery runs in such perfect order, is certainly "a thing of beauty" if not "a joy forever." If we look only to the perfect mental discipline, to the text-books mastered, to the grace and elegance acquired, such a school is certainly a model, but to the more practical observer who looks forward to the stern realities of life, who appreciates good health, and believes that future usefulness depends as much upon a sound body as upon a cultivated mind, the schools appear to be conducted upon a false basis. Follow carefully a student through his whole course, and witness his graduation. It should be a source of great disappointment to both himself and his friends, that after spending weeks, and perhaps months, in preparing an oration or an essay, he can not to be heard distinctly a score of feet from the platform. I here place great stress upon this failure, for it is indicative of physical

individuals for examination we would certainly discover a remarkable unlikeness in their refractive powers.

We are now enabled to classify under a few general heads all forms of refraction.

CLASSIFICATION OF REFRACTION.

1. Emmetropia. 2. Ametropia, { Myopia.
Hypermetropia.
3. { Emmetropia,
Myopia,
Hypermetropia, } Astigmatism.
- Astigmatism, { Simple,
Compound,
Mixed.

This classification needs explanation. At least we may define the terms and briefly illustrate their applications.

Emmetropia represents an eye which in a state of rest as to its accommodation will focus parallel rays upon the retina. Such an eye is of the highest type of excellence. Yet it is comparatively rare even in childhood, and still more so in after life.

Ametropia represents all eyes that are not emmetropic. Variations from the emmetropic standard are so common, they constitute the rule and not the exception. These variations are of the two kinds designated.

Myopia represents an eye that is popularly known to be near sighted. In such an eye, vision is improved by a concave glass. Its general condition is that it possesses excessive refracting power.

Hypermetropia represents an eye that lacks in refractive power. This may be due to the flatness of the lens, or the shallowness of the eye.

We come now to *Astigmatism*, a condition in which we find each of the foregoing conditions variously concerned. It is caused chiefly by irregularities in the curvature of the cornea. Let us imagine an infinite number of lines, drawn as diameters over the cornea. Each one of these will represent a meridian. The vertical and horizontal lines are in the chief meridians, with these alone we have generally to deal. They

may be unequal in their curvature. If so then we have an astigmatic eye.

Simple Astigmatism represents an eye in which one meridian is emmetropic, and the other myopic or hypermetropic.

Compound Astigmatism represents an eye in which both meridians are either myopic or hypermetropic but unequally so.

Mixed Astigmatism represents an eye in which one meridian is myopic, and the other hypermetropic.

It becomes our duty as medical men, to detect these conditions, and remedy them by suitable glasses.

Let us now study the structure and function of various shaped glasses. These are known as lenses. Of these we have to deal with two kinds.

1. Spherical. $\left\{ \begin{array}{l} \text{Solid.} \\ \text{Hollow.} \end{array} \right.$
2. Cylindrical. $\left\{ \begin{array}{l} \text{Solid.} \\ \text{Hollow.} \end{array} \right.$

These may be best shown you in this manner. Here is an apple. We will assume it to be perfectly round. We will now cut from it about one-fourth of its structure. This piece you will observe is flat on one side, and round on the other. This is a plano-convex lens. From the other side of the apple, we will cut another piece of equal size to the first. Putting their flat surfaces together, we have a double convex lens. Suppose it were transparent, it would refract rays of light passing through it, so as to make them converge.

Taking now another apple and cutting from it two pieces as before, we will cut from the convex side of each a portion so as to make it cup shaped. Putting their flat surfaces together we have a double concave lens. Such a lens causes rays of light to diverge. With these two lenses—concave and convex—we are enabled to change an ametropic eye to an emmetropic condition.

I now hold before my eyes, which are emmetropic, a pair of convex glasses. This makes the refraction too great, and I am therefore now myopic. Before these glasses I hold another pair of the same strength as the first, but they are concave. One neutralizes the other, and I am restored in this

way, even while looking through both glasses, to an emmetropic condition. (Note.—This is to be repeated in this way, and vice versa, personally by the investigator, until he fully comprehends the point.) Myopia and hypermetropia, which constitute the large part of cases we have to treat for conditions of refraction are to be accurately measured and relieved with glasses whose refractive power correspond to the want of the eye.

I have here a potato. It is cylindrical in shape (long and round). I now cut it in two through its longest diameter. This gives us the section of a cylinder flat at both ends and on one side, while the other side is very convex. This is now a solid cylindrical lens. In one direction—its longest—it is without refractive power. In the other it is capable of converging rays. Taking the other half of the potato, I cut out a longitudinal section so as to reduce its convex side to a concave condition. You will now observe that while in the long diameter it is still without refractive power, in the other direction it is a concave lens, and will cause rays of light which pass through to diverge. This is a hollow cylindrical lens. With these two lenses last made we are prepared to treat simple astigmatism.

The presence of astigmatism is easily detected. Two or more parallel lines placed before the eye will, by an astigmatic eye be more easily seen in one meridian than any other. Groups of such lines may be drawn upon a cardboard twelve or fourteen inches square. They should be drawn through a common center and made to represent not less than six different meridians.

For the general practitioner it is enough for him to determine the presence or absence of astigmatism. It must be left for the specialist to adjust the proper glasses. This is by no means an always easy task. But the principle involved is not difficult of comprehension. Let us suppose we have an astigmatic eye with one meridian emmetropic and the other hypermetropic. We correct and equalize the refraction with a convex cylindrical glass. We place it so that the long axis of the lens which does not refract corresponds with the em-

metropic meridian of the eye, and in that way we leave it still emmetropic. The convex portion of the lens then corresponds with the hypermetropic meridian of the eye, and renders it also emmetropic. With cases of compound and mixed astigmatism, we have to employ the various forms of lenses we have described in combination. Only by careful study and much practice can this be done with success. But it needs no argument to show how much in this way science is doing to relieve those who are afflicted with imperfect vision and to restore them to happiness and lives of usefulness.

A Hint Regarding Ophthalmic and Aural Medicine. W. A. Phillips, M. D., Cleveland.

Observation is quite sufficient to teach the fact, that those who devote their skill to the treatment of any particular class of diseases, are inclined to magnify the importance of their special work, while it is equally true that general practitioners correspondingly under-estimate the value of the services rendered practical medicine by the work and teachings of specialists. When we consider that it is principally through the senses of sight and hearing, that the mind is rendered capable of the higher educational advantages—that it is through these avenues, that the mind is made conversant with, and developed by the beautiful and varied panorama of nature, as it is pictured in delicate, but life like tracings, within that exquisitely wrought organ, the eye; that all the “concord of sweet sounds,” which minister to human happiness, are a profound and death-like stillness, unless the ear be attuned to its perfect function; when, in a word, we consider how utterly helpless and hopeless each of us would become if deprived of even sight alone, where is the man whose ambition is so great, or whose genius is so brilliant,

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that the cunning of his hand, or the wit of his brain, can not find scope in preserving or restoring the senses which have been mainly instrumental in making him and the world what they are? Now I hold it to be the duty of every practitioner, general or special, to so systematise his study and practical experience, as to be competent to offer valuable hints to his colleagues, as regards the development of some branch of the healing art. It is obvious that the most important step towards the accomplishment of such a purpose, is first for the physician himself to entertain a correct estimate of the nature, course, and usual termination of the disease or diseases to be considered, and the unfortunate consequences to result by a loss of function of the organs implicated. Applying this thought to a clear and just appreciation of the senses referred to, who does not see at a glance that a loss of all the other senses, for example, would in no wise compare with a loss of sight? What patient or his doctor, would willingly exchange a crippled leg or a withered arm, a writhing rheumatism or a howling dyspepsia, for the "blackness of darkness," to settle like Poe's raven forever upon him? Or yet for that reign of eternal quiet, which the loss of hearing entails? The pen is yet to be wielded, that can over estimate the value of the visual and auditory powers, and the corresponding evils to accrue in consequence of their destruction. Hence the conclusion is inevitable, that justice to the patient, and credit to the physician, can not be maintained without a more thorough training than general practitioners have hitherto enjoyed. But in order to secure the ability skillfully, to detect and to treat even the more unimportant affections, requires a course of reading and attendance upon "clinics," which the busy practitioner is rarely able to enjoy; and therefore many a parent is assured that an offensive otorrhœa, resulting from scarlet fever, measles, diphtheria or a cold, will safely subside as the child grows older; or that its "weakness of sight," will improve with age; while the former may be paving the way of deafness, or possibly to cerebral abscess, and the latter to a progressive short sight, (myopia) that may permanently and seriously impair the integrity of the eye. Examples of

this kind are so frequent as to call forth warning, and in the most fraternal spirit, it may be urged that philanthropy alone should be enough to guide us, one and all, not to jeopardise the sight or hearing of any patient, however high or lowly, by a hasty prescription, by neglect, or by careless or ignorant advice. It is here that unpleasant collisions sometimes arise; the specialist can not in truth, always assure the patient or family, that all has been done that was advisable; or by disregarding all awkward questions, carry the impression that all necessary measures have been adopted, when the nature of the case is such as to demand an entirely different line of treatment, however great his desire may be to shield the family physician. The remedy for all this is apparent: either the physician must become better qualified to manage such cases, or the advice of one who devotes his entire attention to maladies of this kind must be earlier secured. The serio-humorous reflection may here be suggested, that in these latter days when we have specialists for diseases of the throat, of the chest, of the skin, of diseases peculiar to women and children, for surgery, catarrh, hemorrhoids, etc., etc., what is left for the general practitioner, except the mumps, measles, and bilous colic, as they perchance attack men, who have long since arrived at years of discretion? It is not to be urged that the practice of medicine should be so arbitrarily divided, as to introduce departments not justified by the nature of the diseases, or the anatomical relation of the parts particularly affected. But it is apparent from the anatomy, function and line of operative and medical treatment required, that the art of medicine is appropriately divided into what is known as general medicine, surgery and affections of the eye and ear. If practical experience has shown the wisdom of making surgery a distinct department, because of the special preparation necessary; the manual dexterity required, and the serious consequence to be apprehended to the limbs and various organs of the body; it is plain that the following reasons are quite sufficient to justify the profession in establishing ophthalmic and aural medicine, as an equally separate department.

1. A larger proportion of the diseases of the eye and ear, terminate disastrously to the function of the parts affected, than in general medicine, or in the diseases and injuries of surgery.

2. The diagnosis of diseases of the eye especially, cannot be correctly made without special training and clinical experience, given under the direct instruction of an expert.

Under this head, permit me to ask what physician who has had only the information to be gained from the number, and variety of eye diseases occurring in his own practice, can make a correct diagnosis, for instance, of glaucoma, choroiditis, cyclitis, retinitis, optic neuritis, or optic nerve atrophy; or even of the more easily distinguished affections, such as the different varieties of ulcerations of the cornea, iritis, conjunctivitis, and trachoma—any one of which may, and frequently does produce irreparable blindness. I desire to be correctly understood here. I do not mean to insinuate that general practitioners or surgeons can not "read up," so as to diagnose these diseases with a tolerable degree of skill, but I do mean to say that, as a rule, they do not inform themselves sufficiently well to do so. I do mean to say further, that the propriety of requiring physicians to become more conversant with this class of diseases, can not be over estimated, if for no other or higher motive, than that of preserving their own reputation. When the dangers of any given case are not fully realized, it can not be expected that the line of treatment instituted, will be in keeping with the best interests of the patient.

3. It is a familiar fact to oculists, that the great majority of the affections of the choroid, optic nerve, retina, ciliary body iris and cornea, without appropriate treatment, will prove destructive to sight; indeed some of them seem uniformly to baffle the efforts even of the most skillful; that these cases generally come first under the observation of the family physician; and hence the profound obligations resting upon the profession, to give these diseases the benefit of the best talent and closest study.

Practical hints, appropriate to supplement these remarks, may best be found in a few typical cases taken from actual

practice, which will serve to show the error of looking with indifference upon cases, the gravity of which is not fully appreciated.

CASE I. A little girl, aet nine, about two years after commencing to attend school, began to complain of pain in her eyes, and gradually held the book closer and closer to her face. Two prominent physicians were at different times consulted regarding her case, and both pronounced it a little "weakness of sight," which the child would outgrow, and no advice whatever given. At present the patient's vision in either eye is only one-tenth for distance, while she reads newspaper print very imperfectly, and only when the page is closely approximated to the eyes. In other words, the child has progressive short sight, (myopia) with dimness of vision, (amblyopia) and is in danger of losing her sight altogether.

CASE II. A lad was treated for more than a year by the family physician for granulated lids (trachoma). The case progressed until ulceration of the cornea destroyed the sight of one eye, and greatly and permanently unpaired the sight of the other.

CASE III. A middle aged gentleman had an attack of iritis, which was diagnosed as conjunctivitis, and treated accordingly for about three weeks, at which time the pupillary margin of the iris had become firmly adherent to the capsule of the lens, and the contracted pupils were filled with an exudation of lymph. The most restoration of sight that could be effected, was simply to enable him to get about a room without stumbling against the furniture.

CASE IV. A lady was affected with catarrh of the middle ear, and applied to a physician for a relief of the noises in the ears, and the slight impairment of hearing. He assured her that the case was not at all likely to prove serious, and treated her more or less for two years, at which time the hearing was reduced below the power to hear conversation, except in a very loud tone, while adhesions had formed to such an extent, that very little improvement can now be secured even by long continued and skillful treatment.

CASE V. A child had an attack of scarlet fever which affected the ears, and a suppurative discharge occurred. The attending physician convinced the parents that the drum-heads were not implicated—that the discharge was from the “outer ear” entirely, and that the case would soon recover without impairment of hearing. An examination showed that both drum heads were ulcerated away, scarcely a rim of them being left, while the suppurative discharge continued profuse, and the hearing so reduced as to enable the patient to hear only when spoken to in a very loud tone of voice.

Cases like the above, by no means the most serious that could be cited, occur so frequently in the experience of oculists and aurists, that attention is called to this class of diseases, that you as conservators to some extent of the public happiness and usefulness, may fully appreciate the nature of these affections, and the influence they exert by a bad termination upon the welfare, not only of the individual, but of the household and of the community. I hold that physicians, more than members of any other of the learned professions, are possessed of philanthropic impulses, and this plea for greater cultivation in ophthalmic and aural medicine, may safely be put on the ground of philanthropy alone. But, assume, if you choose, that the profession is actuated by the most selfish motives, such as the preservation of the reputation of the school, or for pecuniary gain; still the instincts of common humanity dictate, that for want of proper skill or early consultation with an expert, no person should hold a physician excusable for placing in jeopardy the important functions of sight and hearing. The cases I have cited are all the more significant, because they represent those most frequently met with, and when properly managed in the early stages, are almost always entirely curable.

In conclusion, I repeat what has been intimated, that this argument is not a plea for specialists, but an exhortation to general practitioners to become more thoroughly conversant with a class of diseases, which have so largely to do with the happiness and usefulness of each and every community.

Surgery.

The Esmarch Bandage. S. R. Beckwith, M. D., Cincinnati.

Dr. Esmarch, a few years since, announced to the medical profession that if a rubber bandage be applied to a limb for a few moments before an amputation, that the operation can be performed with but little loss of blood, provided the arterial flow is arrested by the usual plan of compression.

The bandage must be applied with the rubber on the stretch, so that its contraction would force a return of venous blood into the body, and prevent an influx of arterial blood into the limb through anastomosing arteries, not influenced by compression on the main arterial trunk.

An amputation of the leg, for example, could be performed when the bandage was used, with so little loss of blood that it has been called a dry operation.

Almost every surgeon readily fell into the habit of using the bandage without stopping for a moment to consider its expediency. During an amputation of the thigh of a plethoric person the loss of blood is so profuse as to somewhat interfere with the operative process, the table is covered with blood and the operating room resembles a slaughter-house. By the Esmarch method all is changed, the scene of blood is not there, vessels of water, into which the sponges are dipped until the clear fluid resembles living blood are not seen. The table, bedding and even the floor are not covered with pools and clots of blood. An operating room in a private house does not, by this comparatively new method, shock the senses of the lookers on, and the bloody horror of an amputation vanishes.

No wonder that surgeons should readily adopt this new dispensation when so delightful a change is produced; and again the first and cardinal principles that have been taught for centuries, to save as much blood as possible in ampu ta

tions, is here carried out more satisfactorily than can be done by any other known means. These and similar reasons have led the surgical profession to adopt the Esmarch bandage without faithfully considering the injurious effects its application may have upon a patient.

By a moment's reflection it will appear evident that in those cases where an amputation is performed upon a person possessing the normal amount of blood to carry on the healthy functions of the entire body, a marked disturbance will be produced when as large a proportion of the body as the leg is removed, and still nearly the same amount of blood remains coursing through vessels that before were filled to the maximum of health, and are now distended in proportion to the loss of substance previously receiving blood.

How is it in pregnancy and parturition? During the period of gestation the female has to maintain and support the development and growth of another being, and although nature enlarges her person in all its parts so that she can furnish the necessary excess of blood required, and not be disturbed to the same extent when this demand is suddenly arrested as it would otherwise have been if she had not increased in development, yet she is in danger, after her parturition, of active inflammation if no blood is lost at her labor.

Physicians would not accept a contrivance that would prevent escape of blood at this time, even if it would make the lying-in chamber free from blood soiling and the patient from resting in a pool of her own blood.

Much the same result follows an amputation where the Esmarch bandage is used, in a person who has been injured to an extent requiring an amputation of a limb and no loss of blood occurred from the wound. My attention was first called to the harm arising from the use of the bandage in an amputation I performed of the upper third of the thigh of a man whose leg was crushed while he was raising a heavy stone with a derrick. The derrick broke, knocking him down and the stone fell upon his leg, crushing and grinding the parts so as to demand removal, although the skin was not broken. After the amputation I noticed an unusual tur-

gesence in the wound, the stump was swollen before the dressing was finished; and, without taking your time in the recitation of details from which I formed an opinion, I am satisfied that the excessive capillary congestion, inflammation and suppuration were produced by too much blood remaining in the body after the amputation.

In my early experience it was thought advisable to allow a stump to bleed if there had been but little loss of blood during the operation, and I am still of the opinion that in similar cases to the one I have described the plan is a good one.

The Esmarch bandage is useful, and I believe should be applied previous to an amputation for an injury where there has been considerable loss of blood, or in cases of ulceration, necrosis or in any condition where the patient is weak, and the saving of every possible drop of blood is a necessity; but should not be applied when an amputation is performed for a wound without loss of blood, or in cases of osteo-sarcoma, fibroid or cartilaginous tumors, or in any instance where the patient possesses an average amount of blood to supply the wants of the whole body.

The bandage can be applied with benefit in a great number of instances. In aneurisms it is the most convenient form of making compression. I once arrested a troublesome hemorrhage in a lacerated wound of the arm by applying the bandage and allowing it to remain for a few hours. In this patient there was constant oozing of blood, as is often the case, although no bleeding vessels could be found requiring torsion.

Some of the surgeons of this society may remember of remaining with a patient during a day and night and compressing a wound to arrest hemorrhage produced by my foolhardiness in removing a tumor.

Such compression can often better be made by the bandage (which never tires) than with the hand. I have found great advantage in the first stage of the operation of the removal of the tumors by first dispersing the blood by compression produced by the bandage. The dissection is comparatively dry. In all these and similar instances its use will be obvious without further enumeration.

The object of this paper is accomplished in calling attention to the harm produced by applying the bandage in such cases as are benefited by a loss of a beneficial amount of blood.

Ulcers. N. Schneider, M. D., Cleveland:

I have chosen this subject for discussion because it is one of great importance to the physician, and is so apt to be considered lightly, especially by the young practitioner. The frequency of this diseased condition requires the surgeon to be well prepared with all the resources of our science, from which he may choose the most efficient remedy.

In order that we may treat any disease scientifically we must understand its causes, symptoms, course, etc. Neither can we be ignorant of the various pathological changes which attend it.

By ulceration is meant the superficial solution of the continuity of soft tissue. "This process never takes place in the substance of tissue, but is essentially a condition of the surface." It depends upon an abnormal condition of the blood, or of its circulation and consequent defective condition of the parts.

The classification of ulcers seems to be necessary, as there is a distinguishing variety, each variety depending upon some special cachexia, or a specific irritant. The classification, as regards the different varieties, and the order in which they will be considered, is: 1. The Healthy; 2. The Weak; 3. The Indolent; 4. The Irritable; 5. The Cachectic.

1. **THE HEALTHY** or simple ulcer is known by the secretion being thick, creamy, inodorous, and having all the characteristics of healthy pus. Its surfaces are studded with numerous granulations, conical in shape, vascular and sensitive. They are bathed with a laudable pus, which protects them from injury from extraneous matter, and which should never

be wholly removed. The sore may be covered lightly with a soft piece of linen or oakum, simply to protect it, but never sufficient to retain the overflow of pus, as this, when kept in contact with granulating, the surface will so change it, by increasing the heat of the part, that it becomes an irritant and will convert the simple, healthy sore into a weak ulcer.

2. THE WEAK ULCER.—When from any cause cicatrization has been retarded and the healthy nutrition interfered with, the ulcer presents a different aspect. The granulations are large and less numerous, pale and sometimes of a yellow hue, less vascular, bulbous, with loss of sensibility, and when, from injury, bleeding occurs it is venous in character. The discharge is thin, the serum predominating. The general appearance of the sore is unhealthy, the granulations are pale, flabby and elevated above the surrounding integuments. The tissue around the sore is the seat of passive congestion, and frequently of serous effusion; while often its free margins are covered with exuberant granulations, which not unfrequently lose their granular character, the margins presenting a rounded, smooth appearance. Everything, in short, depends upon an asthenic condition, which may be the result of local circumstances, such as a foreign substance in contact with the sore, or on account of the great distance of the part from the center of circulation, upon atmospheric conditions induced by crowded wards, etc., or it may be an indication of an enfeebled system.

Large healthy ulcers are liable to become unhealthy as a result of protracted cicatrization. The treatment should be prompt to prevent the decline from the healthy to the weak, and should be both local and constitutional. Of the first importance is the removal of any local cause, such as regulating the position, which may prevent a normal circulation, removing foreign substances, which would act as an irritant, or interfere with the proper drainage. If the granulations are feeble use slight stimulants in *Carbolic acid*, *Nitrate of silver*, *Sulphate of copper* or *zinc*, *Calendula*, etc., or perhaps a simple compress is all that is necessary. Proper bandaging is frequently very useful in preventing venous engorgement, which attends local debility.

The constitutional condition should be carefully ascertained, eliciting the symptoms closely and seeking the indicated remedy. I have found *Silicea* to work wonders in many cases, especially when the ulcer is in the state of transition from the healthy to the weak. There are many remedies indicated by the different appearances the ulcer may present. The application of the remedy in accordance with the law of similars will always be followed by gratifying results. In those of decided asthenic type more active local treatment must be initiated by removing the exuberant granulation by the application of *Nitric acid*, *Acid nitrate of mercury* or the *Nitrate of silver*, applying the agent selected until the granulations are converted to a normal condition, and the ulcer presents a healthy appearance. The parts should then be dressed with the *Carbolized oil*, and compressed with a roller bandage.

3. THE INDOLENT ULCER.—The situation of the indolent ulcer is generally upon the lower half of the leg; its shape is oval, the base broad and flat, the color dusky or tawny, and the surface smooth. It sometimes has a few minute granulations, which are compact and adherent to the fascia beneath; the discharge is sero-purulent, with an offensive odor; the margins are elevated above the sore, are abrupt or shelving, dense white and generally callous. The surrounding integument is swollen, condensed and discolored; due to reparative congestion. Both the sore and the margins are comparatively insensible.

So long as the ulcer remains indolent the patient suffers very little pain, but continues his accustomed vocation. If accidentally inflamed, either by a blow or by exposure to wet or cold, he can work no longer; even the erect position is unendurable, and he now seeks relief. The surrounding skin is now swollen; even the margins of the sore are reddened and soft, the discharge is thin and bloody, and the parts being low in vitality, are overpowered by the intensity of the inflammation, and a slough occurs, the entire sore then assumes an inflammatory character.

Indolent ulcers are frequently caused by or attended with varicose veins; the coats of the vessel are very much thick-

ened, the circulation greatly impaired, and consequently the vitality low. The treatment of an indolent ulcer should be conducted with much care. It is generally amenable to treatment, no matter what may have been its cause. If the patient's health has been impaired by insufficient or unwholesome diet, exposure to cold and damp atmosphere, illy ventilated sleeping apartments, or habits of filth, the conditions of life must be changed. The patient must be placed in a situation whereby the parts may receive proper nourishment; in fact, this is all that is often necessary to obtain a cure. All constitutional treatment should be directed toward the restoration of a perfect assimilation. Rest and position are the most useful adjuvants and will frequently be all that may be required.

If the ulcer, when presented for treatment, is in a state of inflammation the patient should be placed in bed, the limb enveloped with cloths saturated with cold water, retained with a roller bandage, changing the dressing frequently until the inflammatory symptoms subside.

The calloused edges will be softened, and you will now see the granulations starting; but they are retarded because the hard border of the sore has not disappeared, the absorption is not completed, or the slough, if it has occurred, has not been sufficiently extensive. The hard borders and base can be disposed of by scraping off the calloused tissue; the granulations will then spring up and condense to form cicatricial tissue.

It may be necessary to convert this ulcer into a wound with loss of substance by completely dissecting out the indolent margins and base, but this would be useless unless the general system be improved, so that a healthy nutrition can occur in the part diseased.

4. **THE IRRITABLE ULCER** is superficial, very rarely extending deeper than the true skin. Its surfaces are void of granulations, generally of a dark red color, or covered irregularly with a film of grayish fibrin. The outline is irregular, the edges serrated, everted, red and angry, frequently studded with red points which seem like small arterial tufts.

The surrounding tissues are in a state of passive congestion; the discharge is sanious, acrid and thin, containing the resulting debris; the pain is constant, and is frequently unbearable, in fact the surface is so exceedingly sensitive that even the most emolient dressings will produce intense burning pain. A train of constitutional symptoms precede or attend this variety of ulcer, general irritability, great restlessness, loss of sleep, anorexia and disordered secretion, are the usual accompaniments.

The constitutional symptoms should be combated with the indicated remedy. *Ars. alb.*, *Ars. iod.*, *Hepar sul.*, *Mer. cor.*, *Asaf.*, *Acid nit.* and *Silicea* are remedies which have proved efficacious in the treatment. *Opium* is frequently useful, not from its specific relation, but on account of its sedative action; the dose should be that sufficient to produce its physiological effect. The irritability is frequently continued, and the indicated remedy fails to act because of the exhaustion attending the loss of sleep and the want of rest. My rule is never to allow a patient to pass sleepless nights, and if rest can not be obtained by the administration of the homœopathic remedy, I give *Opium* or some of its preparations, or if that is not tolerated, the *Hydrate of chloral*.

By the use of anodynes the extreme restlessness in a few days disappears, and the indicated remedy can be given with marked success.

This may be considered by some as passing the boundary, or even abandoning, the law of Similia.

I use anodynes for the purpose of giving rest and quiet to the nervous system, as I would to apply a splint to a fractural bone or ruptured muscle, so that nature may exert her conservative power and repair the destroyed tissue.

The constitutional treatment, however carefully conducted, often fails, necessitating a combination with local measures.

The patient should observe the reclining posture with the limb elevated, dressed with cold or warm water, as may be the more agreeable, and highly bandaged.

The most efficient remedy to arrest the spreading of the ulcer, relieving the extreme sensitiveness and constant pain,

is the acid *Nitrate of Mer.*, the strength in proportion to the character of the ulcer. One application is frequently sufficient to change the character of the sore, for a time, at least, converting it into a simple ulcer. The constitutional treatment should be perseveringly followed.

5. THE CACHECTIC ULCER. Under this heading are found the scrofulous and the syphilitic sores, depending upon either an acquired or hereditary tendency.

The scrofulous sore is attended by disorder of the organic functions, especially that of assimilation and the various affections of the lymphatic system. It seldom occurs singly, but in clusters, at first distinct, but becoming, after a time, confluent. They occur more frequently about the neck, back, shoulders, buttocks, and the articulations. They are attended with little pain, as the grade of vascular excitement is only slightly above that of nutrition. Infiltration with attending swelling, occurs with suppuration, breaking down of tissue, and the discharge of thin pus, containing tubercular matter, and disintegrated cellular tissue.

The treatment is constitutional and hygienic. Pure air especially in the sleeping apartments, and such food as can be easily assimilated, are of the first importance. The remedies that are indicated, may be found among *Sul.*, *Cal. car.*, *Hepar. sul.*, *Iodium*, *Silicea*, *Mer. iod.*, *Kali. iod.*, *Cal. iod.*, *Ter. iod.*, or *Cistus canadensis*. The local treatment consists in keeping the sore well cleansed, and stimulating it with *Cistus can.*, or *Carbolic acid*.

The syphilitic ulcer is specific, and depends upon blood contamination, which is manifested by a peculiar sore, generally easily recognised. The primary sore will not now be considered, only those which occur in the advanced stages of the malady. These are always intensified by a debilitated condition of the system, from mercurialization or intemperance. They may result from the eruption peculiar to the secondary stage, or from circumscribed infiltration of the tissues; (gummata) those of the first variety being superficial symptoms of great importance, is that in this variety of ulcers, cicatrization occurs from the concave, while the destruction

is from the convex border, attacking only the skin, while those of the second, extend into the subcutaneous tissue. They are circular, crescentic—shaped like a horseshoe, or annular, ring like, with a center of healthy or cicatricial tissue. The edges of the syphilitic sore, are well defined, the bases flat, dark crimson, and covered sometimes with small granules. The discharge is thick and heavy, and very often forms crusts, which cover the sore. They are not attended by any grave constitutional symptoms, other than those which attend syphilis. The diagnosis may be confirmed by the existence of previous marks of the disease.

The treatment should be influenced by the history of the case, and the remedies chosen according to the symptoms. *Mercury*, in some of its preparations, stands prominent, and no doubt is specific, if it has not been administered to excess in the primary stages. I prefer the *Proto iodide*, given in what Keys calls, in his work on the treatment of syphilis, "the tonic dose," which carries the remedy to a point, which scarcely reaches its physiological action.

Kali hydr., is one of the most prominent remedies, especially when the ulcer is of the second class, or when the disease has been influenced by excessive doses of *Mer. Ars. iod.*, is another important remedy, when the character of the sore is irritable, and the constitutional symptoms correspond.

Berberis aqu., is said to be an efficient remedy for the syphilitic ulcer.

The local treatment consists in keeping the parts clean, and stimulating with the acid *Nit. mer.*, *Cup. sul.*, or *Acid nit.*, suiting the strength of the application to the particular case, and dressing with *Vaseline*.

In conclusion I wish to notice that the proper adjustment of bandages and adhesive plaster, as recommended by various writers, in the treatment of weak and indolent ulcers, is of great benefit, and frequently is all that is necessary, especially if the ulcer depends upon, or is attended by, varicose veins. The Martin elastic bandage, has recently gained a reputation in the treatment of ulcers. I have used it with success, but can accomplish all things claimed for it, with a

cloth bandage. I have been obliged to dispense with it in several cases, especially during the summer season, for the reason that it irritates the parts, even when the limb is protected with a cotton bandage. The constant tension exercised by the rubber, and the imperviousness to air, so confine the parts, that the limb is bathed in perspiration, and the skin becomes so tender, that not only does the ulcer inflame, but new ones also form. These objections may not be valid in cold, but they certainly are in warm weather.

Dr. Parmelee, Toledo.—I would like to inquire of Dr. Schneider whether in putting up ulcers at "rest," as spoken of, he confined his patients to a recumbent position, in bed, for instance.

Dr. Schneider—I sometimes do.

Dr. Parmelee—This subject of ulcers I have been quite interested in of late, and there is no doubt in my mind, that their proper treatment consists partly in inducing in them a state which Dr. Hilton, (in his "Rest and Pain"), has aptly denominated "physiological rest;" but to do this I am not satisfied that recumbency is necessary.

In my own practice, I was consulted about two years ago by an elderly lady, who had suffered for about five years from a varicose ulcer upon her limbs; finding no permanent relief from any procedure which different surgeons had instituted. The ulcer was quite large, extending some six inches in one direction, and five in the other. I cut through the hardened edges by a dozen different incisions, and applied what is known as Dr. Sayre's "Basket-strapping," supporting the limb to the knee; this I changed at intervals as demanded, the lady going about her ordinary duties as usual. In less than six months the limb was entirely well, and has remained so ever since.

I would prefer, in classifying ulcers, to proceed upon a pathological basis, rather than a symptomatic one, as Dr. Schneider has done in his paper. I know that surgical authors speak of simple, irritative, diathetic, et id. ulcers; but how much better it would be were they to call them

instead by the conditions supporting, rather than the momentary state in which they find them. I would speak of ulcers as varicose, syphilitic, eczematous, traumatic et cet.

To recur again to the subject of the Esmarch Bandage. Dr. Martin, of Boston, has a soft rubber bandage, bearing his name, intended to take the place of the hard Esmarch, which in my hands has proven very useful.

Muscular Paresis. M. H. Parmelee, M. D., Toledo.

There are cases happening quite frequently in general practice, which are unfortunately, so slight that they are overlooked, or if attention is called to them, the good old family doctor, oracularly declares that "they will outgrow it." Alas for the little ones! for children are the persons usually affected; they are left to struggle with a serious affliction unaided. After awhile, depending somewhat upon the watchfulness of the parents, and the degree of gravity of the case, deformities result, and then the specialist is called in, and large sums are expended with but comparative amelioration of the symptoms; confidence in the doctor is lost, and worse than all, the boy or girl goes through life deprived of a portion of his or her heritage. A paretic muscle is a relaxed muscle. You will say that this is the definition of a paralyzed muscle. The scope of this paper will not permit of a discussion of the difference, suffice it to say, that while all paralyzed muscles may be and are paretic, there are cases of muscular paresis, which are not paralytic, in origin or course. Cases arising independently of any trouble in the nerve centres, confined to a single muscle, or a set of muscles; playing their part without regard to the general nutrition, and amenable to certain well defined principles and rules of treatment. Such cases deserve a nomenclature, as well as proper consideration.

Any muscle in the human body is liable to parietic seizures, and we frequently see such in the throat of the singer, the biceps of the gymnast, the quadriceps of the sliding-seat oarsman, from over exertion, which speedily regain their pristine vigor and form by an adequate rest; but in the lower limbs of childhood we see similar seizures often, magnified by the constant weight thrown upon them in walking; continually overpowered by antagonistic muscles, becoming hideous deformities.

In my experience its causes have been various and conflicting. One case could only be traced to a lingering dentition, another to a sharp attack of cholera infantum; another to an "ephemeral fever;" and another went to bed as usual, and awoke in the morning with one of its lower limbs limp and useless, being hardly disturbed in any other direction; at least, he ate and played, and seemed greatly to lament, and be astonished at the loss of power.

M. Duchenne, (the younger,) considers its causes to be obscure, but has put upon record his belief in its non heredity, and also upon its being neither dependent in any degree on privation or poverty.

M. Charcot, regards it as an inflammatory trouble, caused by exposure to damp and cold.

Other writers have observed it as following upon measles, "gastric fever," and other febrile maladies.

It has never been my pleasure to carry my investigations of the morbid anatomy to the dissecting room, or to the microscope. Clinically, the fact of the muscles atrophy and loss of contractility is only too apparent.

Rindfleisch, in his excellent "Pathological Anatomy," figures several striated muscular fibres, which are very instructive and will repay study. Some have lost their transverse striation and become granular, and some are infiltrated with fatty globules.

These are undoubtedly the conditions that are found in all of the cases.

CLINICAL HISTORY.

As you may already have surmised, no definite course can be laid down for its onset. Each of my own cases has seemed

a law unto itself, and, apart from the loss of power, a history would be but a compilation of the symptoms, objective and subjective of the whole number. I have therefore thought it better to introduce some individual records to serve as examples.

CASE I. Rollin R.—, American, five years of age, in August, 1875, had a slight fever, accompanied by vomiting spells, coated tongue, constipation, and all the other evidences of deranged digestion, which continued for the space of one week, being seen daily by one of our city practitioners. In about two weeks from the period of his convalescence, his parents began to notice a slight hitch in his gait connected with the right limb's movements. After thinking over it for a month or so, and feeling sure that it increased, they called the doctor's attention to the case. They were told that the "ankle was a little weak," and ordered to put on the child a stiff sided shoe. They did so, and the boy ran about as usual for three months or more, when the parents became again exercised by the halt in the gait, and the evidently diminished size of the affected limb, they again applied to their physician, who laughingly quieted all their fears by assuring them that the boy "would outgrow it, as he became older;" ordered a new stiff shoe, gave the little fellow some medicine internally; told the parents to "rub the ankle," and said "after a while we will use some electricity if the case shall require it." Time ran along and at different periods they consulted their Doctor, until December 1876, when the father asked me to see the boy. I found him running about the house dragging the right foot somewhat, with a decided eversion, and wearing a stiff shoe with a pair of iron supports to the knee, with a joint opposite the ankle. Upon taking this off, I found the foot colder than the other, all of the muscles weaker than in the left foot, with a decided decrease in their calibre, and in the circumference of the limb measured in two or three places; the arch of the foot flat upon the floor; a hard callus over the head of the scaphoid bone from pressure upon the shoe; a well marked depression along the outer side of the tibial spine, where the tibialis anticus and muscle are located,

complete inability to extend the big toe, or invert the foot; and sensation was but little impaired, and under *Chloroform*, the foot could be carried in any direction. There were but three muscles that would not respond to the Faradic current, A. D. These were the extensor proprius pollicis; the branch of the brevis digitorum to the great toe, and the tibialis anticus. At that time I did not possess a galvanic current, and I did not find out until later cases, and the possession of both kinds of electricity had taught me something in prognosis, which I now know. To return to the case. It was evident after studying it awhile, that I had not to do with a case of "essential" or infantile paralysis, as other muscles supplied by the anterior tibial nerve, (the extensor longus digitorum, and peroneus tertius) were not involved, except in the general sense of the whole lower limb.

These details did not come to me at once, I assure you, but only after many an anxious hour of thought and study. The case was a well known one, and I was at a critical period in my medical career. Under these circumstances, excuse me if I speak with some warmth of the successful result in the case under consideration. I conceived the idea that these weaker muscles were made so by being drawn upon, and continually being "stretched" by the body weight, and other muscles more favorably situated. Acting upon this hint, I constructed an apparatus as simple as possible, consisting of a strong elastic band, which passed under the foot from the outside around the inside and arch of the foot, raising it to a normal position, and continued the band, endeavoring to follow the line of the tibialis anticus, to a secure fastening on a upright on the outside of the limb. With this in place, the boy felt immediately more secure in his gait, and under other treatment he progressed finely, and to-day his infirmity is hardly discoverable.

CASE II. Dan. I., American, began to walk about freely when one year old. At sixteen months, he passed through a hard dentition, and at twenty months of age, when I first saw him, in April, 1877, he was walking with difficulty upon the inner edges of both feet, a condition known as Talipes Valgus.

The prompt application of the necessary mechanical appliance, looking at the case in its proper light, served to check the growing deformity, and the institution of the correct associated treatment soon completely cured him.

I could relate other cases, but time enough has already passed, and I must speak of the

TREATMENT.

Naturally it divides itself into the local and general. The local treatment again may be divided into the mechanical and the therapeutical. Of these, the first is the most important when taking charge of a case. The problem of what kind of appliance, will be necessary to the individual case, when reduced to the application of two general principles, will be found easy of solution.

1. To be effectual, your apparatus must serve to approximate the origin and insertion of any paretic muscle, or set of muscles, to induce in them a state of what Dr. Hilton aptly terms "physiological rest."
2. Elastic extension must be applied along their course, to aid in restoring them, (the relaxed muscles) in the event of their being called into action, to their state of rest.

Bearing these in mind, it will be easy to adapt to any variation of the disorder, the suitable mechanism, without which all other means will fail of reaching their greatest benefit.

It is a favorite practice, among many physicians, to order ordinary shoes for these cases, with the addition of a "stiffener" on either side of the ankle. This I believe to be bad practice, and ought to be entirely discarded, for the following reasons:

1. Such a stiffened shoe could only prevent, in any case, lateral motion at the ankle joint; now the latest dissections have shown emphatically that there is no lateral motion there. (Vide, Sayre and others).
2. Such a shoe, acting as a stop-gap, prevents the application of more scientific and enlightened apparatus, and beclouds and befools the mind of the practitioner from the true pathological condition.

3. Such a shoe, while doing no good to the relaxed muscles, induces, by confinement, a weakened state in those which would otherwise be healthy.

Other local measures of a therapeutical nature that will prove beneficial, are, whipping the muscles, shampooing them in *Alcohol*, rubbing them with oils or fats, and electricity properly and regularly applied.

In the commencement of a case, where atrophy is found, no form of Faradization or electro magnetism will be found of benefit, until you have thoroughly gotten the organizing effect of the galvanic current. Afterward when the muscle shall have grown under its influence, you will find that any of the different forms of batteries or machines, will aid in awakening contractions and healthy movement.

I consider, however, the great factor to be kept in mind, by the parents and physician as most conducive to recovery, is simply, under no circumstances to allow the relaxed muscles to be put upon the stretch.

Under the head of general treatment comes, the letting the little ones have air and sunlight, food and clothing, and all such favorable means as are known to aid debility.

Of remedies, we of the new faith, are particularly rich. I need only to speak of *Rhus toxicodendron*, *Nux vomica*, *Gelsemium*, *Arnica*, *Phosphorus*, *China*, *Anacardium*, *Arsenicum*, *Plumbum*, *Secale* and *Veratrum*, to have you understand fully their proper time for administration, and of the immense benefit to be derived from them.

Under the head of Prognosis, some important questions are to be decided, which let us consider in detail.

In the first place, I would lay it down as a rule, and find myself supported by the best authorities:

That all cases in the lower extremity, if let alone and unaided, will result in deformities, such as some one of the forms of Talipes. Hence the absolute necessity of competent treatment.

I have been compelled to resort to surgical operations several times, to relieve, what might have been, if attended to in time, simple cases of paresis, but had become bad examples of simple results.

However, it is not now my intention to speak of the surgical side of this subject. I spoke a moment ago of some knowledge gained by the use of two kinds of batteries, and it was simply this:

Paretic muscles that will not respond to Faradization or the electro-magnetic current, will quite frequently contract under the influence of galvanism. Such muscles can be restored by care and attention. An important fact when you are forecasting the future.

In conclusion, gentlemen, let me insist once more upon the necessity of beginning treatment in these cases early. If one little one may thereby be saved from deformity, I shall be more than repaid for calling your attention to it.

Dr. Owens inquired if the author of the paper wished to convey the idea that there could be such a state as muscular paresis independent of nerve paresis or sub-paralysis.

Dr. Parmalee replied that that was what he meant. A paresis of the muscles without involving the nerves of the parts.

Dr. Owens—Then I must dissent from the conclusions of the paper, for, Mr. President, it is impossible for such a condition to exist. Paresis means loss of power, a relaxed sub-paralytic condition—a partial paralysis. Now all function is performed under the influence of innervation, supplied from nerve centers. Any interruption to the function of a part must, as a consequence, result from interruption in the supply or in its transmission. Every sensation is dependent upon the presence of nerve filament; no motion can take place without the proper influence being transmitted from the motor center; no nutrition of a part can take place without a supply of protoplasm in connection with the organic (sympathetic) nervous system; none of the functions of secretion, excretion or nutrition can be performed properly without the normal condition of this class of nerves. If the muscles are relaxed it shows that the motor filaments are in a state of paralysis, though the nerves of sensation and nutrition may be intact—one class of nerves may be paralyzed and the others not.

Dr. Boynton asked Dr. Owens if he denied the irritability of muscular fiber.

Dr. Owens—Most certainly I do.

Dr. Boynton—How then will he account for the contraction of the muscles of the heart of the frog several hours after its removal from the body?

Dr. Owens—I will explain. The frog is a cold-blooded animal, and all cold-blooded animals are supplied with a very large amount of muscular protoplasm (myosin)—much greater in proportion than warm-blooded animals. Cold-blooded animals retain this irritability much longer than warm-blooded animals, in some cases as long as fifteen or twenty days. These cold-blooded animals are much more simple in their organization than warm-blooded. The more simple the organizations are the more highly endowed with organic life. No doubt all are familiar with the remark that the snake, though its head be severed from its body, will not die until the sun goes down. It would be difficult to state any relation between the two events. It is really owing to the presence of the living protoplasm. The motion is the vermicular one peculiar to all involuntary muscular motion—to all parts highly endowed with the nerves of organic life or protoplasm, which is by Schwann, Fletcher, Beale and Huxley declared to be identical (in both chemical and physical properties) with the nucleated ganglionic matter of the organic (sympathetic) nervous system, and which these gentlemen have also maintained to be the only true living matter, claiming that when protoplasm changes to cell, death begins. It is owing to the presence of this vitalized protoplasm that we have what is called muscular irritability. Diffused, as it is, throughout all soft tissue it maintains to a limited extent the functions of organic life for an indefinite period after physical life has ceased. In many cases the beard, hair and nails grow after the body has been placed in the grave. The muscles of the man or animal destroyed by electricity have not such irritability, from the fact that the violence of the shock destroyed the vitality of the protoplasm at the same time. Matteuci, in his lectures at Geneva, demonstrated that the so-

called muscular irritability in the frog's leg could be instantly destroyed by a powerful primary current. Feeble currents excited muscular contraction up to a certain point, when exhaustion supervened and finally paralysis and organic death. This so-called muscular irritability exists only so long as living protoplasm is present; destroy that and irritability ceases. Now as this protoplasm, with its myosin is found to be diffused throughout the entire organism, whenever soft tissue is found, and more particularly muscular tissue, and as this protoplasm is the only living matter, and is representative of the organic nervous system, therefore, whatever irritability is supposed to exist in the muscular fibre, does so exist in consequence of this representative of organic life, and not by virtue of any inherent irritability of muscular fiber itself.

Dr. Parmelee—I am very glad to have listened to so able a discussion on this subject.

It was not my intention to bring a fire-brand here; but I wished to differentiate between conditions that are very apt to be confounded. Now there are several points that yet remain to be cleared up.

In the first place, these ganglionic cells spoken of by Dr. Owens as ramifying everywhere, do certainly exist. In the spinal column they are aptly termed "trophic" cells, and all authorities are agreed, that they are concerned solely with nutrition, having nothing to do with motion or sensation, consequently they can not be concerned in paralysis.

As to whether muscles have an irritability outside of the sensory motor spheres, Haller announced some time since, and better experimenters have confirmed this theory of the inherent tendency of the ultimate muscular fasciculus to contract; and the minute anatomy of a muscle confirms it still more. Each muscular fasciculus is surrounded by a delicate membrane called the sarcolemma; into this membrane the ultimate nerve fibres enter and are lost, forming a circuit about the fasciculus, but nowhere can they be found to enter or touch it; forming precisely a similar apparatus to the Faradic batteries, and inducing, by the influence of the motor centers, a contraction in the fasciculus, and in the muscle.

Now with such an arrangement, it can be readily understood that loss of power may occur in two different ways:

1. Through the motor centers, as in paralysis proper, and
2. From the fasciculi by losing their contractility, which should be called paresis, so that we may distinguish one from the other.

With these few thoughts we will leave this subject for the present.

Renal Calculi. A Case by H. M. Logee, M. D., Oxford,

Miss ———, of scrofulous constitution, as the following history will show, at the age of sixteen had facial erysipelas, which extended to the chest, leaving her with a dry cough. Soon after her recovery from the cough she had a lateral curvature of the spine, followed by hip joint disease (*morbus coxarius*) with openings in the thigh through which several spiculæ of bone were discharged.

She first menstruated at the age of seventeen, and thereafter only once in four or five months, for the several succeeding years. Menses were often accompanied by hæmaturia. In July, 1874, she was attacked with a severe dry cough, accompanied with pain in the chest and dull pain and tenderness in the right iliac region, which soon demonstrated itself to be a spinal abscess. Pus was freely discharged from the vagina in the September following, which continued for more than two years, with constant pain high up the back and over the right kidney. She had had urinary difficulties at various times for several years before, diagnosed by her physician as saccharine diabetes. After being cured of that she often had retention of the urine for two days at a time, and since September, 1874, she has had no evacuation of the bladder without the use of the catheter. I suspected calculi to be the trouble, and several times sounded the bladder, but

found none. The patient was seized with clonic convulsions in September, 1876, which have continued up to the present time. By reason of the convulsions the optic nerve became congested, followed by amaurosis and total atrophy of the optic disc. She passed the first calculus in July, 1878, and has daily since that time passed into the urethra pieces of the disintegrated calculi, which have to be removed with a scoop. I have not kept all the pieces, but have here over two ounces.

A qualitative analysis shows the calculi to be composed of

Magnesia } Phosphate.
 } Urate.

Carbonate of lime.

Iron oxide, a trace.

Oxalate of lime.

Phosphate of ammonia.

This case is reported expressly for the various anomalies that it presents. The treatment has been for the past year mainly *Acids*, being led to prescribe them on account of the alkaline urine.

Neurology.

Insanity; Its Medico-Social Relations. E. R. Eggleston, M. D.,
Mt. Vernon,

What to do with the insane? is a question which recurs periodically, and in the near future a practical answer will involve more momentous results than would seem to appear to the casual observer, for insanity is on the increase—alarmingly so—while the best known methods of treatment which

the state recognizes are proving inadequate to mitigate or cure—alarmingly so! The inevitable result of the preponderance of new cases over cures is overcrowding of asylums, a correspondingly increased negligence of, or inability to give, proper treatment, and consequently a fearfully increasing list of the incurable. To meet this calamitous consequence of the present system, it is being proposed, and the proposition is even seriously entertained, that the more iniquitous plan be adopted of the establishment of institutions for the incurable insane! It has a vastly paternal sound; but, understanding as we do the stern necessity which forces the adoption of this or some method akin to it, the idea of a more extended protection degenerates into a miserable common-place make-shift. It means, in reality, a prison which gives no hope of liberation short of death; the abandonment of all curative measures; a resistless, hopeless, helpless prospect of tyrannical restraint and punishment.

The statement is not overwrought. Appeal to your memories, and say how often during the last decade have reports of mal-treatment at asylums, as at present constituted, filled the columns of our newspapers. How often have committees of investigation "carefully examined" and blanketed the scandal? What of the "ducking-tub exposure" at the Central Asylum, at Columbus, last winter? In this instance the therapeutic virtues of this remedy were stoutly denied by one of the trustees, whose daughter, by a strange mischance, was one of the victims. It is probable that the tub goes into enforced retirement, as did a few of the bungling attendants, to the great dismay of the gentle superintendent, who hoped, doubtless, to reap a rich harvest of "clinical results" from its employment. But here, as in other cases, political influence, the monster which must whet its insatiable appetite even upon these helpless wards of the state—as well as upon soldiers' orphans—heaped apology upon apology for the outrageous treatment, and it was winked at—as usual.

It is evident that an improvement upon the present system will never originate in the humanitarian instincts or progressive tendencies of the modern legislator, for the current of

his life speeds too swiftly upon the flux of the first law of nature—self-preservation.

To whom, then, shall we look for assistance? To the medical profession, most assuredly. It is to this that the abuses of the past are to be charged, seemingly good as they may have been then; to it that present methods and conditions are as they are—their usefulness outlived, as is painfully evident; and from it must arise the better system of management, the better methods of treatment for the insane, which will but fulfill one of the humanitarian demands of the time.

To begin at the fountain head—the colleges. Why is it that so few of them show upon the faculty roster a "Professor of Diseases of the Brain and Nervous System!" Let the trustees answer whether the chair is unimportant; whether its value to students would not be at least equal to that of medical jurisprudence or hygiene; whether they know that these diseases present the knottiest and most frequent problems to physicians, young or old, and their alumni are next to totally unprepared to meet them? Is it better in these special cases the patient be turned over to the tender mercies of such specialists as Gundry or Firestone?

And next, to you, gentlemen, I put the question: Why do not you, feeling so keenly the fault of your alma mater, apply the remedy—master the subject yourselves? A thousand excusatory answers suggest themselves, but are all invalid, as each would apply with equal force to other subjects which you have mastered almost as independently of early instruction. Why your unflagging diligence should make amends for the negligence of the colleges, appears in the following: I hold that—

1. Physicians are responsible for the increase of insanity.
2. They are responsible for the necessity which drives such unfortunates within the walls of asylums.
3. They are responsible for the public opinion which clamors for the separation of such patients from such familiar surroundings as would, in many cases, conduce greatly to a cure; which demands, as a measure of public safety, the incarceration of the insane.

4. In short, they are collectively responsible for the whole monstrous system of the present day.

It may be easier to substantiate these charges than appears at a glance. For instance, if our appreciation of the effects of distant nervous irritation upon the central organ, the brain, is faulty, and if through this fault, aberration of mind creeps on, who is to blame? If in the treatment of organic diseases we allow, because we fail to see the tendency, the preponderance of the shock to fall upon the nervous system, thence to react upon the brain, there to destroy the equilibrium of the intellectual forces, who is to blame? If we fail to understand what the mind is, what forces determine its normal action, how forces are abnormally accumulated in unaccustomed channels and insanity result, who is to blame? And now when the statement is made that ninety per cent of all cases results from disease, functional or organic, we are prepared to answer, ourselves are to blame!

Thus the grounds for the first charge become clear. The second has a like basis, but in addition there is an almost abject confession on our part of so profound an ignorance of the disease, that the services of often unscrupulous special sts are invoked to bridge our failures. Thus arises the necessity indicated.

And now, if I express my belief that a very large majority of cases are curable, and that the cure can be accomplished at the home of the patient, more surely and speedily than at any asylum, public or private, it is at once seen that insanity comes within the province of the humblest practitioner, and likewise, if it is true, forcibly brings home to him his responsibility. Whose eyes should be keener to mark its beginnings whose tongue more ready to warn of the coming danger, whose brain better furnished to supply the means to avert the calamity, whose heart more open to the confidence of the enfeebled mind than the family physician? How is the oversight of a "superintendent" who, in these days, is degraded to a mere office hunter, to be superior? What means of diagnosis or treatment are at the command of a "physician-in-charge" that are not at our disposal also? In what

respects is the management of these unfortunates by "overseers," "matrons," "keepers," etc., so superior to that which might be carried out by fathers, mothers, husbands or wives? And yet we advise, nay urge, that tenderly nurtured women, who, many of them, are keenly sensitive to their calamity, shall be thrown into a prison, professedly for treatment, where the best boasted curative means are enforced restraint and fear of punishment! Who dares to deny his responsibility?

It is, then, on account of the negligence or ignorance of physicians that cases are allowed to progress from small beginnings to the stage of confirmation, when the fact is recognized that the person is certainly crazy, and something must be done. Here it is that our responsibility for public opinion is most manifest. Instead of directing the current of sentiment with all the strength of a large and humane mind, we too readily drift with the vicious stream that long habit has set in motion. In a given case perhaps friends A and B are consulted—perhaps it is Dr. C—really it makes no difference which, for the advice is precisely the same—"send her off!" By all means, send her off, because, weak woman as she is, there are monstrous possibilities for danger in her. Stout-hearted, protecting men propose it; trembling, tearful, sympathizing women urge it; awe-stricken, open-eyed children echo it; the doctor gravely bows his head to sanction it—send her off! From the view of the patient there is nothing to consider. Her wishes are but trifles; her dreads but bugbears; her pleadings but empty vamping; her prayers and tears but maniacal rage. Sensible of her misfortune, deploring it, struggling against it, no strong arm is extended to sustain her, but instead, relations, friends and doctor conspire; she is victimized by a pleasure trip and left within the walls of an asylum to rage and rave, curse God and man—as well she may! Such humane methods are the beginning of the process of cure; months and years of fear, deprivation and mal treatment at the hands of brutal keepers is a continuation of it; and finally, a cage in a retreat for incurables is the end of it. The relations having performed a solemn duty, mourn as for the dead; the friends add one more to the uncanny

legends of the neighborhood; the doctor adds a plume for having treated a case of insanity—but his tell-tale case-book, which in another case may describe with labored particularity a diminutive ulcer, bears opposite this unfortunate's name the comprehensive description, "crazy." Barbarous, is the only proper designation for such treatment, and among barbarians should it only be tolerated.

Custom, is it? True, but it must be remembered that as such it was inaugurated, as far as physicians were concerned, by reason of confessed ignorance of the subject, which is no reason for its continuance to all eternity, any more than that in these enlightened days we should phlebotomize or actually cauterize, because the ancients did.

A change must come, and that by means of an advanced professional opinion, which will be the natural outgrowth of higher attainments. Anatomists will not be allowed to so hastily pass over the chapters on the nervous system; physiologists, who now can measure the expenditure of active muscular force by the amount of potential force stored in certain ounces and grains of nutriment, will be required to account with as much exactness for the ebb and flow of the nervous forces; the gynæcologist must take a step beyond his favorite "awgan," with its "agias," "aigias," and "itises;" the obstetricist must explain such overwhelming accumulations of force as are manifested in puerperal convulsions and mania, and the perplexing reflex phenomena of the whole pregnant and puerperal state; the teacher of materia medica will no longer be content with the "especial effect upon the great nerve centers," which is the sum of present knowledge of not a few powerful agents; and the therapist must use still more diligence and keenness in his comparisons between natural and drug diseases, thereby extending remedial applications.

This is not enthusiasm, but is to be understood as an emphatic protest against the folded hands and closed eyes of the profession at large. There are exceptions, however, a few noble spirits who are giving their lives to these questions and who are continually shocking our monotony by startling

announcement. Other plodding thinkers stick occasional pins into our professional "sleepy hollows" that tingle us into a spasmodic realization that new ideas are abroad, presaging revolution. What open-mouthed astonishment will prevail if it should eventually turn out that in the nervous system disease has its origin, and that upon it is the primary effect of all curative means! Such a day is dawning. To the watchful it will prove glorious as if emerging from twilight; upon the slothful it will burst as dismayful as the crack of doom.

Now what to do. Let every college give this class of diseases the prominence which it deserves. Let every physician understand the subject, never forgetting to impress upon his students the paramount importance of a thorough comprehension of the normal and abnormal conditions of the brain and nervous system. Let the world understand that the service of specialists are unnecessary. Then the insane will be cured; then asylums will cease to be such disgusting excrescences, and be in truth as they were intended to be—harbors of refuge for the incurable; then the physician will stand in the very fore front as the best friend of his neighbor and the state.

Dr. Jones took issue with the paper in regard to the better treatment of patients at home, claiming easier management by strangers, and better results by the methods of asylums, and that the tendency of the patient to violence to others and to himself was better controlled by present methods than could be by any having such grounds as are set forth by the paper. The charge of cruelty at asylums is greatly misrepresented. Force is often necessary to control patients, and he felt sure it was not used excessively, as a rule. Even if such abuses occurred, the cases are exceptional, and without the authority of the officers in charge.

Dr. Eggleston explained that the ground taken is not that less care is desirable in the management of the insane. If a man is insane he can not be treated as if sane, but must be managed according to his condition; if force is necessary to control him, use force. The point is that asylums offer no

system of management superior to what might be instituted at the home of the patient, where, under the careful supervision of a capable physician, the results must be better. As a matter of fact, it is true that superintendents do sometimes know of brutal practices, an instance of which was developed at the Central last winter, as the reports show that Prof. Gundry instituted the ducking-tub, and that Dr. Firestone followed his example. Charges against asylums must hold good in general, because the investigations into their workings show that charges of mismanagement have been made. Newburg, he thinks, has been overhauled; Longview is now under investigation; the Central got it last winter, when the proceedings were within closed doors—as much as star-chamber affairs, as was ever a congressional inquiry.

Dr. Jones stated the fact of his having been in charge of a portion of the asylum at Utica, N. Y., and related incidents of his experience there, and defended his first position in opposition to home treatment. As an instance of too broad a charge of mismanagement against asylums, he instanced the asylum at Newburg, the superintendent of which is a personal friend, and he felt sure that if that institution was investigated it would come out all right. He further thought that if the author of the paper insisted that the practices referred to were habitually practiced at asylums, and that with the knowledge of the officers in charge, he knew nothing whatever of what he was writing about.

Dr. Eggleston remarked upon the little consequence of the discussion, which had taken up a side issue used only in illustration. The central idea of the paper is not an attack upon asylums, or their management, but upon physicians. The question is whether Prof. Jones, or the President, or any one of us can diagnose insanity in its incipiency, prevent, or cure it; whether we understand diseases which lead to it; whether we understand anything about it, and why we don't. Having been under the instruction of Prof. Jones, I charge him with imperfect teaching of the anatomy of the nervous system, and declare that other teachers are as negligent of proper instruction upon diseases which involve the nervous system.

Obstetrical and Gynaecological.

A few Aphorisms and Practical Hints Appertaining to the Third Stage of Labor. J. C. Sanders, M. D., Cleveland

Aphorism 1. The natural forces are as presumably adequate to the unaided accomplishment of delivery of the placenta from the womb in the third stage, as they are to the unaided accomplishment of either the preceding stages.

It is a potent fact that this presumption is not conceded as a truth by a majority of practitioners in the art of obstetrics, and this doubt or disbelief, or nonperception or obliviousness of it is a stumbling-block to many, tripping the judgment and leading to unnecessary meddling arts. Why is it not a truth? Is not labor as a whole, a physiological process or act? And if physiological as a whole, why not in its individual parts, or divisions, or stages? This class of practitioners surely conceding that nature is presumably adequate to the unaided accomplishment of the first stage of labor, though it occupy cycles of hours, and they act on this presumption, and prudently they trust the natural forces for the accomplishment of the second stage, their art in the great majority of cases being more regimenial than obstetrical; more a help in the way of comfort than a help as a dire necessity; and they pride themselves, and well they may, and sometimes boastfully on their immunity from bad cases and those requiring the use of instruments, but as to the unaided accomplishment of the third stage, their faith falters or exudes, and they stumble, and in their distrust do unnecessary and sometimes egregious things. Their practice virtually charges the womb with bad faith, and treats it as if in rebellion against nature's kind intent, for soon as the child is separated and handed over to nurse or helper, they either speedily or soon grapple the uterus through the abdominal front and squeeze or knead it into compelled activity; or seize the cord and drag its con-

tents away or plunge the hand into its delicate cavity, and by force pluck out its placental mass.

Is it not time for the truth of this aphorism to be duly considered, and weighed and accepted by the profession at large, and its practice pertaining thereto become more rational?

Aphorism 2. Rightly entitled to this presumption, the parturient woman should have its full benefit.

But how can she realize its full benefit? Clearly only by having granted to her the opportunity, by staying the hand of untimely obstetric interference.

Aphorism 3. This presumptive capability demands a reasonable time for the exercise of its possibilities.

What shall constitute a reasonable time in this matter of waiting on the natural forces, presumably adequate for the accomplishment of this stage of labor? The answer to this question demands the most careful consideration and candid weighing of all the facts having any relationship to it. I feel sure that such, on investigation, will enable us so to approximate a correct answer as to lead to a change of views and practice on the part of many.

What then shall be regarded as a "reasonable time?" Shall the time given by Playfair, and endorsed by Richardson, in his, the newest, and a valuable work on obstetrics, be accepted as a right answer to this important question? Richardson says on page 245, quoting from Playfair, whom he accepts as authority on this matter: "The importance of this point has been specially dwelt upon by McClintock, who lays down the rule that fifteen or twenty minutes should be allowed to elapse after the birth of the child before any attempt to remove the after birth is made. This, I believe, is a good and safe practical rule, as it gives ample time for the complete detachment of the placenta, and the co-agulation of the blood in the uterine sinuses."

Here is the rule, and is endorsed and promulgated by a representative teacher of obstetrics in one of our colleges. It is virtually sanctioned by representative men outside of the colleges. For example, we find in the Cincinnati

ADVANCE, in an article in the obstetric department, by M. M. Eaton, M. D., of Cincinnati, O., the following: "A word as to the placenta. I never wait longer than to notice one or two after pains before proceeding to deliver it."

It is now pertinent to inquire, does this rule and does such a practice furnish the "reasonable time" to which we affirm nature is entitled for the unaided accomplishment of this stage? Let us examine a little and weigh carefully the facts as they really are or appear in every average case.

1. As to the character of labor in this stage.

Studied carefully it is found to be a retrograde into the general character and type of the first stage, simulating it in the infrequency and irregularity of return of its pains as compared with the second stage, and in their non-parturient character and in their comparative lightness or feebleness.

2. Whatever the general or standard health of the woman, as she enters the parturient state at the completion of the second stage and delivery of her child, though her labor be in no way preternatural, she is more or less fatigued in all her powers, nervous, muscular and uterine, sometimes extremely and sometimes to a degree of downright exhaustion of one or more or all these centers.

3. She has suffered more or less shock, and this always, exceptional cases aside, sometimes grave in degree and sometimes grave in duration.

This fatigue and this shock contribute much in giving to labor in this stage its distinctive characters just mentioned namely, infrequency, irregularity and delicacy of its pains.

4. After their resumption several pains are necessary to effect the separation of the placenta and accomplish its expulsion.

With these propositions, almost axiomatic, granted, I ask in all candor, can the idea of a "reasonable time" be at all or fully satisfied by Playfair's and Richardson's rule? Why, in the average case this time will intervene before a single pain ensues. It is but the average duration of a single interval in the first stage, of which the second stage is but a copy as long as it lasts; and to instruct obstetric art, that fifteen to

twenty minutes make a good and safe rule of delay in this stage before proceeding to enforced measures, is in open violation of the clear and indisputable physiological facts first enunciated, and totally ignores aphorism one. I don't wonder that Playfair advises a drug dose of *Ergot* at the close of every labor as a protection, and to insure a closing up of the womb's cavity. The average patient treated by the presumptions of this rule would need something, I should suppose, to expiate such meddlesomeness, for a practice conformable to this rule deserves to be characterized as meddlesome; notwithstanding the high authority by which the rule is enunciated and supported. I do not hesitate to affirm that this rule does not grant to nature a "reasonable time" for the full exercise of her presumptive capabilities for the unaided accomplishment of this stage, and if the rule does not grant a "reasonable time," the rule is unreasonable and faulty, and should be rejected as in obstetric precept.

But we revert to the question, what shall constitute a "reasonable time"? It is clear it must embrace a period of time long enough for an appreciable recovery from the general fatigue incident to the violent struggle of the stage immediately preceding—long enough to rally somewhat from the unevitable shock of the same stage—long enough for the uterus to gather up and exercise its normal forces in its own mode of activity, so characteristic of this stage, making every allowance for lengthened intervals of pains and feebler contractions, as compared with the stage just completed.

Beyond this general statement, it is impossible to define a "reasonable time," for the very evident reason that as there are no two things alike in nature, so there are no two women alike, either in general, or in uterine or ovarian force, or in pelvic capacity or fashion, or in type, intensity or duration of labors. What measure of time would be reasonable in one might be unreasonable in another.

Safer and better is it to give to the idea of reasonable time the entire range of justifiable delay. There is a limit to justifiable delay in this stage as there is in either of the preceding stages, and this limit must vary in the nature of things

in different women, giving to each case a longer or a shorter time. We here encounter the same embarrassment of attempting, and the impossibility of defining this hint by any uniform measure of time. We may, however, approximate and sufficiently indicate its range by the general statement, that it clearly lies between the two extremes, advocated by Playfair and Richardson on the one hand, and the utter abandonment to the natural forces, on the other. Its minimum should be so as to give time for the full exercise of all the presumable forces, and in the mode of their natural expression, as well as opportunity for the dynamic action of proper therapeutics, in case there is evident the influence of any morbid force.

Its maximum should be so as surely to anticipate the tonic closure of the os uteri. To protract delay, so that in order to deliver the placenta, it would be necessary to force open the os externum or os internum, one or both, after their tonic closure, would be not only unjustified but blamable, but no more blamable as an act of violence, than blamable as a neglect of opportunity and waste of time and patience. Its maximum should as surely be made to anticipate the tumefaction and soreness of the soft parts, which result from, and soon follow the delivery of the child, for it is a matter of experience that it requires but a few hours to render these parts exquisitely sensitive to the slightest touch or handling.

Inasmuch as the tonic closure of the os uteri takes place in from two to six hours after the delivery of the child, and by the expiration of this time, the soft parts become markedly swollen and tender, and it follows that we have here about the range of justifiable delay. We may safely say, therefore, that with fair powers and no specially marked degree of fatigue or shock, that if the natural forces, supplemented by a proper remedy or remedies, have not by this minimum time proved adequate, we should avail ourselves of the varied resources of obstetric art.

In case, however, there was special delicacy of general strength, and great degree of fatigue and shock, and the uterine forces had been gravely taxed, we would hardly be justified in interference earlier, than about the maximum of

this time. The medium cases would take their range between these two data. This is as near an approach to a rule covering the justified duration of this stage as can be rationally stated.

The foregoing aphorisms and remarks are all predicated on two assumptions:

1. That the placenta is in utero and not in vagina, for in vagina as a whole, or for the major of its bulk, and a proper examination will always settle this matter, no delay is justified, as here it is a dangerous presence, and always should be promptly removed by gentle and painless manipulation.

2. That neither hemorrhage nor convulsions exist or occur for in either case art conformed with proper regimen and therapeutics, should immediately interpose and effect the placenta's delivery.

Dr. Schneider—I wish to say a few words with reference to uterine fibroids, not to take issue with anything set forth in this able paper, but merely to extend a caution as to accepting as true, much that is claimed in reference to the successful treatment and speedy cure, by medication, of these tumors.

I always receive with suspicion the correctness of the diagnosis in these cases—the knowledge, now well diffused, of the pathology of abdominal and pelvic tumors, renders their speedy disappearance under medication a questionable fact. We find a variety of conditions existing in these cavities, which have been mistaken for fibroma, such as uterine engorgement, pelvic congestion, (chronic) accumulation of fecal matter in the bowels, etc.

I have in mind a case, which came under my care, of fecal impaction, which had been diagnosed by a physician of considerable experience in this department, as a fibroid; this tumor was cured in two days, by the administration of *Castor oil*.

Whenever I hear of fibroids being cured in a comparatively short time, I am suspicious that a mistake has been made in diagnosis.

As to the effects of *Ergot* upon fibroids, I believe that it has no specific influence over that pathological condition, but if it cures, it does so by virtue of its action upon the uterine

muscular fibre exerting mechanical pressure, for its efficacy, as reported, is confined to the intramural variety.

There is a remedy, (*Cal. iod.*) which, I believe has a specific relation to this condition. My attention was first directed to this remedy by Prof. Sanders of this city. I have used it in several cases with some success.

An enlarged and indurated uterus may return to its normal condition, chronic pelvic engorgements may be dissipated, but a true uterine fibroid, I have yet to see cured by any medication.

Dr. Owens remarked that in the use of hypodermic injection into uterine fibroids he had used Squibb's *ergotine* dilute, one-half, as much as twenty drops at once; had of late injected through the uterine walls in case of intramural fibroids, and in two cases of sub-mucous fibroid he had injected directly into the tumors, through the dilated os.

His theory was that the tumor was a proliferation of tissue, and that the indications were to arrest the supply of nutriment, and we should at least arrest the growth of the tumor and that, therefore, any agent that would arrest or modify the supply of blood to these morbid growths would arrest their development, and if pushed far enough might destroy them by strangulating the vessels of supply and denutrition. The provings of *Ergot* show that it has a most decided influence upon the vaso-motor nerves, and in controlling peripheral capillary circulation, and that under its influence gangrene of remote parts has taken place. As a vaso-motor irritant it induces a tetanic contraction of the muscular coats of the arteries, reducing their caliber, and consequently their ability to supply the periphery with the usual quantity of blood. This drug finally produces a complete constriction or strangulation of the vessels, and the consequence is the dry gangrene of *Ergot*. Acting upon this view of the effects of *Ergot* he had used it with good results in four cases, two of these had quite recovered without suppuration. Another very large fibroid had been arrested in its growth and reduced from forty-six inches measurement below the umbilicus to thirty-six and a half. It has six years remained stationary. A fourth case of sub-mucous resulted in extensive suppuration, which has con-

tinued now two years. The general health of the body is better than before the operation. Injections were repeated from three to six weeks apart.

Dr. E. C. Beckwith read a paper attempting to prove that all, or nearly all, of our so-called improvements in gynæcology are but the revamping of old and often obsolete ideas, and that many of our new instruments were used thousands of years ago, that we should give credit to the inventors who lived in Egypt, Greece and Rome, and not set up claims to what was not our own by right of prior discovery. Herculaneum, though buried nearly two thousand years ago, has shown by actual samples that the physicians used the speculum and forceps. Prof. Fletcher, after spending two years among the ruins of Herculaneum, returned to this country and delivered a lecture before the Tyndal Association, in the winter of 1878-79, and gave it as his opinion that the inventor of the speculum first visited the museum at Naples and made drawings of the speculums found in Herculaneum before he became the inventor of that wonderful instrument.

Long lost Troy has given up her golden treasures, and workmanship the most exquisite, and designs the most intricate, are now known to have been in use before "Homer's wooden horse stood before proud Troy." The idea that all the so-called discoveries in gynæcology are real discoveries is simply false. Allopathy, he said, was making discoveries daily of the facts set forth in the *Organon*. In 1878 a leading allopathic journal flourished a long line of these wonderful discoveries, one of which was that *Sulph. of zinc* of about Hahnemann's second dec. potency was really a specific for gonorrhœa. At their present rate of discoveries we shall, by 1885, not have a single fact set forth by the founders of Homœopathy but what will be pure Allopathy. We will then all be regulars, our discoveries having one by one been swallowed by Allopathy. The best of us will find himself without a fact to stand upon, our capacious mother having devoured all of Homœopathy. Let us die easily, for die we must, unless we can prevent Allopathy from "discovering" so rapidly.

Sanitary Science.

Sanitary Duties of Physicians to Themselves. By D. H. Beckwith, M. D.,

Every Doctor in Medicine should have some general knowledge of sanitary laws. He is expected to obtain that information while a student in his preceptor's office, also at the medical college, where he receives instruction in all the branches that pertain to a thorough medical education.

Much of the student's reading is of a character that qualifies him to become familiar with such laws, and which if obeyed, would lessen sickness and death as well as prolong life. As soon as the Doctor in Medicine commences business for himself, he comes in contact with varied diseases produced by various causes. Typhoid fevers proceeding from defective drainage and sewerage; pulmonary diseases, developed by poorly ventilated bedrooms; head-ache from overheated rooms, and inhalation of poisonous gases, inflammation of the stomach, from poisoned drinking water or diseased meats; brain diseases brought on by over study; affections of the heart produced by tea, coffee or tobacco; pneumonia from deficient protection over the chest; dysentery and diarrhœa from eating unripe fruits and want of proper clothing; dyspepsia from too rapid eating and partaking of indigestible food.

A doctor, to be successful, will be obliged to instruct his patients daily on some sanitary measure. Yet with all the knowledge physicians possess of sanitary science, very few of the many thousand that are engaged in successful practice, comply with sanitary laws they know to be correct. I speak from observation and experience.

For the past few years sanitary science has received especial attention; public lectures have been delivered in many places; books have been written on the subject; sanitary journals published; boards of health have been appointed,

and are in active operation in every section of the country; doctors are spending time and money to ascertain the cause of, and how to prevent epidemics; their business, their thoughts, make them pioneers in the great work of sanitary measures, that are required in their own field of labor, as well as other localities. While they dispense to others, they should not forget themselves, it is an old saying that, "In serving others, they are consumed, in healing others, they are destroyed." I will admit that it is often difficult to comply with sanitary rules, that you direct others to observe, but every doctor should bear in mind that good health is his capital, it is all the fortune that most physicians begin with, and if they can observe sanitary rules, so as to retain good health, they will always be able to provide for their families a sufficient competency.

I know that most of us are often on the verge of mental bankruptcy; overworked in body and mind, having under our charge very sick patients, or else contending against some malignant epidemic, which in many cases will not yield to medication, and bids defiance to the skill of the medical profession.

The doctor commencing the practice of his medical profession has much to contend with. He devotes more hours to his patients than the older physician—he becomes a nurse, as well as physician, and watches many a long and weary night, administering to the comfort and ease of those who are under his charge; he is irregular in sleeping, eating or reading, he bids defiance to sanitary laws—hence the greater mortality among doctors in the first ten years of their practice than any other time, save when the old age is coming on. Many physicians continue their over work until they reach the age of fifty to sixty years, when their good health forsakes them and they become invalid the remainder of their lives.

Sanitary laws for the preservation of health and the prolongation of life are not of recent origin. Hippocrates selected healthy sites for cities, and gave to his patrons special directions how and where to build their homes; he counselled moderation; free use of pure air; well ventilated sleeping

apartments; bathing and friction over the body. He endeavored to live as he directed others, and by so doing reached the age of one hundred and nine years. Plutarch, who lived to happy old age, confirmed the truth of his prescription, "Keep your head cool and your feet warm, instead of employing medicine for every indisposition, rather fast a day, and while you attend to the body, never neglect the mind."

Celsus, Sydenham, and Hufeland, lived to old age. They wrote on hygiene, and other subjects to prevent disease and prolong life. Among other medical philosophers, Pinnel reached the age of eighty-four, Harvey, eighty-one, Galen, seventy nine, Cullen, seventy-eight, Jenner, seventy-five. I might mention many others that were sanitarians and reached the age of four score years. All the oldest and best surgeons and physicians, without exception in olden times, were enthusiasts on sanitary measures. While they advocated sanitary laws, they endeavored to comply with their teachings. I fear it is not so at the present day with physicians and boards of health.

If physicians would think and consider for themselves, instead of devoting all their thoughts and energies to the welfare of their patients, they would change their mode of living. Among the principal sanitary measures that doctors should adhere to, is, first, how and what to eat and drink; second, when and how much to sleep; third, how to work; fourth, how to ride; and fifth, how to live; sixth, married or single.

HOW AND WHAT TO EAT AND DRINK.

Meals should be taken at regular hours as possible, breakfast at seven, dinner at one, and tea at six. The noon meal should be the more substantial, and a greater variety of food can with propriety be taken into the stomach. The evening meal should be light, a cup of black tea, bread, butter, and fruit of some kind are sufficient variety. In selecting beef, (in my opinion the healthiest meat we can use,) and which should be taken at noon, it should be of the best quality. In making your selection, if you find the muscle contains streaks

of fat, the animal has been well fed. The color of the muscle must not be pale, as it would show that the animal was deficient in vitality, if the muscles are dark, it would indicate disease. The fat should be firm to the touch, and free from bloody points, the juices from the meat should be of a reddish tint, the muscular fasciculi should not be coarse. Eat slowly, that the secretion mix with the food, and at all times place the kind of food upon your table that will digest easily, and sustain the waste and decay that is constantly going on in the body. Food should be well masticated—those who take time to eat, are less liable to disease, and their lives are longer than those who do not comply with this rule. Avoid food or drink that is very cold or hot. Milk is an excellent article of food, and digests easily. One of the healthiest children that I ever saw at twelve years of age, always used a milk diet. Lord Bacon mentions a man who reached the age of one hundred and twenty, and during his whole life used no other article of food but milk. While at the table the doctor should not converse about his patients or anything pertaining to his profession; his conversation should be of a social nature; he should endeavor to make the time spent at his meals some of the pleasantest moments of his life.

DRINK.

The extent to which wells and springs become contaminated, in many country towns and farms, is sometimes alarming. Analysis fails to detect the poison of sewer and other gases that impregnates drinking water. Physicians should use the utmost sanitary caution about their premises, and those who use well or spring water, should give attention to drains, vaults and cess-pools. According to statements published by the boards of health in London and Paris, wells can be polluted by filth, from one hundred, to six hundred feet, so that the drinking of the water will produce disease. Filtered water is preferable for drinking purposes. A cheap and convenient filter can be made out of a large flower jar or a common pail. Have an opening in the bottom, and insert loosely a fine sponge in the bottom of the pail, put two quarts pul-

verized charcoal, cover the charcoal with three or four quarts of clean lake sand, and that with coarse gravel. This filter will remove all foreign bodies from drinking water, is easily refilled, and so cheap it can be in every doctor's family, if no better one is to be had.

Wine, beer, and all *Alcoholic* drinks should be avoided by all physicians as a beverage, except in old age, when the tissues of the body commence to waste—"then if the wear and tear of his mind and body, are lessened by a glass or two of wine at his dinner, why not take them."

HOW TO WORK.

As a physician, we are more or less over worked. The student while at college is crammed with five or six lectures daily, compelled to study often times until twelve o'clock at night, to review the lectures he has heard, in a badly ventilated room, during the day. He has to spend a certain number of hours in a dissecting room, breathing a poisonous atmosphere, and then we wonder that so few medical students succeed in their profession.

We have hard work before us as practitioners, we have learning, in many branches to acquire, we have honors to achieve, and perhaps some one may have an aspiration for wealth; none of these, as well as many others, such as editors of medical journals, professors, and presidents of our societies, can be obtained honestly without hard work. He or she who takes an honorable position in the profession, must labor. The question presents itself then, how shall we do this, and lessen sickness and prolong our lives. As a student, he should have better warmed and ventilated rooms to attend lectures, he should have less lectures daily, and be compelled to study medicine for four years before he could receive the honors of the college. As a physician, he should systematize all his work as much as possible, by adopting a systematic course he can accomplish much more work than he could otherwise do. His patients should be visited, most of them before his dinner, after his meals he can take time to study and reflect over the cases that have come under his in-

spection during his morning visits. I was six years in my preceptor's office, he having a large medical practice, but he so systemized his business, that he was most of the time regular at his meals, taking breakfast at seven, dinner at one, and tea at six. Six nights out of the seven he retired at ten o'clock. He was regular in all his habits, and at the age of sixty-five, had not lost a single day by sickness. He studied sanitary laws and profited by them.

HOW TO RIDE AND WALK.

Every practicing physician should walk from two to four miles daily, weather and health permitting; walking with a firm elastic step, bringing into action the muscles of the lower limbs, assuming an erect position, and at times inflating the lungs.

Riding on horseback is good exercise, and can be taken a portion of the time, providing a safe and reliable horse is used. Avoid riding directly after a hearty meal.

Buggies should be made of the best material. The wheels heavy enough to prevent a trembling motion when in use. The hub of such size that it will hold the spokes firmly—very few buggies have a felly of sufficient depth. There should be room enough in front so that the legs will not be cramped. The cushion at the back should be two or three inches higher than those in common use, and provided with light springs. The seat should be wide and well cushioned with the best of curled hair. The buggy springs should be light and made of the very best of steel, a rubber cushion in the axle lessens the jar of the buggy over pavements.

It should be so constructed that the doctor can rest and be comfortable while riding. For the past thirty years I have tried every variety and style of carriage, am satisfied that for a doctor's buggy a phaeton is the most desirable. In selecting a horse be sure that he does not step too high or too long, does not stumble, has some mettle and travels without a side motion. Two horses draw a buggy easier than one, and I consider that fewer accidents are liable to occur in driving a double team.

Sept-7

THE DOCTOR'S OFFICE

Should have free sunlight and be a pleasant, light, airy room, have high ceilings and be kept free from dust, dampness and other impurities. It should have an open grate as a ventilator, and the warmth of the room kept at a temperature of sixty-five to sixty-eight degrees Fahrenheit. Sunlight and wholesome air are sanitarians which should be in every doctor's office. About his home he should have the most thorough system of drainage and ventilation.

SLEEPING APARTMENTS

Should be on the second story, well lighted and well ventilated. A southern exposure is the most desirable.

At least one-fourth of a physician's life is spent in his bed-chamber. The room should have high ceilings and should not be occupied during the day; the windows should remain open two or three hours every morning, and the bed-clothes thoroughly aired. The room should be quiet. Six to eight hours sleep is all that is necessary.

CLOTHING.

As physicians are liable to be in rooms of varied temperature and in their daily rounds exposed to currents of air that are often damp and chilly, they should dress warmly. During the winter months heavy flannel should be worn next the body, in the spring and fall flannels of medium grade, and during the summer months light gauze fabrics of cotton and wool.

HOW TO LIVE.

After a doctor reaches the age of forty-five decline commences, if there is any predisposition to hereditary disease they may begin to develop. If he is attacked with acute disease his system has less power of resistance.

The changes in his system are slow, and his tendency is to congestions rather than inflammation, to kidney and diseases of the bladder, to fatty degenerations, to cardiac diseases, to gout, insanity, dropsies, apoplexy and paralysis. The tendency to the above diseases increases with age. If a physi-

cian is located in a moist atmosphere with sudden changes of temperature he is liable to bronchial and pulmonary diseases; in malarial districts intermittent and bilious fevers; where there are foul air and animal decomposition, typhoid fevers; cool days and hot nights, diseases of the bowels.

The doctor, knowing the causes that induce these diseases should so shape his habits as to keep his health and he who attempts so to live will be well rewarded.

The members of the medical profession, according to statistics live to about an average age of fifty years. The practitioners of the new school of medicine should reach a greater age. I base my conclusions on the mortality of patients that are under homœopathic treatment and statistics obtained from homœopathic life insurance companies, as well as the death rate among the doctors under my own observation.

The average height of physicians in the state of Ohio is about five feet eight inches, their weight one hundred and forty-three pounds. In Cleveland and Cincinnati the average is greater.

To reach a much greater age than is estimated at the present time, it will be necessary to obey sanitary laws, to include pleasure with business, as enjoyment and happiness will lengthen life, while sorrow and discontent will shorten it. Change of air and scene has a magic effect on the over-worked physician, as it brings into action a different class of organs and allows those that have been over-worked to rest. A few days, weeks or months spent in travel will often restore health and educate the physician more than so many days of hard study.

Another recreation which every physician should take is to attend medical conventions; it makes him more sociable and amiable at home and abroad; it promotes digestion and cheerfulness; it will make a better citizen and a better doctor of him; it will furnish him the kind of knowledge he can not obtain elsewhere. The doctors who reach old age are men of free thought and are among those who are found at state and medical gatherings.

Authors and lecturers on sanitary science recommend that light reading should occupy the physician's leisure hours in

the evening, a short time before he retires. A journal of that character is published in one of our southern towns in Ohio; its editorials are spicy and witty; in an occasional number there is an attempt at poetry. The journal is published on good paper and has clear type—therefore, every doctor should have the *MEDICAL ADVANCE* in his office to be read in the evening.

MARRIED LIFE OR A BACHELOR.

Among doctors of medicine there are both classes, married and single are found as prominent practitioners—the question under consideration is, which mode of living is best adapted to happiness and thereby prolonged life. Insurance companies have taken great pains to ascertain the longevity of all classes of people, all kinds of trades and professions, of married men and bachelors. They prefer, other things being equal, to insure married to single, believing that the former have a greater expectancy than the latter.

Nearly all physicians* and surgeons who have reached old age and have obtained eminence in their profession, or have become authors of repute, were married men. Occasionally we find exceptions, as Plato, who lived to be eighty-five years of age. He was strictly temperate in thinking, writing, reading, exercise, and eating and drinking. He was a practical philosopher in all his doings.

Hufeland says: "A bachelor always remains a mere egotist; restless and uneasy; unsteady, a prey to selfish humors and passions; less interested for mankind, for his country and the state than for himself."

Married men are stimulated to industry by their wives and children; they unite them with a bond to society. Men's hearts are warmed by parental tenderness and love; their social qualities are developed, and sanitary measures productive of health are better studied. In married life the physician finds a home suited to his physical health, and the love of home and its surroundings excites energy, industry and economy; keeps the mind and body content and happy, and thereby promotes longevity. Lord Bacon says:

"He that is married and has children has given pledge to the state that he is a true citizen and a real patriot."

IN CONCLUSION.

As a sanitary rule every doctor in the sick room and at other places should act as God intended he should. He should not live under restraint and deceit; he should not court false characters; it will produce dyspepsia, derange circulation, induce constipation, headache and a host of other symptoms that make life miserable and wretched. No doctor can wear tight boots and an iron mask and feel like one of God's happy creatures.

I have said that cheerfulness, love, happiness, the proper clothing to be worn, manner of working, eating, riding, sleeping and living, will prevent sickness and disease, and make life long and happy. Live so as to increase your vitality, develop all the organs of the body, and live as much as "within you lies" to retard the waste. Be social, polite, cheerful, happy, courteous and gentlemanly to other physicians, and if perchance you are unfortunate enough to be sick take none other than homœopathic medicine.

Wells. E. P. Gaylord, M. D.

GENTLEMEN:—Since the time when the first pair quenched their thirst at the rivers that flowed through the garden one of the first enterprises of man has been the seeking of a copious supply of water for potable and culinary purposes. At first, imitating the inferior animals, he sought to quench his thirst at the running stream, and his first lesson in hydraulics was lifting the water from the stream by the art of suction.

The heathen deities are represented as practicing this and other primeval customs, for Ovid describes the goddess

Latona, while journeying, languishing with thirst, arriving at a brook

"And kneeling on the brink,
Stooped at the fresh repast prepared to drink."

At what period in man's history recourse was first had to wells as a source of water supply is unknown, as well as the circumstances which led him to seek for a supply of the great necessity in the earth, but we know it was far back in the antediluvian period for we read in Genesis, twenty-first chapter and nineteenth verse, "And God opened her eyes and she saw a well of water." And again, in the twenty-sixth chapter and eighteenth verse, "And Isaac digged again the wells which they had digged in the days of Abraham his father, for the Philistines had stopped them after the death of Abraham, and he called their names after the names which his father had called them." At first they were probably nothing more than shallow excavations, dug in moist places, and their depth increased to contain the surface water that might drain into them; a mode of obtaining still practiced by barbarous people.

These simple cavities would naturally increase as the wants of the primitive man required, and as his limited means would allow, until his knowledge of the art of fashioning metals permitted of his penetrating the underlying strata of rock, and thus reaching sources of supply hitherto unknown.

Many of the oldest wells were constructed entirely in the rock. Some of them undoubtedly existing long anterior to any history. Wells were very numerous in nearly all of the ancient divisions of Europe. A well one hundred and sixteen feet deep, found near the gate of the Pantheon during the disinterment of Pompeii as well as others discovered at Herculaneum prove their existence in ancient Italy.

Says an ancient proverb of the Chinese, "Dig a well before you are thirsty," and that they regarded it is shown by the number of old artesian wells found in that country.

Wells may be divided into deep or artesian and shallow or surface wells. The former are sunk to great depths by boring, and the water is forced to the surface by gases, or if the

strata rises to higher levels at other points may overflow from hydrostatic pressure.

At Grenelle, near Paris, is an artesian well one thousand, seven hundred and eight feet deep, and the water rises eighty feet above the surface. At Rochefort, in France, is the deepest well in Europe, being two thousand, six hundred and seventy-six feet, or more than half a mile.

Some of the deepest wells have been put down in our own country. At Charleston, S. C., there is a well one thousand, two hundred and fifty feet deep. One at Louisville, Ky., has a depth of two thousand, and eighty-six feet. One at Columbus, in this state, was bored to a depth of two thousand, five hundred and seventy-five feet, but no good water obtained. But at St. Louis, Mo., is located the deepest well in the world, if I am correctly informed, being three thousand, eight hundred and eighty one feet, or two-thirds of a mile.

Surface or shallow wells are simply deposits of rain or snow water which, percolating through porous earth beds of gravel or rock, perforated with seams, has found a lower level, being stored in subterranean resevoirs of greater or lesser depths, and to be sought only by artificial means. The waters of such wells, excavated in gravelly or loamy soils in towns are invariably contaminated by organic matter, ammonia, nitrates and chlorides, and when situated near cemeteries, stables, cesspools or privies are rendered totally unfit for domestic use, from the worst kind of soluble matter, but are usually much liked for drinking, as they are clear, sparkling and cool, the oxidation of the filth furnishing an excess of carbonic acid, and the nitrates giving a cool taste to the palate.

When we consider how largely water enters into the composition of the human organism, an average man of one hundred and fifty pounds containing one hundred and sixteen pounds of water, we are led to believe that the purity of the water we drink should be of the greatest moment. It is probable that the ancients thought or knew little of the purity of water, so that it was cool, clear and palatable, as it is

less than one hundred years since the composition of water became known. Until 1783 water was considered as an element. Hydrogen was known in the fifteenth century, and oxygen was discovered in 1774 by Scheele and Priestly, but it was not until 1778 that Lavoisier discovered it to be composed of oxygen and hydrogen, or in other words, a compound and not an element. It was only in the year 1775 that the same chemist discovered that the atmosphere was composed of oxygen and nitrogen, and his experiments were the first where the chemical balance was used, when quantities as well as qualities were investigated, thus constituting the initial point of our present system of chemical investigation. But in the two past decades much attention has been given to sanitary science throughout the world, and the minds of physicians and scientists turned to a solution of the problem, How shall we prevent disease? as well as how shall we cure it?

The question of the results following the use of unwholesome water, especially water loaded with organic impurities, has received great attention, and since any amount of evidence has accumulated, showing beyond a doubt that many of the zymotic diseases have their origin, or at least their transmission in or through the water we drink, it becomes of the greatest moment that we investigate the sources of the contamination; the distances through which the impurities may be transmitted, and the chances of success, as well as the means to be employed to render such waters once more pure and wholesome, and also to investigate to what extent the ordinary wells of our cities and villages, as well as the farm-houses of this country are contaminated, and rendered unfit for domestic use.

In the year 1877, when in the city of Rochester, it was found that over forty persons were sick from the use of the water of one well, which upon examination was found contaminated, an investigation was made of all wells upon premises where cases of typhoid fever were reported, and it was ascertained that a large proportion of the wells in the city were situated within an average distance of thirty feet of

cess-pools or privy vaults, while a great many were within ten feet of such receptacles. Prof. Sattimore of the University of Rochester, made an examination of the water of all suspected wells, and although the waters in a majority of instances were clear, sparkling, and free from odor, he found them without exception, charged with organic matter to a greater or less degree, and he doubted the existence of a well of pure water in the city. In his report he directs especial attention to the amount of *Chloride of sodium* in the water. No single indication is of so great sanitary importance in judging of the purity or impurity, and consequently of the safety or danger of any water. We may expect to find salt in small quantities present in all ordinary well water. Rivers may receive large quantities from manufacturing establishments upon their banks, which would not be the case in wells, hence when we find the amount of salt in well water rises above a few grains per gallon, it becomes certain that it comes from some other source than the soil. What is that source? A moment's reflection will convince any one that nearly all the salt used for domestic purposes escapes by the way of two channels, the water closet, and the house drain.

If sewage finds its way through porous soil, or through crevices in the rock, it inevitably brings its salt with it. Hence when ever well water contains more than a few grains per gallon, the conclusion is inevitable that contamination from such sources has taken place.

The royal commission on water supply in Great Britain, in their report in 1869, came to the conclusion, that no more than five grains in the gallon was admissible with safety. Out of five hundred and sixty-nine waters analyzed by them, less than ten per cent contained so much as this, and it is no doubt true in this country that ordinary well waters containing more than three grains should be discarded on suspicion. Yet in the forty wells examined at Rochester, only one had less than that amount, while some showed over fifty grains, with an average of nearly seventeen grains. From one of the most highly polluted of these wells, soda-water had been dispensed all summer by an unsuspecting dealer to an equally unsuspecting public.

But a more surprising thing still was developed by these investigations. Water taken from the mouths of nine of the sewers of the city, showed an average of less than five grains of salt to the gallon, or nearly three and a half times less than the average of the forty wells.

The only explanation of these facts, seems to be that the wells received their contamination directly from the privies and house drains, the principle sources of undiluted sewage. The report continues, "many wells are excavated in beds of sand and gravel, and do not reach the rock, they therefore drain all the neighboring higher ground, and become receptacles of soluble matter upon or in the soil for considerable distances.

If a sewer passes near, its contents find their way into the well until it is filled up to the same level. Numerous wells in the city fluctuate as the sewer in the street, ebbs or flows. Even in the beds of compact and impervious clay, many underground streams and veins of water are found, which may pass under a privy before they are tapped for domestic use. Instances have not been infrequent in the city where the digging of a new sewer, or the deepening of an old one, has drained dry the wells of whole neighborhoods much to the public indignation. Why such a thing could occur, was a question unasked, or if asked, was not followed to its logical conclusion. In such cases the usual remedy has generally proven efficacious, to retaliate by deepening the wells and draining the sewers.

I think it is now admitted by engineers, that a well will drain the soil for a circle, the diameter of which will equal twice the depth of the well. In view of such facts, we are not surprised to find even the deeper veins and water courses affected, and the well prove a valuable assistant in the work of draining the privy vault. In 1877, the citizens of Peru, Ind., in discussing the subject of a source of water supply for their city, sent to Prof. Chandler, of New York city, samples of water from the generally considered best well in the city, and unfiltered water from the Wabash River.

The well water was found to contain nearly forty-two grains of solid matter, while the river water held less than

sixteen grains per gallon, and the water from the well contained over five grains of salt per gallon, while the water from the river showed $\frac{311}{1000}$ of a grain. This is a good example of the commonly received opinion in regard to the relative purity of wells and river waters.

The ammoniated waters of gas works have been found in wells seven hundred feet distant—the contents of privy vaults may penetrate the earth and contaminate wells at a distance of one hundred, two hundred, or even three hundred feet in certain soils. In this way the germs of cholera and typhoid fever find their way directly into wells, whenever an important case furnishes the contagion, and they find in the water of such wells, rich in organic matter, ammonia, etc., a fluid particularly suited for the propagation of those germs.

If now it is admitted that typhoid fever, and other zymotic diseases are propagated by specific contagion through the dejections of patients, and it is proven by ocular demonstrations, as well as chemical analysis, that these dejections become mingled with the water of the well. Is it strange that one case of disease, may become the means of exciting an epidemic, when large numbers of persons procure their drinking water from the same well. Many facts of which the epidemic at Sausen, in 1872, is an example, show that water polluted with excrementitious matter, may filter through a considerable thickness of earth, without losing its infectious qualities, especially if the soil be loose gravel or gravelly loam.

We have seen already how easy, and how common it is for wells to become contaminated by water from the surrounding earth, and it is equally certain that in not infrequent instances, the pollution occurs from direct overflow of privies situated on higher ground after heavy rains, or the rapid melting of winter's snow. And in the majority of instances no precaution whatever is taken to prevent their contents from sinking into the earth, and the owner finds a special degree of satisfaction if the ground prove to be alluvial, as he has the assurance of little trouble in the future in removing the contents, as the fluids will all escape into the soil, and eventually find their way into the well.

To the unprejudiced mind there can be no doubt of the frequent occurrence of typhoid fever from drinking water.

There are a very large number of indisputable facts recorded in medical literature, any one of which alone would be sufficient to maintain this hypothesis, and I think it is not going too far if we assert that the infection from drinking water can be more clearly proven than the infection from the air.

Some examples of this kind have been collected from various sources, and after being condensed as much as possible, are here presented.

In the year 1865, a nurse who was employed at the lunatic asylum near Solothurn, and who had recently come from a district infected by typhoid fever, was taken sick with the fever at the middle of July, and died August 8th. The clothes of this patient were washed in the washhouse of the asylum, and many of the soiled articles were soaked in a stream which ran through the courtyard of the asylum, and which received the sewage of the same. The waters of this brook afterward found their way into the aqueduct which supplied the barracks and part of the city of Solothurn. After the middle of August, the entire locality supplied with water from this aqueduct, was afflicted with an epidemic of typhoid fever; nearly all the dwellings supplied by water from this aqueduct had cases, while houses situated near and even between them, but with different water supply, had no cases.

Again we find that in 1872, an epidemic broke out in Sausen, a small village of eight hundred inhabitants, in which there had not been an epidemic in sixty years, of which one hundred and thirty, or seventeen per cent, were taken sick. Nearly one hundred of these cases were seized during the first three weeks. The disease only appeared in the houses supplied with water from a running stream. It was found that in a house situated some distance away, there had been four cases of typhoid, and that the privy of this house discharged its contents into a small stream, which had a subterraneous communication with the stream which supplied the village.

In the year 1867, in a small hamlet of one hundred and fifty inhabitants, which had escaped the severe epidemic which had swept the neighboring city of Basle during the two years preceding, was afflicted with an epidemic after the disease had disappeared in the city, in which thirty-six persons were attacked in twenty-two days, and it was shown that the well from which they all procured their drinking water was fed from a canal, into which the privy emptied. After the well was closed no more cases appeared. In the barracks at Zurich, 1865, fifty-five cases occurred in the infantry school, while the members of the artillery school, and the police stationed in the same barracks were exempt. The cause was found in a well situated in the exercise ground of the infantry school, and from which they often drank, but which was not used by the other school or the police. Chemical analysis showed the water saturated with organic matter, from a deposit of filth and refuse from the city, situated just outside the exercise grounds.

Some years since, at Lake George, in the State of New York, an imported case of typhoid fever was the starting point from which sprung an epidemic of some three hundred cases. An investigation showed that the dejections of this first case had been thrown upon the ground, and that the water supply of the hotel was from a well situated some little distance lower than the ground upon which the hotel was built.

But one of the most interesting as well as conclusivc examples I have seen, is related in the *Popular Science Monthly* for February of this year, by Dr. Eli Van DeWarker, of Syracuse: When, in a small group of isolated cottages, an epidemic occurred in which seventeen cases were developed in seven dwellings, all of which used water from one well, while seven other dwellings similarly situated, drawing their supply of drinking and culinary water from other wells remained exempt, although the inmates mingled freely with the others and performed the duties of nursing the afflicted; and he was able to prove, by ocular demonstration, that this one well was contaminated by the overflow, after a hard storm,

of the privy, in which was deposited the dejections from a most severe case of typhoid fever, contracted like so many other unfortunate cases, at the Centennial Exposition at Philadelphia.

Cholera, says Seiturt, finds in drinking water a frequent and most potent medium of dissemination as it may be impregnated with germs from the water of the soil, or by filtration from privies or sewers which may there flourish on further development.

In 1854 a fearful epidemic in London was traced directly to an infected well in Broad street, and the epidemic ceased on the very day the well was closed.

Simon found that in houses in the same city, supplied with river water drawn from the stream after it had received the contents of several sewers, and which showed forty-six grains of solid constituents to the gallon; the number of inhabitants who died of cholera was thirteen to the thousand, while in other houses in exactly the same circumstances, save that they were supplied with water containing only thirteen grains of solids to the gallon, the proportion of deaths was three and seven-tenths per thousand.

Examples of the direct causation of epidemics by impure drinking and culinary water, are so numerous as to exhaust your patience in the recital, but some comparisons may prove instructive. A district in London, that in 1854 was only half supplied with water from a lake had a mortality of eighty-seven to ten thousand, while in 1866, all the supply being drawn from the lake, the percentage of loss was only eight in ten thousand.

The city of Manchester suffered terribly with cholera in 1832 and 1849 when the water was impure, while the epidemics of 1854 and 1866, after the water supply was drawn from the interior of Derbyshire, presented only sporadic cases.

The epidemic in London in 1866, was only severe in the east end suffered with extremely impure, nay filthy water, the mortality reaching as high as one hundred and eleven to ten thousand, while in the parts supplied with pure water, the death-rate was from two to twelve to the same number.

In Breslau, Greatzer relates an instance where a badly constructed privy vault to a new well-arranged house, overflowed and contaminated the well and twelve persons had the cholera, eleven of whom died, as well as a number of other persons who procured their drinking water at this well. From these facts it is seen that wells aid in disseminating two of the most fatal diseases that afflict the human race; the typhoid fever, and the deadly cholera.

During the ten years from 1856 to 1866, there were twenty-one thousand deaths from cholera in England and Wales, and one hundred and fifty thousand deaths from typhoid fever.

There is every reason to believe that at least three-fourths of these deaths might have been prevented, had proper attention been paid to the purity of the water supply throughout the country.

This poisoning by polluted water is now so entirely established, that cities and communities must be aroused to the vital importance of securing a pure, and unailing supply of this indispensable beverage.

Shakespeare describes blood poisoning as graphically as if he were discoursing upon the effects of bad water, when he says:

"Whose effects

Hold such an enmity with the blood of man,
That quick as quicksilver, it courses through
The natural gates and alleys of the body,
And with a sudden vigor it doth possess,
And curd like eager droppings into milk,
The thin and wholesome blood."

The Royal Commission in their report before cited says: "The question now naturally arises, can we not by careful analysis of water discover what quantity of organic matter it contains? What is the nature and character of such matter? and how far they are deleterious or otherwise? We have endeavored to arrive at a solution of this question, but unfortunately without much success. The organic matter is present only in very small quantities, and in shape and conditions which are very difficult to identify and to reduce to

actual measure. The treatment of them is still a problem in clinical science only now beginning to be effectually studied." Since that time, however hopeless, these difficulties have been surmounted. Prof. Humber says: "although it is admitted that the presence of the nitrates and nitrites does not prove that there is anything in themselves injurious to health, yet they reveal the fact that these waters have been previously contaminated by sewage, and that this sewage will find its way through considerable thickness of strata, such as sand, gravel, or even chalk, and there is no guarantee that other portions of that sewage may not have escaped the purifying process of oxydization and filtration, and may not be present in that water in quantities too minute to be capable of detection by chemical analysis. The noxious part of sewage is that which is held in mechanical suspension, and these globules are beyond the reach of the chemist, and to a great extent of the microscopist. No process of filtration that has yet been devised, will remove choleraic dejections from water, and it is generally believed that the noxious matter of sewage exists there in the form of minute germs, which are probably much smaller than the blood globules."

Many of the gentlemen present, probably noticed in the *New York Medical Record*, in February, a test for the purity of well water, directing to put the water in a clear glass bottle with a little cane sugar, and place in a warm room, in the light. If the least turbidity appeared within a week, reject it. If it remained clear, it was sufficiently pure to be wholesome. The following experiments, related by Mr. Charles Hirsh in the journal of the chemical Society of London, vol. XXIII, will show how subtle the poison is, and the minuteness of the germs: "Water was procured from various sewers, and after standing for a few days to settle, was decanted, after which six drops were mixed with ten thousand drops, or a little over twenty ounces of clear water, to six ounces of this mixture, ten grains of pure sugar was added, a like quantity of sugar being added to the same amount of water without the sewage. All of these samples were placed in stoppered bottles in a window, where plenty of light

could reach them. The water and the sugar remained clear. The water with the sewage did the same. The water, sugar and sewage became turbid in times varying from twenty-four to sixty hours, and exhibited under the microscope small spherical cells, with in most cases a bright nucleus, and branched strings, and ultimately the odor of *Butyric acid* was always perceptible. One drop of urine in twenty ounces of water, a mixture which may be kept for weeks without showing any signs of turbidity, produced with the sugar in twenty-four hours cells, and in forty-eight hours branched strings. *Urea, Albumen, Nitrates*, and various things have been tried, and though some have produced growths of some sort, none have resembled these unmistakable cells and strings. Filtering the water through the finest Swedish paper does not remove them, for upon the addition of sugar, they grow as fast as ever. Boiling in no way destroys their vitality. Filtering through a good bed of animal charcoal seems effectual in removing them, and if the charcoal is well aired from time to time, it retains its power for several months, but if the water is passed continuously through it without this precaution, it soon loses it, and the water is as bad as the unfiltered.

It now becomes a matter of interest to find what means are at hand for a simple examination of suspected waters, for it is not practicable to enter into a chemical investigation in a majority of instances.

The addition of a small portion of a standard solution of *Potassium Permanganate*, to a quantity of suspected water, is a common test for organic impurities, and the amount of the salt which the water will bleach, is a rough approximate test of its impurity.

In water which is not supposed to be polluted with vegetable matter, the use of a standard solution of *Nitrate of silver* would show the presence of *Chloride of Sodium*, and give some idea of the relative amount of salt it contained. If some of this solution be dropped into water containing *Chlorine* or salt, a white precipitate of *Chloride of silver* will be formed until all the *Chlorine* in the water has been used up;

but some difficulty will be experienced in determining the exact point at which the precipitate ceases to form; this difficulty can readily be overcome by using an indicator consisting of a little *Chromate of potassa*.

The principle upon which this acts, is that silver combines with *Chlorine*, in preference to *Chromic acid*, and that as long as any *Chlorine* exists, the red *Chromate of silver* which forms when the solution is dropped in, will not remain permanent, but will do so the instant the *Chlorine* is exhausted.

The sugar test of Hirsh is perhaps the best, if we have the time to await the growth of the cells.

For the careful and scientific analysis of water, the *Ammonia* process of Wanklin and Chapman is all that can be desired, but the reagents are too delicate, and the manipulations too fine for the use of the ordinary practitioner, and are only adapted to the laboratory of the professional chemist.

It now remains for us to consider what means are available for the purification of polluted water.

The addition of *Permanganate of potash* as mentioned for the testing of water, also serves to purify it by the oxidation of the organic matter, and Prof. Chandler advises travelers to carry a quantity of this salt with them, as the dissolving of a small crystal in a glass of water, instantly destroys the offensive matter. The next is the process of precipitation. This in hard waters, or those holding *Carbonate of lime* in solution, by excess of *Carbonic acid*, may readily be effected by Clark's process of softening, which consists in the addition of lime, until the excess of *Carbonic acid* is neutralized, and the lime is precipitated, carrying with it a greater portion of the organic matter, and removing also the coloring matter, if any be present. This process is not only adapted to quite considerable water-works, but may be carried on in private houses. The quantity of lime required can be ascertained by the solution of *Nitrate of silver*.

To a given quantity of water, add lime water, until the sample gives a brown precipitate with the silver solution, instead of the white or yellowish one previously formed, when add sufficient of the water to destroy the brown color, and

calculate the proportion of lime to the water. The use of *Alum* or *Persalt of iron*, performs the same duty; the insoluble precipitate removing the organic matter.

But the most feasible plan, and the one which can be brought into more general use, is the simple boiling of all suspected water or waters of known impurity, and after cooling, filtering through a Kedzie's filter, or better still the new upward filtration device of Stevens, or if procurable a silicated carbon filter.

Dr. M. B. Lukens, Cleveland, made the following remarks: All infectious diseases spring from a specific virus, and this virus is a germ or seed which, under favorable conditions, is capable of growing and reproducing itself. The fact that there are isolated cases of disease, or that it is more malignant in one locality than in another, is no evidence that it originated in that particular locality, but that the disease material came from a parent stock, whether far or near. Diseases are not spontaneously generated any more than are plants or animals, but the germs being light may be wafted by the wind for miles. Neither the heat of summer nor the cold of winter can destroy them. Only a very small proportion of them ever find lodgment in soil suitable for their propagation. Very many lodge in dry safe places, and months and even years afterwards may be dislodged by the winds or other causes and sent on their course. Thus are many "first cases" produced whose origin seems to puzzle so many. They are like the thistle seed which after ripening may be carried long distances by the breeze and infect fields and gardens which have been clear of the pest for years. If you should see a solitary thistle coming up in your garden, or even many thistles, you would not conclude, because you had not seen one ripening near by last year, that these thistles originated from some unknown local cause, as impure water, open cesspools and vitiated air of various kinds; but you would very naturally and correctly conclude that there was an old mother thistle somewhere, and that one or more of her offsprings concluded to set up business in your garden,

because the thistle germ found there suitable soil in which to grow and multiply. In the absence of this it would never germinate. It would remain neutral.

Thus it is with the germ of infectious diseases. They emanate from old ripening cases by the millions through the mouth, skin and excrementitious fluids. They lodge upon all surrounding objects, and wherever they find nourishment there they take root and grow. The fact that diseases prevail with great malignancy in some localities, while others are exempt, is due, no doubt to many reasons, some of which we understand and others we do not understand. The direction of the wind doubtless has something to do with it. The current of wind laden with disease may find in its track the well-ventilated and the well-drained home, or it may find the opposite, and in neither place will the disease germ propagate; or it may propagate in both places, or in one and not in the other. The attack will depend upon the condition of the victim, whether he contains in his system a susceptibility or nourishment sufficient for the growth and development of the sown germ.

Experience teaches us that few individuals possess this germ food, which is evidenced by the small per cent of the whole population who become sick. We are all more or less exposed. We eat, drink and breathe the disease germ continually and with impunity. If we are physiologically healthy these germs have no bad effect upon us. After we have weakened our constitutions by bad habits, ignorantly or otherwise, we may be susceptible to disease. Anything that weakens the system lessens the power to resist invasion. The most that concerns us is to keep up the standard of resistance. Impure food, air and water must be strictly avoided, for they do their part in reducing this standard.

Carbonic acid gas, Sulphuretted hydrogen, and other noxious gases, adulterated, indigestible and unnourishing food, impure water, especially that containing fermented organic matter, are certainly illy adapted to nourish the body and fortify it against the attack of enemies, and therefore ought to be shunned.

Dr. Owens remarked that, to a large part of the paper first read by Dr. Gaylord, he would beg leave to dissent; that there were several points in the paper which he thought ought to be discussed, but that he would only call attention to one of them, that of contamination of drinking and other water supply from sewage, as a cause of epidemics, and more particularly cholera, for in his judgment all of their theories were at sea, and in point of scientific value were not worth a fig. These theorists have a certain amount of stock in trade, and that the Broad street well in St. James Parish, London, in 1854, was a chief staple, and perhaps the foundation of a well-spread and erroneous assumption as to that particular outbreak.

I refer you to the report of this celebrated case as made by Dr. Snow, to the Epidemiological Society, of London: "In the parish of St. James, the first cases of cholera occurred in July, 1854, near its close; there was only a dropping fire as it were, which kept within quite moderate limits until the last days of August, when suddenly the disease made a most violent explosion in the most crowded part of the parish. Three occurred on the 31st day of August; thirty-one fatal cases on the following day; one hundred and thirty-one in the first of the month, and on September second, one hundred and twenty-five; on the third of September, fifty-eight; and the fourth, fifty-two; on the fifth, twenty-six; on the sixth, twenty-eight; on the seventh, twenty-two; and on the eighth, fourteen fatal cases." On this day the pump handle was removed from a certain suspected well; from this time the disease continued to subside gradually, until the last of October, when it ceased altogether, according to the report. This is the history of all epidemics, they make their appearance, suddenly make their most violent ravages, and then pass on eventually subsiding altogether, lasting usually but a few weeks.

The attack did not cease at once, as stated in the paper which is taken from Lebert, in Ziemssen, but gradually subsided in seven or eight weeks. Subsequent examination, it is said, disclosed this fact, that the well from which the people from

this neighborhood had obtained their supply of water for domestic purposes, had been contaminated by the discharge of a house drain, and cholera excreta into this well; and hence the violence of this outbreak. Dr. Snow had the pump handle removed on September 8th, after the mortality had been reduced from one hundred and thirty-one to fourteen, in eight days. During this time the impurities had probably remained the same, and if the theory advanced be true, would have been greatly intensified. The whole claim and pretense is unreasonable, unwarranted by the facts unscientific and controverts itself.

When cholera made its first appearance on this Western Continent in April, 1831; it attacked Montreal first, far up the St. Lawrence, and afterward ravaged Quebec with great violence. In the former place, the mortality was about one in eight of its inhabitants, while Quebec built upon hill, and at that time supplied almost entirely by rain water from cisterns, lost one to every seven and one-half of its population, and it further appears, according to Dr. Nelson's report, that the higher parts of this city occupied by the wealthy citizens, suffered as much as those in the lower and poorer portions. The report further states that almost simultaneously the native villages along the St. Lawrence were attacked, and several of them completely decimated.

The city of Mexico lost one in every ten of its inhabitants; Quito, one in seventeen; Bogota, one in fifteen of the inhabitants, while the loss in New Orleans was the same with the yellow fever, and most unfavorable surrounding to make it up.

The British garrison at Jaragruth, on the Ganges one thousand feet above the plain, lost one-fourth of its number; their only water supply was from cisterns, while the citizens occupying the plain around them suffered not at all.

Ratoon, built among the rocks and supplied from the melting snows of the Himalaya, eight thousand feet above the sea lost one in six, and the same is true of Katmodenou, similarly situated ten thousand feet above the sea level, lost one-fifth of its inhabitants from cholera, from 1819 to 1824. The report says that the disease was only staid when the

people had all left. Again, cholera travels against wind and tide, passing in this country from east to west and from south to north.

Dr. Wilson—The papers just read by the gentlemen are worthy of praise as fitly and ably representing the department of modern sanitary science. But, sir, modern sanitary science is much of it a humbug. Starting out with a good idea it has been sadly perverted; it has been unduly magnified in office. If we could believe these gentlemen, God never made anything fit for man's use. The air of heaven is laden with poisonous gases, and but little of it seems safe for breathing. Water everywhere is polluted. The rivers are contaminated and the wells are full of death. The bread and meat which we eat are full of danger. Even the milk, as I learned at Indianapolis the other day, is laden with destruction. There is therefore nothing left for a man to do but to go and hang himself. Years ago men and women ate and drank and breathed* and lived happily to a good old age. Now these gentlemen would have us employ a chemist, a microscopist and a sanitary scientist to inspect all our food and keep us in hot water generally. Why, sir, these gentlemen are abettors and aiders of the work of intemperance, for when men cannot drink water or milk, they will be driven to use lager beer as a matter of consequence. I remember well that I began life on a milk diet. Later on I abandoned it, but perhaps had I stuck to it, I might have been by this time one hundred and twenty years old. The gentleman from Toledo says: he does not know where wells were first invented. I can tell him. It was in the garden of Eden. The first well was made when Adam in charge of Paradise, ran the thing into the ground.

I do not wish to be mistaken upon this question. I do not oppose sanitary science. But much that goes under that name is nothing but unsubstantial theory. On these specious theories men are trying to ride into notoriety and power. They raise false issues. They teach for truth what they have concocted in their own brains. I do not believe with my friend Prof. Sanders, that we should stand shoulder to

shoulder with these men only so far as they have science, and not fancy on their side. Sanitary science is to-day leading in the wrong direction. They would have us believe that filth and disease are synonymous; that in certain gases and putrefactive substances, we have the true embodiment of disease. This is all wrong. My friend Dr. Lukens shows you that the subjective conditions of the human economy are lost sight of, and altogether too much stress laid upon the external conditions. It may seem like heresy to dispute these sanitary gentlemen. They have fashion on their side, and they are bound to make political capital out of it. State and national governments are their tools, and they would not be human if they did not make the most of it for themselves. But if you will carefully look over their work, you will see how little of anything like fixed principles they have yet discovered. They group a few facts and then start a theory, but contradictory facts are sure to upset them. The sanitary leaders of the country are not noted for their modesty. Much good has been done in this department, but I emphatically protest against the assumptions of power and wisdom made by these gentlemen. These gentlemen who have read these papers have shown ability and are honest, but they are not investigating for themselves. They have fallen into the popular current that is all.

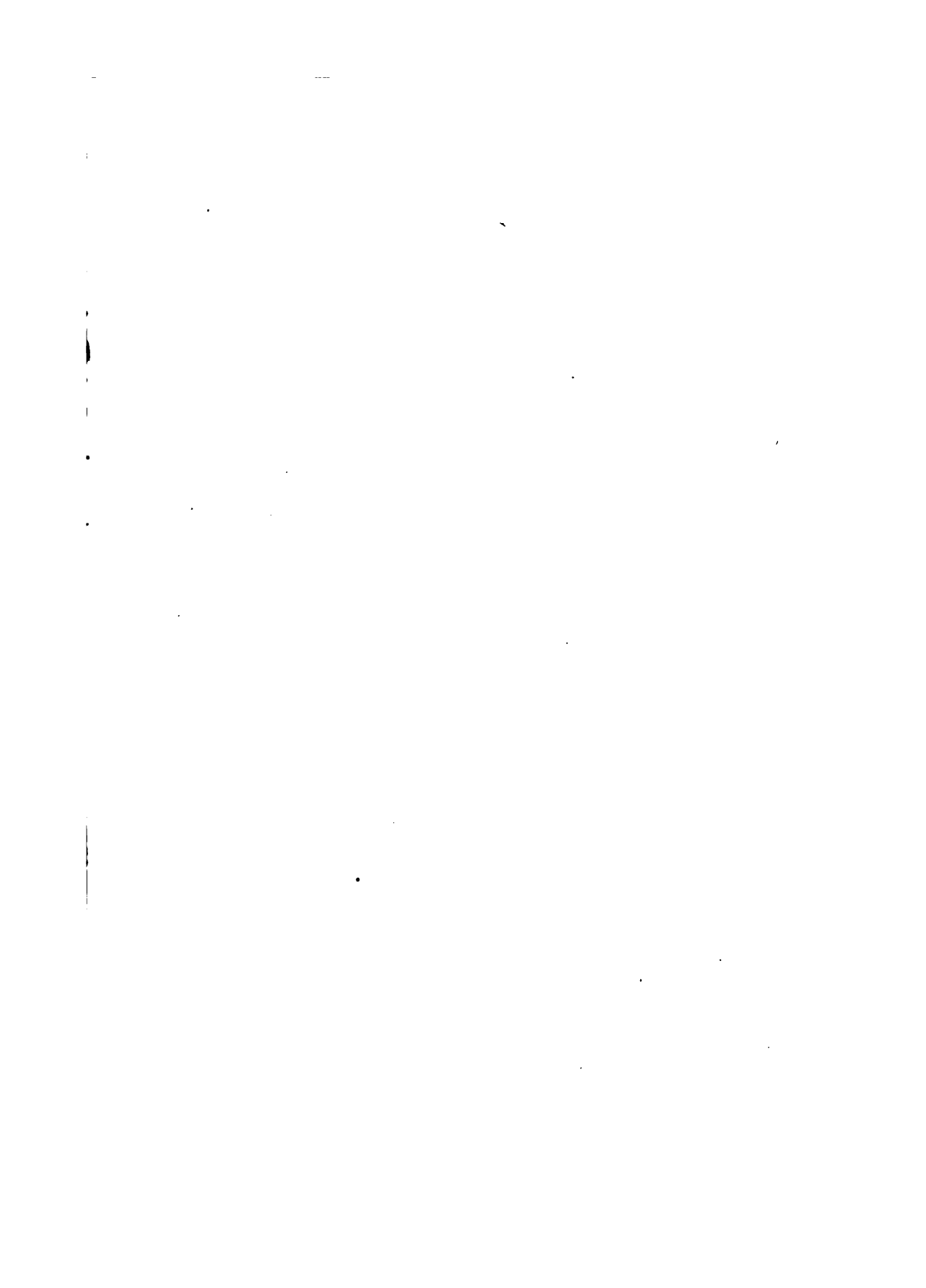




Fig. 1. Section of epidermis from frog poisoned with arsenic; *a*, narrow light band at base of columnar cells caused by early action of arsenic; *b*, holes or spaces beginning to appear in it.



Fig. 2. More advanced action of arsenic. The narrow light band of fig. 1 much widened, and at *a* the protoplasm reduced to fine threads, or, *b*, a single bridge.



Fig. 3. Section from skin of frog three days under arsenic, showing separation of cells and complete breaking up of structure; *a*, deformed nuclei with obscured outline; *b*, large spaces caused by disappearance of isolated cells; *c*, light lines between cells; indicating a solution or softening of protoplasm.



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

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MATERIA MEDICA.—It is well for us to consider a few fundamental facts. The glory of the homœopathic school is its *Materia Medica*. This department it has, in no sense borrowed, but created. And the right of this school to what it has made, has never yet been disputed or shared by others. If you rob Homœopathy of its *Materia Medica*, you rob it of all that gives it the slightest or the greatest value.

It is impossible for any one to succeed as a homœopath who does not understand the *Materia Medica* of our school, and who does not know how to apply it. He may be learned in all other lore and fail for want of this.

The crucial question is not, does he understand the disease? But does he know how to treat it? And how can he treat it right, save by the right application of his remedies? Yet in spite of all this, nothing is more common than the decrying of the fruits of this department.

Oct-1

It is the fashion to cast doubts and imputations upon the recorded pathogeneses of our drugs. In the mean time we beg to ask what are our medical students to do? If they diligently study the *Materia Medica* as it is, they are learning what is said to be of no use to them; and if they wait until the *Materia Medica* is corrected or made what it should be, they will never touch it. We have already too many in our school who know little or nothing of this department. Unfortunately they shield themselves behind the statement endorsed by honorable names, that the *Materia Medica* is not reliable. In answer to this we have to say, any fool can cry mad dog, and find many to echo the cry. And many who have never studied the *Materia Medica* at all, are prolific in objections to it. Nothing in this world is perfect. Errors have undoubtedly crept into our symptomatology, but who can point out those errors? Experience has shown that those errors are not vital or fatal. Our *Materia Medica* is an agent of great value. It is full of the richest gems. We have conquered by it in the past, and by it we can enlarge our conquest in the future if we master it. Until we study it, and comprehend it, it is idle to talk of improving it. We can find nothing better, and without it, we have nothing. We say to medical students, let no one rob you of your rights, or mislead you as to duty. The homœopathic *Materia Medica* is before you; it is the best and only thing of its kind. Study it, master it, and it will do you royal service in the cure of disease. Without exception, the men who understand it have faith in it. They know its strength and its weakness. And in their hands, while it is doing good work, it steadily becomes more and more perfect; but however near perfection it may be, it will never be above the captious criticism of those who have not the ability to appreciate it.

A JOURNALISTIC VAMPIRE.—The *Homœopathic News*, (St. Louis), edited by C. H. Goodman, M. D., a gentleman whose name belies his nature, says in the last number: "Every Journal of our school is gone over carefully, read, condensed, and all the juice squeezed out of it, which will be palatable to our readers." We can hardly afford to quarrel with the palate of his readers, but the diet on which they feed, indicates dyspepsia. The idea that all our goodness is comprised in what he extracts, would, in an unqualified sense, be dreadful, but as limited by the tastes and wants of his subscribers, we can stand it if they can. The editor further says: "In the *News* you can read all the journals; then you can be alive and kick, and wont have a dozen journals to pay for." Exactly! we take the *News*, and we propose to "kick." The *News* will continue to be published at one dollar; the other journals will be published for fun; but if they should stop, where would the *News* be? The man who killed the goose which laid golden eggs is himself still alive, and resides in St.

Louis, edits a journal made up of second-hand material over a month old, and he facetiously calls it the "News." This kick of ours comes from a recent perusal of the August number, and we are in no wise responsible for it.

ANNUAL FIELD DAY, Essex Co., Mass., Homeopathic Medical Society, July 23rd. This Society held its annual picnic at Shawsheen River Grove, and as usual they had "a glorious time." Dr. N. R. Morse, the indefatigable Secretary, arranged and engineered the programme. Dr. Thompson, of Lowell, the President, delivered an address. Dr. Scott, of Lawrence, the President-elect, followed in a short speech, and Dr. A. M. Cushing, of Lynn, read "the poem," which was a production not wholly founded on the imagination. Lunch and toast, with witty responses, interspersed with music, and specimen playing of all the modern games except euchre, and a walking match closed the festivities of the day. If we are not invited next time, there will be trouble.

Experiments with Arsenic. By J. C. Anderson, M. D.,
Mansfield, O. See Frontispiece.

Through the kindness of Miss Emily Nunn, lecturess on biology in the Wellesley College, Boston, U. S. A., who has put into my hands her experiments upon the frog (*Rana temporaria*) with *Arsenic*. I am able to present to our readers some hints regarding the structural changes that this drug produces upon the epidermis, as well as its deeper physiological and pathological effects upon living organic structures.

The experiments refer more particularly to the desquamation which this drug is supposed to produce.

"When the flakes of epidermis come away some hours after the administration of the drug are examined, it is found that they can be readily split up into two strata; into a transparent corneous layer, and into the underlying more granular intermediate layer. The peculiar vacuolation of the cell substance in the immediate neighborhood of the nucleus, by

which the nucleus is deformed, or at times almost destroyed, was frequently very conspicuous. I may remark that, as far as I could ascertain, the changes leading to the "vacuolation" begin in the nucleus itself, and I should accordingly be inclined in this point to differ from other writers, and to regard the phenomenon as a degeneration of the nucleus, and not as a change in the cell substance affecting the nucleus in the secondary manner.

"There was no diminution, or at least no marked diminution of the cohesion between the various cells composing the two layers, the corneous and intermediate. The whole corneous layer separated readily from the underlying intermediate and the desquamation had evidently been caused by a separation of the intermediate layer, with its flattened cells, from the malpighian, with its more or less cubical or polygonal cells; but the constituent cells, both of the corneous layer and of the intermediate layer, held pretty well together. So much so, that I was quite unprepared for the changes which I subsequently observed in the malpighian layer.

"These changes I studied, by means of vertical sections, taken from different parts of the body, at different intervals after the (hypodermic) introduction of the poison, shows that the general effect of the drug on the epidermis, is to cause a degeneration and partial solution of the protoplasm of the cells, whereby, (1) the whole epiderm becomes loosened from the subjacent derm; (2) the cells of the malpighian layer become incoherent, so that the whole layer collapses, and its well known architectural features become obscure; and (3) the intermediate layer separates from the malpighian layer below, and at times from the corneous layer above. The corneous and intermediate layers are thus desquamated, sometimes separately, sometimes, and perhaps most frequently, together. In no case, even in those of most extreme or most lengthened poisoning, have I ever seen the malpighian layer actually cast off during life; it always remains attached (though loosely) to the derm. In preparing sections, however, it frequently becomes detached.

"The action of the *Arsenic* is first indicated by the appearance of a faint narrow band (fig. 1, a.) along the bases of the

columnar cells, immediately above the basement membrane. This is apparently due to a softening and partial solution of the corresponding part of the protoplasm of the cells; and in many of the sections, holes or spaces (fig., 1, b.) (which appear to be rather rents and tears than vacuoles) make their appearance, partially separating the bases of the cells from the underlying derm.

“Under the continued influence of the poison, this solution, softening or degeneration of the protoplasm of the columnar cells advances, and the spaces increase until, (as shown in fig. 2.) the cells, instead of being attached to the underlying derm by the whole surfaces of their bases, are connected only by bridles or threads of protoplasm.

“At the same time, a somewhat corresponding softening or solution begins to affect not only the other portions of the protoplasm of the columnar cells, but also the bodies of the rest of the cells of the malpighian layer. The indications of the ridges and prickles become obscured, and the cells lose their characteristic arrangement. I do not think I can better describe the general result than by saying, that the cells seem to collapse and become huddled together. (Fig., 3). The oval form, and vertical position of the columnar cells, so characteristic of the healthy skin disappear; the cells of the whole malpighian layer become irregular in outline, and form a diminution of their cell substance; their nuclei appear crowded together. Nor is the change confined to the cell substance; the nuclei also are affected. They lose their characteristic oval (or in the upper cells of the malpighian layer spheroidal) form and become angular and smaller, as if they had shrunken. (Fig., 3, a). The outlines of the nuclei also become less distinct, as if both nucleus and cell-body were fused in a common degeneration. In this way the whole malpighian layer, so to speak, collapses, losing its natural features, and separating from the derm, to which however, it remained attached, partly by the bridles spoken of above, but also and chiefly by the prolongations of the epiderm into the ducts of the cutaneous glands.

“It is obvious from the foregoing account, that the *arsenic* first attacks lowermost or innermost portions of the epiderm,

and that its action advances from the derm outwards. This may be in part due to the simple fact that the innermost cells are those which are nearest to the blood vessels carrying the poison; but this can hardly be the whole reason, since diffusion must be very rapid through a thin membrane of such a nature as the epidermis.

“It seems more natural to attribute the phenomena to the fact that the cells of the malpighian layer next to the derm, (the columnar layer) are composed of more active, more irritable protoplasm than that of the rest of the derm, the irritability diminishing in the series of cells from within outwards in proportion, as the metamorphosis of the protoplasm into keratin becomes more and more pronounced.

“The characteristic vertical arrangement of the undermost cells, *i. e.*, the columnar layer of the epiderm, is a phenomenon, for which it is very difficult to account. Embryologically considered, this feature seems to be a continuation of the condition of the primary epiblast, the cells of which are always vertical; but it is difficult to see what purpose is served by the preservation of this ancestral feature. It is obvious, however, from the results which I have given, that this vertical position is maintained (for whatever reason) by some exertion of the protoplasm of the constituent cells. Immediately, that the *Arsenic* damages the protoplasm, the vertical arrangement is lost; indeed this is the most obvious effect of the *Arsenic*, and the one most readily recognized.”

These experiments are of double interest to the homœopathic practitioner, as it verifies the reality of our provings which were made many years ago; as well as to illustrate the true pathological changes the drug is capable of producing.

If we note the destructive action which it exerts specifically upon the protoplasmic structures, we may see plainly why this drug is regarded with so much favor by homœopaths in typhoid and other degenerative types of disease. It was often remarked by my preceptor, (Dr. F. Stahl, whose long experience and accurate observations, give his utterances considerable weight,) that *Arsenic* would go farther in search of the ebbing life forces than any other drug.

Again it is observable how these experiments coincide with our provings in desquamation and eruptive symptoms recorded in our materia medica. I will not take the time or space to record them here, but will advise the reader to turn to his materia medica, and note the striking similarity.

I have not given here the full detail of Miss Nunn's experiments, but sufficient to illustrate the importance of this line of investigation.

Materia Medica.

The Materia Medica Generally and Specifically Considered.
Read before the Indiana Institute of Homœopathy,
May 1st, 1879, by O. P. Baer, M. D.

Fellows of the Indiana Institute of Homœopathy:—We have come together, from different parts of our great commonwealth, for the laudable purpose of mutual improvement, by the interchange of ideas, facts and experiences. Each brother casting into the common medical treasury such mites as his daily experience has afforded him. To perform uses, is the great desideratum in life; more to be desired than fine gold. Uses are of various kinds and qualities, as are the dry goods upon the merchants' counter; but I venture the assertion, that there are precious few uses tantamount to those daily performed by the earnest physician in his rounds among the sick. His pity, his sympathy, his inmost anxiety are excited, to cure his suffering and dying patients. He appeals to the only tangible source of aid—the materia medica. He racks his brain to find a reliable, unfailing remedy. But alas!

how often he utterly fails to get that needed response. Our materia medica is not commensurate with our demands; and we keenly feel it. The ever recurring questions—Doctor, can you cure me? Can't you find some remedy, somewhere, to cure me, Doctor? Is there no cure for me, Doctor? Must I thus die daily, and yet live on, dragging out a useless life, as intolerable as death itself? come like thunder peals to the heart and understanding of the philanthropic physician. Under such pathetic appeals, I have frequently asked myself, What can I do? What shall I do? Do something I must, but to do the right thing, was the imperative necessity; and I was incompetent for the task. Have you not, all of you, or many of you at least, been in the same predicament? I presume so, as none of us dare arrogate infallibility. The human family always have, and always will, suffer and live; and suffer and die. To relieve suffering is the true province of the physician. To be enabled to accomplish this great work, whether in whole or but in part, it is justly expected of him, that he should have acquired a thorough knowledge of every available means presented before him by his Heavenly Father, for his consideration, in the four kingdoms of nature—the elemental, the mineral, the vegetable and the animal kingdoms. To draw largely from each, and all of these sources, is both our privilege and duty.

The elemental kingdom presents us with many active agents for our investigation. Electricity, heat, light, magnetism, ozone, oxygen, hydrogen, nitrogen, carbon, chlorine and many other agents, no doubt equally potent. The mineral kingdom has been largely drawn upon for ages, and its field of active agents is rapidly enlarging. Besides these simple metals themselves, we have almost a countless list of oxydes, hydrates, nitrates, carbonates, muriates, phosphates, sulphates, chlorates, bromides, iodides, cyanides, etc., etc., with all their hos's of combinations too numerous to recount. The vegetable kingdom! What a field for research. The whole earth teems with living, active, medicinal, vegetable agencies. Go where you will, north, south, east or west—the earth is one vast garden of vegetable life. Two hundred

thousand species of plants have already been catalogued and described. Truly this evidences a "Balm for every ill, to which human flesh is heir." The animal kingdom too, adds greatly to our wants—in hygiene, food and medicine. Now taking the full range of the four kingdoms of Nature together, I presume we have at least, three hundred thousand, comparatively distinct substances, from which to select our means of cure. Everything in Nature has its province of usefulness; as nothing was, or is, or could be, created in vain. Everything animate and inanimate has its own distinctive particular identity. This being true, the postulate—that every identity has its own peculiar manifestation; as well internally, structurally, as externally, for indeed, the external of any thing is but the outward showing of the internal potency, life or activity. Man is the embodiment of all that is below him, in each and all of the four kingdoms of Nature. His diseased condition is but the expression of disordered function; perverted order. And, as every thing relating to him, good, bad or indifferent has its representative, somewhere below him, in the earth, or upon it, there must be active, curative agents, sufficiently potent to eradicate all abnormalities. "Every evil has a corresponding good;" so every pain has its balm. Or in other words, for every pang or symptom of disease to which man is heir, there surely is a remedy, having within itself all the medicinal or toxic characteristics precisely corresponding to it.

Symptoms are seldom or never entirely alone, but present themselves in groups, with one or more guiding or ruling symptom or symptoms. As it is, in the presentation of the symptoms of disease; so it is in the manifestation of the physiological or toxic effects of remedial agents—the one should be a complete picture of the other. The one should foreshadow the other in every particular. As most disorders have ruling, or prominently primal symptoms, so have medicinal agents, their alphas and omegas.

Of the whole three hundred thousand physical agencies given us for weal or for woe, only about one thousand are moderately well understood. Now, if with these few reme-

dies in comparison with the whole, we can do so much good, what will be the result when all are as well known as these comparatively few? Then will the glad time have arrived, when we can say in all candor—we have found the balm for every ill and a solace for every woe.

Of all the branches of the curative art, there are none, the study of which is so essentially necessary, as the materia medica. With a thorough knowledge of all its parts, aided by a retentive memory, executive intellect, and reasonable perseverance, the analytical physician will go on from conquering to conquest. Virtually he is monarch of all he surveys. Disease vanishes at his approach. Whereas, a physician ignorant of the workings of the different recuperative agents described in our materia medica, is, as an infant, in the muscular grasp of a lion—utterly helpless.

There are two systems of materia medica, founded upon entirely different bases:

One, the Allopathic, founded upon experiments made upon the sick, with approximately toxic doses. The other the homœopathic, founded upon provings, made upon the healthy, with small, though appreciable doses. The one therefore, may be called the pathological system, and the other the physiological system. The one is a system of materia medica without a proper systematized symptomatology, as diseased bodily function can not, and never will, constantly, and always, make the same response to medicinal agents. It is therefore, not a science, but a medley. The other, the rational or homœopathic, is a true system of materia medica, with a thoroughly systematic arrangement of all its symptoms; as the symptoms produced upon the healthy prover are constant, and therefore reliable. A constant recurrence of certain conditions, under like circumstances, establishes them as truths, and truths multiplied constitute science. This then is the only true system of materia medica, or the only scientific basis for a pure and reliable *symptomen codex*.

As proof of what has been said, the most reliable part of the allopathic materia medica, is that class of symptoms established upon the healthy, during the process of accidental

or voluntary poisoning; all else is mere guess work as many of their best men concede. Every substance taken into the stomach, is either dietetical, hygienical, toxic or curative. And none of these conditions should be lightly passed over by the physician, as they all concern the life of the patient.

While all things relating to our patient greatly concerns us, the more immediate work for us to do, is that which lies directly before us, the prompt cure of our patient. How shall we accomplish this? is the all absorbing question. My mode is simply this: I get all the symptoms of my patient, past and present; the first symptoms, and then all the balance in the order of their approach, if possible. Note the prominent ones, and their relation to each other, and to the primal functions of life. Get the bearings upon each organ, and upon the system generally; then examine my materia medica for the best similar expression of the symptoms I have in hand. Should I find several agents with apparent resemblances, I remember there are no two things precisely alike in the whole universe; and that every thing claims its own identity. With this great truth before me, I commence eliminating as do mathematicians, and finally I soon reach the single agent, which is truly the only foe to the diseased condition. When I feel certain that I have found the unmistakable similitum—the potency will not be so important. The primal requisite in the practice of medicine is the similitum. This having been gained, the cure is guaranteed; provided always, that the responsive power of the organism is not utterly broken down. The potency is a secondary consideration. If you have the proper remedy, the potency may be ever so high, and yet cure the patient of his malady; whereas, if your remedy is not the proper one, it matters not, how low the potency is, it will utterly fail. My favorite potency is the thirtieth, though I frequently descend, or ascend, to suit the emergency.

Very susceptible temperaments will require higher potencies than leuco-phlegmatic ones. Infants particularly do better under high—than low potencies.

I frequently meet with physicians who, to a certain extent become routinists, unknowingly, by simply getting into the

habit of prescribing one remedy for a circumscribed list of symptoms, not deeming it competent to do any thing more than for what they use it. We are all prone to fall into this routinism, unless we keep constantly before us the whole sphere of action of each remedy of our great and good materia medica. I will instance a few cases, as under the second part of my paper, the materia medica specifically considered.

Lachesis, for instance, has a very wide range upon the mucous tissues, nervous fibrilæ and morbid growths, as well as upon the skin. How seldom is it used by practitioners thus widely. In croup, for instance, should the infant seem better; take a nap, however short or long, and wake up in aggravation, every way worse, spasmodically suffocated, with purplish maculæ upon the surface, there is no remedy equal to *Lachesis*—it is the sine qua non. Again, take a patient, old or young, with a feeling of utter emptiness, gone-ness, or faintness of the stomach, about eleven o'clock, day or night, or any time four or five hours after eating, and there is no remedy equal to the curative effects of *Lachesis*. Again, take a patient troubled with constipation, without any inclination to defecation whatever. Should there chance to be an evacuation at any time, it will be enormously large and painful, leaving the sphincters almost paralysed—slow to close—with a feeling of complete inability to draw up the partially prolapsed anus, and you have a beautiful picture of *Lachesis*, in which you can scarcely fail to cure.

Again, take almost any malarial affection where the patient manifests frequent attacks of small maculæ over various parts of the body, or extremities, resembling measles in shape and general appearance, save that these bear a faint, purplish hue, coming and going as the aspect of the disease varies, and you have another fair picture of *Lachesis*. Again. Last spring I was called to see a farmer's wife, some four miles from Richmond. Three allopathic physicians had previously been in attendance, each considering her case a doubtful one. I examined the case closely, both externally, per rectum, and per vagina, and felt sure I had a bad case of sacculated ovarian disease. She was fifty-two years of age; generally

healthy, and worked hard, until the past few months, when constant malaise and occasional suffocative breathing set in. She was of a leuco-phlegmatic temperament, and still menstruating irregularly, of a dark, dirty looking and offensive character. Her height is five feet six inches; and her weight in health is one hundred and fifty pounds. German, from Hanover. Had been enlarging for about five months, and when I first saw her, she looked like a pregnant women, about ready for a accouchment. Abdomen hard, but somewhat sectional; as some parts were harder than others. On the left ovarian region, and directly under the navel, extending up to the stomach, she was very hard, as though fibrous in character; all other sections were tense, and more or less painful—she suffered at times with dyspnœa, and wheezing almost approaching suffocation. Tongue red and glazed; appetite fickle; great thirst; no perspiration, and urine scanty, high colored; containing ten per cent. albumen, with hæmæatin. Constipation of long standing, with occasional discharges, resembling horse's dung in size; giving her more or less pain and weakness, from which she would not recover for as much as a half day or more. She had six children about two years apart, and always recovered quickly—and went from quiet to labor again without a murmur. I gave this patient *Lachesis* 30th dilution, with but little hope of recovery; and after about two weeks treatment, the friends of the family clamored for council. Dr. John Emmons, homœopathist, was called in, who pronounced the case one of ovarian tumor; and proposed the knife as the only sure remedy—proposed nothing else—I informed the family of the Doctor's decision. They rejected the proposal with much indignation, and requested me to go on, and do the best I could with medicine. Believing *Lachesis* to be the simillimum, I continued it; with but little change in any respect, save the steady abdominal enlargement. She measured forty-eight and a half inches around her, directly over the umbilicus, and increased about two inches per week, until she measured sixty-three and one-fourth inches, when she commenced decreasing, and in six months from the commencement of treatment, she was

nearly her natural size, and at writing is perfectly free from every vestige of the tumor, and can do as much work as usual. She took no other medicine than *Lachesis*—which she took first, last, and all the time. I feel proud of this cure, and consider it one of the most signal cures that I ever made. It shows the wide range of *Lachesis* upon the various tissues of the human body. Yet, again, I cured a patient some years ago of a long standing, spreading, superficial, shallow ulcer with *Lachesis*, while under treatment for paresis of left lower limb. This case was cured permanently, without especially trying to do it. But as the patient took nothing else, of course, the inference would be that *Lachesis* did the unexpectedly handsome work. I have now given you a pretty fair introduction to *Lachesis*, and hope that upon a more intimate acquaintance with it, you may have cause to rejoice as I have done; and even more so, if possible.

Aconite, the very lancet of Homœopathy, is used by many physicians, simply as a prompt febrifuge, nothing more. It is like a great and noble potentate, dispensing its blessings in all directions. When you have exposed yourself to draughts of air, or otherwise done that which would ordinarily produce a cold of either head, throat or chest, a few doses of *Aconite*, so perfectly controls the circulation, that you go scott free from cold—I know this to be so, from direct experiment on self and family, and hundreds of others. Almost any disease in its incipiency is amenable to the influence of *Aconite*. I had a case of strange uncontrollable fancies, predicted the time of her death, would become very desponding at times, and then again be quite cheerful; sometimes unbearably cross, morose and fault finding; fretful about mere trifles, could bear neither light nor noise. *Aconite* cured these contradictory symptoms very promptly, without the least evidence of any fever.

In the fall of 1869, I was greatly over-worked professionally, came home one noon in the month of November, perfectly exhausted, threw myself upon the sofa, and in a very few moments lost all ability to use words; tongue tremulous, with a tired feeling of weight and numbness in the entire

tongue, memory also vanished, so much so that when my wife mentioned that she had just received a letter from her sister, I could not comprehend her name, could not recollect any thing about her, though I knew her well for years—I felt paralysis making rapidly for my brain. I took a few doses of *Aconite* in rapid succession, and in two hours I was as well as ever.

I relieved a case of asthma a short time ago, where the patient was a thin, delicate lady, who having taken cold from exposure to the chilly, damp night air of the latter part of March, was taken towards morning with a tightness in the lungs, with feeling of heat and fullness, causing suffocating attacks almost bordering fainting; general system relaxed and bathed in profuse perspiration, with quick, loud, laboured, wheezing, whistling, asthmatic breathing, with a few doses of *Aconite* sooth very promptly indeed; so much so, that the friends thought the remedy must be very powerful. This sudden cure made such an impression upon one of the friends present, that she sent the very next day for a vial of it to send to a distant relative.

Again, about a year ago, I had a patient who was troubled with icy cold feet and hands, with numbness and tingling in his toes and tops of feet. Numbness would commence in the feet and work upward to the knees and thighs, causing partial insensibility particularly when walking, and when he remained in a sitting position for any length of time, and then attempted to rise, his legs were almost powerless to move—and when he did move they felt numb, and would go to sleep; and draw up, and feel stiff and sore. This case had no fever, no thirst, but a general malaise, and yet *Aconite* cured him in less than a month entirely. *Aconite* restores the circulation, prevents local congestions, and restores the serum to the blood again.

It surely is our sheet anchor in all cases of spasm of the extreme vessels. In congestion of the milk vessels it is an admirable agent. Applied locally in the third dilution, it relieves as if by magic. I might give numerous instances of invaluable offices of *Aconite*, but I have offered enough to show its great value in other than mere febrile affections. It is a regulator, an arbitrator for good.

Opium is another remedy much overlooked by our profession. I find it of great use in all cases of infants—where vomiting is the result of the heat of summer—where a child vomits, and spreads its arms and legs, as wide apart as possible, then lays prostrate and listless. It often acts like a charm in the advanced cases of cholera-infantum; where the child's lower jaw drops and the eyes are turned upward. I have relieved scores of infants from that straining vomiting, incident to the mother's second pregnancy, while nursing; particularly, where the mother persists in nursing the child during quickening. Here the child becomes very easily disturbed, relaxed and emaciated. The milk is thrown up, hot, though not coagulated. Whenever an infant vomits, and throws itself backward, with the upper and lower extremities fully extended at nearly right angles to the body, you have a case for *Opium*—or *Sulph. morphia* in the third trituration. It may be that the *Sulph. morphia* raised high would do better, than the *Opium* alone; as *Sulphur* often does wonders when given alone as a stomachic; and when combined in this case would, a priori work well in all such cases. I have tested the trituration in many such cases, and have found it even more efficient than the *Opium* of the same dilution; I think owing to the intimate presence of *Sulphur*.

Again, *Opium* is seldom prescribed for spasms of wormy or teething children; and yet, it often corresponds beautifully to their worst attacks. During the thermometrical changes preceding the settled cold weather of January last, many children suffered from clonic spasms, owing no doubt, to the sensitive state of their systems incident to teething, worms, and probably deficient clothing. I had several cases calling unmistakably for *Opium*. I will describe one case as a picture of many. I was called about midnight, on the nineteenth of December, to see a male child twenty months old, who, as far as parental knowledge extended, was quite well until near midnight, when the child waked up, apparently frightened, crying and screaming, at the full extent of its lungs; absolutely refusing all consolatory measures; and finally spasms broke forth, in the midst of extreme tossing and restlessness.

It jerked from head to foot, and threw its head back as far as possible, with up turned eyes, open mouth and quivering chin; legs and arms spread. This spasm was over when I reached the bed side. The child went from spasm to sleep; or rather, the spasm terminated in sleep—a heavy, guttural breathing, with an occasional deep, prolonged sigh; tremulous limbs, hard abdomen and feeble, quick pulse, were the most prominent features present. After an half hour of this tiresome sleep, the child roused, screaming, tossing and trembling of head and limbs, with short, sudden jerks of the flexor muscles, and lapsed at once into a hard, irregularly developed spasm; with all the characteristics of the first. I at once gave *Opium* 30th dilution, every ten minutes. The spasm was a short one, sleep natural, and the babe recovered without any more spasms. This is not an uncommon phase of spasms, particularly just before radical weather changes. I might report numerous other *Opium* cases, equally interesting, but these must suffice.

Zincum is another one of the old remedies very much neglected. For burning of the stomach, particularly on pressure when empty, or when the burning is accompanied by dyspnoea, and apparent stricture of the œsophagus. Eructations, with burning pain running into the back, in line of the stomach with nausea and vomiting. Sometimes the least spoonful of food will be forcibly thrown back as soon as it strikes the stomach. The patient often throws up nothing but frothy bitter mucus. Such persons imagine they have worms. I treated a case of this kind last summer, where a lady of a very irritable stomach, with constant burning nausea of a sweetish rising, with the sensation of worms creeping up the œsophagus. This state would create more or less downward pressure upon the bladder rectum and uterus, compelling her to sit cross legged, and trembling. I gave her *Zincum*, which cured her promptly—and what was most gratifying, it radically cured an old, and hitherto, persistent attack of leucorrhœa, of a bloody mucous, and corroding character.

I have chosen to speak of these few Hahnemannian remedies, through an earnest desire to not have them neglected

for the sake of the new ones daily coming into use. While we accept the new, let us not forget the old tried friends, which have served us so often, and so well.

Another point, and I shall have done—provings upon the healthy, voluntarily undertaken, for the good of the system, by taking substantial, though not toxical doses, is not all the source of authoritative and reliable knowledge of a constant recurring character. Poisoning unto death from any drug, gives us a class of perfectly reliable symptoms. Symptoms as constant in their recurrence as the drug is in its external manifestation. These symptoms make such deep impressions upon the beholder, that, let his memory be ever so fickle, they will remain indelibly fixed upon him, and when like or similar symptoms present themselves in the sick, he at once recognizes the comparison, and readily cures his case.

Some nine years ago, I was called to see a married woman who from some cause, best known to herself, became tired of life, and took a large dose of *Corrosive sublimate*, prepared for killing bed bugs. Her symptoms were of the most aggravating character; vomiting, and wrenching to vomit; upheaving of the chest; drawing up of the legs suddenly, and then distending them equally as sudden; wringing her hands, biting her lips, grinding her teeth, slapping her hands together over her head, then grasping her bowels and screaming most shockingly, saying: Dr. I am literally burning up alive, from a fire within me. Her countenance was the very picture of dire distress—she vomited blood and stringy mucus, and purged the same every few moments. Thus terminated her life, in the midst of the most excruciating suffering. This picture has served me handsomely in many cases. I might give other cases, such as poisoning from *Laudanum*, *Arsenic*, *Podophyllum*, *Phytolacca*, showing unmistakably the wisdom to be drawn from all such cases.

How little we know, is daily manifest, and how much we have yet to learn, is truly incredible. Notwithstanding this honest confession, we are infinitely in advance of our deluded brethren, who have scanned both sea and land

for some hidden Balm of Gilead—some universal *Panacea*, or *Elixir vitæ*; but have most signally failed, after whole centuries of arduous labour, and much vexation of spirit—and have given the profession a confused medley, full of sheer uncertainties as a system of materia medica. Their only practical, positive knowledge, being that derived from healthy persons, who have voluntarily taken poisonous drugs with purpose of self-destruction. All things else are but doubt and confusions doubly confused.

More true, reliable and fixed knowledge has been given to the human family, during the last fifty years by the indefatigable Samuel Hahnemann and his followers, than ever before, during man's entire life upon this earth. That this is true, I presume no sane man will essay to contradict—then to the homœopathic profession must the whole world look, for a true, reliable and scientific system of materia medica. As custodians of this inestimable enterprise, may our zeal be ever commensurate with the nobility of this subject.

DISCUSSION.

Dr. Wm. L. Breyfogle—I have been very much interested in Dr. Baer's paper. Any one who is acquainted with Dr. Baer, can not doubt his wonderful cures, but it has occurred to me that many of those symptoms are not always reliable. I was particularly impressed with the case reported in which *Aconite* was used upon himself. He speaks of having been anxious, fatigued and exhausted on coming into his house and lying down. Had a feeling of apprehension, approaching paralysis, inability to think, and loss of memory. That condition "was relieved by *Aconite* in about two hours." I think many cases of that kind would relieve themselves by simple re-action. For many years I was troubled with vertigo, more or less, had frequent and severe attacks of it. I finally discovered that it came from chewing too much fine-cut tobacco. I became satisfied of that fact. May not frequently cases of that kind reported as cured by a certain remedy, be really not affected by the remedy, but by other measures? The doctor thought the action of *Aconite* in his case was curative, when

the re-action of the natural forces of the system alone, deserved credit. In speaking of the action of *Lachesis* on mucous surfaces, he says that the symptom, "worse after sleep," is a characteristic of that remedy. He says *Lachesis* is the remedy par excellence in croup when the symptom, "worse after sleep" is present. We all know the value of the key-note symptom "worse after sleep," but *Lachesis* is not always the remedy for it. All mucous surfaces are, so to speak, "worse after sleep," and I can not call to mind a case of croup that has not been "worse after sleep." In cases where we depend on key-notes, ought we not to look after other characteristic indications, particularly where so much depends on the action of a remedy?

Dr. O. P. Baer—Ought not the gentleman to recollect that the *Aconite* patient is always extremely restless and irritable, and after he takes a little *Aconite* he is invariably better? That is always the case with *Aconite*.

Dr. A. C. Cowperthwait—I want to say a word in answer to Dr. Breyfogle. It seems to me that his argument is old school in its drift, and I never like to hear that taught. Apprehension of impending danger, great loss of memory, etc., are characteristics of *Aconite*. Our allopathic friends tell us to let such patients alone, and they will get well without medicine. I never like to hear homœopathic physicians talking that way. In this paper reference is made to a feeling of utter emptiness, goneness, or faintness of the stomach about 11 a. m., or p. m., or any time four or five hours after eating as characteristic of *Lachesis*. That is one of the grand old characteristics of *Sulphur*. If that was one of the characteristics, I should certainly have prescribed *Sulphur*.

Dr. Wm. L. Breyfogle—I do not want to be understood as objecting to "apprehension of approaching death, great loss of memory, approaching paralysis, restlessness and irritability," as symptoms characteristic of *Aconite*. What I object to is, that we take as characteristic symptoms, a class of symptoms which are not reliable. We too often do it, and I think it is one of the great reasons of our failure in prescribing for cases. Another thing to be taken into consider-

ation is the fact, that some homœopathic physicians are so crowded by patients, that it is difficult to make those nice distinctions in every case. They are too often compelled to select too quickly the remedy, and therefore are obliged to use the "key-note symptoms." We must group the symptoms upon which life and death depend. I object to the characteristic, "worse after sleep." It is not reliable when isolated from other important symptoms.

Dr. O. P. Baer—That symptom is set down in the books as a key-note of *Lachesis*, and I have known but few cases when that particular symptom was manifest. Can the gentleman name any other remedy, the characteristics of which are similar?

Dr. W. L. Breyfogle—"Worse after sleep," is characteristic of *Sulphur*. The patient is disturbed early in the morning and gets up. In cases of croup, the symptom occurs.

Dr. O. P. Baer—The materia medica does not speak of that symptom under *Sulphur* in case of croup.

Dr. W. L. Breyfogle—"Worse after sleep," is not mentioned under *Sulphur* in the materia medica, but the fact exists nevertheless. *Sulphur* is "worse after sleep." In diseases which involve the mucous membranes, it necessarily follows that the discharges will be profuse, and that patients will be "worse after sleep." Upon simply this indication, it is not safe to give *Lachesis* in croup.

Dr. T. P. Wilson—Now, this "goneness or emptiness of the stomach," of which the paper speaks, is a very important symptom. It is always very prominent when a man is hungry, and the best indicated remedy is a good dinner for him, which is not a specifically homœopathic remedy. When I hear a man say in the morning, that he feels particularly worse, I think it may be because he has been debauched the previous night. It is not certain that this or that remedy is especially indicated. The system may be working off the debauch. It may be, had the man been temperate, that he would not have had the feeling of "goneness in the stomach" about 11 a. m., and we would not have had the "key-note." I like the paper of Dr. Baer very much. I dislike to see a

result of the action of a remedy explained on other grounds than the direct effect of the drug. I do not care what the symptom is or how it is produced, if it indicates the drug clearly, and the good result follows its administration, it is all nonsense to say it is a coincidence, that it might have occurred anyhow, etc. That sort of teaching, if carried out, would leave all the remedies in the *materia medica* out. If the result follows satisfactorily, all right. I do not know why any physician should stand up and question it. If I see a particular leading symptom, I can often make a good selection of a remedy, but it is only by close discrimination that we can always make the proper selection.

Dr. W. J. Hawkes—I would like to say a word about the paper. I think it strikes just at the point, that homœopathic physicians want to make. They must differentiate their remedies. If they have five hundred remedies, and two of these remedies have all their symptoms in common, then there is one remedy redundant, and which one is called for by the individual characteristic? The only way of utilizing all the remedies brought within our knowledge, is to find the characteristic symptoms for each individual remedy. It seems to me, that is perfectly clear. If there are two remedies which have precisely the same symptoms in common, then there is one superfluous in the *materia medica*. Throw it out. If there are no two remedies which correspond in their characteristics, we must make use of both, and know the difference. That is the only way to make use of Homœopathy. Dr. Baer's remarks on *Lachesis* strike right home. I think it is one of the most powerful remedies in the *materia medica*. In croup and diphtheria, where you find that symptom, "worse after sleep," it will help you out as it has helped me out so often.

Dr. W. H. Taylor—The point Dr. Breyfogle makes, is a good one. The fact that in these diseases of the respiratory organs, the patient is always "worse after sleep," is pathological and physiological. It makes no difference what the "totality of the symptoms" indicate, a little study will make it perfectly clear to any one. In these diseases when the

patient wakes up, he is worse. He attempts to breathe, but the air cells of the lungs have been occluded, and respiration is difficult; he is choked; feels exhausted, and for a time is worse from the force of physiological and pathological processes. Now would not that fact be a most trivial and unstable symptom, upon which to base the selection of a remedy? I know what I am saying, because I had a woful experience in that particular, but a short time ago. In the case of my own child, *Lachesis* failed me. It was a slender reed and it broke. We must not as homœopathic physicians, make a pretense of selecting our remedies according to isolated and important symptoms. It is that one thing more than any other that has brought us into contempt among scientific men everywhere. In a great many cases of croup or diphtheria, you can obtain no leading symptoms. I have seen cases of diphtheria where there were no symptoms, but excessive fever and a high temperature. Among children is where our most reliable work ought to be done. We can not rely upon individual symptoms, because we can not get them. I have found a remedy which has helped me out in all cases of diphtheria, since I commenced its use. That remedy is *Kali Chlor.*, in large doses. I have seen the most desperate cases of croup and diphtheria cured by it. In every case where desquamation of the epithelial structure of mucous membrane has taken place, *Kali Chlor.*, is the remedy.

Dr. W. H. Woodyatt—If it is possible for a man to be on both sides of a question, I feel that I am on both sides of this question. The point Dr. Baer makes, and the one I would emphasize, is the value of key-notes or characteristics. Dr. Breyfogle is afraid that the value of studying the case as a whole, will be overlooked, and Dr. Hawkes, fearing that Dr. Breyfogle is going to do mischief, talks about the "totality of the symptoms."

The "key-note system" is undoubtedly a good one, but is liable to the worst kind of abuse. I presume there is not an intelligent homœopathist using the "key-note system," who relies upon it exclusively. That statement would seem to indicate that I have never read the writing of Dr. Baer. I have

read his writings closely. Medical men add to their medical stock of knowledge, little by little, and the foundation which shall support the super-structure is, I am satisfied, many times overlooked, or quickly and poorly laid. I would not say that the skeleton of the pure *materia medica* which must bear all the medical discoveries which are made from time to time, is forgotten by the doctor, but it is simply kept in the back ground, while the "key-note" is prominently brought out and so abused. I think the greatest evil of the system is made prominent in the practice of young doctors. They are not thoroughly educated—are not well grounded in all those points contained in the grand "key-note system." They do not know that the temperature rises and falls at a certain time of day. They do not recognize that important transitions occur during certain changes in the moon, or the fact that the most decided influences are powerful agents in affecting different phases of disease. He who uses the "key-note system," understandingly recognizes all the forces which bear upon it. Keeping these great facts in mind, Dr. Baer learned from his *materia medica* that a case "worse after sleep" *caeteris paribus*, is to be cured by *Lachesis*, and gave it. A young doctor went out to treat a severe case of miscarriage. There was the usual hemorrhage, which was something frightful! The young man had given remedies without success, and went to bed to think and to dream. He was startled at three o'clock in the morning by the news that the patient was bleeding furiously! He went to the bedside of the patient and gave *Nux Vomica*, because worse at three a. m. It produced the necessary contraction she got well. That is an instance of the value of the key-note when based upon the sub stratum, which is always necessary to the successful use of "key-notes." Their value can not be over estimated. I think that the "key notes" or "characteristics" ought not to be relied upon without this substratum.

Dr. W. J. Hawkes—I think the teaching of the young doctors should be severely criticised, if it does not include instruction in all those little matters, such as the various changes in the weather, and the moon. The key-note sys-

tem in its broad meaning, takes in climatal, physiological, pathological and all other symptoms, either directly or indirectly affecting a given case. In hemorrhage, typhoid fever, diphtheria, etc., you must sufficiently study all the conditions present, or wanting in your patient, and from the facts observed, make up the "totality of the symptoms." That is the meaning of the "totality of the symptoms," according to my understanding.

Dr. W. H. Taylor—Dr. Hawkes certainly confounds the "key-note" and the "totalities." He talks about "key-notes," and explains them in the way of "totalities," which surely gets us confused.

Dr. W. J. Hawkes—A gentleman sees a spire in the distance. He takes it for granted that a church is there. The spire is a valuable indication that a church is there. That is a "key-note," and he goes further and finds the organ and other indications of a church—in other words, he takes the "totality" of the indications. Now, in the selection of a remedy in a certain disease, some of the symptoms stand out prominently and at once suggest the remedy. On further investigation, we find unmistakable evidence that the first indication was correct.

Dr. Jno. C. Sanders—I think Mr. President, that this paper has received enough compliments on the part of this institute. Passing by the question of characteristics, the paper furnishes two other points that have a special significance, and which commend the paper very strongly to the profession. The first of these is not, I should say, the "characteristic" remedy, but the individualizing, or signalizing rather the remedy for the accomplishment of the end to be obtained. The paper furnishes no hotch-potch of remedies, but they are chosen with reference to the substratum as being a support for the mastery of the case, and the results are to me very interesting. The other point is, that especially in the selection of the remedy or rather in treating the case, the remedy chosen was held on to without change, or flying quickly from one remedy to another. *Lachesis* was indicated and was continued, which in my judgment, furnishes a very satisfactory explana-

tion of the almost miraculous cure which I do not believe would have been possible without doing that. We are all too prone to change our remedy if we fail to cure with the remedy already prescribed within a day or a week.

Dr. A. McNeil, of New Albany, Indiana, read a paper on "Characteristics." (See North American Journal of Homœopathy, August, 1879).

Dr. Wm. L. Breyfogle—He follows some "characteristics" which we objected to a moment ago.

Dr. W. H. Taylor—The Doctor has a very confused idea of the terms, "characteristic" and "key-note." As a "characteristic" symptom he gives *Silicea*. "In negroes, all complaints arising from a psoric diathesis."

Dr. T. P. Wilson—Nothing seems so utterly foolish to a man as those things about which he knows nothing. He counts a thing of little value which he can make no use of. That is precisely the estimate that is put upon our *Materia Medica* by those who use it unsuccessfully. If the doctor does not understand the symptomatology, he can not be expected to use it skillfully. He must have some other means, and generally the other means are used, because the man has not the brains to comprehend the symptomatology of the *Materia Medica*, or he has not got the energy of a student to do it. There are no two drugs with a like symptomatology. Fifty drugs may have symptoms in common—but those symptoms do not designate a particular drug, but a class of drugs.

Dr. J. T. Boyd—I have not taken any part in the discussion because I think there is truth on all sides. I was looking out of the window and saw the different forms of foliage. The idea struck me that here are leaves of certain trees. There is the beech and there is the cherry. The leaves are very similar. I examine them and find there is enough difference to distinguish them. That is my idea of the way to study remedies. There are always some peculiarities that if properly studied, will stand out plainly. And show that a certain symptom is "characteristic" of a certain remedy, and in that way remedies become as familiar to us as the faces we meet.

Dr. W. H. Taylor—The paper attacks what I consider the strong hold of homœopathy. I think homœopathy is the doctrine of “specifics.” (A voice: You are mistaken.) If I am mistaken, there are a great many physicians who are mistaken. I think the doctrine of “specifics” is homœopathic doctrine.

Dr. W. J. Hawkes—Specific for what?

Answer—For conditions.

Dr. Wm. Eggert—With all respect for Dr. Taylor and his learning, I must say that he comes to us from the Eclectic School. He advocates doctrines that belong to the Eclectics, but not to the homœopathist. I must say that I do not think he knows how to handle the subject. I am satisfied that he would give large enough doses in diphtheria to ruin any child—if not kill it—it is not Homœopathy to give such large doses.

Dr. J. T. Boyd—I think there is a misunderstanding in regard to the word “specific.” Some view it from one standpoint and some from another. Our idea of a specific is exactly what the *Materia Medica* teaches. Not that one single remedy is going to cure one disease, but that the remedy has a peculiar pathogenetic effect corresponding to that peculiar symptom. That is my idea of a “specific.”

Dr. O. P. Baer—A “key note” is that which is used for a disease according to its symptomatology or manifestations, and we use the medicines which the symptoms indicate—disease is nothing more than a class of symptoms representing certain conditions, and corresponding with the conditions are certain remedies. These remedies are administered according to the law of correspondence or similars, and not according to any empirical teaching. As that of “specifics.” There is the difference. There is no such thing as a “specific” in medicine.

The effects of drugs on the healthy human organism have correspondences to certain pathological representations—the nearer these correspondences coincide with these representations, the more closely do we “totalize the symptoms.”

Dr. A. C. Cowperthwait—There are hundreds of homœopathic physicians, so-called, who prescribe certain remedies

for certain diseases and carry a "specific," as it is called, for every disease. They prescribe, not by symptoms, but by the disease. They prescribe the "specific" as soon as they know the disease. Now we all know that practice is bad, and not Homœopathy. I think the maxim "no matter how you cure, so you do cure," is a great mistake. This institute ought not to allow such a report to go on record.

Dr. W. H. Taylor—I rise to a personal explanation—I did not say that *Kali Chlor.* would cure all cases of diphtheria. I do say that the drug will produce a similar condition to diphtheria on the healthy human organism, and I do say that it more thoroughly corresponds to the disease known as diphtheria than any other with which I am acquainted.

Dr. T. P. Wilson—I have seen two cases under homœopathic treatment, so-called, treated by large doses of *Kali Chlor.* The treatment was successful. Both patients died!! If Dr. Taylor never heard of the death of any patient under the administration of that remedy, he can now record two cases lost. A physician who will rise in this institute and say, "I have had cases of diphtheria in which I could see no symptoms," is not competent to administer a drug homœopathically to a case of diphtheria; yet Dr. Taylor claims to have cured his cases by the administration of *Kali Chlor.* without having any symptoms to base his prescription upon. The absence of a symptom is the symptom itself sometimes. But a man, who in a case of diphtheria, can not see any diphtheria about it, could not, I suspect, see in the end any effects upon the constitution. In case of the recovery of the child that was treated by giving 200 grains per diem of *Kali Chlor.*, it will surely bear upon the child the lasting effects of the drug—as surely as Cain bore the marks of the wrath of God forever upon his forehead.

Dr. W. H. Taylor—I would say that two years ago I treated twenty-seven cases of malignant diphtheria with large doses of *Kali Chlor.*, and those twenty-seven cases are alive and well to day. There is nothing the matter with them—absolutely in good robust health. I never saw the slightest ill effect from the treatment.

General Clinics.

Clinical Cases of Eye and Ear Diseases. Reported from Dr. Wilson's Clinic, 130 Broadway and Corner of Seventh and Mound streets, Cincinnati. C. H. Guilbert, M. D., C. M. Lukens. M. D., Assistants.

CASE I.—STRABISMUS.—This was a case known as squinting of the eyes. The patient, a child of Mr. Geo. C. Wyatt, of Milroy, Ind., is only two years old. The parents, as usual, had been very generously advised to wait until the child had grown larger, say until it was six or eight years old. But the father having addressed us upon the subject, and asked for advice, was recommended to come on at once and have the operation performed. This the father did. There was found a convergence of both eyes, so great that neither eye could be made to look straight forward. The child was very much disfigured by it, but in all other respects, a beautiful and promising boy. August 19, Dr. Wilson gave the patient *Chloroform*, and raising both internal recti muscles, cut them clear of their attachment to the eye ball, and we had the satisfaction of seeing both eyes swing around to their proper position. The following day the father brought in the child to show us how perfect the result was, and went home that afternoon. In this case it was evidently necessary to operate on both eyes, as both converged, but it was not solely on that account that the operation was so made. Even when one eye only squints, a double operation—namely both eyes operated on—is an absolute necessity. It should be noted that by operating while the child is yet young, we are pretty sure to save the full power of vision, for if the eyes are neglected, and the operation postponed, there will be serious loss of sight, which no after operation can restore.

CASE II.—GRANULAR LIDS AND INFLAMMATION OF THE CORNEA COMPLICATED WITH ASTIGMATISM.—Rev. G. W. Henning, of North Topeka, Kansas, aet thirty-five. Patient is a man full six feet in height and weighing nearly two hundred pounds; complexion dark, general health good. Has performed a large amount of literary labor for the past few years. In 1860, was attacked with inflammation of the eyes—exact character not known. Result was granulated lids. For this he says he was very badly treated. In 1863 and 1871, had severe attacks of inflammation, being at no time free from the disease, which was sometimes worse in one eye and sometimes worse in the other. While in California, was treated by Dr. C. W. Breyfogle, with excel-

lent results. Afterward, when at Lawrence, Kansas, Dr. Frank Smyth gave him substantial relief for nearly a year. *Arsenicum* and *Pulsatilla*, given internally, did him the most good. When he came to Dr. Wilson, September 2, he had severe inflammation of the right eye, which chiefly affected the cornea of that eye. There was also drooping of the right upper lid. The pain and photophobia were only moderate. On examination the palpebral conjunctiva were found to be much atrophied. The patient insisted that his vision was good, and only slightly disturbed by the dread of light and a mucous discharge. The following record told a different story: Vision R 20-50 improved, but not increased by +48s. L 20-64, improved by +48c 180°, but not increased. When the radiating lines were placed before his eyes he expresses his great surprise, that they did not look to the left eye as they did to the right. Here however, was the probable secret to much if not all of his troubles. For the near point therefore, he was given to use in reading and writing, a pair of glasses with a concave forty-eight inch spherical glass for the right eye, and a concave forty-eight inch cylindrical with the axis horizontal for the left eye. With these he expressed himself much pleased, for he could see to read with almost perfect ease. *Sulphur* 30 was given, to be taken three times a day. Of the final result we can not yet speak. But we can look with assurance for a perfect cure in the course of a few months. But no medicine will cure such a case unless the refraction is first corrected by suitably adjusted glasses.

CASE III.—IRITIS WITH ENTROPION.—Mary Dillon, aet twenty-two. This patient has been suffering with inflammation of the iris of the left eye seven weeks, and under treatment by a leading general practitioner, who, however, made no pretensions to a knowledge of eye diseases. The case was one of iritis simplex, and not attended with severe pain. The pain, however, was constant with irregular aggravations, and the eye ball was moderately injected. No relief had been obtained. The pupil was contracted and evidently had not been disturbed. Upon examination, the lower lid of the suffering eye was found inverted, and the eye lashes were pressing against the eye ball. This, strange to say, had not been noticed by the patient or her attending physician, at least nothing has been said about it. Dr. Wilson immediately applied *Atropa sulph.*, and gave *Bell.* 30 internally a dose every two hours. The following day he operated upon the eye lid by taking out a section of the skin, and with three stitches brought the edge of the lid well over, so that the lashes were temporarily everted. The parts were carefully covered with a strip of isinglass plaster, and no further application made. The local use of *Atropa* and *Bell.* 30 internally continued. In two days the stitches were

taken out, and the plaster alone applied. In a week, dressings were all removed, and the inverted lid and iritis pronounced cured. Careful observation will often reveal to the physician complications, which must be gotten rid of before a cure can be wrought.

CASE IV—CATARRHAL INFLAMMATION OF THE MIDDLE EARS—Mrs. Julia Baird, aet forty-two, housekeeper, has been suffering from a severe cold for four weeks. Her lungs, throat and head were suffering simultaneously. For the last two weeks she has had a constant roaring in the ears and dullness of hearing. Her cough is severe, expectoration, glairy mucus, and she has a headache increased by motion and coughing. Urine scanty and high colored. Upon examination, the drumhead of both ears looked dull and congested. Dr. Wilson began treatment by inflating the ears with air, and this was followed by immediate improvement in the hearing. *Bryonia* 30, was then ordered every two hours. In two days after patient returned much improved, and the middle ears were again inflated, and *Bryonia* 30 continued. After the third treatment she was discharged cured. The close connection between the ears and the respiratory passages are well known to the anatomist, but in practice it is often forgotten that deafness and roaring sounds in the ears are often induced by throat troubles. And even when the throat and lungs are relieved, there often remains a trouble with the ears which leads imperceptibly on to permanent deafness unless properly cured. The present state of our art enables us to treat the middle ear with ease and success, and also without using hurtful appliances or causing pain to the patient. Still if all that is related of the tortures which some patients suffer at the hands of unskillful persons, it would excite our surprise and pity. Deafness from catarrhal inflammation of the middle ear is a common form of trouble, and while as a rule it is quite curable, it nevertheless ruins the hearing past recovery when neglected.

CASE V.—OPTIC NEURITIS, WITH BRAIN TROUBLES.—Mrs. Alexander, aet forty. Patient of Dr. M. M. Eaton. Dr. Wilson was called to see the patient in consultation, on account of the fact that she had become blind. Dr. Eaton reported her recovering under his care from the *Opium* habit, to which she had long been a slave. Under allopathic treatment, she had been induced to use *Morphine* on account of a peculiar trouble with her brain attended with severe pain. She has also a tumor growing in her abdomen—left hypochondriac region—probably scirrhus. Of this however, she was not complaining much. Upon examining her eyes, they were found to all external appearances, in a natural condition. Still, as she could not see, it was desired by her friends that the cause of her blindness should be made clear. An ophthalmoscopic examination showed

that both optic nerves were in a highly congested and swollen condition. Extensive exudations from the over distended vessels, had been thrown out around the optic nerve entrance. On this account all sense of light was lost. The veins of the disc were very much swollen, and the arteries correspondingly small. She had no pain in her eyes, but the character of her pain in the head, and the condition of the optic discs, showed the probability of an intra-cranial trouble, for which all measures of relief are at best exceedingly doubtful. The value of the ophthalmoscope in a case of this kind is here beautifully illustrated. Twenty-five years ago, even to the wisest physician, all would have been conjecture as to the actual cause of the blindness. Now all is made clear to the eye. True, in a case like this, we can not promise a recovery, but it greatly relieves the anxiety of friends to know that sight is not lost through their ignorance or neglect. To know the truth is to be wise, and wisdom will not hinder us even when it can not aid us.

That Case of Glaucoma.

EDITOR OF MEDICAL ADVANCE:—In your July number, page forty-two, a case of "Glaucoma" is reported as greatly benefitted by *Argentum nit.*, 200. Reliable remedies for this disease are so scarce and so little understood, that he who can add one to the list, or cultivate aught that will make clearer the indications for those already pointed out, will be a positive benefactor to his school and race.

This case is full enough in its record to excite inquiry, but too meagre to satisfy the questionings it arouses. Can the Doctor give us a supplementary report which will show which eye was first invaded, and what the symptoms of the glaucoma were?

Enucleation of a glaucomatous eye is not usually demanded, nor is the opposite eye usually affected by sympathy in the sense here implied. Which eye was the sympathetically affected one? What was the objective condition of the left eye at the time that its vision was quantitative, and the pain distracting in the back of the eye and up into the brain?

What amount of vision was there in the right eye when it was painful, and the ocular conjunctiva injected—was it the right or left cornea that was opaque? What was the tension of the globes at any time? If these questions can be answered, and if the meaning can be made more complete in other ways, the value of the report will be so greatly enhanced that we are moved to call for them.

To have the fullest possible evidence first of the presence of the disease, and then of its entire removal will create a confidence that we wish very much to have in *Argentum* or other remedies for this grave disease.

Every case positively cured is to signal a victory—so distinctively a triumph over the surgical means now relied upon, that every particle of detail is desirable. W., Chicago.

DEAR DOCTOR:—To all believers in the law of similars, your case of glaucoma, reported in *MEDICAL ADVANCE*, must be of interest, and in that spirit only, I hope you will look upon the liberty I take in asking you some questions.

The first question, is one of diagnosis. What evidence can you give me by which I may know that it was a case of glaucoma, and not something else, as choroiditis or irido-choroiditis?

What was the tension of eye then, and what is it now, or what was it one year after the time of treatment?

What was the appearance of pupil then? What is it now?

What was the appearance of fundus then, and what is it now?

Do you know what Prof. Angell's opinion was?

His advice simply throws no light on the case, as he might have advised enucleation for other conditions.

I have endeavored to give only such questions as would permit of answers—and which when answered, would enable me to classify your case. There are many unanswered questions and unsolved problems in this disease, and a ray of light anywhere should be utilized.

Hoping I may hear from you soon, I am fraternally yours,
D. J. MCGUIRE, Detroit,

Oct-3

MR. EDITOR:—DEAR SIR:—As to the proof of a correct diagnosis of the case of glaucoma, reported benefitted by *Argentum nit* 200 in your July number would say, that the case was examined by Profs. Angell and Talbot and Dr. Williams, all of Boston, and so pronounced, Dr. Talbot, whom I afterwards personally saw in relation to the case, said there was no possibility of any mistake. Patient and husband, who are very intelligent people, Mr. Carpenter being a distinguished attorney, said to me on their return, that Prof. Angell said there was no way of saving the right eye without enucleation of the left, which at that time was under very great tension—staphylomatous. Some operation at least was decided a necessity, and I do not think there is a shadow of a doubt about the case being glaucoma. The case was of six and I think eight weeks standing, before I gave the *Argentum nit*.

The appearance of the eye, (the left) when I first saw it, was that of tension sufficient to create slight staphyloma. Cornea gray, and quite opaque, with numerous blood vessels coming from the inner canthus, especially injected, and looking reddish, or yellowish red. Eye-lids inclined to droop and excruciating pains deep in the ball and behind, extending high up above the superciliary arch.

In about two or three weeks, the right eye took an active sympathy, conjunctiva became highly injected, cornea was involved; though vision in that eye was not seriously impaired, except as to being sensitive to light. The tension was such however, that she complained of nearly the same symptoms as were associated with the left eye. I remember that she often knitted her brows and spoke of being stabbed in the eye-ball or deep in the brain. At this time I sent Mrs. Carpenter to Boton. She received no help from anything she got there as medicine, and having refused to submit to enucleation, for the present at least, I gave her after a careful study of symptoms, *Argentum nit* 200. I did not say that my patient was cured in the sense of having perfect vision restored in the left eye—she was not—but the disease was arrested—the right eye was saved, and

an operation of any kind avoided. Tension in both eyes subsided, and the left to-day, would be natural only for opacity of cornea, and yet she sees some with left eye. I am positive about the relief of *Argentum*, as she was unable for more than a year to do entirely without it, yet it would control every menace of a return of the disease. Was never more positive of the effect of a remedy—and the relief came promptly after I began to use it. Whether *Argentum nit.* will ever help another case like this, I do not know. I report the case for further verification.

Note some of the *Argentum nit.* symptoms. Tearing extending from the forehead into the left eye. The eye runs, looks red and glistens. Pressure in the eyes, as if too full. Aching pain deep in the eye. He saw through mist. Aperture between the edges of the lids, became narrower. The cornea is covered with a white, opaque, apparently dense, but not deeply penetrative spot. Clusters of red vessels extending from inner canthus to cornea. G. N. BRIGHAM.

Gastritis (?) *Carbo veg.* 60.

MY DEAR ADVANCE:—Have just returned from my vacation to the Pacific coast and *nolens volens*, I had to dabble in medicine. Among other cases which came under my observation, was one showing clearly that *Carbo veg.*, in a dynamised condition can not be killed in spite of all microscopy and chemistry combined. But to my case.

Mr. L. G——, about forty-seven years old, of nervous temperament, and like all Californians, head over ear in business, complained for the last seven years of dyspepsia, whatever that may be, was physicked in every way possible, dieted in different manners, sweated in the turkish bath, but all to no purpose. He feels well for about three or four months, then an attack comes on lasting several weeks, and

produce the reverse condition through antagonism against the effects of the forces brought to bear upon it from without.* For instance, a hand which has been held long enough in ice water does not remain cold; nor does the hand only show the warmth of the surrounding atmosphere when taken out of the ice water, which would be the effect on a stone (an inorganic body); neither does it return to the warmth of the body—by no means—for the colder the water was, and the longer the hand has been kept in it, and thereby affected the healthy skin, the hotter and the more inflamed will it become afterward.

It can not be otherwise than thus, that a symptom which yields to a remedy which acts contrarily on the diseases does so but for a short time;† and it is bound to yield again, very soon, to the predominating antagonism of the living organism, which causes a contrary; that is, a contrary condition to the one which the palliative has created deceptively for a short time only (a condition corresponding with the original evil)—in fact, a true addition to the returning unextinguished original disease, the original disease in an aggravated form. The disorder is always and surely aggravated, as soon as the palliative (the contrary and enantiopathic acting remedy) has exhausted its effects.‡

*This is a law of nature according to which the administration of each medicine causes, at first, certain dynamic changes and abnormal symptoms in the living human body (primary effects of medicine), but afterward, by means of a peculiar antagonism (which in many cases might be termed an effort of self-preservation), it causes a condition entirely the opposite of the first effect (secondary symptoms); for instance, narcotic substances produce primarily insensibility, and secondarily painfulness.

†Just as a scalded hand remains cold and painless not much longer than while it is held in cold water; it afterward burns and pains much more.

‡Thus the pain in a scalded hand subsides suddenly, but only for a few minutes, by applying cold water; but afterward the inflammation and pain become much worse than before (the inflammation, as a secondary effect of the cold water, is an addition to the original inflammation caused by the scalding, which the cold water is unable to remove.) The painful fullness in the abdomen caused by constipation seems to disappear, as if by magic, after the administration of a purgative; but as early as the

In chronic diseases, the true test-stone of the genuine healing art, we perceive the pernicious effects of contrary acting (palliative) medicines in a high degree; inasmuch as a repetition necessary to cause an illusive effect (a sudden passing appearance of relief), implies a larger and increasingly larger dose, frequently endangering the life of the sick, and not unfrequently causing death.

There remains, therefore, but a third method of administering medicines as a sure method of relief and cure, and this is the application of a remedy which is capable of causing on the healthy organism an affection (an artificial diseased condition) which is similar, very similar, to the present case of sickness.

It is easy to prove, as has been seen in innumerable cases, and also by those who followed my teachings, by daily 'experience*' as well as by reasoning, that this method of next day, this painful fullness and tension of the abdomen returns with the constipation, and increases the following days, becoming worse than it was before. The stupor-like sleep after *Opium* causes a much greater sleeplessness the following night. It becomes evident that this secondary condition constitutes a true aggravation, and is shown by the fact that if the palliative is to be repeated (for instance, *Opium* for habitual sleeplessness or chronic diarrhoea), it must be administered in increased doses, as against an aggravated disease, if even then it can be forced to produce, but for a short time, its seeming palliation.

*We will mention only a few every-day experiences. The burning pain which boiling water causes on the skin is cured by the cook's holding the burned hand near the fire, or by uninterruptedly moistening it with heated *Alcohol* (or *Turpentine*), which causes a still more intense burning sensation. This specific treatment has been followed by varnishers and similar artisans, and has been found reliable. The burning pain caused by these strong and heated spirits remains only for a few minutes, while the organism is homœopathically relieved of the inflammation caused by the burn. The destruction of the skin is soon repaired by the formation of a thin cuticle, through which no more *Alcohol* penetrates. In this manner a burn is cured in a few hours by the remedy causing a similar burning pain (by highly heated *Alcohol* or heated *Oil of turpentine*); but if such a burn is treated by cooling palliatives or ointments, a malignant ulceration follows, which is apt to last many weeks, and even months, causing much suffering. Professional dancers know from long experience that they are momentarily very much refreshed by drinking very cold water, and by

administering medicine constitutes the most complete, the best, and the only mode of cure.

It will, therefore, not be a difficult task to comprehend by what natural laws the only suitable homœopathic healing art is and must be governed.

The first unmistakable natural law is, that the living organism is comparatively much more easily affected by medicine than by natural diseases. Many sick-making causes affect us every day, every hour of the day, but they are not able to disturb the equilibrium of our condition; the healthy are not made sick; the activity of our life-preserving principle within us generally resists the most of them, and the individual remains well. If external noxious influences, increased to a high degree, affect us, and if we expose ourselves to them too much, then we sicken, and only to any great degree if our organism, just at that time, shows a weak side (a predisposition), which makes us more liable to be affected by the present (simple or complex) cause of the disease. Did the inimical, partly psychical, partly physical forces of nature,

taking off their clothing when extremely heated by dancing; but they know also that afterward they will surely have to suffer from severe, often fatal diseases. Wisdom has taught such extremely heated persons, without allowing themselves to go into the cool air or remove their clothing, to take a drink which is also heating, either punch or hot tea, with arrack or brandy; and under its effects, while slowly walking up and down the room, they are very soon relieved of the hot fever caused by dancing. So even the old and experienced mower never takes any other drink to cool himself from the excessive thirst of labor under a hot sun than a glass of whisky; in an hour's time he is relieved from thirst and heat, and feels well. An experienced person will not expose a frozen limb to the fire, or to a hot stove, or put it in hot water, in order to restore it; covering it with snow, or rubbing it with ice water, is the well-known homœopathic remedy for it. The disorders caused by excessive joy (the fantastic mirth, the trembling restlessness, the excessive motion, the palpitation of the heart, the sleeplessness) are soon and permanently removed by coffee, which causes a similar ailment in those not used to take it. There thus exist many daily confirmations of the great truth, that men are relieved from long-lasting sufferings by other short-lasting evils, by a process of nature. Nations for centuries fallen into apathy and slavishness, elevated their spirits, began to feel the dignity of men, and became again free men, after they had been crushed to the dust by the western tyrants.

called noxious disease influences, have unlimited power to affect and change our condition, then nobody would be well. Inasmuch as they are found everywhere, everybody would be sick, and would not even have a conception what health is. But as, in general, diseases are only the exception to the condition of men, and as it is necessary that a combination of so many and various circumstances and conditions—partly by the disease-causing forces, partly by the condition of the individual to be made sick—must exist before a disease really follows the effects of the sick-making forces, it becomes evident that man is not easily affected by these noxious influences, that they do not necessarily make him sick, and that the organism can only be affected by them under certain predisposing influences.

Book Notices.

Hearing, and How to Keep It. By Chas. H. Burnett, M. D. Lindsay & Blakiston.

This is one of the "American Health Primers" Series, and a very good one it is too, but it strikes us the author is a person of very marked peculiarities. Among these is a proneness to extravagant statement. This extravagance amounts in numerous instances to absurdity. We quote a few of them. Page 79. "No one hesitates to have a sore and running eye healed, for if it be not healed, the eye will literally run out." Page 82. "Clothes wrung out of very warm water may be placed around the painful ear, but never over it: if laid over it, such dressings tend to produce proud flesh in the ear." The author has a mania against oil in the ear. P. 84, "If, however, the pain abates and the surgeon is not called in, the oil is forgotten and allowed to remain in the ear. Here it soon becomes rancid, and hence a fit soil for the growth of fungus aspergillus. The latter, as

soon as it begins to grow, excites in the ear a painful and serious inflammation." Page 85. "If a poultice of any kind be placed over an inflamed ear for a short time, even a few hours, irreparable injury may be done to the organ. This will be manifested by a mass of granulations (proud flesh) springing up in the canal, the breaking down of the drum head, and the falling out of the little bones of the ear." Speaking of the use of oils, and the disagreeable odor they produce, he says: Page 88. "When this latter condition is once fully established, the ear may attract flies which will enter the ear, deposit eggs, and in a short time thereafter, maggots will attack the more delicate parts of the canal of the ear and the drum head, producing the most intense agony." Page 91. "But in no case must cotton be worn in a running ear." Page 100. "When the protuberance behind the ear becomes tender to pressure from the finger, the patient should lose no time in consulting a surgeon, and the latter can give relief to pain and ward off danger by making a hole in the bone behind the ear and letting out the pent up matter." Page 107. "It is a most significant fact, that numerous cases of tumor of the auditory nerve have been directly traceable to cooling off the exhausted body after great exposure to heat, and the consequent perspiration." This is the perfection of etiology. Page 115. "A tight cap will do the ears great harm, by pressing the auricles against the head, causing not only increasing perspiration, but by thus binding down the ears to the perspiring surface, macerate the skin of the ears, and set up a disease like "milk crust," Page 115. "A good soap is not easily obtained." Page 119. "All superfluous ear wax will fall from the ear in time, if left alone." All this makes the book very entertaining if not instructive.



The Homœopathic World, London,

Commences a new life under a new editor, J. Compton Burnett, M. D., F. R., G. S., who makes his debut in the September number. His salutatory is sufficiently explicit to show what his metal is, and the whole number glows and sparkles under the inspiration of a really live man. If he gives us an aggressive journal, and avoids this milk-sop business of currying favor with the old school, he will confer a lasting benefit on our trans-atlantic brethren, and be always welcome to the profession in the West. We congratulate the "World."

Transactions of the Hahnemann Medical Associations of Iowa, Tenth Annual Session.

We are indebted to the enterprising secretary, Dr. E. A. Guilbert, for a copy of this work. We find it full of meat, and as interesting as a novel. Guilbert never does things by halves—neither does the Hahnemann Medical Association of Iowa. Send the Doctor a quarter and get your money and big interest.

The Homœopathic Journal of Obstetrics and Diseases of Women and Children, Henry Minton, A. M., M. D., Editor. A. L. Chatterton & Co., Publishers, New York. \$4.00 per year.

The first number of this new journalistic venture, gives promise of excellent results. We believe there is need of such a publication, and the profession should give it substantial support.

List of Medicines Mentioned in Homœopathic Literature. By H. M. Smith, M. D., New York. Smith's Homœopathic Pharmacy.

This includes botanical order of the plants, and the synonyms of all the drugs. This makes a most valuable book of reference. The idea of furnishing the profession such a work was a happy conception, and is well carried out.

Posological Tables, Including all the Official, and the Most Frequently Employed Unofficial Preparations. By Chas. Rice. Wm. Wood & Co., New York.

This little work is of great value to those who give medicine in large doses. True, it points out but a small part of the real danger, but that little is worth something. Price \$1.00.

Repertory to the More Characteristic Symptoms of the Materia Medica
 Arranged by Constantine Lippe, A. M., M. D.

We have specimen pages only. The entire work will make a volume of about four hundred pages, at \$4.50 and upwards. Bedell & Bros., New York.

An Address, by R. Ludlam, M. D. Delivered before the Illinois
 Homœopathic Association, at Freeport, May 21st, 1879.

It would be hard to say what it was all about, and harder still to say, what it was not about. It is particularly Ludlamian, and in his way of telling it, must have been extremely interesting. If you can imagine how he would say it, it will pay you to read it, otherwise it—well, it will pay anyhow.

The Principles of Light and Color, Including among other things, the
 Harmonic Laws of the Universe, the Etherio-Atomic Philosophy of Force, Chromo Chemistry, Chromo Therapeutics, and the General Philosophy of the Fine Forces, Together with Numerous Discoveries and Practical Applications, Illustrated by Two Hundred and Four Exquisite Photo-Engravings, Besides Four Superb Colored Plates Printed on Seven Plates each. By Edwin D. Babbitt. Babbitt & Co., 141 Eighth Street, New York.

To all intents and purposes, this is a remarkable book. Its scope is clearly set forth in its title, but it has to be read in order to be appreciated. However, it does not follow that it is understood if it be read. It seems to us the author is a transcendentalist, and that while he makes free use of science, he comes at it always from the upper regions. He in fact descends to physical demonstrations rather than ascends. The beauty of the work adds much to its attractiveness. We do not feel competent to pass upon the merits of the work, considered as a whole. To medical men, the most important fact is, the author develops a system of chromopathy or color cure for diseases. His predecessors, General Pleasanton and Dr. Pancoast, with their red, blue and white lights, laid an imperfect ground work, which the author has carefully relaid and erected a beautiful system; but how far it is true, we can not yet judge. Many

of our readers will, no doubt, enjoy a study of this book, but to others it will be anything but reasonable or practical. We cordially commend its perusal.

Photographic Illustrations of Skin Diseases. By Geo. Henry Fox, A. M., M. D., Complete in Twelve Parts, with Forty-Eight Colored Plates Taken From Life.

We have parts I and II, and can but express our surprise and admiration at the beauty and excellence of the work. The following diseases are represented in the plates before us; comedo, acne vulgaris, lepra tuberosa, elephantiasis, keloid, rosacea, psoriasis nummulata, ichthyosis simplex. Most unqualified praise is due both author and publisher for this promised substantial addition to our scanty literature on skin diseases. Published by E. B. Treat, No. 805 Broadway, New York. Price \$2.00 each part.

Editor's Table.

DIED.—Dr. A. O. Longstreet, of Springfield, Ohio, of malignant diphtheria, August 27. The following resolutions were passed at a meeting of the profession of that city.

Whereas, we learn with deep sorrow of the sudden decease of our fellow laborer, Dr. A. O. Longstreet, of this city, therefore

Resolved, That while we bow with submission to the will of Providence, we deeply regret the dispensation which has so suddenly removed our friend and brother practitioner.

Resolved, That we gladly testify that by his gentle demeanor, his skill, faithfulness, and untiring industry and thorough qualifications as a physician, he had endeared himself to a large circle of personal friends, and had secured the confidence of the community in which he lived.

Resolved, That by his death the medical profession in this vicinity has lost an able and eminent representative, the town a distinguished citizen, and his family a loving father and a genial companion.

Resolved, That we join with the entire community in sympathy for the bereaved family.

Resolved, That a copy of these resolutions be sent to the family of our deceased brother, the press of the city and the CINCINNATI MEDICAL ADVANCE.
GEO. D. GRANT, Sec'y.

THE EDUCATIONAL SOCIETY for introducing the Metric System. The American Metric Bureau, has just had published a new edition of the standard work on this subject by its President, F. A. P. Barnard, President of Columbia College, N. Y., which has hitherto been published in New York, at \$3.00 per copy.

This new edition contains three times the matter, and has been made the most complete work in the language.

Its index of two thousand references, make it really a Cyclopædia of the Metric System.

The society wish to scatter it widely through the country, to give full and accurate information about the Metric System of weights and measures, of which so much has been ignorantly written. They offer it at \$1.50, or one-fifth the rate charged by the New York publishers for the original edition. If not found at the book stores it can be had of the society, by mail \$1.70. The address is

Secretary Metric Bureau, 32 Hawley St., Boston.

THE HOMŒOPATHIC RELIEF ASSOCIATION of New Orleans, La., have issued a neat pamphlet, giving in a condensed and practical way the best methods for the laity to treat yellow fever. Their course is to be commended as a very effective method, introducing Homœopathy and making the community familiar with the superiority of homœopathic treatment. It may be had gratis of Angell's Pharmacy, New Orleans, La.

SPECIAL ATTENTION is directed to the advertisement of Mess. Duncan Bros. This enterprising firm have added an old established pharmacy to their business. We believe they offer inducements in regard to prices, etc. Send for their announcement.

OUR FRIENDS in New Jersey have succeeded in placing one of the public institutions under their charge. Dr. S. H. Quint has been appointed superintendent of the Camden County Insane Asylum, located at Blackwoodtown, N. J.

A LITTLE SON of Dr. G. W. Sherbino, of Waynesburg, Pa., accidentally shot himself recently, the ball entering the chest. The little fellow is in a fair way to recover.

MARRIED.—September 10, Similia, daughter of Dr. C. A. Jaeger, of Elgin, Ill., to Mr. Dwight C. Wilcox.

PULTE BOYS—Dr. J. E. Stuebaker locates in Wooster, Ohio.
Dr. S. W. COHEN has located at Waco, Texas. He reports prospects good.
Dr. MAY HOWELLS has removed her office to 437 W. Eight Street.
Dr. M. M. EATON has removed his office to 120 W. 7th Street.

Wants, Locations, Practices for Sale, Etc.

Under this head we will be glad to insert, gratis, notices, change of location, practices for sale, exchanges offered or any miscellaneous want pertaining to the profession, not of a purely advertising or personal nature. We will be specially obliged to physicians giving the names of good locations.

LEAVENWORTH, KAN., Aug. 23, '79.

MEDICAL ADVANCE CO.:—Bill heads were duly received, also first number of **MEDICAL ADVANCE**, and I think that I have already received an equivalent for my investment. As regards the correct list of physicians promised you from this state it is not yet completed, but will be in a week or two.

There are scores of towns in Kansas where homœopathic physicians could do well. The most desirable that occur to me at the present writing are Cawker City and Kirwin, on the line of the Central Branch R. R. Council Grove, on the Junction City Branch of the M. K. & T. R. R. Paola, on the K. C. Ft. Scott & Gulf R. R. and Florence, Peabody, Great Bend, Kinsley, and Dodge City on the A. T. & St. Fe R. R.

Kirwin has a non-graduate homœopathic practitioner, but would retire from practice in favor of a reliable man as he informs me, and attend to his regular profession, that of preaching. Paola is quite a large town, and why a homœopathic physician has never located there I can not understand. Other towns of less size support one and even two. It may be that it is too near the Missouri border, and Homœopathy is utterly beyond the comprehension of the average Missourian.

Truly yours,

J. J. EDIC.

LAWRENCEBURGH, IND., September 18, 1879.

MEDICAL ADVANCE:—I desire to report the following locations:

Brookville, Ind., (Franklin Co.,) county seat; population twenty-two hundred; three old school physicians but no homœopath. Good country. Refer to Wm. H. Green, Esq., editor Brookville American.

Rising Sun, twelve miles below here on the river. Homœopathy pretty well introduced, and good man can make it win.

Versailles, county seat of Ripley Co., Ind. Population three thousand. No homœopath. Refer to J. C. Pate, County clerk.

These are all good locations for men possessing energy and grit. Fill them up. Yours truly, O. C. EVANS, M. D.

NEW ORLEANS, LA., September 5, 1879.

DEAR SIR:—There is an opening in this city for a good German homœopathic physician. Population estimated at two hundred thousand, of which from twenty-five to thirty thousand are Germans. There are altogether ten practicing homœopathic physicians here, none of whom speak German. An energetic person, speaking also English and French, would soon be able to establish a paying practice. Respectfully yours, BOERICKE & TAFEL.

MEDICAL ADVANCE:—I would recommend New Paris, population one thousand. No other homœopathist nearer than six miles; quite a number of disciples here. Cedar Springs, health, resort one mile from town. Seventy-five boarders every summer beside a number of boarders in town; will give way to a good homœopathist for a nominal fee. Cause for leaving, ill-health.

Very respectfully and fraternally yours, M. M. HAMPTON.

MEDICAL ADVANCE:—I will sell my property and throw in my practice to some energetic physician. My age, (sixty years) is cause for my retiring. Town has three thousand population. Am only homœopath nearer than Quincy, Ill. Terms reasonable and easy.

D. V. VAN SYCKLE, M. D., Canton, Mo.

MEDICAL ADVANCE:—Do you know of some good man that could take my practice, as I leave for Europe and may never return to this field? Have been here years and have a good practice, will make favorable terms to the right man.

A. McNEIL, M. D., New Albany, Ind

MEDICAL ADVANCE:—My health being poor, I offer my practice for sale. Charleston will be the capital of West Virginia. Has a population of sixty-five hundred, sociable and intelligent society, and a desirable growing Homœopathic practice.

Yours truly, W. HENRY, M. D., Charleston, W. Va.

DR. S. W. COHEN, of Waco, Texas, reports favorably on the following Texas towns for locations, Dallas, eighteen thousand, Palestine, Gainsville, Waxahachie, Belton, etc.

PRACTICE WANTED.—In a country town where there is no other homœopathic physician. Will pay cash. Address M. D., care ADVANCE.

FORCE and MATTER.

Minerals, Vegetables, Animals.

Anatomy	{ Fever Inflammation Anæmia Softening Degeneration Hypertrophy Atrophy	{ Congestion Exudation Suppuration Ulceration Gangrene
Physiology	ions of Disease— <i>Similia Similibus Curantur</i>	
Surgery		
Hygiene		
Pathology	ology	(Medical Theurgy).
Pathology	ogy lics Obstetrics	(Microscopy).
		(Medical Jurisprudence).
Materia Medica	ptomatology	{ Posology
Chemistry	HEALTH & DISEASE.	

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

VOLUME VII. CINCINNATI, O., NOVEMBER, 1879. NUMBER 5.

All communications for publication should be addressed to DR. T. P. WILSON, editor, 130 Broadway. All subscriptions and business communications should be addressed to MEDICAL ADVANCE Co., 80 W. 9th St., Cincinnati, O. Subscription \$2.00 per year.

The Organon of Medicine, An Introductory. By T. P. Wilson, M. D., Cincinnati, O. (See Schematic View.)

A true organon of medicine must of necessity be encyclopedic*. It must contain subjects comprehended by the term medicine. A system which omits any of the fundamental departments is, at best a fragmentary and imperfect presentation of the subject.

The need of the present age is that true organon. It could not, however, be constructed in the earlier history of medicine because those departments of knowledge, now so well recognized were, at the best, undeveloped and inchoate. We could not systematically arrange what we did not have or having, we did not understand. But the present century has

*The word encyclopedia implies the unity and circularity of knowledge—that it has one common, central principle which is at once constitutive and regulative.—*Hare.*

Nov-1

added an almost untold amount of wealth to our possessions. The accumulation of material in the shape of facts and principles has now reached a point of positive oppressiveness unless we can put it into proper shape.

For lack of this, the mind of the student wanders, often bewilderingly, amid the net work of subjects as might a traveler through a tractless forest. And also for the lack of this some of the most valuable discoveries that have been made are unknown even to those who search for knowledge; and not infrequently those who find these precious truths, reject them because they fail to trace out the relation which these truths bear to the subject as a whole.

I do not forget that Samuel Hahnemann's greatest work is called an organon of the art of healing. I have no desire to detract from the high estimate in which it is held in the mind of every intelligent student. As a system representing "the art of healing," it stands and even will stand unexcelled. But Hahnemann's work is not an Organon of Medicine. It makes no pretension of being such an instrument. That he could have written such a book no fair minded person can deny. Doubtless he was conscious of the fact that the time for a comprehensive and systematic arrangement was to be the work of the future.

His great therapeutic discovery naturally stood isolated from the great body of medicine. That it was true he spent a long and valuable life in demonstrating. He left to the future the task of showing its intimate and indissoluble relations to all the other subjects embraced in the circle of medicine. He, with prophetic eye, saw that in the course of time it would come to be recognized in the words of Hare as "the central principle, at once constitutive and regulative"; thus completing "the unity and circularity of knowledge." There is no true knowledge which will not bear the test of science and philosophy. A fact discovered and a principle elucidated, justly receive no credence until they have taken their rightful place in the departments to which they severally belong. When science and philosophy were young they could be grasped in their entirety by most minds of intelligence; but

to-day they need orderly and proper arrangement, or they serve only to confuse the intellect.

We have need, therefore, not only to make our system comprehensive, but natural as well. And this is what we mean by a proper arrangement.

Medicine alone as part of the great circle of natural sciences has, within the last few years, increased its complexity to an astonishing degree. The student at the commencement of his studies, is lost in amazement at the entangled mass of material that lies before him. That which he should know and comprehend at the outset, he is left to discover for himself, if indeed he ever does discover it, viz: the relations which these subjects bear to each other as parts of a common system.

Nature is strictly orderly in her process of development. She proceeds always from the simple to the complex. And it is the province of the human mind to not only discover the facts but to understand the order of their occurrence.

The law of Similia, as applied to therapeutics, may be said to have a history coeval with medicine. As an occasional fact in medical practice it received very wide acceptance.

It was the labor of Samuel Hahnemann to demonstrate its universality. But even his lucid demonstrations fail in many instances to carry with them that conviction which they demand. But when once we have joined it to the great body of facts to which it properly belongs it will then be denied only by ignorance and bigotry.

Still it must be confessed that until it can be seen that science and philosophy give their unqualified endorsement it is useless to insist upon its acceptance. And now it seems to me that we have arrived at that point in our history when the attempt to show this relation may successfully be made.

Any one may have faith in the law of cure to which we have referred without fully understanding it, except as it may be applied in practice. An intelligent understanding of that law can be obtained only by a careful study of all the fundamental facts and principles upon which it rests. We must go back to that point where nature herself begins to lay her

broad and stable foundations. And if we do that we will find the succession of links unbroken until we reach the crowning fact in this wonderful system, the object of which is to cure disease. And this it can do only by the law of *Similia*.

Upon this statement thus broadly made medical men hold very diverse opinions. This fact is easily accounted for when we consider how differently men are informed upon subjects that are collateral to it.

By general consent we assume that drugs properly administered to the sick, do cure diseases. Now comes the question, How? There are thousands who would be glad to have us answer this question, if we could do it satisfactorily. But this is impossible without an undestanding of a large number of preliminary facts.

If we content ourselves by formulating the law of cure in the well known phrase *Similia similibus curantur*, we find many minds wholly incapable of comprehending it. And what is more they not only doubt it, but they deny it. But since they act up to the knowledge they possess we can not hold them under very severe judgment.

If we commence to teach astronomy by formulating Kepler's laws, we find but a limited comprehension of them in the minds of men because they have not the knowledge which should precede acceptance of them. Before we can learn science we must understand and apply the science of learning. We have too long tried to carry on our instruction by an inversion of the natural order of human thought. In more ways than one we have violated the dictates of nature in seeking for truth and in trying to make it known when found.

Medicine is not simply an art. It is a science. We make no apology for this statement. We say this, however, that it is a science to those only who can comprehend it. And being a science it is susceptible of an orderly and logical arrangement of its multitudinous facts. In other words an organon of medicine is possible; and being so, it becomes very desirable.

A schematic view is, herewith, presented which is designed to show with some readiness not only all the principal sub-

jects which belong properly to medicine, but also the order in which they occur and the proper relations they hold to one another.

Science is not a circle. It is rather a broad road, the beginning of which we must find if we can. And having found it we must pursue it step by step until we reach the limit of our own possibilities in traveling over it.

Certain pseudo-scientists have attempted to frighten the world by an outcry against "dogmas"; as though truth in any sense were absolute and science never dogmatic.

To assert the existence of the law of cure is to be dogmatic in the most acceptable sense of the word. In that respect the department of therapeutics is not singular. Every department of medicine is possessed of just such fundamental principles, and these same objectors to our law of cure do not hesitate to formulate a multitude of dogmas upon other subjects.

When we have properly traversed the ground, over which medical science lays its jurisdiction, we expect to be able to write in fair letters on the front of the temple of Æsculapius
SIMILIA SIMILIBUS CURANTUR.

It will be reserved for future time and possibly for other hands than ours to complete this pleasing task. Upon this frame work must, ere long, be built by patient hands, guided by an intelligent mind, the true Organon of Medicine.

Theory and Practice.

Uterine Fibroids. By H. F. Biggar, M. D., Cleveland, O.

A fibrous tumor may be defined, "as a growth composed of fibrous tissue, identical in structure with that of the uterine wall, but disconnected with it, being in general surrounded by a capsule of dense fibro-cellular tissue which is peculiarly

dry and loose, so that when one cuts on the tumor it almost of itself escapes from its cavity."

These tumors may be named according to their position and separated into three divisions, the first of which is called the sub-peritoneal or extra-uterine tumor, and springs from the peritoneal surface, extending into the abdominal cavity; the second sub-mucous, which has its roots beneath the mucous surface, the tumor projecting into the uterine canal; and third the intra-mural tumor, which grows entangled in the walls of the uterus.

This last-named forms the largest and most important division; the two kinds of fibroid tumor which are of less consequence are not so frequently met with.

The fibroid designated as sub-peritoneal, which, taking root in the walls of the uterus, projects into the abdominal cavity and sometimes reaches immense size, is a condition without the pale of surgery. When this tumor grows heavy and sinks down into the pelvis causing intense pain by pressure upon the pelvic organs, it is sometimes necessary to raise it from its resting-place to a point above the brim of the pelvis. This is done to palliate the sufferings of the patient and the operation must be carefully considered, lest by long lying in one position the tumor may form adhesions.

The second division which includes those tumors called sub-mucous, is a class much more satisfactorily dealt with. This tumor has its roots beneath the mucous surface and grows into the uterine canal; its external appearance and that of uterine polypus is the same and the difference can not be demonstrated during life. The real difference being, that the tumor has its own nucleus and enveloping capsule, although the material of which it is formed is the same as that of the uterus. The polypus is in all respects identical with the uterine walls, being merely a continuation of the fibres composing it. This tumor is treated as is the uterine polypus, the mode of procedure for extermination being the same.

We now come to the third division: for the cure of the true intra-mural fibrous tumor many methods have been practiced, and since no two cases can be exactly alike, the

surgeon depends upon the disclosures of the case in point as to his manner of operation. The position, the size, the weight and shape of the tumor assisting in his decision, as does also, the age, the physique and the temperament of the patient. Nature, always the surgeon's strongest aid, is sometimes in these cases allowed to act the principal, and the surgeon accepts the position of aid. Where the climacteric period is closely approaching, it is not necessary, unless urgent symptoms present themselves, to interfere with the knife; since, when the active functions of the uterus are ended, it not unfrequently occurs that the growth of the tumor is ended at the same time. Then while the fibroid is of slow growth, there are fortunate chances which may happen by which surgical interference, which is always attended with danger, may be altogether dispensed with; the character of the tumor may be entirely changed, it may change its position, nature may expel it, and it may altogether stop growing and die. The effect of medicine in these cases is trifling; but since the existence of an intra-mural tumor will give rise to hemorrhage, and great pain at the menstrual period, a certain amount of treatment is necessary, and some remedies have been successfully used as palliatives, as, an injection of the remedy into the uterus, through a previously dilated cervix.

For surgical interference the following methods may be adopted:

1. Since the tumor has a nucleus and a capsule of its own' one way of effecting a cure, is to make an incision into the capsule and remove the contents.
2. Again by means of suitable instruments, the tumor is seized and forcibly taken from its place.
3. By incision of the cervix uteri, the fibres of the body of the uterus contract upon the tumor and prevent hemorrhage by compressing the vessels.
4. By incisions of the tumor itself, it is sometimes destroyed since its vitality is killed by the knife dividing the capsule; the vitality of fibrous growth being of comparatively low degree.
5. By sloughing.

Besides the methods of removal just enumerated, there is one other which is advocated by Dr. T. Gaillard Thomas as superior to all in his estimation for the successful removal of interstitial and sub-mucous tumors. The methods named here, have each serious objections and deficiencies.

The instrument offered by Dr. Thomas for his method is a "spoon-saw or serrated scoop" which is a steel spoon with a strong handle twelve or thirteen inches long; the spoon or saw has a serrated edge, the teeth being rather blunt, and perpendicular in position; the spoon itself is slightly convex on its outer surface and in a similar degree concave as to the inner surface.

The most dependent or most easily reached point of the tumor is seized with vulsellum forceps and the instrument in question being applied, it, with a slow, regular movement, cuts its way laterally and upwards, while the uterus is protected by the convex outer surface, and the tumor is closely embraced by the the inner concave surface of the serrated spoon. The advantages claimed for the operation as thus performed are many: 1. The hemorrhage is lessened by the use of the saw. 2. The highest point of the tumor is as readily reached as the lowest, since the freed portion descends out of the way, giving the instrument free access to the still adherent portion. 3. The outer portion of the instrument can not injure the surrounding tissues of the uterus, and the concave or inner side of the bowl of the spoon can closely follow the contour of the tumor in most cases. 4. The saw action is more rapid and certain. 5. And last, the severing can be so exact and so close with this instrument that no pedicle need be left to decompose.

Many cases are cited in proof of the value of this mode of operation. It must not be lost sight of, that in conjunction with the saw, strong traction upon the tumor must necessarily be used. It is claimed that in any case where the vulsellum forceps, can be firmly fixed in a fibrous tumor, which is small enough to allow delivery by the vagina, its successful detachment and removal can always be accomplished by this method.

Abandoning the knife many tumors are cured by means of first, Electrolysis, second, *Ergot*, and third by *Chloride of Calcium*.

When Electrolysis is resorted to, a proper battery and Electrodes are absolutely necessary for success. The tumor is punctured by the electrodes penetrating the abdominal walls; the current is then passed through for ten or fifteen minutes; by this means we obtain softening and absorption.

In the administration of *Ergot* we are greatly indebted to Dr. Hildebrandt, whose formula is

℞	Watery extract of <i>Ergot</i> ,	3	parts,	
	<i>Glycerine</i> ,	7	“	
	Water, distilled,	7	“	M.

He injects under the skin in the lower part of the abdomen twenty drops; the patient must then rest for twenty four hours. Sometimes the *Glycerine* will induce abscesses; if so, omit the *Glycerine*. Dr. Hildebrandt's theory is that the *Ergot* contracts the nutritive vessels of the tumor, and the compression exercised in all directions by the contraction of the uterine walls, the nutrition of the tumor is cut off or impeded, and fatty degeneration and absorption will ensue.

The giving of *Ergot* in the second or third decimal dilution has been found very satisfactory.

As to the *Chloride of calcium*, in the use of this drug I am indebted to Dr. J. C. Sanders for the suggestion and since its use have found benefit result from the third trituration.

The restriction of diet I have found highly essential. The following list of articles as recommended by an eminent physician is sufficiently rigid and worthy of regard.

STRICT DIET.

Eat animal food, beef steak, porter-house steak, sirloin steak, roast beef, corned beef, cold pressed corned beef, smoked and dried beef, beef tongues, tripe, oxtail soup without potatoes, veal, calves feet and head, sausages properly made, ham, mutton, lamb tongues, venison, turkey, game, chickens, geese, pigeons, squabs, milk, butter, eggs, cream cheese.

Vegetables, without or with little starch, cabbage, tomatoes, celery, onions, spinach, lettuce, cucumbers, dandelions, parsley, cowslips, radishes, horse-radish, cranberries, turnips, rhubarb, squash, carrots, pickles, sour fruits, apples, pears, melons, nuts, Irish moss. Fish, salt and fresh, salmon, cod, haddock, eels, perch, oysters, scallops, shrimps, halibut, trout, sword-fish, cusk, lobsters and clams.

MIXED DIET.

Sauce as the strict diet, adding the following: wheat whole, wheat cracked, wheat steamed, wheat crushed, wheat meal baked like oat-meal.

Whole wheat, attrition flour, Arlington wheat meal, Carr's graham flour, wheat bread, biscuits, cakes, crackers, doughnuts, pies, puddings, Groat's oat-meal, hulled oats, cracked oats, rye, rye meal, barley meal, Indian meal, hulled corn hoe cake, Indian pudding, hasty pudding and milk, buckwheat; beans, stewed, baked, steamed or boiled, peas, baked, steamed, stewed or boiled. Avoid starches and sugars, common white flour in all and every form, viz: bread, biscuits, cakes, all kinds, crackers, waffles, doughnuts, puddings, gruel, rice etc., potatoes, in any shape or variety, sweet potatoes, arrow root, sago, tapioca, candy.

A REPORT OF ELEVEN CASES OF UTERINE FIBROIDS CURED; SOME DEMANDING SURGICAL AID AND OTHERS DISAPPEARING FROM THE USE OF ELECTROLYSIS AND ERGOT.

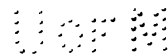
Case I. Mrs.—, age forty-three; American, and the mother of four children; has suffered from metrorrhagia for three years. On examination I found in the vaginal and cervical canal a fibrous polypus as large as an orange, with a pedicle attached to the anterior surface of the uterus. The patient having been anæsthetized, the ecraseur was applied well up within the cervical canal and the growth removed. The recovery was complete.

Case II. Mrs.—, an American, age fifty, and mother of six children. The lady was very frail from excessive loss of blood during the two years preceding the time of her consulting me. On examination I found protruding from and

filling the cervical canal, a tumor in size that of a large cocoanut. Under an anæsthetic the ecraseur was applied around the mass, but owing to the adhesions within the cervical canal, it could not be closed around the pedicle, and only a third of the tumor was thus removed. The hemorrhage during the operation was very severe, but was checked by the direct application of *persulphate of iron*. The occasional use of this drug caused sloughing and with it the disappearance of the tumor. Perfect health was restored.

Case III. Mrs.— a German woman, childless and thirty-six years of age. Before the appearance of the tumor she was a stout, robust woman, but suffered much pain since she noticed the enlargement. At my first examination the uterus and tumor were as large as is the uterus of a woman six months advanced in pregnancy. The growth which was intra-mural in character disappeared gradually under a carefully administered treatment, extending over a period of three years. As the symptoms demanded I resorted to the galvanic battery and electrodes, besides giving internally *Hydrastis canadensis* ʒ and *Arsenicum alba* ʒ. This woman presented herself for examination before the class in January last, at which time not a vestige of the growth could be found.

Case IV. An American lady, married, but childless, thirty-one years of age, came to me from Iowa for advice. She was anemic from metrorrhagia and had suffered with dysmenorrhœa from the first appearance of the menses. On examination I found the uterus the size of a large cocoanut, having a length of cavity of four and a half inches. The pelvic organs were very much congested and very tender upon pressure over the abdominal walls, which latter condition was evidently a result of the journey. *Ergotine suppositories* of half a grain each were prescribed, to be used every second or third night; electricity was directly applied to the uterus and a proper diet was enforced. Within a few months the hemorrhages were controlled and the size of the tumor began to decrease. At the expiration of eighteen months the length of the uterine cavity was three inches and the size of the uterus correspondingly lessened. The lady's



general condition was one of improvement, although the dysmenorrhœa was still some source of trouble.

Case V. Mrs. T.— a lady from Georgia, the mother of two children and thirty-two years of age. She had one miscarriage at four months which occurred previous to the birth of her last child. She was suffering from dysmenorrhœa and menorrhagia: the uterus was enlarged and extended to the line of the umbilicus. The character of the tumor was intra-mural; diet was rigidly enforced. *Glycerole of tannic acid* with pledgets of cotton were daily used for two months. *Rectal suppositories of Ergotine*, a half grain each, were used every other night. After six months of continued treatment the uterus had diminished in size fully one half. The use of *Ergotine* was continued twice a week until the end of the seventh month, when the lady returned to her home, at which time menses appeared without pain and free from hemorrhage. A few months ago I heard from this patient who writes that the uterus, though larger than natural gives no symptoms of disease.

Case VI. Miss— age twenty-eight, is an American, blonde, menstruation has always been very painful, keeping her in bed three days at each period. Examination revealed a tumor in the right wall of the uterus as large as a common orange. The patient was anæsthetized and electrodes inserted. This was repeated three times within the next five weeks. The growth disappeared entirely within two months.

Case VII. A German lady of twenty-four, unmarried, suffered from dysmenorrhœa. On investigation I found a growth in the cavity of the uterus. I gave *Ergot 2*, a powder of three grains every four hours; this acting upon the uterus assisted in expelling the fibrous growth. This tumor was as large as a small orange and very dense in structure; when the tumor was in the vaginal canal the pedicle was severed with a pair of curved scissors. The subsequent menses were free from pain.

Case VIII. Mrs.— English, the mother of five children and fifty years of age. At the birth of her fourth child the after-birth was adhered, which caused a delay in her recovery.



For the last four years she has suffered much pain in the uterus and had frequent attacks of uterine hemorrhage. On examination I found the uterus very much enlarged and a growth sessile in formation within the uterine cavity. By dilatation of the cervical canal, the capsule was severed for four inches and excessive hemorrhage followed; it was controlled by direct application of *persulphate of iron*. Frequent applications were made of this drug which caused sloughing of the tumor and within eight months the organ had returned to its normal size.

Case IX. Miss—, an American, a blonde and thirty-seven years of age, for sixteen years she has suffered with dysmenorrhœa and menorrhagia. The left wall of the uterus contained a tumor as large as a common orange. *Ergotine suppositories* each containing a half grain of the remedy were used every other night. This treatment being continued for nine months a perceptible diminution of the tumor followed. From exposure to cold during the menstrual period, pelvic-cellulitis and metritis resulted; an abscess formed, which I opened in the left wall of the cervix. The lady slowly recovered from this long and severe illness, and with convalescence a complete subsidence of the growth, which evidently disappeared from disintegration.

Case X. Mrs.—, an American lady forty-four years of age; she was a blonde, very frail and the mother of four children. The pelvic organs were sensitive to the touch and pressure upon them induced pain. The uterus and its contents were as large as a pregnancy of six months would normally be. I used pledgets of cotton well saturated with *Glycerole of tannic acid* and *Ergotine suppositories* of one half grain each, to be used every night. I insisted that the patient pursue a rigid diet, and in one month the diminution of the tumor was one-third of its original size. The hemorrhages were controlled and at the end of seven months, my persisting in treatment was rewarded by the entire disappearance of the tumor.

Case XI. A young lady, Miss—, but twenty-two years of age, a blonde suffered intensely from dysmenorrhœa and menorrhagia. On examining I found within the uterine

cavity, a hard tumor about the size of a small orange, which was sessile in formation; the cervix having been properly dilated, the ecraseur was with difficulty introduced and secured it around the base which allowed the removal of the tumor. The patient made a rapid and satisfactory recovery.

Ophthalmology and Otology.

Ophthalmic and Aural Examinations During the Proving of Remedies. Action of the American Homœopathic Ophthalmological and Otological Society on the Subject.

BUFFALO, N. Y., July, 1879.

To the Chairman of the Bureau of Materia Medica, Pharmacy and Provings, in the American Institute of Homœopathy.—Jabez P. Dake, M. D., Nashville Tenn: At the third annual session of the American Ophthalmological and Otological Society, held at Fort William Henry Hotel, Lake George, June 24th and 25th 1879, the following motion prevailed:

That a committee of three be appointed by the president of the Ophthalmological and Otological Society, for the purpose of conferring with the chairman of the bureau of materia medica, pharmacy and provings, in the American Institute of Homœopathy, with the view of perfecting the ophthalmic and aural examinations during the proving of remedies.

In fulfilling the spirit of this motion the committee would suggest to the bureau the advisability, should it meet your approval, of having careful examinations of the eye and ear made by specialists, before, during, and after, the action of

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the drug; the former, to determine the condition of the visual function, of the fundus, of the accommodation, of the refraction, and of the extrinsic muscles; and the latter, to show the state of the external auditory canal and membrana tympani, with a careful record of the hearing power.

F. PARK LEWIS, M. D., Buffalo,
H. C. HOUGHTON, M. D., N. Y.,
W. H. WOODYATT, M. D., Chicago,
Committee.

Inasmuch as there will be no meeting of our bureau before next June, and in view of the importance of the suggestions made, in the above communication. I deem it my duty, in this manner, to bring the subject, at once, before the profession.

I am sure I represent correctly the mind of each member of the bureau, when I say that, the appeal will not prove an idle one, so far as we are concerned, and that we will take such action in the premises, when we meet, as the importance of the suggestions and the high standing of the society, whence they emanate, seem to demand.

For myself, I need hardly say that, this action of the Ophthalmological and Otological Society, meets a very ready and hearty response.

At the meeting of the American Institute, in Chicago, twenty-two years ago, in presenting the defects of the current method of drug proving and a plan for improvement, I laid down a proposition, the soundness of which is demonstrated from year to year, viz: "The range of pathogenetic observation should be equal to that of morbidic."

And, at the meeting of the Institute, in Cleveland, in the year 1873, reporting upon the same subject, I said: "Our knowledge of drug symptoms must be co-extensive with our knowledge of the symptoms of disease.

The symptoms of disease are studied in the expressions of pain and discomfort, gathered from our patients, and in whatever we may observe in their manners, general appearance and morbid products, through the exercise of our senses, aided by all the tests of modern science.

And, exactly in the same manner, and to the same extent, must we study the effects or symptoms of each drug admitted into our *materia medica*."

And, in the discussions, which followed the reading of my report, I said. "By whatever signs disease has manifested itself to us, in abnormal sensations, or abnormal appearances, by the same must every drug reveal itself to our understandings.

As we study disease, so must we study drug influence, not alone in its subjective, nor yet alone in its objective symptoms, but in all, in every direction and to all extents.

"If, in disease, we observe the state of the pulse, the appearance of the tongue, and the expression of the face, we must do likewise when we examine an organism that is under drug influence.

"If we apply the stethoscope, and thermometer and speculum, and employ the microscope, laryngoscope, and chemical re-agents, in the one case, we cannot, as intelligent and conscientious provers, neglect them in the other.

"Whatever modes and whatever means we require, in arriving at a proper knowledge of disease, are required, just as much, in arriving at a knowledge of drug influence."

I simply refer to such utterances to show how ready I am to second the efforts of the Ophthalmological and Otological Society, and, also, what has already been done to arouse the profession to a sense of what is lacking, and of what may and should be supplied, in our *materia medica*.

In the August issue of the *Hahnemannian Monthly*. I am pleased to see an able article, from the pen of James A. Campbell, M. D., of St. Louis, entitled—"Hints to Provers Regarding the Eye and Ear."

In order to carry out the suggestions made in this article, as well as in the communication from the Ophthalmological and Otological Society, drug provers must be situated where specialists or experts, may be had, to employ instruments, in the examination of the eye and ear.

The best opportunities afforded, for this work, are in the classes at our colleges, especially where both male and female students congregate for several months in the year.

It would not be a difficult matter for the professors of materia medica, in the several schools, to agree upon a number of drugs, known to have a decided influence upon the eye or ear, which, with the aid of the lecturers upon diseases of the eye and ear, they could subject to a thorough proving in the course of one term.

But, allow me to say, in conclusion that, those who essay to treat affections of the eye and ear, are not alone in finding the materia medica deficient, when they search for the simillimum.

Whenever one of our school, steps forward, with a satisfactory experimental department, for the proving of drugs, in a systematic and thorough manner, so as to meet the reasonable wants of all who desire to follow the homœopathic law, in medical practice, it will find help coming from many quarters, and will accomplish a work, in value and permanency, for enough beyond any other work it can ever do.

J. P. DAKE.

General Clinics.

Clinical Cases of Eye and Ear Diseases. Reported from Dr. Wilson's Clinic, 130 Broadway and Corner of Seventh and Mound streets, Cincinnati. C. H. Guilbert, M. D., C. M. Lukens, M. D., Assistants.

Case VI.—STRABISMUS FROM HYPERMETROPIA.—Louisa Karper, aet twelve, school girl. The mother of this girl brings us this child for examination because her eyes are giving out at school. She can not study without pain in her eye balls and forehead, and besides this she can not distinguish examples on the black board. She is therefore getting constantly at her lessons besides suffering considerable pain. In all other

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respects the patient seem in good health. The eyes on superficial examination looked quite normal. We had therefore, as a matter of course, to turn our attention to the condition of refraction as the probable cause of her trouble. Placing before her the test types we find the vision for distance is very deficient in both eyes. For instance, the sight of the right eye is less than 1-6 the normal vision. The left eye, it is about 1-5. Suddenly as she was looking with both eyes her vision rose to 20-30. But here we discovered an interesting change in her right eye. At the moment she was seeing so well that eye turned in over four lines, so that she was extremely cross eyed. A moment afterward the eye turned out to its normal position and the vision fell off as before. We readily found upon trial that convex glasses improved her sight. A + 36 glass made the left eye 20-20 or normal, and made the right nearly so. But for the near point she required an altogether different glass. She could read best through a nine inch convex. These made the vision clear and easy. Here was a case of hypermetropia or congenital far-sightedness. For this we have no remedy but glasses. But it was observed by Dr. Wilson in making the examination that the pupils were unusually dilated. This was not found to be due to *Atropine* or any drug action, and was therefore most likely due to partial paralysis of the iris and consequently the ciliary muscle was probably involved. We say then we had here a paralysis partial of the accommodation. In a case like this it would be an inexcusable error to correct the refraction as we find it with glasses. Suppose for instance we had put on 36 for distance and sent her to school again with a 9 for reading etc. There would have been a serious injuries done the eyes. Still as we find the right eye constantly turning in whenever she attempts to accommodate we must apply glasses. This is our prescription: *Bell* 30 three doses a day. Convex 36 for all distance to be worn all the time. This patient returns in a month and reports improvement in all particulars. She wears her glasses with special pleasure and is enabled to accommodate for the near point with much greater ease. She is not well and prescription continued. She has had no crossing of the eyes since the first visit.

CASE VII.—CONGENITAL CATARACT OF RIGHT EYE, WITH ASTHENOPIA OF THE LEFT EYE.—Mrs. Fenis, aet thirty-four, patient of Prof. Slosson, came to us by direction of her physician for examination. She was complaining of weakness of sight; of an inability to see for any length of time within a foot or eighteen inches of the face. Whenever she attempted to read or sew, her eyes simply gave out, and this induced pain in her eye balls and forehead. The light also, bright sunlight and lamp light gave her some trouble. She reported the sight of the right eye to have been imperfect ever since she can remember. Dr. Wilson began the examination of this case by first looking up the state of refraction of each eye. This is indispensable in all these cases. The failure of many physicians to relieve patients

suffering chiefly from "weak sight," lies in this fact, that they do not, because they can not, examine into the state of refraction. They do not know whether the eye is short-sighted or the reverse; or if they do know it, they can not measure up the degree of special refraction. Not knowing what else to do, they send such patients to some jeweler or professed optician, and from one or the other of these parties, they receive glasses selected almost at random, and totally unsuited to their wants. By this means, the trouble is often increased rather than decreased. Or it may be, that, not suspecting the secret of the trouble to be lying in the condition of refraction, the physician in charge continues for a long time to prescribe for such a patient, and as a matter of course without relief. Many of these cases are incorrectly diagnosed as inflammation of the optic nerve and amaurosis, and the impressions of the patient are rather strengthened, that he will eventually lose his eye sight. One can hardly imagine the mental suffering of a patient who thinks he sees such an impending fate hanging over him. And to such an one, how joyful the tidings that no danger is threatened to the sight, but that with care all may soon be well. The patient before us suffered considerable anxiety of mind, chiefly on account of the fact that, one eye was already impaired, and the other was now failing to properly do its duty. Her physician made no attempt to treat the case, but sent her at once to us for relief, when it was made known to him that such trouble existed. Examination showed:

VISION—Right eye blurred for all distances, but could distinguish one hundred and sixty letter at twenty feet, making the sight of that eye 20-160. Glasses did not improve. With the ophthalmoscope a congenital cataract was found existing in that eye. Left eye vision=20-20. With convex forty-eight glasses sight improved. For the near point vision much improved by a forty-eight inch lens. When, therefore she was provided with a pair of glasses of the above strength, she expressed herself much pleased with the result, and found that she could see much better and easier, both near at hand and at a distance. For the pain she had in and around her eye ball, *Natrum mur.* 30 was prescribed, and the result in the course of a week was all that could be desired. There are thousands of persons laboring under just such difficulties, and they suffer on year after year, ignorant of the fact that, with proper attention they might have strong and useful eyes.

CASE VIII.—OTALGIA WITH CATARRH OF THE MIDDLE EAR.—William Mack, aet eight. Subject for years to ear ache by spells. Now for the last week or two, constant pain with spells of aggravations. For this he had been treated without relief. Pain in the ear is generally a sign of inflammation of an acute character. Purely nervous pain

is of rare occurrence. Children as a rule who have pain in their ears, have also a condition of inflammation present, and there is always with this, a degree of danger not to be ignored or treated carelessly. Parents should be made fully aware of this danger. Many children are made hopelessly deaf through the bad advice of neighbors and friends, who never fail to insist that the ears must be left alone, and the child will get well of itself. How can that be called "well" which leaves a lasting injury to the hearing? First, however, in a case like this, there must be an examination of the parts, so that the condition of the ears may be thoroughly understood. But a physician can no more examine the ears than he can the eye, without he has the proper instruments. A doctor who pulls the lids apart and looks at the eye, can not give you an honest opinion of the condition of the internal parts of the eye. Neither can he by pulling the external ear up and down, and forward and backward, and looking however wisely down the ear passage—I say he can not tell you anything worth knowing about the state of the middle ear. Yet a very large proportion of our ear cases, are cases of middle ear diseases. Men who call themselves doctors, often tell patients that their lungs are half gone, their optic nerves inflamed, and their ear drums perforated, without the slightest occasion for forming such distressing and alarming opinions. Such conditions sometimes exist, and a wise and experienced physician with proper instruments can discover them. But medical men of that stamp are not numerous. The case before us, was found upon examination, to have a catarrhal affection of both ears, but in addition thereto, a neuralgic affection. Cases of this sort are numerous, and seldom marked by pain. The cause of the pain in this case was not clearly revealed to inspection, but this was of less moment since its ready relief was quite assured. The drum heads of both ears were slightly injected and thickened. The eustachian tubes were partially closed. The hearing was reduced to less than one-half its usual strength. Prof. Wilson at once inflated the ears with air. This almost immediately improved the hearing. The boy was ordered to take *Merc. cor.* 30 every three hours, because the aggravations of pain were uniformly at night. The mother was ordered, and shown how to drop hot water into the ears if the pain returned. One week after, the patient came back and reported the pain had not troubled him for several days. His ears were inflated again, and the same medicines continued. After some half a dozen treatments the case was dismissed, to return only at long intervals. It will take considerable time to make a perfect cure, so far as the loss of hearing consequent upon the catarrhal affection is concerned. But in such cases, patients are made to keep up their treatment at home for several months.

CASE IX.—ASTHENOPIA FROM HYPERMETROPIA, AND SPASM OF THE CILIARY MUSCLES.—Lizzie Bowen, aet thirteen. This little girl is attending school. Her eyes have given out. She can not study without great pain, and for some time past, she has not been able to see examples on the blackboard at ordinary distance. Her family physician, a most excellent general practitioner, in the kindness of his heart, has recommended that Lizzie be taken out of school for a year, so that her eye may recover by rest. He has found on trial that medicines do not cure her. He says perhaps, her general health has much to do with the difficulty, and yet the patient seems in all general respects, quite well. He has also suggested that her time of life may have something to do with it. It is evident that he has not quite unraveled the mystery of this case. He has looked at it, and given it treatment and advice altogether wide of the mark, but much better in some respects than may be found in other and similar cases in the hands of other physicians; for in these latter cases, the unhappy patients are given *Iron*, *Quinine*, and other so-called tonics, besides being treated by electricity, and even repeated blistering. Failing in this, they are sent abroad or to some watering place. Large sums of money and much precious time are wasted, and worse than all these, the patient, a young and hopeful scholar, is taken out of school, and thus deprived of an education. Now, scientific investigations into diseases of the eye, have brought us wonderful results. These results save our patient much suffering and loss. Shall we take this girl out of school? First, let us examine the condition of sight. The two eyes look bright, beautiful, and in all respects outwardly, perfectly natural. We test her vision with letters, and find: Vision, right eye, 20-30. The left eye, the same. By this we mean that letters so large that she could see them at thirty feet, she can see only at twenty feet away. You say she is near sighted. She seems to be so. A pair of concave glasses, (sixty inches,) brings her vision up to the normal point. With these she can see perfectly at a distance. But with these glasses on, she can not use her eye to look at any thing as near as twelve or eighteen inches. Taking the glasses off, she is still unable to use her sight for a near point. Then it appears she is not near sighted, for near sighted people see best near at hand. This apparent contradiction, formed a serious problem to our predecessors, and could not be understood until the physiology of the eye had been explained. It seems easy enough, now that we know how the crystalline lens is affected by the action of the ciliary muscle. This question we can not now discuss, for time and space are not at our command. Let it answer for the present occasion, that for this little girl we supplied two pairs of glasses; a concave sixty for distance, and a convex sixty for reading, etc. With

these, she kept on her studies, and the pain in her eyes and forehead, which had before constantly distressed her, were soon gone. She was given also internally, *Physostigma* 6, and under its continued use, we expect the spasm of the ciliary muscle to be relieved; after which, she will lay aside her concave glasses, and continue the use of her convex glasses so long as she remains in school.

CASE X.—OPTIC NEURITIS.—OTORRHOEA AND CHRONIC CATARRH OF THE MIDDLE EAR.—Mrs. A. M. Richardson, comes to us from Colorado. It is seldom we find so many unlike conditions of disease in one patient. Her age is only twenty-eight, and being married, she has a special anxiety of mind, in that she fears her sight and hearing are both failing her. She has been under treatment. She comes to us by advice of her friend. Her right eye has been quite deficient in sight for years. She has of late considerable pain in the ball, and the pupil is dilated nearly one-half its maximum. It is not sore to pressure. Our ophthalmoscope reveals a congested condition of the optic nerve. In other respects the eye seems natural. Glasses do not improve the sight. Our advice is to let the eye alone, and pay out no more money to quacks, who have in several instances promised to cure her. The left eye in all respects seems normal. Turning now our attention to the right ear, we find it is discharging a fetid matter, thin and dark. The hearing is less than one-half. The left ear on examination, has no wax in the outer ear, and the drum head looks blurred. She has a roaring sound in that ear quite frequently. The hearing on that side is also somewhat lessened. The question is, can we do anything for her? Everbody knows how easy it is to perform much that is required of him. The conscientious physician does not like to promise anything unless he knows he can do it. This it is often difficult to determine until a fair trial has been made. In this case little was promised besides an earnest effort. To begin with, the sight of the right eye was hopelessly impaired. The hearing of the right ear was also hopelessly impaired, the drum being perforated and much wasted by suppuration. But with one good eye and ear, she would be a thousand fold better off than many people in the world. The ears were carefully inflated with air, and the hearing of the left ear came up to the normal standard at once. She was given to take internally, *Silicia* 30, four doses a day. In two weeks she reported, left ear having very little trouble, and the discharge from the right ear almost wholly gone. The treatment was continued. In a few days she will return to Colorado, and continuing the treatment we may confidently expect the entire recovery, excepting as to the hearing in the right ear and the sight in the right eye. Her left eye will be saved from damage.

Spontaneous Reduction of a Shoulder Dislocated nearly Three Years. By H. F. Biggar, M. D., Cleveland O.

A case of dislocation of the shoulder downward which was cured in Wellington, Ohio, is so peculiar in all respects as to be worthy of attention. In Iowa, about March 15th, 1876, Mrs. Hamlin, 34 years of age met with the accident of which we are writing. The manner of the accident was this; she was riding in a carriage when the horses were obliged to cross a washed-out sluice; the horses jumped, the jerk threw the lady in such a way that her left arm about midway between the elbow and shoulder came with so great violence against the corner of a trunk that it caused her to lose consciousness. When she revived, her arm pained severely and although in a half hour it was examined by a surgeon, the swelling was so great that he did not succeed in reducing the dislocation. By the use of bandages and chloroform the pain was temporarily relieved, the arm remaining swollen and black and blue: The use of both hot and cold applications failed to reduce the arm and it continued painful even to move a finger. About two weeks after the accident the lady went to Faribault for relief, and there the treatment was hot applications and the use of the electric battery, continued for about three weeks with little or no effect. All this time the arm continued helpless, having every symptom of dislocation and commenced after some months to be perceptibly smaller than the other arm and to show signs of incipient paralysis. In October, 1878, Dr. Rust of Wellington, Ohio, commenced treating the arm with electricity. The patient began to improve at once, and in February, 1879, returned west with a well arm. Her arm is straight and just as large as the other and she uses it all the time. She was never conscious of any great change in her arm at any one time, but each time electricity was used it grew stronger and felt better.

Dr. Blakely's Case.

In the article by W. H. Blakely, M. D., read before the Indiana Institute of Homœopathy, and which appeared in the August number of the *ADVANCE*, the Doctor asks, "What is the disease?"

In answering I will not enter into a lengthy discussion of the subject, but will only state facts necessary to prove my conclusions.

The case was one of uncomplicated syphilis, and was likely contracted when the patient had sexual intercourse with a prostitute on July 4th. The time elapsing between this and the development of the phagedenic ulcer upon the penis precludes the idea of chancroid, since the wife had no vaginal or uterine disease, contagion of any kind from her, was out of the question. The initial lesion may never have been observed by him. Unirritating syphilitic chancre may occur without pain, and often comes and goes without the patient having knowledge of its existence. The eruption was undoubtedly syphiloderma and did not appear out of season.

The induration of the penis was a circumscribed inflammation of the corpora cavernosa of syphilitic origin. This rare malady (seldom spoken of in text books) is an inflammation of the erectile tissue in which the interstices are filled with fibrinous exudations, that gives it a bone-like hardness, and materially obstructs the circulation of the penis, upon this hardened tissue was developed a secondary syphilitic pustule, which terminated in a phagedenic ulcer with results as stated.

The anatomical structure of the urethra renders it less liable to slough than the other parts of the penis, therefore, it would naturally retain its integrity to the last.—W. E. G., Little Rock, Ark.

A Case for Consultation.

Holman Robbins, farmer, aet forty-six. About a year since last May, after eating a big dinner, became prostrated and head felt dizzy as though he were drunk. Has had similar attacks since, after overloading his stomach. During these attacks his hands and feet are always cold.

At the beginning and at the time, he suffered a continued pain in temples and vertex, with much heat in top of head, some throbbing, flushed face; these symptoms are always worse after eating dinner, and continued until bed time. Head clear and free from pain in getting up in the morning. Says he thinks he has had dyspepsia for about twenty years. Now has sour stomach, belching, burning in the stomach, constipation; dark, dry stools. "Has also piles," tongue coated yellow on back part, with red edges, bitter taste in the mouth in the morning; some tenderness by pressing over the region of the stomach and liver; pulse, full, strong and eighty beats to the minute.

Says he feels like one intoxicated all the time, can not get up to walk without falling either to the right, left or forward; and has this pain in the head all the time, but always worse in the afternoon. His diet consists of fresh beef, cracked wheat, rice, prunes, etc. He is very cautious about his eating. Been under allopathic treatment since the beginning of this trouble, until the last four weeks, since which time he has taken *Nux vom.* 3 and 30, *Bell.* 4 and 30, *Carbo. veg.* 3, with but very slight improvement. Should any brother read this and at the same time have a remedy suggested to his mind, adapted to these symptoms he would greatly oblige me by letting it be known either through the *ADVANCE* or to me directly.—J. C. FRENCH, M. D., Greensburg, Ind.

MALIGNANT DIPHtheria.—DEAR SIR: We had four cases, I may say, in our own family. My daughter, Mrs. A. Hall, had three as fine little girls as we generally find. The oldest, Mamie, aet. four years, took the above disease. Dr. Wm. Raymen and myself gave the case close attention;

watched symptoms closely; and we gave the usual remedies that were indicated in the case. But after all our close attention, poor child had to give up her spirit to God, who gave it.

Poor Lydia, her little sister, was next taken down, aet. two years. This child I had removed to my residence, when the oldest was first taken down. But alas, poor Lydia, she was taken down same as the first, and she died.

By this time, Mrs. Hall had only the baby, which was nursing, aet. seven months. And behold, it took diphtheria as well as a boy living in my family. I concluded this would never do. So I changed my course of medicine on the two latter children.

Gave the boy *Bell.* fifteen drops in glass of water, alternated with *Cyanide of Merc.* 3 and also the baby, with the exception of giving the baby, now and then, a dose of *Hep. S* and *Spong.* They both did well on the above, and are convalescent, and no trace of the disease is visible on them.—
G. M. NIPPERT.

SCIATICA.—Mrs. A., with the triple f. (fair, fat and forty) suffers for the last three weeks, from excruciating pains in her left knee. She has shooting pains in the knee, sometimes lacerating pains, running from the hip inwardly down to the knee, aggravated by the least attempt to move the leg; walking or standing on it is impossible, the nights are sleepless, especially in bed, where the feathers over and under her (an abominable German fashion) drive her nearly mad, and she passes therefore, most of her time on a sofa. Dr. F., one of our well known German physicians of the old school, has treated her from the very beginning of her ailment, with internal and external medication, but without giving her any relief whatever, even the much vaunted *Morphia* failed.

June 18th I was called in to see her. The knee was not much tumefied, was pale and without more than normal heat. Tongue coated white, no appetite nor any thirst, (she blames the constant purgation for it), lower limbs feel heavy, not much pain in it, as long as she keeps it quiet, but the least motion produces it, and it becomes worse at every re-

newed attempt to walk; shooting in the knee with every attempt to walk; sleeplessness; chilliness, etc.

About the diagnosis of "rheumatic sciatica" there can be no doubt, for it was given by an allopathic physician, and will be therefore accepted as true by the defenders of the Milwaukee test. She had been treated for three weeks; and German women of the "housewife" type know very little about "nervousness" or hysteria. Any tyro of our school would have thought in such a case of *Colocynthis*; and *Colocynthis* in the two-hundredth potency she received, a few pellets in half a tumbler of water, dessertspoonful every two hours. That night she slept like a trooper. Next day placebo in water, patient able to walk about the room, but cautioned not to attempt too much, another good night, she received more placebo's, my attendance ceased, and she remains well to date.

"Post hoc is not always propter hoc." and we acknowledge that it may be so but how does it happen that three weeks' blistering, purging, *Salicylic acid*, *Colchicum*, etc., some genus failed to make any change, and that the woman felt well after taking that *Colocynth*. Miracles will never cease, for since that, June 21st, two of my pupils have taken *Colocynth* 200, as a proving, not a symptom worth mentioning, can I get from either he or she, and is not that proof enough, that nature did the work, or that it was the after effect of former allopathic dosing, but for heaven's sake, as long as the proving failed to establish the criterion, let us not believe in the moonshine power of the high potency. We acknowledge also, with sorrow, that every chemical test failed to reveal any *Colocynth* in the *Sugar pills*, nor did the microscope penetrate the mistiness of such dynamization. What do we know? Respectfully submitted, S. L., New York.

A CURIOUS CASE.—As I was riding along in my buggy yesterday, on my way to visit a patient, a colored man hailed me and said, "Doctor, I would like to have you stop and see my baby." I told him I would as I came back, and so I did. I found a woman sitting on the porch at the

door, with a babe on her lap. The woman was an intelligent and healthy looking mulatto, I should think, about thirty years old. I asked her what was the matter with the babe. She said, "Nothing, only it had a very queer leg." On examination I found that the left leg flexed forward, instead of backward; that the patella is on the posterior side of the limb. The limb will flex backward, I should think, about eight or ten degrees. The child was six days old when I saw it. If you have any questions to ask concerning this case I shall be happy to give all the information I can, or if you, or any one else connected with our profession, should be passing through here and desire to stop off and see the case, I shall be happy to be placed at your service.—W. A. WARNER, MOTTOW, O.

CASES OF METRORRHAGIA FOLLOWING ABORTION.—

CASE I.—Miss S., aet. nineteen, had abortion performed April 1st; on April 24th I was called in haste. The patient was a blonde, and hysterical. To get a better view of her face, I sat on the bed, when she complained of the jar. The hemorrhage bright red, clotty, profuse, warm, coming in gushes, feet cold; sensation as though she was coming to pieces; lies on left side, with leg drawn up; great bearing down in lower hypogastrium; feels very weak and shaky; hectic flush on cheeks; sick headache, frontal, tight feeling. Gave one dose of *Bell. emm.* on the tongue; in ten minutes she said there was not as much flow, and in half an hour hardly any show; left *Sac. lac.*, in water. April 25th *Sac. lac.*, in water. Discharged patient.

CASE II.—Miss F., aet. twenty-two, brown hair and eyes; leuco-phlegmatic. Had abortion performed about ten days ago, and has flowed ever since. I was called to-day, May 1st. Flow, light color; warm; colicky pains in left groin; must bend double or draw left leg up; better on painful side with limb drawn up; tongue white; warm after 5 p. m., till morning; warm nights. *Colocynth cc.*, in water, every two hours.

2nd. No better; worse after sleep; pains runs to thighs. *Lachesis cm.* on tongue; *Sac. lac.*, in water.

3d. No improvement. Heavy ache and burning in left ovary. Can not lie on left side; sharp, cutting pains from left ovary to back; not refreshed by sleep; hungry about 12 p. m., no appetite any other time; feet cold, sweaty; throbbing in left ovary; steady ache in back; both lying on arm. *Lyc. cc.*, in water every two hours.

4th. Better; continue medicine.

5th. Much better; *Lyc. cm.*, on tongue, and *Sac. lac.*, in water,

6th. Getting along nicely; left word to be called when needed.

The 18th she called at office and paid bill.—S. H. J., 681 Tremont st., Boston.

RETAINED PLACENTA.—Let me supplement Dr. Bowen's article on "Retained Placenta," by my experience. I have had the placenta retained thirty, sixty and ninety days, and in one instance, after the expulsion of the fœtus, six months. I prefer not to have them retained; but if they are don't worry. With my late experience *Bell.*, *Acon.* and *Ipecac.* are potent to control *Puls.*, in my hands, even in the two hundredth, will excite uterine contraction, and generally cause hemorrhage in these cases. In only one thing do I differ with Dr. Bowen, no brandy or *Strychine*, or indeed, hot baths for me in such cases. *Arsenicum* 3 to 30, is infinitely to be preferred. Such is the experience of yours truly, E. G. COOK, Chicago.

ÆTHUSA CYN.—A drawn condition beginning at the alar nasi, and extending to the angle of the mouth gave the face an expression of great anxiety and pain. Intolerance of milk. The children throw up their milk almost as soon as swallowed, curdled or not curdled, in from ten to fifteen minutes, by a sudden and violent vomiting, then weakness makes them drowsy; coldness of the bowels with colic. This yellow or greenish stool with tenesmus.

Note.—If this represents verified symptoms of this drug, it should be carefully studied and more frequently used in the treatment of the summer complaint of children.—ED.

Miscellaneous.

Hahnemann. The Genius of the Homœopathic Healing Art. Preface to the Second Volume of S. Hahnemann's *Materia Medica Pura*, 1833. Translated by Dr. Ad. Lippe, Philadelphia, 1878. Part III.

Quite different are the relations of the artificial dynamic forces, which we call medicines. Every true medicine affects every living organic body under all circumstances, at all times, and causes on it characteristic symptoms (clearly enough perceivable through the senses, provided the dose is large enough), so that it becomes obvious that each and every living human organism must become thoroughly affected and seemingly infected by the medicinal disease; this, as is well known, is not the case with natural diseases.*

All experience proves unmistakably that the human organism is much more predisposed and susceptible to medicinal forces than to diseased noxiousness and infectious miasms; or, to express it differently, that the medicinal forces possess an absolute, but the diseased affections a merely limited, power to change the conditions of the human organism.

This makes it already obvious that a possibility exists of curing diseases by medicines (that is to say, that the diseased condition of the sickened organism can be obliterated by means of the most suitable alterations through medicines). But it becomes necessary also to comply with a second natural law, if the cure is to be made a reality; that is, a stronger dynamic affections overcome the weaker one in the living organism permanently, if the first is similar in kind to the latter; because the dynamic change of the condition to be expected from the medicine must not, as I believe

*Even the plague-like diseases do not necessarily infect every person; and other diseases leave many more persons unaffected, even if they expose themselves to the changes of the weather, the seasons of the year, and any other pernicious influences.

I have proved, be either differentially deviating from or allopathic to the diseased condition; otherwise a much greater disturbance would follow, as is the case under the common practice; neither must it be opposite, so that only a palliative, fallacious improvement, which is invariably followed by an aggravation of the original disease, may be produced. But the medicine must possess the tendency to cause a condition similar to the disease (to cause similar symptoms on the healthy person), and observations must have shown this tendency, and then only can it become a permanently curative medicine.

Whereas the dynamic affections of the organism (either by medicines or diseases) can be discerned only by means of expressions of changed sensations and changed functions; and whereas, also, the similarity of their dynamic affections reciprocally can be ascertained only through a similarity of symptoms; and as the organism (much more easily affected by medicines than by diseases) is more submissive to drug action; that is to say, is more easily affected and changed by it, than from a similar affection of diseases; it follows that, without a possibility of contradiction, the organism must necessarily be relieved from the diseased affections if a medicine is applied which, also entirely different in its nature from the disease,* approaches it as near as possible in its similarity of symptoms, that is, is homœopathic to it; because the organism, as a complete living unit, is not capable of absorbing two similar dynamic affections at the same time without compelling the weaker to succumb to the stronger one; and as the organism is more apt to be affected by the stronger force (medicinal affections), then there will be a necessity created to part with the weaker one (diseased affection), and by that process the organism is healed of it.

*Without this natural difference between diseased affections and the medicinal affections, no cure could be effected. If both were not only similar, but also of the same nature, therefore identical, there would be no effect produced (probably only an aggravation of the evil). In the same manner, it would be vain to expect to cure a chancre by moistening it with the poison of another chancre.

It is illusive for any one to think that the living organism under the administration of a dose of homœopathic medicine, for the cure of its disease, thereby becomes burdened with an addition to its ills; just as if a plate of lead already pressed by an iron weight were the stronger pressed by the adding of a stone to it; or a piece of copper heated by friction, by pouring hot water on it, must become still more heated! Nothing of the kind; not passive, not according to physical laws of inorganic nature, is our living organism governed. It reacts with its life antagonism, so that it, as a unit, as a living whole, submissively permits the diseased condition to be extinguished, if a similarly strong force prevades the organism by means of a homœopathic remedy.

Our living human organism is spiritually reacting. It excludes by a spontaneous force a less powerful affection, as soon as the stronger force of a homœopathic remedy produces a different but very similar affection. In other words, on account of the oneness of its life it can not suffer, at the same time, from two similar general disturbances, but is compelled to part with the previous dynamic affection (disease) as soon as it is acted upon by a second dynamic force (medicine), which is more apt to affect it; provided that medicine possesses the capability of affecting the organism (symptoms) in a very similar manner to the first affection. Something similar occurs in the human mind.*

*For instance, a grieved girl lamenting the death of a playmate, becomes solaced through the strong effect of being introduced to a family where she finds half-naked children who have just lost their father, their only support. She becomes more reconciled to her comparatively smaller loss; she is cured of her grief for her playmate, because the oneness of the mind can at the same time be affected only by single similar emotion, and that emotion must be subdued if another similar emotion takes possession of her mind which effects her more strongly, and in that manner becomes a homœopathic remedy, extinguishing the former. The girl would not have been relieved of the grief she felt for the loss of her playmate, if, for instance, the mother had scolded her (a heterogene allopathic force). On the contrary, she would have been much sicker in mind, by the addition of a different mortification; and again would the grieved girl, had she been seemingly cheered for a few hours palliatively by a jocund festivity (because the emotion in this case was an opposite,

In proportion as the human organism is more easily affected by medicines when in a state of health than by disease, as I have demonstrated above, so is that organism when diseased, without comparison, much more easily affected by homœopathic medicines than by any other (for instance, allopathic or enantiopathic)—and it is acted upon easily and in a very high degree, as it is already inclined to certain symptoms by the disease, hence it becomes more susceptible to similar symptoms by the homœopathic medicine—just as our own similar mental suffering causes the mind to become much more sensitive to similar stories of woe. Therefore it becomes obvious that only the smallest doses become useful and necessary for a cure; that is to say, for the changing of the sickened organism into a similar medicinal disease; and for that reason it is unnecessary to give it in a larger dose, because in this case the object is obtained not through the quantity but through potentiality and quality (dynamic conformity, Homœopathy). There is no utility in a larger dose, but there is harm done; the larger dose on the one side does not cause the dynamic change of the diseased affection with more certainty than the most suitable smaller dose; but it causes and supplants, on the other side, a multiplied medicinal disease, which is always an evil, although it passes by after a certain lapse of time,

The organism becomes strongly affected, and becomes pervaded by the force of a medicinal substance which is capacitated to obliterate and extinguish the totality of the symptoms of the disease, through its endeavors to create similar symptoms. The organism becomes, as we have said, liberated from the diseased condition at the very time that it is

enantiopathic), have fallen afterwards into deeper sadness when she was left to her solitude, and then would have cried more bitterly than before. What we here see in the psychological condition, we find also in the organic life. The oneness of our life does not allow itself to be occupied and possessed of two general similar dynamic affections at the same time; because, if the second affection prove itself to be the stronger one, the first will become obliterated, just as soon as the organism becomes affected by the second.

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affected by the medicinal power, by which it is decidedly more apt to be impressed.

The medicinal forces, as such, even in larger doses, hold the organism only for a few days under their influence; and, therefore, it becomes apparent that a small dose, and in acute diseases a very small dose, of that medicine (such as it has been proven constitutes the dose for a homœopathic cure) can effect the organism for a short time only (and in acute diseases the smallest dose is capable of affecting the organism for only a few hours), and that the medicinal affection which now occupies the place of the disease very soon and imperceptibly passes into pure health.

It appears that the nature of the human organism is governed solely by the laws we have here presented if disease is to be permanently cured by medicines, and really we may say that this action is a mathematical certainty. There exists no case of a dynamic disease in this world (with the exception of the death agony, and we may so class it here, advanced age and the destruction of indispensable viscera or limbs) which can not be cured quickly and permanently by a medicine which has been found to cause in its positive effects symptoms in a great similarity to it.

The sick person can by no other possible means of cure* be more easily, more quickly, more certainly, in a more reliable and permanent manner, liberated from disease, and through homœopathic medicines in small doses.

*Even in the common practice, and in rare cases, the strikingly effective cures are the results of a homœopathically suitable and homœopathically acting medicine (accidentally prescribed). It was impossible for the physician to choose a homœopathic remedy for the cure of diseases as the positive (the positive effects observed on healthy persons) effects of medicines were never thought of, and therefore they remained ignorant of them; and even those medicines, with such as were made known by my writings, were not considered useful for curative purposes. Furthermore, they remained ignorant of the necessary conditions for a permanent cure, and of the effects of medicines on those symptoms of disease which were similar to them (the homœopathic law of cure).

The Ten Little Bottles of Mil-wau-kee.

DEAR ADVANCE—As the mouth piece, the bugle horn as it were, of the CRAWFORDSVILLE ACADEMY OF HOMŒOPATHY, I find that the time has come for me to sound the clarion blast of defiance in answer to the jeering challenge of the men of sense, and sense only, who are sounding the tom-tom of war in the Indian village of pedestrian suggestions on our Wisconsin frontier.

When I first saw this self-same challenge, I rubbed my hands, slapped my knees, snapped my fingers, and went through those gyrations which indicate the very essence of delight. You know how I love a fight.

“Here” I cried, “will be a glorious war, and like Xerxes, of old, I shall sit upon my hoosier hill and view the battle from afar.

How, then, did my disappointment grow into chagrin, and my chagrin into veritable wrath when I heard, here and there, over the broad field, some faint-hearted response to the challenge followed almost immediately by re-consideration and declination.

I have listened in vain for bold manly defiance from some man of the misty “millionths.” I am myself by principle and practice a “Low.” But suddenly I remembered that I was next of kin to the highest of the high. Had I not proven *Lac caninum* zooth. And prepared with the much derided Swan’s water-meter, too? And am I not ready, at all times to swear by that proving, and even to do mental and physical battle for it, if need there be?

“S death’ I hissed through my clenched teeth. “Have at thee, Milly-walkee-walkee, and Jove defend the right.

Thereupon I rushed to my room of relics and seized an ancient claymore. Then I buckled on my war belt after “letting it out” just seventeen inches. So much have I increased since the days of the American conflict. Thus panoplied I raised my huge claymore above my head and brought it down flatwise on Betsy’s old wash-boiler. Everybody in

Crawfordsville rushed out of their houses to see where the lightning had struck.

Then standing on tiptoe to increase altitudinosity, I delivered this daring defiance to the walkee-walkee men:

"Now by the maiden step-mother of Moses I will engage to write "Aconite" on the right one of the ten little bottles of Mil wau-kee. Provided ye of that aboriginal hamlet will respond with a similar test of the "high's" as hereinafter indicated.

Sitting authoritatively as the CRAWFORDSVILLE ACADEMY OF HOMŒOPATHY. I propose in rebuttal the following counter-test. And I do it in all seriousness, and in the very heart of good faith.

The Milwaukee Academy of Homœopathy shall select twenty low dilutionists, ten men and ten women. And after putting them upon their oath to tell the whole truth and nothing but the truth, they shall advise the Crawfordsville Academy that they are ready for business. The Crawfordsville Academy will then order direct from Dr. Samuel Swan 13 west 38th street New York, twenty boxes of lozenges medicated with *Lac caninum* 200th made with Swan's water meter. Each box will be given by the learned president of of the Milwaukee Academy, directly to the prover, without an extended explanation of the nature of the drug. On the contrary he will endeavor to lead the low astray by telling him that it is hydrocyanic acid. If nineteen out of twenty don't have sore throats, and if at least eleven out of the twenty don't die of diphtheria I shall consider the test not worth a "durn" and the Crawfordsville Academy will surrender its charter instanter now if the Milwaukee Academy shall think that the Crawfordsville Academy are only joking, all they will have to do is to try to "bluff" us. We mean business. This thing of "sassin" the "highs" has gone on long enough, I'll be a "high" one summer, just to show the "lows" who wintered 'em. All you have to do is to indicate to the Crawfordsville Academy that you have twenty "lows" ready to eat one hundred of Swan's lozenges of *lac* in one hundred consecutive hours, and you shall get the aforesaid material "too quick."

The *modus* is as follows: Take one lozenge in the mouth allow it to dissolve in the buccal juices and then swallow. Repeat every hour until an unusual symptom is produced. Then stop and note results. You can bet your substratorial nickel that you'll get 'em. Crawfordsville Academy of Homœopathy.

President H. W. TAYLOR.

Secretary H. W. TAYLOR.

All the other fellows H. W. TAYLOR.

Repudiation a Snare. By T. F. Pomeroy, A. M., M. D.

With a certain class of homœopathic physicians a denial of the experiences of the past, and an attempted destruction of the foundations upon which our system of therapeutics rests, has become quite popular, while the repudiation of its fundamental principles, with the virtual abandonment of its law of cure, has become all the rage. From every quarter is this work of vandalism attempted. From the college rostrum, from medical societies, and through our medical journals, as well as from individual sources, is it sought to overthrow the accumulated evidence of the past as to the attainments of Homœopathy in therapeutic science. From these data the inference is legitimate that the necessity is a most imperative one to require so great a sacrifice, and such a degree of degradation. The necessity must be an urgent one that would compel the abandonment of every advanced position gained, in this long continued and hand to hand contest with the enemies of medical progress, and this, in the face of victory, and the rapidly advancing conquest of the enemies' territory. In ordinary warfare it is customary to turn the back to the enemy only in defeat, and to haul down the colors when routed, "horse, foot and dragoons." What means then this persistent and determined purpose of sur-

render to the enemy, this unconditional abandonment of our arms and ammunition, as of the positions that we have so laboriously gained, and so successfully held?

It means just this, and nothing less, that our self-appointed leaders, and the army of inexperienced and ill-equipped recruits that follow them, are not made of the same stuff as the "old guard," and its war worn veteran commanders. It means that there are "traitors in the camp," and cowards on the field; that there are Hull's and Arnold's in command. It is most painfully apparent that by a concerted effort, Homœopathy is sought to be sold out to Allopathy and eclecticism; that its fundamental principles are to be abandoned, its law of 'cure repudiated, its examples ignored and denied, its method of practice substituted for those against which it has so long and so valiantly fought; a full, an abject, and a cowardly surrender. Let not the true friends of Homœopathy be deceived, let not its advocates for a moment hesitate to recognise the situation, nor to defiantly take up the cowardly challenge that its false friends, and would be traitors, have proclaimed, far and near. A well directed and effective fire has discovered their true positions, the method, and the weapons of their warfare; and that they are themselves encamped in the quagmires of science with "Jack o'lantern" lights only, to guide their steps, and conduct their movements; a most fitting locality and most appropriate surroundings for the work they have undertaken.

The claim that these wiseacres have set up is this, that ponderable, tangible and visible masses of matter, stand in a closer relation to the vital forces than do those other most subtle forces in nature that are themselves imponderable, intangible and invisible. All that has been said or written in advocacy of the "Milwaukee Test" from the time of their announcement to the present date is resolvable into this, and nothing new; and their proposers very cunningly decline to make these tests upon their own dull senses, but seek those of the more delicately constituted "high dilutionists" for the experiment. The similimum would be more perfect, and the test more complete if they would more strictly follow the re-

quirements of the proposition that I have above formulated for them. The 3d dilution men certainly have no aptitude for the experiment, the practical solution of the question whether a blow from a brick-bat upon the bony receptacle of the delicate structure, that is the supposed medium of the mental function is more potent to bring this into action, than those agencies and forces that stand in a far closer relation to it. They are content to accept and abide by those tests that have already been made, and a thousand times confirmed, in the experience and under the observation of every intelligent and capable homœopathic physician.

Dynamization or no dynamization, potentization or no potentization, the efficacy of highly attenuated drugs is a verity, and one too, that even these, our gross-minded brethren have to admit, and they do admit it, although with the same breath they ask for the proof, and inaugurate "tests" that bear the stamp of failure on their very face. Tests that have for their "key-note" the demand that the efficacy of attenuated drugs shall be determined by the powers of the microscope; and the assumption (for it is but an assumption) that inasmuch as in all metallic substances, the powers of that instrument fail at about the fifth decimal attenuation, therefore, beyond that point there is no medicinal power, because there is no material presence. Their verdict, as to all the rest of our proved drugs is as yet reserved; meantime we hold our breaths in awful suspense, while we await the further development of this terrible microscope, made terrible by the unskillful hands that thus manipulate it. Well, we can wait awhile longer under the suspended inference that as it is with the metals so must it always be with all the rest, a most legitimate corollary. Meanwhile let us look about us a little and see if, indeed, we are to be thus circumvented and nonplussed by the discoveries of modern science.

While the microscope may, and does reveal to our vision the smallest organized beings that its highest powers can reach, dia'oms, and animalculæ, and of the latter the evidences of their vitality, it has never yet revealed the subtle forces that govern their movements, and determine their existence and

development. Nor in the smallest particles of unorganized matter that come within its powers, has it ever yet detected the subtle attracting and repelling forces that ever control their relations and association. Yet no one will presume to doubt the fact that these forces do exist, and are unceasingly, resistlessly exercising their powers, and asserting their control over matter.

Shall we conclude that because we can not see, the minute particles or the atoms perhaps, that contribute to the growth and development of these minutest of microscopic objects, that therefore they themselves are the ultimate of the subdivisions of organised and unorganised matter? Or because we may not discover and inspect the subtilist of the forces of nature upon which their existence depend, that therefore there are no such forces? Must our knowledge be necessarily limited by what can be revealed to the sense of vision alone, with the aid that art can supply, or even by the capabilities of all the "five senses" combined? Yet this is what is demanded in relation to the proofs of pathogenetic action and of therapeutic power in attenuated drugs, and the microscope has already with some become the final test, and the grand arbiter as to the divisibility of matter. The microscope, which in the opinion of experts in its use, may be made the "most delusive of all instruments," to become the ultimate appeal as to the relations existing between therapeutic agents and vital forces. Pray why not those forces themselves, whose sensibilities are far more delicate and susceptible from the fact of their vitality, than any instrument that the art of man can produce? Who can tell us why not; can these self-constituted scientists? Scientists indeed! I should rather say, these vandals, who are engaged in the work of pulling down what others have established, both in science and art. Let us hear no more of science from such sources, let not these men "prate" their gibberish in the temples of science, or in the academies of art, nor longer disport their ignorance through the literature of our school of medicine, already have their positions been reported, and their claims to a proper knowledge of the microscope and its uses overthrown.

Having at the outset in this paper referred to the urgency of the causes that must have inspired, and that operate to the maintenance of this most extraordinary repudiation of the homœopathic faith on the part of those who advocate it, I, in conclusion, briefly allude to a few of them. First and foremost, is a complete ignorance or at least a deficient acquaintance with the principles that underlie our system of therapeutics. This is apparent in the papers that have been published advocating the measures to which reference has been made, the legitimate effect of imperfect, if not vicious teaching in some of our medical colleges, as well as through the greatly deficient elementary education of for too large a portion of those who are matriculated in them.

Second, is a senseless desire on the part of the many who are professedly of the homœopathic faith, for recognition and acceptance by the members of the dominant school of medicine. This desire leads to the ready adoption of their stereotyped views and methods of cure, a concession through which all such as make them, hope to ingratiate themselves with that school; an attitude that is as degrading to themselves and to homœopathy, as it is despicable and odious in the eyes of those whom they thus seek to conciliate. Eminent examples in illustration of this statement might be readily cited, but that might be both invidious and painful.

And lastly, on this occasion or another of the causes referred to, I will mention a growing sense of shame, at being classed even by name with those who advocate and practice the use of attenuated drugs, especially when carried to the higher degrees of attenuation, and the single remedy as a test of orthodoxy to the Hahnemannian faith. We, who thus believe, need not wonder at this; for, how can those who are so utterly ignorant of the principles of the homœopathic system of therapeutics do otherwise than fail to recognize the legitimate and logical sequences of their application.

A knowledge of the simple rules of arithmetic does not qualify for the solution of the grave problems of mathematical science as applied to astronomy, any more than do the acquirements of a daub admit of the productions of a mother

in the act of fainting. So is it with all the sciences and arts; a knowledge of their principles and of the methods of their application must first be acquired before the works of a master's hand can be produced, or even understood and appreciated.

We have only to wait, and to trust to the future; as surely as in the past there will be those, and a sufficiency of those, who will faithfully illustrate the truths of medical science as taught by the master, and among them we shall doubtless find many who are now classed with those who both ridicule and affect to despise those who thus do.

Allén's Encyclopedia. By H. C. Allen, M. D., Detroit, Mich.

Volume X. is received; the greatest book, in more than one sense, on materia medica yet published in our school. The amount of hard work and careful, painstaking, diligent research which the author has expended is almost incredible. And yet there are some members of our profession who are not satisfied with it. "*It is too large and contains too many symptoms*;" impossible for a man to retain them all in his memory. This is the objection made to it by one of our college professors, whose advice had been sought as to what materia medica to purchase. This objection, coming from a homœopathic physician, and a teacher of Homœopathy at that, is, to say the least, a novel one. I have Worcester's Dictionary, Anthon's, Thomas' and Dunglison's Lexicons; Appleton's and Brandt's Encyclopedias, and I wish I had others, but it never occurred to me that they were to be committed to memory. I have always used them as books of daily reference. The professor has two volumes of the encyclopedia, but there were so many symptoms they were useless to him and he did not want any more. I wondered when I saw this objection made, if such members of the "Old Guard" as Her-

ing, Blair, Hempel, Lippe, Guernsey, Bayard, Dunham, Joslin, Wells, Pomeroy, Temple, Williamson and a host of others; these men of iron will and indomitable adherence, both in principle and practice, to the law of similars as enunciated by Hahnemann—ever found too many symptoms in the materia medica when a severe case of “life or death” was suspended in the balance. Oh! how they longed for better provings and more of them. It is not many years ago since that veteran “father,” A. O. Blair, then teaching materia medica in Cleveland College, said to the writer, “I wish we had a good proving of *Gels.*, *Bapt.*, *Cim.*, *Aesc.*, *Eup.*, *Hyd.*, *Verat. vir.*, as they are evidently giants. Equal, if not superior, to many we now possess.” And now that we have not only reliable provings, but clinical verification of these and many others; filling up the hitherto wide gaps in our materia medica pura, as left us by Hahnemann, with many indigenous remedies, we are met by the objection, of “too many symptoms.” No! the true homœopath can never have too many genuine symptoms in the materia medica. “To the Greek’s foolishness” it may be, and to the pseudo homœopath a stumbling-block, but it will ever remain a lamp and guide to him who seeks to individualize each case; and the nearer he practices Hahnemann’s Homœopathy, the more will he value the Encyclopedia; the more he generalizes, alternates, mixes, and the nearer he follows the crude theories and cruder practices of the other school, the less use will he have for any materia medica at all.

When I see Ziemssen’s Encyclopedia in the libraries of so many of our homœopathic physicians, and they have not money to take Allen’s Encyclopedia in the same way, viz., by volumes, I conclude that it is not because they can not find the money, but because they are not so frank as the Professor above referred to. In the estimation of some of our M. D.’s it would appear to be of much more consequence to spin long and beautiful theories as to etiology, pathology, diagnosis, prognosis, etc., etc., than to cure their patients. I do not object to the possession of Ziemssen or to a most thorough knowledge of etiology, pathology, diagnosis, anatomy—both descriptive, histological, pathological, surgi-

Transactions of the American Homœopathic Ophthalmological and Otological Society. Third Annual Meeting, Lake George, June 24 and 25, 1879. 112 pages.

It would not be wholly modest for us to speak in fitting terms of this work. It is something to be proud of any how. We hope every physician who pretends to have a library up with the times, will secure a copy. The secretary, F. Park Lewis, M. D., Buffalo, will furnish them on application, at \$1.00 a copy. We have no space at this time to speak of their contents, but commend them to all our readers.

Siebers Art of Singing. Translated by Dr. F. Seeger. Wm. A. Pond & Co., New York.

We have examined this treatise with unusual pleasure. Dr. Seeger, the translator, is a specialist in his study and practice of the throat and lungs, and deals not merely with pathological conditions, but studies closely the functions of all those parts concerned in the production of the voice. To make singing easy, natural and pleasant, does not always require genius, but a thorough knowledge of the art as related to physiology. All this is made plain in the work before us, and we advise all who wish to perfect themselves, in this most delightful accomplishment to study this book with care.

Guiding Symptoms. Vol. I. By C. Hering, M. D. American Homœopathic Publishing Co., Philadelphia, Pa.

If the materia medica of the homœopathic school never amounts to anything, it will not be the fault of its friends. What a pity it had not more sincere friends among those who profess to follow it. Follow it indeed! So they do with sticks and stones, and they would if they could, beat the very life out of it. This however, they can never do. The homœopathic materia medica is a thing *sui generis*. No body wants it, or can make any use of it, but the true and intelligent disciple of Samuel Hahnemann. But those who do want it and who love it, and what is more, believe in it, are nobly pushing it on to perfection. We have in this first volume of Guiding Symptoms, a work begun, that when finished will simply be peerless. There will be perhaps ten or more volumes in beauti-

ful type and heavy calendered paper. Altogether it will be such a condensation of the materia medica as the practitioner will surely want, and the veteran Hering only can make. Price five dollars per volume.

Editor's Table.

PULTE MEDICAL COLLEGE.—We are sorry to mention the fact that, a large number of parties have reported to us that they have been repeatedly assured that Pulte Medical College was so financially embarrassed and otherwise so disorganized, that it could not possibly last long. The persons who are industriously circulating this lie are well known, and they can be tracked by their foot prints all over the country. Perhaps they think the story is true. In any event they are guilty of gross professional discourtesy, and deserve to be branded with unmistakable characters in their foreheads—if they have any. Pulte Medical College does not owe a dollar, not even current indebtedness of expenses for the present term. The present policy of the college meets with the hearty approbation of all its faculty. It has a larger class than it ever had before. The lie that declares its downfall is nailed to the counter.

MARRIED.—Dr. E. E. Loy, and Miss Nellie Champlin, in St. John's Episcopal Church, Cincinnati, October, 2nd. We wish them a life of happiness, but not one without a'loy.

DIED.—August 27, Eddie, only child of Dr. O. S. Runnels, of Indianapolis.

CONCERNING COLLEGES.—A valued friend writes: "As long as our colleges are conducted as they are, the number of pseudo homeopaths must continue to increase. Why, in a homeopathic college in this state, the students of the past three years have not heard a word on institutes, and not only no reference with few exceptions to the *Organon*, but were told in a recent public lecture, at which many old school students were present, that the thirtieth dilution was all moonshine. There are dozens of so called homeopaths in this state who have no work on materia medica, do not take a homeopathic journal, nor belong to a medical society." And he goes on to say a great many harder things which are so true, and the parties so easy to recognize without being named, that it amounts to direct personal charges, and we forbear to print it. Certain it is however, our colleges and their mode of teaching, especially the matter taught, needs a thorough overhauling.

BUREAU OF OBSTETRICS.—American Institute Homœopathy.—Geo. B. Peck, M. D., of Providence, R. I., member of the bureau wants to know: How many partial or complete cases of placenta previa you have seen?

In how many of them mothers or children have died? What means you employed? etc., etc., and especially what relation conception in such cases had to menstruation? Write him and tell him all about it.

MARRIED.—Dr. Geo. N. Seidlitz, of Keokuk, Iowa, and Miss Lizzie D. Rubicam, October 7th, 1879.

PROF. J. EDWARDS SMITH, of Cleveland, has removed to Centennial Block, No. 323 Euclid Avenue.

MARRIED.—Dr. Henry W. Hawley, of Scottsville, N. Y., and Miss May Martin, of Cincinnati, September 18. To this we can certify, for we were there. The happy pair has our best wishes.

MARRIED.—Dr. A. E. Gesler, and Miss Vesta C. A. Harris, of Saranac, Mich., September 10. We congratulate the doctor and his fair bride.

DR. SAMUEL LILIENTHAL, AND DR. WM. TOD HELMUTH, of New York, on July 7th, were elected honorary members of the Societe Medicale Hom. de France.

DR. W. H. TAYLOR, of Crawfordsville, Ind., discourses before the Wabash Valley Medical Association November 6th.

FREE DISPENSARY for women and children, 306 Linn St., Cincinnati, first quarterly report. Number of patients, 301; number of prescriptions, 1,005. Attending physicians, Ellen M. Kirk, M. D., Martha May Howells, M. D., September 11, 1879.

DR. THOMAS WILDES is now located at 35 West 31st street, New York.

DR. D. A. HILLER, of San Francisco, has left for a visit to Europe, and during his absence Dr. F. F. de Derky, 17 Dupont street, San Francisco, will tend his practice.

Wants, Locations, Practices for Sale, Etc.

Under this head we will be glad to insert, gratis, notices, change of location, practices for sale, exchanges offered or any miscellaneous want pertaining to the profession, not of a purely advertising or personal nature. We will be specially obliged to physicians giving the names of good locations.

A good location in a city of four thousand inhabitants, with three railroads, good schools, churches and country; I have best families and practice; will introduce successor and leave field for twenty-five per cent of his first years' practice. Ill health and desire for steadier climate reason for leaving.

J. M. TRIPLETT, Pana, Ill.



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

VOLUME VII. CINCINNATI, O., DECEMBER, 1879. NUMBER 6.

All communications for publication should be addressed to DR. T. P. WILSON, editor, 130 Broadway. All subscriptions and business communications should be addressed to MEDICAL ADVANCE Co., 80 W. 9th St., Cincinnati, O. Subscription \$2.00 per year.

FAMILIES that are well regulated generally keep their private affairs to themselves. But even excellent families have sometimes foolish inmates who take pride in proclaiming their privacies on the house tops of the neighborhood. The *pater familias* who spans his children on the front steps, and the "big brother" who entertains the public with his bossings of the younger children, are well imitated by certain members of the homœopathic profession, who are always most happy when they are washing their dirty linen in the journals. The editor takes the lead and the correspondents follow, and they make the air hot, and the water muddy, and every thing unpleasant, but they do not advance the truth. Moreover they make themselves and all with whom they are connected utterly ridiculous. Ordinary intelligence and mature judgment should prevent this unseemly exposure of what does not belong to the public, and should not be given to it. Our enemies are vigilantly watching us. They never lose a good opportunity to show up everything that is discreditable to us, and these weak ones are ever more giving them material to work on. No one would like to belong to a family, in which the slightest peccadillos were reported to the town, and heaven spare us from such a household, when the gravest faults were bruited on the street. This is all

wrong in or out of the profession. There is a better way to correct faults and save one's reputation. When rude upbraidings and coarse personalities take the place of argument, every man of decency will seek to hide himself. But what we mean just now to protest against is the impolitic course of those who, though they profess to be the friends of Homœopathy, never fail to make it look little and mean in the eyes of the world. It is their special pleasure to magnify the faults of their friends and associates. This we are sure is the fault of the head and not of the heart. These parties mean well, but they lack in discretion; and it is to be hoped they will hereafter exercise more sense and less misdirected zeal.

A MEMBER of the Eclectic persuasion recently informed his benighted brethren that the reason they have "continued failures" with varicose ulcers is because "they do not have confidence enough in Hill and Howe," and hence do not "give their treatment a fair showing." Now that is a reason as is a reason. Hill is dead we know, and would turn with disgust in his coffin, if he could hear, that methods which he discarded long before he died were in vogue still in the rural districts. Howe is one of the editors of the journal in which this statement appeared, and no doubt quietly laughs up his sleeve when he thinks how successful his method is in his own hands.

DR. POPE.—This gentleman, it will be remembered, visited America recently. On returning home he informs his brethren of this brilliant fact, to wit: "Medical literature in the United States is conducted on a very extensive scale, just as everything else is there. *Two or three of the American homœopathic journals are of really considerable merit, and are likely to be of higher value yet.*" Two of the three possibles he mentions, but the third one he does not deign to name. Of course we know which journal the unnamed one is, and so does every other editor whose journal is in the unmentioned list. But what unhappy devils must those fellows be who are editing homœopathic journals destitute of "considerable merit." We commiserate them. And then POPE is a brother editor too. He knows a hawk from a hand saw when he sees it. So do we. The homœopathic press of this county extended to the distinguished gentleman the most generous courtesies. Their pages contain the fullest account of his triumphal march through America. To them is he indebted for having his words and acts imperishably recorded. Remember, too, there are ten of these journals. They are capable of making or marring a man's reputation. With Dr. POPE they dealt generously, and he in turn has shown his power of appreciation by damning two of them with faint praise, and relegating the balance to a state of utter forgetfulness. Long live the POPE.

Theory and Practice.

Nocturnal Enuresis. By A. McNeil, M. D., New Albany.

In this disease, for disease it is, let me enter a plea for kindness to the afflicted. Medicine, not punishment is required, and we must impress this on the minds of parents. The hygienic directions usually given are wrong. The child should be instructed to retain the urine during the day as long as it does not inconvenience him. In this way the morbid hyper-irritability of the bladder to the presence of urine will be materially lessened,

Do not look for specifics. God did not make the world for lazy people. He told the Israelites to go in and possess the land, but they had to fight for it first, and cultivate it afterward. When He loads people's tables with buttered toast instead of requiring all the weary round of plowing, sowing, reaping, threshing, grinding and baking, then I doubt not He will give us a specific for bed wetting, and spare the lazy the labor of searching out remedies for chills, and give them sugar pills that never fail. Till He prepares this fool's paradise, we will have to study and individualize, and even fail occasionally.

To illustrate the necessity of this carefulness, I was, in my youthful days, treating a lady for ulcerated breasts, clearly scrofulous. She called my attention to her first born, saying that he was an inveterate bed wetter, and that nothing had ever helped him. I took the case. All that she could tell me was, that he wet the bed at least once every night, the rest I had to search out for myself. He was about two years old, very large of his age, very fat, precocious, head large, fontanelles not yet closed; sweat at night on the head; teeth already black and decayed; he had had eruptions like nettle-rash; had been very slow in dentition, which was accompa-

nied by obstinate diarrhœa. Gave *Cal. carb.* 200. On my next visit in two or three days no better. Now, my low dilution brother, I hear you say, "I knew it that moonshine couldn't cure him." Well, I took a good look at him, and I observed what in my ignorance I had before overlooked; he was dark, hair and eyes dark-brown, skin dark. *Cal. carb.* would not cure a dark child. Gave *Silicia* same potency. He never wet the bed again.

I have since then confirmed the fact that in children with open frontanelles, sweat on the head during sleep, difficult dentition, enlarged gland, etc., the same symptoms, in short, which you see as indications of *Cal. carb.* that in the dark only *Silicia* can cure.

Bed wetting is a manifestation of a diseased organism, and you must treat the child, not his urinary organs; the totality of the symptoms as required by Hahnemann, and when you have cured his enuresis in this way, you have cured him of all his other complaints. The treatment as given by Guernsey is better than any I can give.

Report of a Meeting of the Austrian Homœopathic Physicians held at Vienna, December 6th, 1878. Translated for the benefit of the Milwaukee Academy. By S. L.

Dr. Porges reports that he cured a cystovarium with *Bryonia* 1. All former treatment was fruitless, thus, e. g., the circumference of the abdomen arose after massage from eighty-six to ninety-two cm., though by puncture thirteen litres fluid were discharged; the fluid soon accumulated again. *Apis* steadily given for two months failed to give relief, only a little perspiration was produced. Patient was emaciated to

a skeleton and passed only small quantities of urine. *Bryonia* caused copious urination; the dimensions of the abdomen decreased, whereby her golden ear rings turned black. She took *Bryonia* 1 for four weeks, four times daily, four drops; now she takes *Sulph.* 30 and recuperates wonderfully.

Alb asks whether medicinal symptoms did not arise from such strong doses, as he often observed it, when giving the fifteenth potency instead of the thirtieth. Dr. Porges replied that a dry cough, without expectoration set in, which he removed with *Aconite*.

Dr. Frochlich saw a diminution of a large cystovarium under the use of *Belladonna*. He cures with *Bryonia* many chronic gastric catarrhs, with pressure and pain in scrobiculus cordis, anorexia, etc., and recommends in such cases high potencies, even two hundredth, at first twice a day for a long time, after a while more rarely. In relation to the high dilutions, Dr. Wurstl, sr., remarks that for the past twenty-five years he pours *Alcohol* on his *Lycopodium* so that he could not tell any more what potency he uses, and Dr. Mareageller has done the same for years with his *Sulphur x*.

What says probability or probabilities about such a procedure? How does it work? Or are such European physicians of world-wide reputation unable to make a diagnosis pathologically and *hypermacodynamically* (not pharmacophysically), or are their cures all moonshine and mental hocus pocus?

That Case of Glaucoma. Prof. Angell Explains.

In the case of glaucoma cured by *Arg. nit.*, a word from me would seem desirable. I remember the case tolerably well. It was brought me by Prof. Talbot several years ago.

A lady of thirty-five years or so was presented, suffering from a trouble with the left eye. It seemed to be a keratitis, of some time standing. There was interstitial infiltration of the cornea nearly covering the pupil—the latter adhered to the posterior surface of the cornea, and there was evidence of the iris having become pretty far involved in the inflammatory process also. On further examination I found slight increase of tension in the eye. An ophthalmoscopic examination of the fundus was impossible, of course. I feared the beginning of secondary glaucoma. The operation advised by me was for glaucoma, viz: iridectomy. In the hope not only of removing the tension, but of placing a pupil behind a still transparent part of the cornea, and so still aiding vision, and in the still further hope, that, as is not at all uncommon in such cases, the operation might help to further clear up the opaque cornea. There was no way whatever of making the eye into a normal one, but I hoped to make it more or less a serviceable one.

Neither was there any question whatever as to the other eye. It was not diseased, but simply showed a slightly irritated conjunctiva. There was no question of removal of the left eye for the reason that there were no signs of sympathetic irido-cyclitis in the right. Glaucomatous inflammation of one eye does not, as a rule, threaten sympathetic disease of the other, hence, in such cases, removal of the diseased eye is not advised.

My attention, as I remember, was wholly given to the left eye, the right being simply in an irritable state from sympathy with the other.

Dr. Brigham, no doubt, states the matter of diagnosis and the treatment proposed by me exactly as told him; but as I never saw him at all, my advice, and that of Drs. Williams and Talbot, might easily have got a little mixed, taken at second or third hand.

One word in regard to *tension*. Dr. Brigham does not use this word in the sense in which it is used by oculists. We use it to describe an objective, and never a subjective symp-

tom. There may be the subjective feeling of tension when no increase of tension is present.

In conclusion I will say that I had no suspicion of any glaucomatous inflammation of the right eye at the time, but as I saw the patient only on that one occasion, I can form no opinion as to the subsequent disease in that eye.—H. C. ANGELL, Boston, Mass.

Psychological Treatment of Diseases. Read before the Indiana Institute of Homœopathy, at Indianapolis, Ind., May 1st, 1879. By Geo. M. Ockford, M. D., Burlington, Vt.

There have always been numerous methods of curing disease. Each particular school has proclaimed many remarkable cures, and without doubt in many instances these cures have been effected. But the question naturally occurs as to how the result was obtained. Shall we claim that all cures are made by medicines acting according to the law of *Similia Similibus Curantur*? This is certainly quite a common idea, but do the facts of the case substantiate the claim? Did the "Thompsonian" with his "mess of herbs" unwittingly prescribe according to our law? Does the eclectic and allopath cure only by the law of similia? Practitioners of these classes did and still do cure diseases, and in many of their prescriptions it is beyond human ken to see even a trace of the law of similia.

Magnetism, electricity and the numerous host of irregular systems of treatment all have their champions and proclaim grand results. But leaving these, let us turn to another kind of treatment. A standard allopathic author has written a book upon "the influence of mind in causing diseases, as well as its effect in curing them, so frequently employed *successfully* in systems of quackery." Let us look at the title of

this book, and see if there is not one point that should stimulate investigation. There is, for it states plainly that this style of treatment is frequently employed successfully. Of its frequent employment we all know, for from the earliest practice of medical art, the influence of mind over mind has been an important factor. *Æsculapius* probably cured through the effects of imagination. The popular notion was that all disease was caused by the anger of the gods. Hence, we find that the physicians were priests whose duty it was to appease that anger. This was done by means of amulets of precious stones or certain plants, or certain charms of words, combined, with prayers, mystical rites and music. It was in the Grecian temples that *Æsculapius* gave the most ostensible marks of his power, and here the religious ceremonies and customs were almost all specially directed towards the excitement of the imagination. Hope was excited in the minds of patients by the preliminary purifications. This was further augmented by the presence of mysterious symbols near the idols, until their strained imagination made the emanations from the mouths of the gods appear infallible. After this preparation the patients were conducted through the mysterious passages of the temple, accompanied by priests who related wonderful cures of similar cases. All this contributed towards their mental exaltation, and it can readily be perceived that a deep impression was produced, and that if a cure followed, the patient's imagination contributed largely towards its consummation. Till the early part of the eighteenth century, the kings of England had periodical touchings for scrofula, and miraculous cures are reported as following the royal touch. Was there any particular virtue in royal hands? or did the patient's imagination contribute towards recovery? In the ceremonies attending the touching, everything was done to work upon the imagination. The religious ceremonies were directed to induce in the patient a firm reliance of the power of deity as about to be manifested by royal hands, and to feel that a cure was sure to follow.

Now I do not wish to be understood as advocating the practice of the dark ages, but it is the duty of every physician

to bring to his aid everything that will tend to alleviate human suffering, and the influence of mind over mind is one of the most important we can investigate. We have all seen recoveries that could not be accounted for by any medical treatment. In these cases, did nature alone perform the cure? Possibly my scientific friend will answer that all cures are made by nature and natural laws. But the question arises whether the professional presence of the doctor did not contribute towards recovery. We constantly witness the ebb and flow, the waxing and waning of sensations that can only be accounted for by attention to mental causes acting from within or without. Some, like Lady Macbeth, are troubled with "thick, incoming fancies that keep her from her sleep," and it is only a recognition of the fact that psychic conditions exist, and that psychic power also exists to act upon them, that we can arrive at the best means of alleviating this class of complaints. Our own observation, and that of medical men in all ages attest to the strange power of the soul of man. Let us not therefore ignore facts as they exist, but rather let us own their power, and endeavor if possible to secure their benefits. Patients whose systems are disturbed by distressing thoughts are benefitted by a change of ideas, and no medical remedy can take the place of better thoughts. Do not let us be content with the efficacy of our drugs only, and vauntingly boast their power, but let us seek to add to our success by standing inquiringly before the wonder working power of the psyche, and ask for, and seek to obtain more light.

What is the Remedy? By E. J. Lee, M. D. Philadelphia.

Feeling great pity for my professional brethren, suffering as they are from the irrepressible (I have nearly said irresponsible) gentleman of Milwaukee, and having an

implicit faith in our materia medica, I have sought in its pages, long and anxiously, for a remedy suitable to his peculiar case. I do not like to acknowledge the inability of our medicines to cure any disease (even mental), but I fear we must do so in these cases for nothing short of scientific allopathic medicine will *suit him*.

Hoping that some one, more skillful, may succeed where I have failed, I append some few symptoms, with the name of the appropriate drug, which seemed to me to be indicated.

For instance, this patient imagines himself a writer of mature scholarship and, although still young in the profession and in experience, he already considers himself a veteran thereby decidedly confusing his personal identity (*Alumina*); his vivid imagination has made the time pass too quickly (*Theridion*).

Trifles, among which *he* classes potencies, cause him to weep and to lament (*Coffea*); nothing seems right to him (*Colocynth*); nor can he endure the least contradiction or receive any suggestions in relation to any subject (*Helonias*). Indeed pride and over estimation of his ability and scorn for others (*Platina*) seem in him to be combined with excessive excitability (*Iodium*); the feeble dull mind of *Abrotanum* is present as is also the difficult comprehension for which *Spongia* would be the simillimum if he did not have those hallucinations of *Stramonium* about ghosts, ghouls, potencies, etc., which seem to terrify him.

Intellect seems often to predominate over will (*Valeriana*) and so dispose him to feel that foolish pride and happiness, which *Sulphur* gives us, causing him to think himself possessed of beautiful thoughts and even making his rags—of rhetoric, seem beautiful to him. If he did not think them so he would not flaunt them so continuously in our faces, with such a proud, self-contented look (*Ferrum*).

Judging by his essays, *Hypericum* will not soon be indicated, for it is the simillimum only, when increase of intellectual power is present; but rather would *Aconite* with its weakness of memory, or *Aethusa* with its inability to think, or even

Hepar characterized as it is by great weakness of memory with irritability, suit the case.

The patient has also great depression of spirits (*Ustilago*) from a melancholy mood which dwells on philosophical speculations (*Sulphur*) inducing from this overexertion great mental and bodily exhaustion (*Cupr. met.*).

All scientific labor fatigues him (*Graphites*), save perhaps such easy reading as the works of Maxwell and Thompson afford him.

Taciturn, wrapt in thought (*Ipecac*) he feels inclined to quarrel, to contradict (*Buta*) and to express great indignation concerning things done by others, grieving over the consequences (*Staphis*). So great is his vexation that at times he is greatly inclined to use strong language and violent expressions—this is indeed his *Palladium*. He can not get rid of the idea, once fixed in his mind (*Stann.*) that he is to reform medicine. An hallucination.

Silicia has compunctions of conscience about trifles, he seems to have none or he would cease writing.

He is troubled with fear for the future (*Aconite*) of medicine; is low spirited from unmerited insults (*Staphis*); to be contradicted excites his wrath (*Aurum*); can not appreciate high potencies from inability to concentrated mental efforts (*Ailanth*). His articles show that he can not follow an idea, logically, for any length of time and if he attempts to do so he is attacked by a painful vacant feeling of the mind (*Gels.*) (Vide, "The Organon," vol. ii, p. 473.)

Any failure to convince others that he is a veritable Solon would soon cause him to experience ailments from griefs, mortification, bad news, or suppressed mental suffering—symptoms of *Ignatia* given by Hering; or even those of Guernsey—sadness and sighing, with an empty feeling at the pit of the stomach.

Lachesis has mania from over study; no fear of that kind of mania here, but rather is it the mania of *Stramonium* which causes the patient to talk incessantly.

Natr. mur., *Cactus g.* and *Hellebore*, are all contra-indicated for consolation aggravates him. *Lachesis*, *Lyc.*, *Natr. mur.*,

Silicia, etc, he will not take, not because of the aversion to the medicine which *Caladium* produces, but because he does not believe in the dynamization theory from which process these drugs derive their wonderful powers. He is incredulous and will not believe that faith is here unnecessary, nor does he credit the testimony of our veterinary surgeons who claim to have cured other animals with these same potencies.

Carbo veg., also, he will not take because the microscope reveals no medicinal power in it, and then the "Verdict of Science" is also against it. But may we not use the crude *Charcoal* as a disinfectant?

Materia Medica.

The Mercuries. By A. C. Cowperthwaite, M. D., Professor of Materia Medica, Iowa University.

It is possibly unnecessary to attempt saying more than homœopathic literature has already said concerning this, the most important of all metals, the *Hydrargyrum* and its salts. I say important from a therapeutic standpoint. Certainly no drug has been for centuries or is now, of more universal use, and for reasons that are logical and consistent, for it is equally certain that in the pathogenesis of no other drug do we obtain the variety and intensity of action displayed by *Mercury*, affecting as it does in a marked degree, every tissue and organ of the body, and affording a therapeutic range of a wide and comprehensive character. This, however, was not known to be the case until after Hahnemann had not only methodically and systematically arranged the then known curative

properties of the drug, but had also, with his characteristic energy, instituted a series of provings that established without question its extensive and remarkable pathogenesis. True, *Mercury* had for centuries been used for the cure of the diseases for which Hahnemann had proclaimed it the true curative agent, yet these cures were shrouded in the darkness of mystery and even superstition, and the drug was looked upon as an omnipotent and dangerous remedy, a true agent of the gods and subject to their decrees, as was their messenger Mercury, from whom it received its name. It thus fell into the hands of the ancient magicians and was by them turned to good account.

Even as late as the fifteenth century it was considered the most daring bravery on the part of Barbarossa, a famous pirate of Tunis and Algiers, who, having contracted syphilis, cured himself by taking internally *Quicksilver* ground down with flour and turpentine.

Hahnemann not only established the therapeutic value of *Mercury*, but at the same time he rendered it harmless through increasing rather than decreasing its health restoring powers. Probably in no other drug do we have more beautifully illustrated the wisdom of Hahnemann's theories regarding drug proving and potentization, and most certainly in no other drug do we have any more brilliant testimony to the truth and efficacy of the universal law of cure.

Hahnemann's provings of *Mercury* were made principally with a preparation of his own, introduced by him long before the law of *Similia* dawned upon his mind. This preparation is the black precipitate which is produced by the action of concentrated *Nitric acid* on *Quicksilver*; after having added strong *Aqua ammonia* and distilled water. This is the soluble *Mercury* of Hahnemann—the *Merc. sol. Hah.*, or as I consider strictly the *Ammonio nitrate of mercury*, a preparation once quite popular with the old school, and still highly esteemed and much used by them in Europe; evidently a strikingly effective therapeutic agent, yet from a chemical standpoint as Hughes remarks: "an impure oxide of doubtful and varying composition," and for that reason, if no other, not as

valuable a remedy in our hands as the *Hydrargyrum*, or, as we term it, the *Merc. vivus*. However, the fact that most of Hahnemann's provings were made with the soluble *Mercury* and that the pathogenesis of this preparation is better known than that of any other *Mercurial*, makes it still the favorite preparation of the homœopathic school, and this notwithstanding that Hahnemann, in the later years of his practice, to a great extent employed the original metal.

These circumstances together with the similarity of action of the two preparations, have led the homœopathic school into what I consider a serious error—that of considering as identical the pathogenesis of the two preparations. Hempel says: "the provings of the solubilis are likewise applicable to *Merc. viv.*, and this statement is more or less generally confirmed by our writers on materia medica. Yet why, is beyond my comprehension. It is certainly unreasonable to suppose that a preparation of *Quicksilver* containing *Nitric acid* and *Ammonia*, is precisely identical with the *Quicksilver* itself, yet nearly all our modern writers, even the venerable Hering, gives us the symptoms of both preparations as of one under the head of *Mercuries*.

If as a school, we dealt in generalities it might answer, but we claim to act only upon positive evidence, and to deal only with established facts. As well might we therefore, indiscriminately employ, where *Hydrargyrum* was indicated, any *Salt of mercury* regardless of its symptomatology, and, indeed, I fear this is too often done by the physio-pathological branch of our school. But it is certainly contrary to the spirit of our teachings, and can not be persevered in by him who would be, as certainly all should be, a progressive and scientific physician. True, it is that the general action of all the *Mercuries* are greatly alike, yet to each belongs its distinguishing features. Like the human body, the general form and outlines may be nearly the same, yet to each there is an individual expression possessed by no other. So might we find great similarity existing between other drugs of the materia medica—between the *Salts of potash*—between *Apis* and *Rhus.*, yet who would for a moment think of indiscrimi-

nately employing the one for the other. Some physicians have only to hear the term dysentery expressed by the patient, and they at once prescribe *Merc. cor.*; others in the same instance would prescribe the *Merc. viv.*, or *sol.* So also some invariably prescribe *Protoïd of merc.* in sore throat, while others give the *Binioid* when perhaps the *Similia* only existed under the one not selected, or possibly under neither; the physician apparently forgetting that he had any guide for the selection of his remedy outside of the crude generalities of a still cruder system of physio-pathological therapeutics.

Let us briefly examine some of the main points of difference between the different preparations of *Merc.* First, in the emotional faculties we find the *Vivus* alone producing delirium similar to delirium tremens as characteristic, but running all through the group is a condition of anxiety and restlessness, which becomes most prominent in the *Sol.*, where it also gives an ill humor and irritability. This continues next in the *Cor.*, where depression is more marked, and finally anxiety without the ill humor in the *Protoïde*, and ill humor without the anxiety in the *Binioid*.

In the intellectual sphere we find a weakness of memory pervading all the *Mercuries*. It is most characteristic of the *Vivus*, where the memory is greatly impaired and the intellect extremely weak, the condition bordering on imbecility. The *Cor.* comes next, then the *Sol.*, and finally the other preparations.

In the head, confusion and vertigo belong to all. The *Sol.*, has more headache than any other preparation, the whole external head being painful to the touch. The *Biniode* simulates the *Sol.* most closely, both having as characteristic the "sensation of the head, being bound with a tight cord." The *Cor.* comes next as a headache remedy, its greatest characteristic being a "drawing in periosteum of the skull." In my opinion, the *Merc. viv.* of the preparations mentioned comes last in headaches. Nearly all the mercurial headaches are catarrhal in their origin, though we also have headaches from rheumatism and syphilis. In the eyes we find a marked tendency to catarrhal ophthalmias in all the *Mercuries*, the

Vivus being most important, and the *Sol.* next. The latter beginning to partake more of the scrofulous as well as the syphilitic. For both the latter varieties and for the ophthalmia neon. *Merc. cor.* takes the lead. The *Protoiode* is of more benefit in syphilitic, the *Biniode* in catarrhal and scrofulous varieties. Coryza occurs in all. *Merc. sol.* being the best remedy in ordinary nasal catarrhs. In recent cases with fluent coryza and great rawness and smarting the *Cor.* is of most value, but it does not cover the wide range of catarrhs that the *Sol.* or the *Viv.* do. The *Biniode* is of more value in nasal catarrhs than the *Protoiod.*

For carious and decayed teeth, and tooth ache resulting therefrom, *Merc. viv.* is the sovereign remedy. All the *Mercuries* have spongy, bleeding gums. The characteristic tongue is: *Merc. viv.* black, or red, and swollen, or thick, white coating. *Merc. Cor.:* Tongue greatly swollen and coated thick white, or else dry and red. *Merc. cyan.:* yellow streak on base. *Protoiode:* lip and edges clean, thick dirty yellow coating on base. *Merc. sol.:* swollen, soft and flabby, showing impress of teeth on margin.

All the *Mercuries* act strongly upon the mucous membrane of the throat. The *Sol.* and *Viv.* are prominent in simple ulceration, or in tonsillitis, but of no value whatever in true diphtheria, and of little use in follicular ulceration. The *Viv.* has more swelling of the external glands, and the fauces have a coppery red color, while in the *Sol.* the characteristic is a sticking pain in fauces when swallowing. The *Protoiode* acts more on the follicular glands, giving a tough, opaque secretion in the fauces. For this reason the *Protoiod* is the best remedy we have for the ordinary diphtheritic sore throats (so-called) so prevalent throughout the country during winter, and, as a general rule, it stands at the head of our remedies for true diphtheria. The *Biniode* partaking more of the action of *Iodine*, gives more swelling of the glands than the *Proto.*, and when this condition is present in diphtheria it is preferable. The *Cyan.* has been highly extolled in true diphtheria, though probably its virtues have been overestimated. I should only use it in very putrid forms with

typhoid tendency, or where there seemed to be a cyanitic condition, weak pulse and syncope. The *Cor.* is little used in diphtheria. It is, however, indicated in all sore throats when there is great burning, dark red fauces; phagedenic tendency.

The action of *Merc.* on the stomach is not prominent, but upon the liver and intestinal tract do we get its most important and characteristic action. All the *Mercuries* give hepatic congestion, but the *Cor.* seems to be the only one, which in any degree, approaches true hepatitis, while the *Viv.*, alone, reaches chronic atrophy of the liver. Both the *Viv.* and the *Sol.* are among our best remedies in chronic enlargement and induration. The *Viv.* is most often indicated in jaundice and gall-stones. The *Sol.* and the *Cor.* have the most decided action upon the intestinal tract. In the former the characteristic stool is of green or bloody mucus, with colic and tenesmus worse after stool, and often accompanied by numerous hepatic symptoms. The *Cor.* seems more closely to approach a dysentery of an intense inflammatory character. The stools are frequent, scanty and composed almost exclusively of mucus and blood. The tenesmus is exceedingly distressing and constant, with a tormenting urging to stool, and instead of liver symptoms as in the *Sol.*, we have urinary difficulties—tenesmus vesicæ; urine scanty, hot and bloody. The *Iodides* have no decided action in this sphere.

In diseases of the genito-urinary system *Merc. cor.* takes the lead, being of great value in all inflammatory conditions—nephritis, cystitis, etc. The urine is scanty, hot and bloody, and passed with much pain. It also gives us in its pathogenesis decidedly albuminous urine, and it has proved its efficacy in the treatment of not only Bright's disease, but post diphtheritic and post scarlatinal albuminuria. The *Merc. sol.* comes next to the *Cor.* in the treatment of urinary troubles. Both are indicated in gonorrhœa, though the *Cor.* takes the lead, especially when the urethral inflammation predominates and is intense, with great burning and smarting during urination. The *Merc. sol.* has a greenish, painless gonorrhœa, worse at night, and gonorrhœa syphilitica. It is, how-

ever, in the treatment of true syphilis that *Merc.* has won its greatest laurels. Since the days of Barbarossa it has been in almost constant service, evidently doing immense harm in many instances, owing to the blundering way in which it was used, but, on the whole, doing incalculable service and curing millions of cases.

Merc. sol. is most often indicated in the Hunterian hard chancre. The *Sol.* is also our first remedy in chancroids. Its indications are a red chancre on prepuce; or, ulcers with cheesy lardaceous bottom and inverted red (sometimes hard) edges. In chancres assuming a phagadenic appearance, *Merc. cor.* is the remedy. For syphilitic erosions the red precipitate or *Merc. pec. rub.* In spoiled cases where much *Mercury* has been used, and where there are sycotic excrecences, *Cinnabar* or the *Sulphuret of mercury* is of most value.

Nearly all the *Mercuries* have profuse menstruation as well as leucorrhœa, the *Merc. sol.*, or *viv.*, are most prominent. The characteristic leucorrhœa is always worse at night, itching, burning, smarting, corroding with rawness.

In diseases of the respiratory organs *Merc. viv.* is decidedly the best remedy. In my own practice I always use the *Viv.*, in coughs, influenza, bronchitis, pneumonia, etc., and the *Sol.* in diseases of the alimentary tract, that is, where *materia medica* does not indicate the difference. *Merc. cor.* must not be forgotten in the treatment of bronchitis when its characteristic burning is present in the chest, with cutting pains, tightness, etc. With many the *Cor.* is the routine prescription for colds on the chest, influenzas, etc. In the various neuroses *Merc. viv.* is most often indicated.

The range of action of the *Mercuries* in skin diseases is so great that I can not notice the peculiar difference of each preparation. *Merc. sol.* is of most importance, then *Merc. viv.*, though it is difficult to separate their action upon the skin. The characteristic ulcer is superficial, flat, readily bleeding, lardaceous base, worse from heat of bed and hot and cold applications, also ulcers with elevated turned up edges. Here as elsewhere it is to be regretted that the patho-

geneses of the two preparations are so badly mixed that it is difficult to establish the separate action of each.

The aggravations of all the *Mercuries* are quite similar. All are worse at night and from warmth of bed. But the limits of this paper will not allow a further discussion of this important subject.

Surgery.

Ten Surgical Cases. Read before the Indiana Institute of Homœopathy, at Indianapolis, May 1st, 1879 By C. S. Fahnestock, M. D., La Porte, Ind.

No attempt has been made in selecting the following cases to bring the merely wonderful forward or demonstrate any especial skill of the operator. Each presents points of interest to every physician and surgeon who has not learned them by experience. To avoid repetition they will be reported without comment, and their practical teachings considered afterward.

The first list embraced successful operations for strangulated hernia and vesico-vaginal fistula, but as they did not illustrate in any way the difference between what we are taught by study, preceptors and professors, and what we learn by experience, others were substituted.

CASE I. LANCING A FELON.—A lady called on me about three p. m., to have a felon lanced, dreading the pain and fearing the results of an anæsthetic. Examining the finger I left the office remarking that on my return I should operate at once, either with or without *Chloroform*, as she should de-

termine. At the appointed time she decided in favor of *Chloroform*. It was administered by my partner, Dr. A. K. Frain. There had hardly been twenty inhalations when she had a slight convulsion, pulse became weak and rapid, the face purple and respiration ensued. We laid her on the floor, loosened her clothing, drew the tongue forward and began artificial respiration. In ten minutes the purple color had nearly disappeared, and a small piece of ice passed into the rectum caused a deep breath. Thinking that if the felon were now lanced it would hasten off the effects of the *Chloroform*, I took her right hand and examined the fingers. There was no bleaching of the skin to designate the affected member, as no poultice had been used. Both middle and ring fingers were swollen and red. She was sensitive to pressure on the ring finger only. It was therefore opened freely to the bone and the hand wrapped in a towel. At ten p. m. she was moved to her home. When visiting her in the morning I was mortified to learn that the wrong finger had been cut. I then lanced the felon, and for obvious reasons without an anæsthetic.

CASE II. UTERINE HEMORRHAGE AFTER ABORTION.— In April, 1878, I visited a lady at Plymouth, who miscarried the previous December. Since then has constant oozing of blood, alternating with attacks of profuse flooding. Internal medication and topical applications had been used by various attendants. Dr. Viets checked the hemorrhage with intra-uterine injections of *Carbolic acid*. I saw her with him at ten p. m., and found a very anæmic little lady, with abdomen tender to pressure, pulse one hundred and twenty-one, temperature one hundred and three degrees; vagina hot but not dry; uterus enlarged, retroflexed with cervix undilated; anxious and apprehensive. *R. aconite 3x*, each hour. Six a. m., pulse one hundred, temperature ninety-nine degrees; tenderness over abdomen gone; slight hemorrhage. A sponge tent was passed into the cervix. This was removed at noon and a larger one inserted. Nine p. m., condition good. On removing the tent a finger readily passed into the uterine cavity feeling several polypoid lumps attached to the

anterior wall and fundus. A tenaculum was hooked into the posterior lip, the uterus drawn down and the nodules all cut away with a curette. Dr. Viets examined before and after the operation, confirming the diagnosis. The following morning at seven a. m. pulse was ninety; temperature ninety-eight degrees. No tenderness; slight discharge, and under Dr. Viets' skillful care she made a rapid recovery without further hemorrhage.

CASE III. HEMORRHAGE FROM URETHRA.—At midnight, October 10th, 1879, a young man diligently sowing his wild oats, called at my house and removed two towels from the privates, both saturated with blood, as were his outer and under garments. Pressure, cold and styptic injections failing to control the hemorrhage, I attempted, without success, to pass a number seventeen bougie. The bleeding continuing he fainted, and while prone on the floor a small Jaques catheter was passed into the bladder. Over this as a guide a number ten English instrument, the end cut off smoothly, was forced through the lacerated urethra, and over this in the same manner a number eighteen, checking all hemorrhage. These instruments were left in situ thirty hours. Six weeks later a traumatic stricture was discovered and dilated to number nineteen, the size of the meatus. The patient was taught to pass and furnished a Van Buren sound with instructions to introduce it each week. A kick with a number two ladies' button boot caused the laceration.

CASE IV. OVARIOTOMY.—October 31st, 1878, assisted by Dr. Viets, of Plymouth, Drs. Whiting and Ludwig, of La-Porte, and in the presence of Drs. Heron and Crumbacker, of Union Mills, and Dr. Nafe, of Wellsboro, O., I removed by gastrotomy, a multilocular ovarian tumor weighing thirty pounds, from Mrs. Hannah Decker, who was visiting her sister at Wellsboro. Mrs. D. is small in stature, sixty-five years of age, and mother of seven children. In June, 1876, first noticed the tumor size of a cocoanut, in the right iliac fossa. Later she had frequent attacks of severe pain in and about the growth, accompanied with fever. As the tumor filled the abdomen, the kidneys acted irregularly, causing

œdema of the lower extremities, which would pass off as soon as the normal quantity of urine was excreted. For three months preceding the operation could eat but little (though the appetite seemed good) as there was no room and a few swallows filled her up. Emaciation and rapid loss of strength now ensued. October 3d, she weighed one hundred and sixteen pounds.

October 27th a careful examination disclosed chronic bronchitis, some hypertrophy of the heart with murmur during diastole over aortic valves, a reducible femoral hernia on right side; whole abdomen tender on pressure; temperature one hundred and one degrees, pulse one hundred and ten, intermitting occasionally; tongue slightly coated; bowels regular; uterus high, anterior to tumor admitting sound two and three-fourth inches. Just before the operation the following measurements were made:

From navel to ensiform cart. nine and a half inches. Same to pubes, eleven inches. From navel to right anterior superior spine, twelve inches. Same to left anterior superior spine, ten and three-fourths inches. Circumference thirty-seven and three-fourths inches. A multilocular ovarian tumor partly fluid, partly solid, was easily diagnosed.

Dr. Viets administered the *Ether*; an incision beginning two inches below the umbilicus and terminating an inch above the pubes, following the dark line over the centre of the linea alba, curved like an italic *f* was carried rapidly down to the peritoneum. There being no hemorrhage, the peritoneum was opened on a director, whose point was carried to and fro under the navel, proving positively its position in the abdominal cavity. A number twelve sound was now swept between the tumor and abdominal parietes detecting and breaking up several moderate adhesions. The central, lower and upper right cyst were tapped, leaving one large cyst unharmed. Introducing the hand I broke up all the adhesions on the posterior surface and pelvic brim. The remaining cyst was now tapped and the omentum found adhering to its upper surface so firmly that peeling was impossible. It was therefore ligated "en masse" and cut. Several

fibrinous bands connecting the tumor with various parts were broken, and four containing arteries and veins were ligated. Of these latter one sprung from a loop of intestine, another from the uterus. An unsuccessful attempt was now made to turn out the tumor, and being satisfied that there were no untapped cysts or unbroken adhesions, the incision was extended upward even with and to the left of the navel. Being still too small it was carried three inches above the navel and the mass turned out. The pedicle moderately long and narrow, was clamped as a safeguard against future prolapsus of the womb, which had caused great suffering until the growing tumor had lifted that organ from the pelvis. A portion of the cystic fluid having found its way into the peritoneal cavity, this was carefully cleansed with warm carbolic water, a few blood clots removed, the ligatures and torn adhesions examined for evidence of hemorrhage, the left ovary inspected, a drainage tube passed through Douglas cul de sac, sponges counted, etc., and the wound closed by eleven silver and ten silk sutures, the former deep through the peritoneum, the latter through the skin only. Eight ligatures, all silk, cut close to the knot, were left in the peritoneal cavity. The sutures were strengthened by adhesive strips half inch wide and extending two-thirds around the body. A compress wet in *Calendula water* laid on the wound, and a firm bandage over all.

The patient reacted nicely. No vomiting from the *Ether*, and in two and a half hours from the time she took her position at the table, she was carefully placed in bed, and began a rapid convalescence. The chart shows after treatment and the condition from day to day. (See frontispiece.) Dr. Nafe passed the catheter every six hours for the first four days.

CASE V. A SPRAINED WRIST.—The fore part of August, 1874, H. W., weighing one hundred and ninety pounds, fell from a hay loft, bending the hand backward and spraining the right wrist. *Morphine* was given to subdue pain; the hand and wrist were strapped with moleskin plaster, firmly bandaged and immovably fixed in splints. This dressing was removed on the second day, having loosened

by the subsidence of swelling, and a second one immediately applied. *Rhus 3* was given internally. On the fourth day it again loosened and was removed. But little swelling present. The wrist was lightly padded and put up in a plaster paris bandage, which was worn ten days, when all pain on motion having disappeared further dressings were dispensed with. There was still great echymosis and weakness, but these all passed off in a few days, leaving the wrist as good as before the accident.

CASE VI. ASPIRATING THE INTESTINES AS A PALLIATIVE MEASURE.—June 2d, 1878, I prescribed for Mrs. B., aet. seventy-nine, suffering from what she termed, "one of my frequent attacks of colic."

June 3d. Condition worse; the vomiting of stercoraceous matter led to a careful examination, disclosing an old irreducible femoral hernia on the right side, presenting all the signs of recent strangulation. Efforts at taxis failing, her grand son, Dr. Catron, of Valparaiso, was summoned. Drs. Whiting, Dakin and Bowers, of LaPorte, also saw the case with me.

June 4th. Prolonged and careful taxis under *Chloroform*, caused a partial reduction, with gurgling. The vomiting ceased, pulse dropped and appetite returned. This amelioration continued a few hours, when the original symptoms returned.

June 5th. Injections of *Beef tea* and *Laudanum* to quench thirst, nourish and subdue pain were administered every two hours. In the evening, other means failing, preparations were made to operate, but as age rendered the prognosis unusually grave, the family decided against it.

June 6th. Tympanitis so great that patient begs to be cut open. Assisted by Drs. Bowers and Catron, I passed a medium aspirator needle into different coils of the intestine, which could be distinctly seen through the attenuated parietes, and withdrew the gaseous and liquid contents. Cessation of the pain, and vomiting, and a marked lowering of the pulse followed; patient very comfortable for thirty-six hours, when the distressing symptoms returned. The ope-

ration was repeated a second and third time with the same results. Forty hours after the third aspiration she died, passing quietly away, without signs of peritonitis or other trouble depending upon the needle wounds in the intestine.

CASE VII. COMPOUND COMMINUTED FRACTURE.—September 1st, 1874, a little boy, twelve years old, fell from a loaded wagon, a hind wheel passing diagonally over the thigh. There were three distinct fractures of the femur, and the sharp end of the upper fragment projected through the skin on the anterior surface of the thigh. He was placed on a firm mattress; the protruding bone returned; extension made by Buck's method, using a four pound weight; the wound was covered with lint saturated with boiled carbonated *Linseed oil*: a small bag of brand was laid on each side of the leg for support. The extending weight was increased to six pounds on the second day. There was no suppuration. No other dressing was made. Union was complete and firm in six weeks, when the extension was removed. He went on crutches until the ninth week. No perceptible shortening.

CASE VIII. ELYTRORRAPHY FOR PROLAPSUS OF THE UTERUS AND RECTUM.—In June, 1877, I operated on Mrs. G. for prolapsus of the uterus, bladder and rectum. The *Ether* was first administered by Dr. Bowers, of LaPorte, afterward by Dr. A. A. Fahnestock, of Elkhart. There were three other assistants. The operation was necessarily long and tedious, requiring careful and accurate dissecting. When the cystocele had been denuded, my assistants, except the two above named, began to hurry me and aid in a careless, hasty manner. Silk sutures were passed and carefully tied from above downward, the uterus being slowly raised as they were tightened. The surface of the rectocele was freshened with the parts in situ; the mucous membrane was caught up with toothed forceps, snipped with scissors, stitches passed and tied before freshening further. The operation was completed in two hours and a quarter. The parts were held firmly in position, and as the anæsthesia passed off a small quantity of urine, that accumulated during

the operation was voided in a full, forcible stream; no vomiting. Called in the evening and emptied bladder with a catheter. The lady complained of the instrument, and said she would not submit to its use again.

Second day. Called at seven a. m. to pass the catheter, but she had anticipated this by getting up, evacuating the bowels and passing water. I remonstrated, but with no effect, for at four p. m. I found her in a rocking chair, which she had occupied since noon. Examination showed the two lower stitches on the anterior vaginal wall nearly cut through.

Third day. Patient unruly as ever. Lower front stitches torn out.

Fourth day. She now realizes the damage done, and keeps the horizontal position.

Ninth day. Has remained in bed since the morning of the fourth day, but would not permit the use of the catheter. Removed all the stitches. Posterior wound united completely, also upper half of anterior wound. Appointed the next day to freshen and close the lower part of the latter. During the night she sprang from her bed to chastise her nurse. Under this undue strain the tender union that had been secured gave way, and all benefit from the operation was lost. I abandoned the case in disgust. She has since requested me to repeat the operation, or close the vulva, but I firmly declined further operations upon such an unruly and inconsiderate patient.

CASE IX. SPINAL CURVATURE, LATERAL.—Miss Emma C. complained as follows: Constant feeling of weariness; dry cough; dyspnœa on exercise and on ascending stairs; stitch in left side; cold feet; pale face, colorless lips, red cheeks and slight feeling of heat each afternoon; menstruation profuse and anticipating; forebodings of evil; crying over imaginary or trifling troubles; melancholy; continued headache through forehead and eyes; sleep disturbed; sharp pain along the spine; appetite poor; bowels inactive; pulse one hundred and four and weak; temperature ninety-nine, respirations twenty-four. Examination showed lungs healthy and disclosed what was before unknown to the patient, lat-

eral curvature of the spine. Has been at boarding school for the past ten months; is sixteen years old, growing rapidly; enjoyed good health until the last seven months. Friends fearful of consumption.

Prescribed *Citrate iron* and *Strich. 3x*, two grains before each meal, and *Aconite 3*, to be taken whenever feeling of heat and fever was present. Advised further out door exercise, plain, nutritious diet, regular habits, swinging by the arms sitting on an inclined plane, the lowest side corresponding to the lower shoulder, left, to practice the arm position of Dr. Jayne; have the neck bathed and rubbed daily, and avoid all confining work and study. Following closely the above plan speedily and completely removed all the morbid symptoms, and at the present time, ten months from the beginning of treatment, only the slightest evidence of the curvature can be detected.

CASE X. REMOVAL OF A WEN.—In the fall of 1875 I removed a small wen from the back of A. J.'s neck. It was so situated as to be constantly irritated by his collar. The third day he had a hard chill followed by high fever, with rapid swelling of the neck, burning in and about the wound, which gapped, was inflamed and dry. Thus from so trivial an operation originated traumatic erysipelas, which threatened life, and from which he did not fully recover in a month.

NOTE.—The author's remarks upon these cases will appear next month.—[ED.]

Miscellaneous.

The Milwaukee Test. Prof. Hawkes Explains.

EDITOR ADVANCE:—Objective study of mental philosophy teaches that there are two kinds of conscientiousness. The first of these is what may be called the intuitive, or innate conscientiousness, which enables, nay, compels, its possessor to distinguish between the right and wrong of an abstract question. Its possessor may be a rascal, but not without his knowledge. It may be called the genius of justice. It bears the same relation to the just judge, that intuitive perception of proportions sustains to the genius of sculpture: color in painting; harmony in music.

The second kind of conscientiousness is the result of education (more properly the lack of it), environment, prejudice. Its possessor may desire and intend to do and say the right but yet does and says the wrong. He may do serious injury to his fellows, and be unaware of it. We can not call him a villain, yet he does villainous things.

This is the kind of conscientiousness which makes bigots, burns martyrs in the name of God, hides truth, would throttle science, and stay all progress in the name of conscience.

In selecting judges to decide the merits of any important question, it is desirable that they should, if possible, possess the good of both kinds. They should have the intuitive perception of right of the first, and the desire always to do right of the second. A judge without both is liable to be an unjust judge. Very few possess both qualifications.

In selecting judges to decide a question of at least National interest, it is essential that men of National reputation be chosen. It is not best to take their own estimate as to that. This reputation can be known only through public writings or doings, which show their ability to successfully grapple

with the subject. These must embrace evidence of a familiarity with the question, a large intellectuality, and a rigid conscientiousness.

There might be others equally able, but not known, whom it would be unsatisfactory and risky to try. Judges of the Supreme Court are not selected from among lawyers who have never had a "case" outside of a police court. It would be equally foolish to put in a medical text book a definition of "cure" by one who had been so situated through life as to necessarily know nothing at all about it.

The conviction based upon these conclusions induced me to oppose the "Milwaukee Test." Not that I questioned the honesty of the intentions of the individuals composing the committee who had the matter in charge, but that I had no evidence whatever of their ability to perform satisfactorily the task they had set for themselves. There was no public evidence of their fitness for the task, and I feared the result. Their report published in the *Hahnemannian*, for October, proves the correctness of my conclusions, and the wisdom of my course in the matter. My name is used in two instances in that report, and in both are gross perversions of the facts, to say the least. To a lack of which kind of conscientiousness these errors are to be attributed I leave your readers to determine.

On page six hundred and two of said number of said journal, said report, says; "The following physicians, believers in the efficacy of the 30th *attenuation*, have applied for and received the test pellets." Then follows a list of names, the third of which is "Professor J. W. Hawkes, Chicago, Ill."

The truth is, Mr. Editor, I never applied for, nor ever received, the "test pellets." Nor do I believe in the 30th "attenuation." Nor do I believe that men who use as synonymous terms "attenuation" and "potency," are fitted to pass upon any question pertaining to homœopathic medicine.

Now some wag, knowing their inexperience, may have "played a joke" on them. But I certainly am innocent of making any such application.

Again, on page six hundred and four, is the following paragraph from the same report: "Another proposition is that of Professor W. J. Hawkes, of Chicago, made at the last meeting of our State Society, and since *repeated* in the Homœopath. He will undertake to pick out the 30th as often as we can pick out the 3d (*he afterward raised this to the 6th*) and will *bet* one hundred dollars thereon."

What I did write may be found in the August number of the Homœopath, and is as follows: "I will then agree to as often select the vial medicated with the 30th or 200th, as any of these gentlemen can select that medicated with the 6th, *or even one or two numbers lower*. Moreover, I will agree to *donate to some homœopathic charity* one hundred dollars for each time I may be less successful than he, and he to do the same as often as he shall be the least successful."

I have italicised the words to which I desire to call especial attention, for comparison between the quotation from the two journals. After such a comparison, I ask, is this a committee fitted to settle the potency question?

The misrepresentation in regard to my "having applied for and obtained the test pellets" must be a mistake; for it would be idiotic to intentionally publish anything so easily disproved. But in the second quotation the cloven foot would seem to be unmistakable in that little word "bet." The common meaning of the word is foreign to the spirit of my article. So also with the statement that I had changed my proposition from the 3d to the 6th.

But whichever horn of the dilemma they may take, the "Milwaukee Test" committee will not have gained much in reputation as judges in a high court of inquiry. Yours, for progressive Homœopathy, W. J. HAWKES, Chicago, October 11, 1879.

Concerning "Scratches" and the "Critique."

BUNGLETOWN, August, 1879.

TO THE EDITOR OF THE ADVANCE: Dear Sir:—I never read poetry. My wife never reads anything else. I read your "Critique on Scratches."* My wife positively refuses to read it. I'm sure I don't know why. As for myself, I have read it over a great many times. There is a peculiarly melancholy interest attached to the exercise. In gazing upon it as a whole—my wife suggests "hole"—she says it looks like unoccupied space. I was about to remark before this unpleasant interruption, that in grasping the production by its "totality," one is reminded of a tree or something of that sort which had been struck by lightning. Also it reminds one of some ancient ruins well on in the process of decay. My wife again interferes at this point. She is strong on the doctrines of heredity. She says the child is just like its father; *ex nihilo nihil fit*. Consider, she says, the mental ruin that could conceive such stuff as that. At this point I gave Mrs. Q——, that is my wife, a dollar and advised her to go shopping. She went. Henceforward I hope to have things my own way—I mean with regard to this "Critique on Scratches." I understand that the book in question is a collection of poetry. If that is so I shall never read it. My wife will if she can borrow a copy from the neighbors. Under no circumstances would I attempt to read it, knowing the sad effect it has already had on the once brilliant mind of the ADVANCE editor. I would like to know what form of insanity could give origin to such a word as "*Cumaogisral*"† and what do you suppose is the meaning of it? I have laid it carefully on my Webster's Unabridged, and it flattened the lexicon out as thin as tissue paper. I shall try it again when

*Vide August ADVANCE.

†NOTE.—Our devil is a Welshman; that goes for something. Our impression is that we were trying to say something about gum elastic stockings, but the idea is wholly lost now. That word killed it dead.—[ED.]

I come across an iron bound volume of Webster. "*Andax and Canteus*" are good, They look like Latin manufactured by some Yankee "inclican man." Yours, DR. QUIDMUCK.

P. S. My wife has returned. The dollar I gave her is gone. I thought she would buy sugar, or coffee, or cotton for the family. Not at all. She purchased a copy of *Scratches*. Thank Heaven, I start for the Andirondacks tomorrow morning.

Reporting Cases for Medical Journals. By T. C. Hunter,
M. D.

What is the use of reporting cases for publication? I take it to be one of two things: either to instruct the profession by bringing to their notice some new manifestation of disease, some new method of treatment, or some confirmation of an old method; or to bring the writer's name prominently before the profession by showing that he has unusual skill and knowledge.

In the August number of the *American Homœopath*, I find a very interesting case reported by Prof. E. M. Hale. Before reading it, I wondered if the learned Prof. had not found a new weed, bug, or something of that sort that nobody else knew anything about, and sure enough I soon found wads of cotton soaked in *Glycerine and Polymnia* applied to the neck of the uterus. I have found, and it is neither new nor original, that *Glycerine* applied locally in some cases of uterine disease has a good effect, but why add *Polymnia*? I have the first and third editions of Hale's *Materia Medica* and yet I am in entire darkness as to what *Polymnia* is. Is it of vegetable, animal or mineral origin? I have two works on botany and they do not mention it. On reading further I

find the same remedy used internally in attenuation with *Bartya Iod.*, another remedy about which my text books on materia medica are silent (I do not have Allen). A little further on *Viburnum* was used, but whether it was *Vib. op.*, or *Vib. prun.*, deponent saith not. Further on we find *Chel.*, attenuated with *Hydrastis sulph.*, ix *inct.* (*sic*). *Hydrastis can.*, is mentioned in my books but what *Hydrostis sulph.*, is, they do not inform me; perhaps a new kind the learned Prof. has found growing near Chicago.

I am glad to learn that after the assault of the learned Prof. the disease yielded and the lady recovered her health, and also that she shows her appreciation of the Prof's learned and skillful services. I hope also that his Honorarium was equally satisfactory.

The Doctor thinks he cured her in "defiance of a certain branch of our school." What branch? Was it the "so-called (falsely) Hahnemannian?" Which leads me to remark that I am at a loss to know what the learned Professor considers the true Hahnemannian. Was this case treated on the principles laid down by Hahnemann in any of his published works? Was this given us to illustrate the law of similia as laid by the aforesaid immortal old fogy? If so I would be pleased to have it pointed out, so that I, as well as others may profit by it. I have a case on hand at this time somewhat similar to that reported, and I am very anxious to know whether *Polymnia*, *Viburnum*, *Hydrastis*, *sulph.* are indicated or not.

Perhaps Prof. Hale wishes all of us who can not imitate him in his lofty flights to send our patients to him. But I would like to have the gratitude of the lady and her friends, and more particularly the shekels which might be the result of such gratitude. Selfish, I know, but "such is life." I am waiting for the Professor to get out another edition, as whenever I have gotten any of them I have always been sorry I did not wait another month for a later, and to all intents and purposes, a different book.

Dec-3

A Correction. By Dr. Ad. Lippe, Philadelphia.

We have to thank S. P.* for his extremely polite manner in which he calls our attention to the fact that "The Genius of the Homœopathic Healing Art" was not only translated, as we stated, by Dr. Gram but also by Dr. Dudgeon, and published among Hahnemann's lesser writings, under the title "Spirit of the Homœopathic Doctrine." We admit to the tender charge of omitting this translation, for which we looked in Hempel's translation of the second volume of Hahnemann's *Materia Medica Pura*; it was not there, why, we know not; we did not look for so important a paper in Hahnemann's lesser writings. We do not propose to be outdone by S. P., and now correct his kind correction. There is another translation of said paper to be found in the *Homœopathic Examiner*, (Glasgow) 1840, by Dr. G. M. Scott. This paper was translated into the French language by A. J. L. Jordan, in 1834, in "*Tome premier*" of "*Traite de M. M.*"

*Hahnemannian Monthly, August 1879, page 509.

Charles Julius Hempel, M. D.

This eminent scholar and well known writer, died at Grand Rapids, Mich., September 24th, 1879. We are indebted to Dr. Arndt for the following account of his long and useful life:

Charles J. Hempel was born in Solingon, near Cologne, Prussia, on September 5th, 1811. After having mastered the collegiate course of his own country, he removed, at the age of twenty-three, to Paris. Supporting himself there as a teacher of languages, he not only listened to the lectures of

the medical faculty, but devoted much time to the critical study of music, of the arts and of polite literature. His genial manners and his ability won him the friendship of the distinguished Prof. Michelet, who employed the enthusiastic young student as a translator from German historical works and brought him to the notice of the members of the faculty of the University of Paris. He emigrated to America in 1835 and graduated in the medical department of the University of New York. Soon after this he openly declared his faith in Homeopathy and entered upon practice in accordance with his avowed belief.

The school of which he soon became an acknowledged leader was at that time small in numbers, without political or social influence and, above all, without a literature. The works of Hahnemann, the founder of the school, were accessible only to the few who had a knowledge of the German language. Eminently fitted for literary labors, Dr. Hempel at once commenced the translation of the *Materia Medica Pura*, followed, at brief intervals, by the rendering into English of the other works of Hahnemann. He continued to translate many of the standard works on materia medica and on theory and practice, issued voluminous repertories, and, while attending to his growing practice, took a foremost part in creating a literature for the school, in developing its resources and in spreading its doctrines. In 1855 he was married to Mrs. Mary E. Calder, of Grand Rapids. He was called to fill the chair of materia medica in the Hahnemann Medical College of Philadelphia. His success in teaching materia medica led to the publication of his lectures in a volume of twelve hundred pages, which went through two large editions, both of which were republished in England. In 1869, the Doctor began to fail in health, and his eyesight grew weak. In 1871 he made a trip to Europe, consulted eminent specialists, and learned that blindness was inevitable. During the years following he continued to fail slowly but constantly, until he became a perfect invalid, absolutely blind and helpless.

In spite of this terrible affliction his intellect remained perfectly clear. During the weary days of his long illness he wrote, by the aid of his wife, who acted as his amanuensis, a work on the principles of Homeopathy, and prepared a new edition of his work on materia medica. This latter work became the one last point of interest of his life, and when arrangements for its publication had been made, he resigned himself to the conviction that his life's work was done. During the stormy weather of last week he took a severe cold, unexpected complications arose, and on the 24th day of September the weary wanderer entered into the rest for which he had often prayed.

Dr. Hempel was an indefatigable worker. He translated into English nine large works on medicine; he published a work on domestic practice in French, English and German; he wrote and published four large works on medicine; he furnished the best translation extant of the prose works of Schiller; he left the unpublished manuscript of a large German grammar, which good authorities have pronounced a book of the highest merit; and he published a number of religio-philosophical works.

The life, now closed, was active, earnest, the heart now still was child-like, void of malice; the spirit now gone home, was, nay, is, joyous, hopeful and bright, softening into gentler shades the short-comings of human nature and scattering sunbeams on the pathway of others. *Requiescat in pace.*

H. R. A.

Medical Legislation.

Everything goes by fashion. There is a mania for legal protection for the doctors of the allopathic school, and as a counter current we commend the following from a distinguished gentl

Doctors, as a general thing, are "death" on constitutional treatment, and it is certainly surprising to thinking people that they have not started out in this matter of protecting and elevating the practice of medicine by an attack, with a panacea upon the diseased condition of the constitution of the State, which peremptorily forbids class legislation. A body of men claiming to be scientists, and at the same time not sufficiently logical to work by logical methods for its own protection, does not specially deserve protection, and in this instance evinced no greater wisdom than is manifested by the irregular practitioners which it aims to suppress.

Now, the query comes up right here, What special interests have doctors at stake that they should rise up and ask for special legislation in their favor? It is the people who take the risk, and with the people the whole matter should rest. If the State wants doctors of a certain standard, the State must provide the means of attaining this standard, but it can not, without a flagrant violation of its constitution, enact special laws for the protection of a class of men who will have it in their power to fix the standard of a physician's attainments, and thus establish a medical aristocracy and trades-union. The people trust the schools and workshops for the education and drilling of the competent engineer who shall construct safe bridges with mathematical precision, and at the same time engineers have no need of special legislation, for their superior skill secures them employment and protects them. The only proper and legitimate way to suppress quackery is for physicians to show by superior skill and excellence in their practice that they are entitled to the confidence and patronage of the people, and they will thus surely establish a standard of merit that the people will not fail to recognize. When matters of life and death are concerned, the people are always on the alert and quick to detect imposition, and there need not be any very great alarm manifested by the doctors in this particular.

It is pretty well understood that all legislation having in view only "fair play" and just dealing, attempts merely the regulation of future action, consequently we have here a

strong evidence of the monarchical tendencies of those legislature-beseeking M. D.'s. The very fact that these doctors are willing to devote their time to discussions of this kind, and besiege our law-makers without cessation for an enactment in their favor, is a tacit admission on their part of their inability to cope with an unrestricted competition in the profession and shows a great want of independent manliness, because they are willing to beg for exclusive privileges. If our coming legislators are as wise and prudent as they should be, they will very justly conclude to let the doctors take care of themselves. They are no more entitled to special legislation in their favor than the blacksmith or the shoemaker, nor have they any greater right to be constituted a special or exclusive caste than either of the above named mechanics. If these physicians who are continually convulsed with great spasms of interest in the dear people, are in earnest in their endeavors to elevate the standard of medical attainments in our State, let them ask the State to constitute an examining board of its own to be composed of a certain number of the best physicians, and authorize this board to bestow an honorary diploma or medal of distinction upon those who pass satisfactory examination, and have it distinctly understood that physicians are invited, not compelled to appear before this board, and you place the very apt to be egotistical M. D.'s on the same plane with artisans and other scientists, and they will have abundant opportunity to display their medals when they win them, and it is quite plain and evident that these medals and diplomas thus obtained will become a mark of undoubted distinction wherever exhibited by their possessor.

When doctors double their diligence in regard to what they expect a legislature to do for them, rather than in regard to what they intend to do for themselves and their patients through the testimony of their own works it is clear that a feeling of inability has seized them, and nothing short of a legalized trades-union will brace them up for long and loud assertions of their own infallibility.

Law makers have looked after the interests of the people pretty closely by making the penalty for malpractice severe

and scathing; in fact, the people's interests in this particular have been so well cared for that it is evident that we doctors did not have a hand in framing this law. Further, if the people desire to be humbugged and doctored by quacks in a country abounding in republican institutions, free schools and flourishing medical colleges, an incorporated doctors' trades-union would be utterly powerless to prevent it—they would choose their own physicians still, quack or no quack.

The arrogance displayed by our profession in the past in this, as well as in other countries, can not hope to become a flourishing thing of to-day. The people generally are keeping pace with every new advance made by medical science, and are far from being too ignorant to choose intelligently a physician to heal their ills and maladies. A physician's greatest and surest protection lies in his success and ability to cure his patients, and this very success will do more to place the bungling quack in the background than whole hosts of medical bills, and will enable the true physician to reach a higher standard than he can ever expect to attain by legislative boosting.—D. H., Indianapolis.

An Anecdote

Dr. Hering, while travelling in Germany, saw an old gentleman, who had suffered much under many doctors, who all treated him differently. He at last determined to take no more medicine until he should find three doctors who would all agree upon his case, and for this purpose he was traveling and had, when Dr. Hering saw him, consulted four hundred and seventy-seven doctors, who wrote him eight hundred and thirty-two prescriptions containing ten hundred and ninety-seven different remedies. He requested Dr. Hering to

prescribe, but he declined it, and asked him if Hahnemann were not among the number he had consulted. With a smile he turned to number three hundred and one, the name of the disease o, remedy o. "That was the wisest man of the lot" said he, "for he said the name of the remedy did not concern me; but that the cure was the essential point." "But why did you not allow him to treat you?" "Because" said he "he is but two, and I must have three who agree." Dr. Hering said, if he were willing to sacrifice some hundred francs in the experiment, he would find not three but thirty-three physicians who would agree in his case, to which he acceded. A description of his disease was then made and sent to thirty-three homœopathic physicians. He shortly after wrote to Dr. Hering, saying "I send you wine of the year 1822, because twenty-two physicians agree respecting my case. I thereby perceive that there is such a thing in this world as twenty-two physicians who have fixed upon the same remedy." He took the remedy and was cured.—*Hom. Examiner*, 1840.

Instructions for Disinfection, Prepared for the National Board of Health, 1879.

Disinfection is the destruction of the poisons of infectious and contagious diseases.

Deodorizers, or substances which destroy smells, are not necessarily disinfectants, and disinfectants do not necessarily have an odor.

Disinfection can not compensate for want of cleanliness nor of ventilation.

I.—DISINFECTANTS TO BE EMPLOYED.

1. *Roll-sulphur (brimstone)* for fumigation.

2. *Sulphate of iron (copperas)* dissolved in water in the proportion of one and a half pounds to the gallon; for soil, sewers, etc.

3. *Sulphate of zinc* and *Common salt* dissolved together in water in the proportions of four ounces *Sulphate* and two ounces *Salt* to the gallon; for clothing, bed-linen, etc.

NOTE.—*Carbolic acid* is not included in the above list for the following reasons: It is very difficult to determine the quality of the commercial article, and the purchaser can never be certain of securing it of proper strength; it is expensive, when of good quality, and experience has shown that it must be employed in comparatively large quantities to be of any use; it is liable by its strong odor to give a false sense of security.

II.—HOW TO USE DISINFECTANTS.

1. *In the sickroom.*—The most available agents are fresh air and cleanliness. The clothing, towels, bed linen, etc., should, on removal from the patient, and before they are taken from the room, be placed in a pail or tub of the *Zinc Solution*, boiling hot if possible.

All discharges should either be received in vessels containing *Copperas solution*, or, when this is impracticable, should be immediately covered with *Copperas solution*. All vessels used about the patient should be cleansed with the same solution.

Unnecessary furniture—especially that which is stuffed—carpets and hangings, should when possible, be removed from the room at the outset, otherwise, they should remain for subsequent fumigation and treatment.

2. *Fumigation with Sulphur* is the only practicable method for disinfecting the house. For this purpose the rooms to be disinfected must be vacated. Heavy clothing, blankets, bedding, and other articles which can not be treated with *Zinc solution*, should be opened and exposed during fumigation, as directed below. Close the rooms as tightly as possible, place the *Sulphur* in iron pans supported upon bricks placed in wash tubs containing a little water, set it on fire by hot coals or with the aid of a spoonful of *Alcohol*, and allow the room to remain closed for twenty-four hours. For a room about ten feet square, at least two pounds of *Sulphur* should be used; for larger rooms, proportionally increased quantities.

3. *Premises.*—Cellars, yards, stables gutters, privies, cess-pools, water-closets, drains, sewers, etc., should be frequently and liberally treated with *Copperas solution*. The *Copperas solution* is easily prepared by hanging a basket containing about sixty pounds of *Copperas* in a barrel of water.

4. *Body and bed clothing, etc.*,—It is *best* to burn all articles which have been in contact with persons sick with contagious or infectious diseases. Articles too valuable to be destroyed should be treated as follows:

(a.) Cotton, linen, flannels, blankets, etc., should be treated with the boiling hot *Zinc solution*; introduce piece by piece; secure thorough wetting, and boil for at least half an hour.

(b.) Heavy woolen clothing, silk, furs, stuffed bed covers, beds, and other articles which can not be treated with the *Zinc solution*, should be hung in the room during fumigation, their surfaces thoroughly exposed, and pockets turned inside out. Afterward they should be hung in the open air, beaten, and shaken. Pillows, beds, stuffed mattresses, upholstered furniture, etc., should be cut open, the contents spread out and thoroughly fumigated. Carpets are best fumigated on the floor, but should afterward be removed to the open air and thoroughly beaten.

5. *Corpses* should be thoroughly washed with a *Zinc solution* of double strength should then be wrapped in a sheet wet with the *Zinc solution*, and buried at once. Metallic, metal lined, or air-tight coffins should be used when possible, certainly when the body is to be transported for any considerable distance.

Book Notices.

The Laws of Therapeutics, or the Science and Art of Medicine. By Joseph Kidd, M. D. Lindsay & Blakiston, Philadelphia, pp. 196.

Our first impression was to cast this book aside, and condemn it altogether. We have done better—we have read it with care and pleasure. The pleasure, however, was on the principle that a half a loaf is better than none. That the distinguished publishers, all of whose works have heretofore been strictly of the allopathic school, should consent to publish a book like this, full of homœopathic ideas and doctrines, is at least worthy of notice. We hope they will find this venture a paying one, and so consent to put upon their list some of our standard literature. Dr. Kidd gives a very crude showing for Homœopathy, and while he gives some excellent exemplifications of the law *Similia*, he attempts an equal showing for *Contraria*. The book is small, but it has in it many excellent ideas, and we can wish the old school no better thing than that they read it carefully. The book carries its own refutation to the assumption that there are several laws of therapeutics. The similar can be found in every one of the alleged cures by any other than the intended homœopathic remedy. Price \$1.25. Robert Clarke & Co.

Jousset's Lectures on Clinical Medicine. Translated into English by Prof. R. Ludlam. S. C. Griggs & Co., Publishers, Chicago.

This book is beautifully printed, and generally very attractive in style and appearance. But it is incorrectly named. It should have been christened, Lectures on Special Pathology and Diagnosis.

It will disappoint the therapist as much as it will delight the student of diagnosis. As far as it goes it is an excellent work, but it falls far short of what its title implies. It is virtually without therapeutics, and clinical lectures with lame therapeutics are necessarily imperfect. Therapeutics should be the head and front of clinical teaching. For this reason we may justly compare this book to the perfect statue of a Colosseus with the head of a pigmy.

Dr. Bartholow, professor of *materia medica* and general therapeutics in Jefferson Medical College, said in a lecture delivered the current year, "I heard but a few years ago, a very able teacher, himself a professor of practice, declare that if the four great chairs of surgery, anatomy, practice

of medicine and obstetrics, were well filled in a medical school, it was of little consequence who occupied the others. And as for *materia medica* and therapeutics, any old woman could teach that. His was the traditional old woman, who knew how to prepare catnip and tansy teas; and on special occasions could administer *Castor oil*. An amount of therapeutical knowledge, sufficient now for the leaders of French medical practice, if we may credit some recent reports from Paris."

Judging from Jousset's lectures, it would seem as if French homœopathic therapeutics were held in proportionately low esteem. Professor Bartholow further very truthfully says: "The end to which all our studies are directed as practical physicians, is the applications of remedial agents to the cure of diseases. An unprejudiced thinker would regard it as incredible that a considerable part of our profession are either indifferent or satisfied with vague notions, and that a still larger part fall into routine methods with a few agents which have to do duty for all possible conditions. This is a result in part of the overshadowing importance of physiological and pathological studies." This is precisely the fault we have to find with such clinical teaching as these lectures of Jousset's. And this rebuke, though from the mouth of a representative of the essentially physiopathological school, applies to the utterances of one who claims to represent a school whose only distinction is its therapeutics.

We gladly grant, and heartily laud, the great merits of this book. Any one can learn from its admirable diagnostic and pathological distinctions. The translator has done his work in a masterly manner. His notes are really the most reliable part of the book, in a therapeutic sense. But as a teacher of therapeutics—of how to heal the sick—it is worse than useless. If it teaches anything in this direction it teaches that a remedy is to be prescribed for a disease, and not because the symptoms of the patient demand it. The following case is a fair example. It is in lecture XII, pages one hundred and thirty-four and one hundred and thirty-five:

"**TYPHOID FEVER.** Case xxxiv.—Mrs. Charpentier, aged thirty-five, entered on the first of April, and died on the sixth of April. This patient came to us on the twelfth day of her illness, which commenced, as we heard from her relatives, with headache and vomiting. There was no epistaxis. The stools were frequent, but they had been provoked by a purgative given during the first day of the disease. From that time there has been constipation. The patient was completely prostrated. She complains of headache, and says that since she has been ill she does not hear distinctly.

"The abdomen is sensitive, especially in the right iliac fossa, but there are no spots on the skin. The pulse is frequent and small; the tongue whitish, a little red at the tips and on the sides. An examination of the chest reveals nothing. No rales are to be heard, although there is dyspnoea and a frequent cough.

"April 1st. Evening, temperature 104°, pulse 120.

"April 2d. Morning, temperature 101.8°, pulse 120. *Arsenicum* met in third trituration. Evening, temperature 104.36°, pulse 120.

"April 3d. Morning, temperature 104°, pulse 120. *Carbo. Vegetabilis*, twelfth dilution. Evening, temperature 104.72°, pulse 128.

"April 4th. Morning, temperature 103.28°, pulse 116. *Stramonium*, third dilution. Evening, temperature 104.36°, pulse 128.

"April 5th. Morning, temperature 102.56°, pulse 120. *Stramonium*, third dilution. Evening, temperature 105.44°, pulse 136.

"April 6th. Morning, temperature 102.20°, pulse 128. *Stramonium* in the mother tincture, one drop. Evening, temperature 106.88°, pulse 168. Death."

"From the 2d to the 6th of April the prostration and adynamia increased. The patient has had no alvine evacuations at all, and during the last days no urinary discharge; not because of retention of the urine, but from absence of the secretion. She is agitated and delirious, especially at night. The face is pale and there is considerable emaciation."

That is the whole of it. What therapeutic fact can a student learn from the case? We are not told why no medicine was given the first day, *Arsenicum* the second, *Carbo veg.* the third, and *Stramonium* the fourth, fifth and sixth days. The only reason given is the implied one that it was because the patient had typhoid fever. The only symptom mentioned that does not appear in nearly every case of typhoid fever is that of the tongue, and that symptom is more prominent under *Rhus tox.* than under any other remedy, but it is not mentioned in the treatment of the case. The chief object of a teacher of clinical therapeutics should be the instruction of his pupils so that in a similar case they may be able to apply the curative remedy. And in order so to do, it is necessary to tell them why such a remedy is given. But when either of twenty remedies may be the right one in a given case of typhoid fever, it is not sufficient to say: "I gave *Arsenicum* because the patient has typhoid fever." We can easily understand why a teacher holding such an estimate of homœopathic therapeutics should "not deny the charge of a want of faith in Homœopathy exclusively." The only fault we have to find with the translator is the evidence, furnished by his quotations from Prof. Hawkes' clinical lecture, that his views of therapeutical teaching coincide with those of the author he has translated. In that quotation he has left out, without asterisks to indicate the omission, the paragraph wherein are given the reasons and symptoms upon which the selection of his remedy was based.—QUID NUC.

The Advantages and Accidents of Artificial Anæsthesia. By Lawrence Turnbull, M. D., Ph. D. Lindsay & Blakiston, Philadelphia.

This is but a small work of three hundred and twenty-two pages, but its importance to the physician is unquestionably great. How many of us are constantly giving *Chloroform* or other anæsthetics? How necessary both for our reputation and the safety of those who confide in us, that we should thoroughly understand the business. All the principal agents used to produce the anæsthetic effect are carefully described, and especially the dangers that beset the use of *Chloroform*, *Sulphuric ether* and *Chloral hydrate*, are clearly pointed out. We commend this work as a most valuable and necessary addition to the physician's library. Price \$1.50. For sale by Robert Clarke & Co.

THE POPULAR SCIENCE MONTHLY for October, 1879, is a number particularly valuable to the physician. The opening article on protoplasm and life by Prof. Allman, is altogether the best discussion we have seen upon this subject. Other articles, Micro-Organisms in their Effects in Nature; Science and Philosophy of Recreation and the source of Muscular Power, claim special attention. If our readers had taken our advice they would all long ago have subscribed for this journal. Send five dollars to D. Appleton & Co., New York.

THE SCIENTIFIC AMERICAN.—Nothing comes more welcome to our table than this weekly visitor. Its illustrations are beautiful, and its articles always full of value and interest to the reader. What a blessing it would be if this journal visited every household in the land! It would be an inexhaustible source of inspiration. Try it. See our list and add it to your subscription along with the ADVANCE for 1880.

VOLUME IX of Ziemssen's Cyclopædia is delayed by the illness of Prof. von Ziemssen, but will be ready for delivery in a few months.

Editor's Table.

WE have examined the advanced sheets of Prof. Allen's work on Intermittent Fever. It pleases us very much. We wonder such a work

has not been produced long ago. It will, we are sure, receive a hearty welcome at the hands of the profession. Let those who have constantly to wrestle with this hydra-headed monster consult Dr. Allen's book before they resort to the pernicious use of *Quinine*.

DIED.—Dr. A. E. Munger, of Waterville, N. Y. Appropriate resolutions were passed by the Oneida County Homœopathic Society, of which he was a distinguished member.

DIED.—Silas Bailey, M. D., formerly of Toledo, O., October 16, 1879. The Doctor had of late resided in Bridgewater, N. Y. The Oneida County Homœopathic Medical Society passed appropriate resolutions of respect and sympathy.—C. E. CHASE, Sec.

THE Medical Counsellor, of Chicago, is well gotten up. That's a fact.

DR. C. H. GOODMAN, editor *Homœopathic News*, of St. Louis, has been elected to the chair of anatomy in the Homœopathic College of Missouri. We congratulate the college.

DR. A. C. JONES has removed to Minneapolis. Dr. S. Chapin takes Dr. Jones' place and practice at Connersville, Ind.

LUNACY REFORMS.—*Historical Considerations*. E. Seguin, M. D., and G. P. Putnam's Sons, pp. 15. A pamphlet of decided interest.

PROF. J. W. DOWLING, 313 Madison ave., New York, will hereafter make a specialty of "heart and lung diseases." The doctor will consult at home or abroad.

PROF. PHILO. G. the gay *debonair*, the long time cruel heart smasher of St. Louis, the famous editor of the *Clinical Review*, and the well known whole souled fellow that he is, is married at last, and as Joe Emmet says: "Dot settles it." Miss Clara V. Hodge, also of St. Louis, is the happy bride. May good St. Valentine not forget them, but send to their home his little gifts.

AMENDE.—For the very full report upon Dr. Baer's paper in our last number, we neglected to give credit to Dr. M. T. Runnels, the secretary of the Indiana Homœopathic Institute.

MARRIED.—Dr. H. C. Morrow, of Shelbyville, Indiana, to Miss Fannie D. Catterson, October 27, 1879.

DR. C. L. HART has moved to 15th and Farnum sts., Omaha, Neb.

DR. S. SALT MARSH has left Knoxville, Tennessee, and located in Cincinnati. The Doctor has left a fine field open for a good homœopathic physician.

Acknowledgment of Books Received.

FROM LINDSAY & BLAKISTON, PHILADELPHIA.

Tyson's Practical Guide to Examination of Urine. \$1.25.

Mear's Practical Surgery. 227 illustrations. \$2.00.

Anbill on Diseases of Women. Fifth edition. \$2.25.

Kidd's Laws of Therapeutics. \$1.25.

American Health Primers: Long Life and How to Reach It—Richardson; Hearing and How to Keep It—Burnett; Winter and Its Dangers—Osgood; Eye Sight and How to Care for It—Harlan; Summer and Its Diseases—Wilson. Each Fifty cents.

Turnbill's Anæsthetic Manual. Advantages and Accidents. \$1.50.

Galabin on Diseases of Women. Student's Guide. \$2.00.

Heath's Surgical Diagnosis. \$2.00.

FROM WILLIAM WOOD & CO., NEW YORK.

Bartholow on Spermatorrhœa. \$1.25.

Richet's Physiology and Histology of the Cerebral Convolutions, also, Poisons of the Intellect. \$1.50.

Charcot on Bright's Disease. \$1.50.

Charcot on Localization of Diseases of the Brain. \$1.50.

Hilton on Pain and Rest. \$1.00.

Frierichs on Diseases of the Liver. Three volumes, each \$1.00.

Tait on Diseases of Women. \$1.00.

Rosenthal on Diseases of the Nervous System. Two volumes, each \$1.00.

Phillips' Materia Medica. \$1.00.

Ellis on Diseases of Children. \$1.00.

Reviews of the foregoing books in preparation.

Wants, Locations, Practices for Sale, Etc.

Under this head we will be glad to insert, gratis, notices, change of location, practices for sale, exchanges offered or any miscellaneous want pertaining to the profession, not of a purely advertising or personal nature. We will be specially obliged to physicians giving the names of good locations.

Practice for Sale.—In a town of three thousand inhabitants, near Cincinnati. No other homœopathic physician. I am holding the appointment of township physician, which I can turn over to any one buying me out. Satisfactory reasons given for selling. Address Dr. J. C. KILGOUR, New Richmond, Ohio.

Good openings in the South for homœopathic physicians: Tazoo City, Miss. For particulars address J. W. Champlain, Esq., at that place. Baton Rouge, La., address Prof. Magruder. These are two good locations for young and plucky men who are not afraid of Yellow Jack.

New Orleans, Nov, 11, 1879.

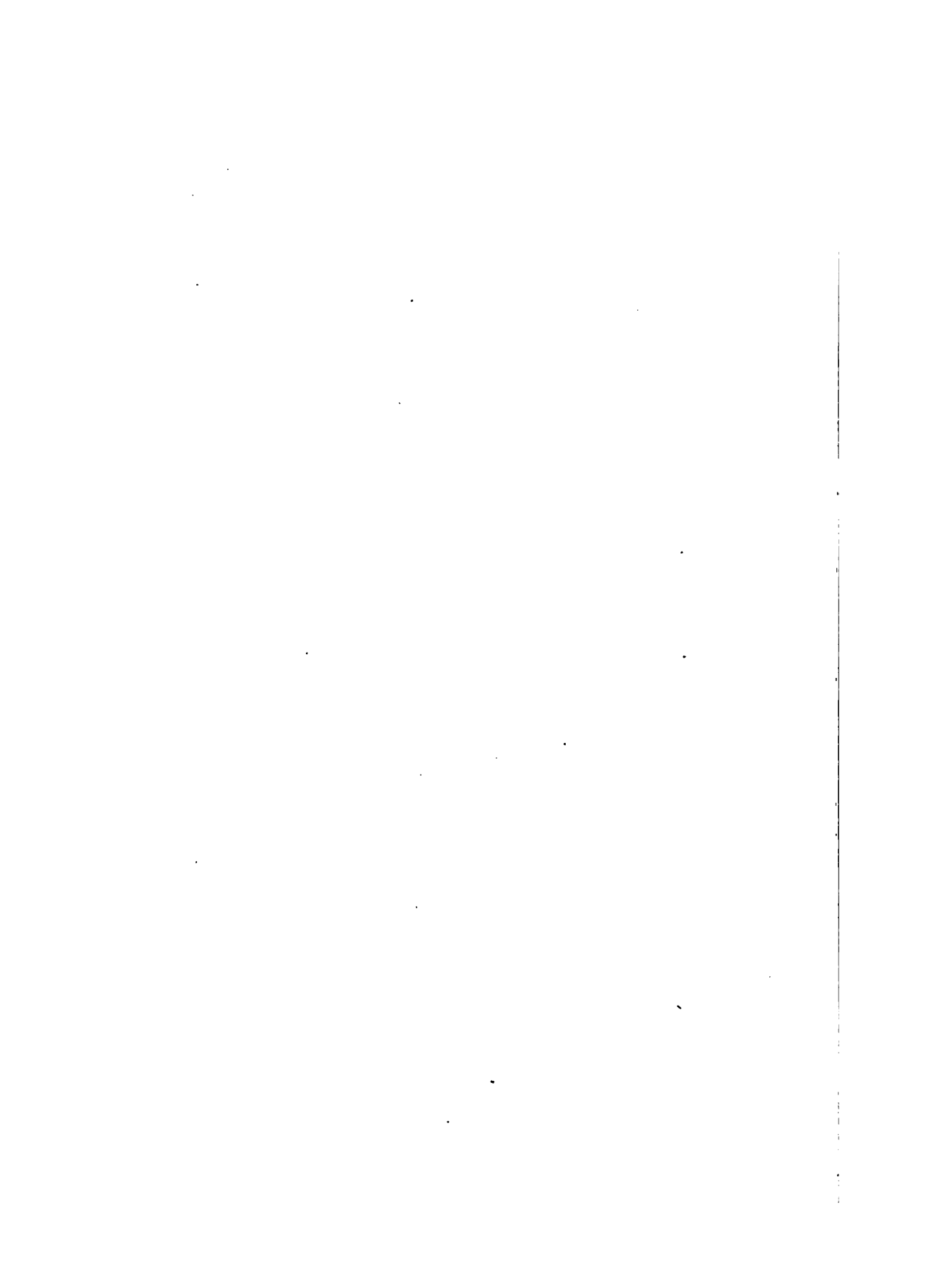
Yours, BERICKE & TAFEL.

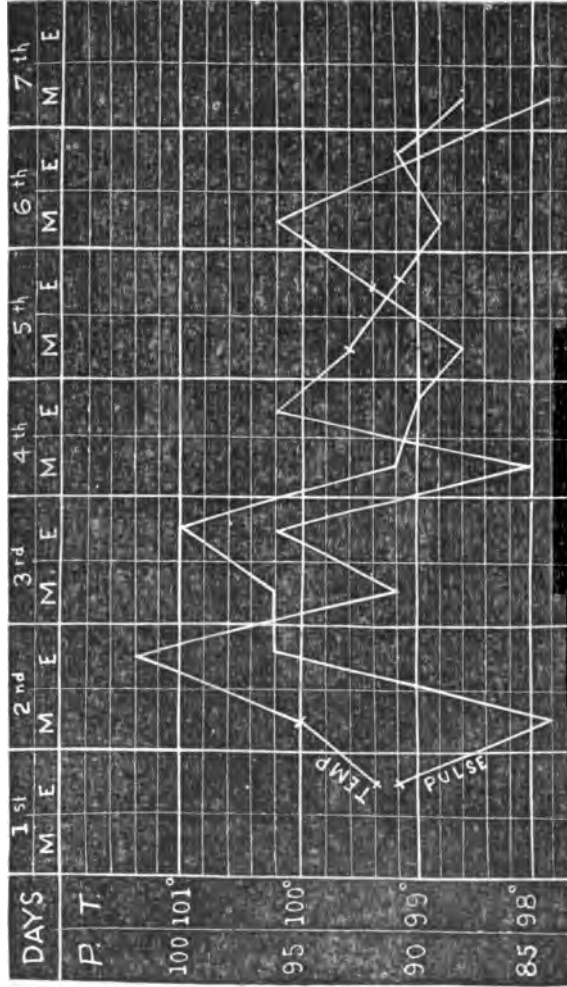
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PULSE AND TEMPERATURE IN SURGICAL CASES.

Second day, evening, slight vomiting; third day, morning and evening, slight vomiting; fourth day, natural stool; fifth day, removed nine silver sutures; seventh day, removed all the sutures. A clamp loosened the evening of the tenth day. The drainage tube removed the morning of the eleventh.

The above illustration should have appeared in last month's journal, but the electrolyte was not ready. It is referred to by Dr. C. S. Fahnestock in his article entitled "Ten Surgical Cases."



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

J. P. GEPPERT, M. D., Ass't EDITOR.

VOLUME VIII.

CINCINNATI, O., JANUARY, 1880.

NUMBER 1.

All subscriptions and business communications should be addressed to MEDICAL ADVANCE Co., Publishers, 80 W. 9th st., Cincinnati, O. Subscription \$2. per annum.

The Study of Force as Related to Medical Science. By the Editor.

Our investigation of Nature is apt to be fragmentary and superficial. We take whatever we may have in hand and study it too much apart from its relations. By that means we lose sight of a comprehensive view of its origin and results.

In medical science this vicious mode of study is most painfully apparent. The mind of the student is made to lay hold of facts singly or in groups, as though they were ultimates. And in this way nothing is learned as to the beginning or end of things. With all the simplicity of a barbarian we deal only with that which addresses itself to our senses, leaving the higher walks of reason untrodden.

It is proposed by our medical colleges to hereafter require of their students a preparatory knowledge of physics. This is most fortunate, for if the student obtains such knowledge

before he enters upon his medical studies, he will not run the risk of failing to get it altogether.

What has physics to do with medicine? Can not a man practice the healing art without filling his head with such academic lore? Are we not hurting our practicalities with scholasticism? Do not anatomy, physiology, pathology, materia medica and chemistry form a sufficiently broad and stable base? He must be a learned doctor who understands these things. Can he want more? He knows all the materia medica from *Aconite* to *Zinc*. The natural history, the physical qualities, the pharmaceutical preparations, the toxicological and pathogenetic effects of all these drugs, does he not know them well?

Does he not understand disease? Are not fevers, inflammations, congestions, exudations, ulcerations and the like, familiar to his mind and eyes? Yea, verily, though he be fresh from the school of the prophets, can he not prophesy and work miracles?

Can he not assault the fortresses of disease with fire and sword? Does he not know that typhoid fever is a disease, and that *Phosphorus* is a drug? Can he not successfully apply the one to the cure of the other?

But what are these things with which this medical man is dealing so adroitly? What, for instance, is *Phosphorus*? and what is the cause and mode of its action?

Why, says this medical man, *Phosphorus* is a substance found in nature. Taken into the human body it produces toxicological, pathogenetic and therapeutic effects.

Quite true, but how did nature make *Phosphorus* so different from any other substance, and in what special way does it produce its peculiar effects?

Now taking *Phosphorus* as typical of all medicinal substances, we propose to press this inquiry until we reach a point beyond which we can not go. In doing so we may transcend the ordinary limits of the curriculum of the medical schools. But in doing so we will endeavor to not get beyond the boundary lines—if there be any—of the science of physics.

To begin with, however, let us deal with some more common substances. Take for instance, an iron poker, red hot. Beside it lies an exactly similar piece of iron only that it is cold. Now the difference between a hot poker and a cold poker need not be enlarged upon. The business abilities of the former are undeniable. They both have capabilities, but the sphere of possible action of the hot poker is considerably enlarged above that of its companion.

I think a child might tell you that the difference between these two pokers was that of heat. Says the learned physicist, heat is a mode of motion. Then what is motion? The conception of motion rests upon two antecedent primitive ideas. These are, existence and space.

Space is that which lies between existences, or if you please, places. Motion is the traversing through space from place to place. This motion involves necessarily the idea of time which marks the rate of motion.

Well now, what is it that is in motion in the heated poker? We answer it is the molecules of iron. Every molecule is actively moving through a certain space. Look you now, the hot bar is larger than the cold one. At the same temperature, however, they are of the same size. If you could tell me how many molecules of iron lay in the diameter of the bar, we could with that number divide the increase of diameter and find approximately how large a space each molecule was moving through. This matter is commended to the attention of several learned gentlemen, who of late have blossomed into a wonderful wealth of knowledge in the department of molecular physics, and proven to their own satisfaction by figures that there is absolutely nothing, or at least hardly anything in the thirtieth Hahnemannian dilution.

We will now take the cold bar of iron and charge it with electricity or magnetism. But what are electricity and magnetism? They also are modes of motion. The molecules of this cold bar are now in motion, but it is not hot, for the motion is of a different kind. We may now take this bar and successively charge it with heat, light, electricity or magnetism, or we may swing it through the air, which is a most palpable mode of mechanical motion.

Let me here lay down a definite law growing out of this investigation. The effect which is produced by the bar of iron depends upon the character of the force with which it is endowed.

We come now to speak of force in a more abstract sense. Force is recognized in two states: it is static and dynamic.

Static force gives us stability of form and substance.

Dynamic force gives us instability of whatever sort or kind.

For instance, dynamic forces through their activities produce an apple. Static forces maintain it as such until dynamic forces eventually scatter and destroy it.

A piece of bitumenous coal may be a very harmless and useless object, though it be endowed with wonderful possibilities.

You now change its forces from the static to the dynamic condition, in other words you set it on fire and it is no longer harmless or useless.

It must be plain that we are now studying force as connected with matter. Looking then to the material forms of the universe we find in them innumerable states or conditions. We recognize wood and iron, water and air, as things essentially unlike. They are, however, alike in that they are all material. In regard to this material substance of which they are composed, we have no comprehension as to its size and shape. But this we do know: each of these states of matter is endowed with peculiar forces. Their differences are measured by their forces.

We come back then, to the original question, what is *Phosphorus*? And we answer, *Phosphorus* is matter endowed with a peculiar force. The force has a mode of motion peculiarly its own. How does it produce, then, its effects? Let me answer this by an illustration.

If I take the cold poker and give to it a certain amount of mechanical motion, and it comes in contact with you it is at once brought to a state of rest.

The motion has been communicated to you. It has produced its peculiar effects easily recognized. If now I take

the hot poker and apply it to you, quite a different effect is produced, for the force and its mode of motion are different. The heat at once passes from the poker to you and its characteristic effect is seen and understood.

If then you ask me how *Phosphorus* acts I will answer that it acts by communicating its special mode of motion to the protoplasm, cell or tissues, with which it comes in contact. In that respect, and perhaps in all respects, the *Phosphor* force is like all other forces, subject in its action to well known laws.

If we raise this question in regard to other drugs, as *Aconite*, *Belladonna*, *Pulsatilla* and the like, we have this to say in reply: they are all made of matter endowed with peculiar forces. The *Aconite* force which produces its characteristic effects, toxicological, pathogenetic and curative, is a mode of motion.

Under certain conditions that motion is communicated to other substances. You are burned with a poker and poisoned with *Aconite* in the same way. They both act by contact. In that contact they communicate their mode of motion. The result is characteristic of the mode.

We speak of forces as entities. There is no individual and distinct force. All forces are correlative. In a static condition they maintain certain relations through almost endless periods.

In plants the static period is comparatively brief. Vegetable drugs in a limited time lose their peculiar power. On the contrary, mineral substances seem practically unchangeable. And yet minerals are susceptible to great changes through combinations. *Sodium* and its *chloride*, *Ammonia* and its *nitrate*, *Calcium* and its *carbonate*, *Zinc* and its *sulphate*, are well known instances of modified force or mode of motion through combination.

A mechanical explanation of this fact is perhaps allowable. If *Zinc* and *Oxygen* represent two sides of a square, their combination according to mechanics would produce the diagonal of that square. That diagonal would be neither *Oxygen* nor *Zinc*, but another substance with another mode of motion and we call it *Oxide of zinc*.

We can learn something more of the nature of force by recurring to our heated poker. If we split it into two equal parts its capacity for action is nearly doubled. If we divide it indefinitely we indefinitely increase its capacity as a medium of heat, (radiation).

If, however, we plunge it into a mass of water the heat is at once communicated to the water. Now, imagine if you can, a man looking with a microscope in that water for particles of iron, and refusing to believe that the water will burn as the poker, unless he can find some of the poker floating in the fluid.

Let us go back, now, to the consideration of drugs for a moment. They are to be considered as so many modes of motion. Each molecule has the movement peculiar to its kind. Each molecule is capable of transmitting its motion to other substances. This it can do only by contact.

If, therefore, you break up the drug and indefinitely divide this substance you indefinitely increase its power of action.

This truth is unassailable, for it rests firmly, first, upon analogy, of which we have already given several instances, and second, upon experience and observation. It has been so tested millions of times and the test can be repeated indefinitely. That is said to be a scientific test which can be repeated at will. To this we submit the statement.

If you plunge a finely divided mass of matter endowed with a motion peculiar to *Belladonna* into a body of *Alcohol*, and by succussion secure the necessary contact, that motion is communicated to every molecule of *Alcohol*.

By successive dilutions the peculiar mode of motion is carried forward, not by the original drug but by the alcohol itself to other masses of *Alcohol*, which in turn become endowed with the same quality of motion.

It is now thirteen years since I made use of the following language: It is our proud boast that we have achieved the great result of isolating the drug force from the drug. We have struck from the fettered limbs of our materia medica the incumbrances of drug forms, and holding in our precious attenuations the real curative power, we can bring

to the destruction of the force of disease a power which fact and philosophy declare is alone fitted for the work. Do you ask me now, if in the higher attenuations of our remedies matter is not so finely divided and subdivided that, in fact, we have no substance of the drug in them? Well, what of that? Are we not wiser than others in laying aside the dead and useless form of the drug and using only its force?

In the thirteen years that have passed since this utterance, scientific investigations have swept us forward immense distances along the path of knowledge. The most wonderful discoveries of the present century have been in the domains of molecular physics and dynamics.

When Samuel Hahnemann discovered the power of attenuated remedies to cure disease, he struck, by chance, upon a practical fact in dynamics that has waited nearly half a century for an explanation. And every fresh discovery in this field has since his day given conformation to his discovery.

The true physician of to-day is not a mere mechanist using only gross forms, but a dynamist skilled in the employment of force. He will not be led away by the material form of the drug upon the one hand, nor by the gross products of disease upon the other. His skilled eye will see in both the omnipotent force which is the active and all efficient agent.

As might a child cry for his play things so will not he cry for this or that form of matter, but rather search after and employ that condition of force best suited for his work.

Those who declare that in the employment of attenuated remedies and minute doses we are not rational or scientific, betray an unpardonable ignorance of science, as well as a want of that empirical knowledge which is so easy to obtain and which of itself is conclusive.

The study of drugs as the embodiment of forces, having each its peculiar mode of motion, forms but one part of an interesting and important subject, and upon that part in the present paper I have but imperfectly touched. The second part involves the consideration of diseases as so many peculiar modes of motion; and the third part comprehends the philosophy of applying the force of the drug to the force of

the disease, and thereby produce what is called a cure. I must leave these latter topics untouched until some future time.

Surgery.

Ten Surgical Cases. Read before the Indiana Institute of Homœopathy, at Indianapolis, May 1st, 1879. By C. S. Fahnestock, M. D., LaPorte, Ind. Part II.

CASE I.—Presents two mishaps, one of which due to my own carelessness may be taken as the type of all where the blame rests wholly with the surgeon. Had the diagnosis been made with care, the seat of the disease located with certainty, the details of the operation reviewed before giving the anæsthetic, the wrong finger would never have been lanced. I knew that I should have done so, I had read and been taught to do so, but gentlemen that one blunder made me remember to do so. Others have made similar mistakes and I do not refer to errors of diagnosis where a case is carefully examined by one or several, and the operation discloses something entirely different from what was anticipated, but where carelessness is the sole cause as in the following case occurring in the practice of a friend. He removed a large uterine polypus and eleven months later the lady again consulted him, complaining as before but suspecting pregnancy. So positive was he of a second polypus, that disregarding her statements as to motion and without an examination he operated and removed a five months fœtus. Allow me to say that he is neither a fool nor a knave. Dr. Lungren,

of Toledo, my preceptor, upon hearing of the case remarked, "I can readily see how he made such an error and do not consider it an evidence of ignorance." No, it was not ignorance but pure carelessness.

There is another cause of danger where every step of an operation has not been considered beforehand. I believe all surgeons experience a feeling of mental tension when performing the most difficult part of an operation; this completed, his mind is relaxed and his attention less keen. He is not on his guard as before and danger is at hand. It was so in my case. The sense of relief was so great, when the grave symptoms from *Chloroform* ceased, when the danger seemed past, that I did not exercise ordinary care but trusting to a superficial examination made a cut that was worse than useless. It is under the same conditions of mental relaxation that sponges and forceps have been left in the abdomen after ovariectomy, accupressure pins closed in the wound without a wire to withdraw them, the distal end of the femoral artery accidentally cut during tenotomy left to bleed after tying the proximal end and an hundred equally inexcusable accidents.

Another source of accident for which the surgeon is responsible may be avoided by always procuring the best material, checking over your instruments, especially the minor ones whose use is not formidable; in that they are on hand and in good order. I once assisted at an operation where artery, needle and dissecting forceps had all been forgotten rendering the necessary manipulations very perplexing to the operator. A dull needle may seriously damage by dragging the tissues, a rotten ligature may break, poor plaster may slip in the very case where you depend upon the pressure it exerts to control hemorrhage and peritonitis may be set up by sand from a poorly washed sponge.

A mishap or failure of an operation may be the fault of the patient as in Case VIII. The after treatment in this instance had been fully explained to the lady and she had promised faithful compliance. In such cases the surgeon is placed at great disadvantage and must govern his actions by the circumstances of the individual he may have under his care.

This is not the only case of the kind I have seen. One occurred quite recently. I put a seton in an abscess over the knee to secure proper drainage. All went well for five days. On the sixth day during my absence erysipelas appeared. When I returned, Dr. Whiting who had been called turned the case over to me, with the disease under control. Some two weeks later a friend of the patient told me confidentially, that a caller had recommended washing the knee with strong lye, saying "It cured my knee which was just like yours." The proprietor of the knee acted on the advice and the erysipelas began within two hours. He never told me what he did and always wonders why his knee should have grown suddenly worse. He little dreams that his foolish experiment is known, but would, if there were the ghost of a chance gladly saddle the blame on his physician.

Another series of calamities may be unforeseen and beyond the surgeon's control as the dangerous symptoms from the anæsthetic in Case I. There was nothing in the lady's condition that indicated intolerance of *Chloroform*, neither was there any known disease of the heart or lungs. It was administered with every possible care and yet by prompt and faithful attention only was a fatal issue prevented. No one should administer an anæsthetic unless thoroughly conversant with its effects and the dangers attending its use. He must also be master of all means of resuscitation and of combatting the serious symptoms that may present. Even then it may happen that life we are trying to save or render more comfortable may be cut off by the very means we employ.

Some claim greater safety from an admixture of *Turpentine* or *Amyle* and *Chloroform*. *Ether* is generally considered safer than *Chloroform* and when administered from a large evaporating surface, acts almost as speedily, but it is not so convenient and the more frequent occurrence of unpleasant after effects is an objection to its use in short operations. There are instances recorded, where *Ether* and *Chloroform* have been safely administered to patients with heart disease, as in Case IV.

In these cases there were no untoward symptoms and it is very doubtful whether any heart disease save fatty degeneration and such as render the heart beat particularly feeble has any special bearing upon fatal results from *Ether* or *Chloroform*. But the chief difficulty is just here, the very cause of the greatest danger is the one least suspected, the one most difficult to recognise (often impossible) the one responsible for three fourths of all deaths from anæsthesia, fatty degeneration of the heart. Some regard kidney disease with albuminuria as the most unfavorable, but statistics of its use in puerperal cases do not substantiate that view. As to lung troubles, it may be said, that where the constitution is such as to warrant any grave operation, it will bear the anæsthetic, but *Ether* should be preferred as it irritates less than *Chloroform*. Further, persons addicted to the copious use of alcoholic liquors, and those who present a leuco-phlegmatic, bloated and hydræmic appearance are not good subjects for anæsthetics. Whenever administering *Chloroform* or *Ether* no matter when, why, or where, watch the lungs as well as the pulse, and suspend the anæsthetic the moment thoracic respiration ceases and diaphragmatic suction prevails, whether the patient be under its full influence or not, for when that point is reached, the margin of their legitimate use is reached, beyond which all is danger.

In some cases both surgeon and patient may be at fault as in Case X. It was a trivial affair but a life was nearly sacrificed. It warns not to make light of any little operation for a mortality of one-half to one per cent attends them. This mortality is the great point to be considered in operations of expediency or decorative surgery. A life may be shortened to a few days by the amputation of a crooked finger or the removal of a wen, neither necessary for the preservation of life, health or even comfort, but merely to gratify vanity. A life may be sacrificed, which otherwise would have been prolonged for years doing good to others and filling its allotted mission. Avoid the use of the knife when a bloodless operation will answer or medical treatment remove the trouble. Do not urge a patient with a small tumor to sit right down

be ovariotomists, but any of you may meet a case in your circle of patients and remembering how unfavorable was the outlook and successful the result in this instance, you will not discourage your patient as physicians did this lady by such consoling remarks as "If you were only a few years younger, if that heart trouble was not present, if you did not cough so, the tumor might be removed, but as it is you will surely die in the operation." You will rather encourage and operate yourselves or refer them to some surgeon for relief.

All physicians are called upon to treat accidents similar to that of Case V. The general public consider a sprain equivalent to the loss of the joint for six months or a year, while the truth is, if properly handled, complete recovery in two or three weeks even though synovitis result from the accident. Absolute rest is the first great indication. If pain is caused by pressing the articular surfaces together extension is called for, if however pain is experienced when extension is made, it is contra-indicated.

When synovitis is present extension is always called for and if there be much swelling or effusion pressure may be added. We can extend in most cases by weight and pulley, make pressure by straps of adhesive plaster Paris bandage, elastic webbing, or a rubber bag surrounding the joint. Absolute immobility may be obtained by straps and splints or better by the plaster Paris bandage. Follow this treatment, fixation always, extension, or pressure or both when needed and your patients will no longer consider sprains worse than fractures.

The palliative operation of Case VI is applicable where, with an incurable disease the bowels are obstructed, as in cancer of the rectum etc., and may also be of great service by reducing the outward pressure of the contents of the abdomen when excessive, before applying taxis. It will also render important aid in the excessive tympanitis which sometimes follows gastrotony.

Do not imitate the example set by this case. Always operate upon a strangulated hernia, after other means have had a fair trial. Give your patient a chance for life. Death wil-

positively result without the operation, and so it can not be justly charged to the surgeon even if the herniotomy is unsuccessful. Don't fool along as I did (I never will again) for you will surely lose the case. Operate or withdraw from all responsibility. This is not the place to consider the indications for herniotomy, but rather to impress upon us our duty, to operate at once when it is demanded, and if we can not obtain permission from those in authority place the responsibility where it belongs. Many lives have been sacrificed by disobeying this rule.

Case VII was treated by Buck's method. It has given me better results in cases of this kind than any other. It can be applied easily, requires nothing but what can be had in any house, save perhaps adhesive plaster. The whole leg can be inspected at any time without handling splints or bandages. The *modus operandi* in a nut shell is this. The muscles are brought and retained in position by extension, and they lying parallel to and around the bone do the duty usually assigned to splints.

Case IX had been examined by three physicians and each diagnosed incipient tuberculosis, and each overlooked the lateral curvature. I admit the symptoms bear great resemblance to the former, but upon closer examination, the stitch in the side was found quite different from that of circumscribed pleuritis, the mental condition the opposite of that accompanying tuberculosis, the lungs perfectly normal and anæmic the direct cause of the trouble. Such cases are quite frequent among young ladies who are growing rapidly and have been deprived of out door exercise and sunshine. Do not jump at diagnoses and frighten people before they are hurt. The only surgical part of this case was the spinal curvature. It was of recent origin, hence the rapid gain. The dyspnoea by developing the respiratory muscles more on one side than on the other was undoubtedly the exciting while the general weakness was the predisposing cause. I have introduced this case in defense of surgeons because we frequently hear "he is a good surgeon but a poor physician for no one can be both," (was said when the young ladies friends first pro-

posed visiting LaPorte for advice), and so often has this been repeated by members of the profession that both they and their patients really believe it. Many whom I have known to make similar remarks are very particular to advertise as "physicians and surgeons" and attempt to explain their inconsistency in this wise: "I can do surgery if I want to or have to, but I don't like it." I deny the truth of all this, nay more, I affirm the opposite.

No one can be a good surgeon unless he is a good physician, for medical diagnosis is just as essential to the one, as to the other; to the physician that he may properly regulate the surroundings of his patient; to the surgeon, because any disease may and frequently does complicate surgical cases; but the surgeon must go further than this and discriminate accurately, for while an error in medical diagnosis is rarely attended by grave results, and are generally discovered before harm is done, there is no remedy for an useless operation, or for opening the abdomen to remove a tumor when only excessive adiposis or a pregnant womb is present, no remedy after a knife has once been thrust into an aneurism instead of a supposed abscess.

A good surgeon will avoid the use of the knife as much as possible. To do this requires an intimate acquaintance with *materia medica* and it is generally admitted that surgical therapeutics present greater difficulties than medical, but the surgeon is also compelled to be equally posted in medical therapeutics in as much as medical diseases complicate and follow surgical operations. If a man be a good surgeon he must possess all the qualifications of a good physician and in addition others which make him what he is. Those who hold otherwise have anything but a correct idea of surgery. To them it is a mere mechanical affair, mere butchery. The idea of greater judgment being required to know when not to cut rather than to know where and how to cut has never dawned upon them. I do not write this to underrate any physician or to bolster up all or any who choose to call themselves surgeons, but to show that the two departments must run side by side and just as we find in mechanics and all avo-

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cations some doing work which others can not, so we must expect to meet in our own profession some possessing better judgment, quicker perceptions, greater mechanical skill less fear of responsibility and more courage than others and it is among these only that we shall find good surgeons. They are born not made.

Materia Medica.

The Homœopathic Materia Medica. By O. S. Sanders, M. D.,
Boston. Part I.

Medicine is renowned for its antiquity. The annals of history do not reach back of it, but only open the portals of fable, in whose shadowy domain it is supposed to dwell. It is as old as pain in the body—or sorrow in the mind. Pain was the first incentive to medical research,—and the instinct or wisdom that prompted self-preservation, the first physician. It was maternal love in the heart of the first mother, assiduous to relieve her child from the cause of sickness, and arrest the shaft of death, that laid the foundation of therapeutics.

Medicine had its origin in man's necessity. From small beginnings it has grown into a splendid science; and so long as men live on the earth, and get sick or hurt, medicine will be needed, and the materia medica of our school a book more to be studied, and its healing virtues better known.

Every house has its sick chamber, and every home its invalid. When we look at the great aggregation of mankind, how few make the journey of life twenty-four hours without some incommmodity of body or mind.

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The arm of law, that wields the weapon of mortality, strikes down and lays low in death one-half of the children born, under five years of age; and the majority of the other half scarcely reach the period of one score and ten, while only here and there young veterans in years are seen out of this vast humanity. To seek out the healing potion, and bear it to this large number of sufferers, is the duty of the physician. If he can not do this he is better out of the profession than in it. The true genius in medicine, as he enters the vestibule of his profession, should never go beyond, unless he enters upon his work with a loyal spirit of conviction that he can do something to assuage pain, give vigor to the body and cheer to the soul. Yet, to heal the wounded and cure the sick is not the whole duty of the medical man. His knowledge must not be too narrow, not formulated. The etiology of disease, as well as a knowledge of the law of drugs, must be apprehended. An understanding of the *materia medica* of nature, and its application, in its largest sense, are a defence against maladies of body and mind.

The written *materia medica* treats of the knowledge of drugs in their several kingdoms, as well as their importance in the cure of diseases. Yet no practitioner should lose sight of that great fact, that prevention of disease is far more important than cure. The study of hygiene has become an absolute necessity. It is hardly second in its significance in caring for humanity in its great needs. Not only physicians, but national and State legislatures and sanitary associations are alive to its importance. Organized boards of health, not only in cities but in towns and villages, should be vigorous in their efforts to eradicate every germ of illness flesh is heir to. The mortality resulting from malarial diseases and malignant fevers in the eruptive and non-eruptive forms, demand that the most strict sanitary measures should claim the earnest attention of all classes of men. Heretofore great efforts have been made by thousands of medical men to obtain the history, pathogenetic and curative action of drugs,—efforts that merit the highest praise from every physician and patient in the world, who learn and test their healing virtues. But more

recently a new portal is open, and as large, if not a larger field than our materia medica, for thought and research, is before us. However much good is credited to the birth and growth of our materia medica to enable us to cure the sick, the great progress more particularly made of late years in the sanitary department of science delights the judgment and cheers our most hopeful expectation for the future welfare of mankind.

When death occurs or epidemics appear in a district, it is natural for individuals and communities to be anxious about causes and cures; and when doctors and philanthropists read from the daily papers the long list of those who have left dear friends behind to mourn, they may almost begin to think that sickness and death have outgrown science; and while the medical man has been searching for remedies, disease has strengthened itself by feeding on its victims. Not one of us but will proclaim that diagnosis is delicate, and sometimes extremely difficult, so that when the patient is unintelligible or symptoms more or less complicated, (so that apparently, the whole domain of pathology is brought under review,) the judgment trembles in painful suspense. It requires the nicest discrimination, first, to group and classify symptoms; and second, to select the drug or, in other words, the remedy according to the law of similars. As before stated, a knowledge of the materia medica and the therapeutic law is not all that should claim the attention of the physician; for it is no less imperative for him to keep mankind from sickness, than to cure, prolong and perfect life. He should be an *educator* as well as a *healer*. So long as men lean towards the grave, and the cradle of our little ones rock that way, it is our duty as physicians to teach prevention as well as cure. Prophylactics are as valuable as therapeutics. There is an old proverb—and it is as true to-day as ever, and as applicable in connection with our theme as any other, “that an ounce of prevention is better than a pound of cure,” and hence the doctor who does most to impart knowledge concerning the laws of health in the sanitary and hygienic departments, and cures the most patients, is he who gives to a sickly humanity “The

oil of joy for mourning, and the garment of praise for the spirit of heaviness."

Our mission is not always to act on the defensive but at times assume the aggressive, meet every subtle foe in its hiding place, whatever its form or purpose. Deliver man, as far as may be, from the fear of hostility and bondage, or from habitations and habits that produce seed and soil for disease and death, then you will increase their joys, as well as rescue from suffering. Such a physician will not only annihilate pain, but he will prepare the heart fertile for the indwelling of pleasure. The physician is not only to be fortified with a knowledge of his *materia medica* in its most sanguine possibility, but he must carry with him the safety lamp, the life boat and that is not all, he must ring the fog bell, whose tongue shall speak life amidst the shadows of death. If he would prevent sickness and perpetuate life then, as far as he knows the haunts of vice, or pitfalls of death, let him warn unwary feet against approach, and with the spirit of the missionary of the cross, bear tidings to save from, as well as medicines to cure, maladies of body or mind. While human life is frugal, it has an abundance of wealth to promote longevity, peace and happiness. Still the emissaries that abridge life's journey, and hasten the innocent on to suffering and to death, are not a few. Like invisible foes, and subtle as witchcraft, they prowl incessantly to destroy. So many lives are mortgaged to ignorance, imprudence and excesses, it is often in the ability of the physician to prevent a speedy foreclosure, by ministering to the moral as well as to the physical,—not only with material substances, but with spiritual forces. Lord Bacon, in commending his "History of Life and Death" to the readers, expresses the hope "that the nobler sort of physicians will advance their thoughts, and not employ their time wholly in the sordidness of cures, neither for necessity only, but that they will become coadjutors and instruments of the divine omnipotence and clemency, in prolonging and renewing the life of man. These thoughts and suggestions are the outcome of the fact that the gift of healing does not proceed wholly from a knowledge of the *materia medica*; but

the animus of the physician, as well as adjuvants, are a part of the means to accomplish one of the noblest purposes of life. The means and measures that are healthful to the patient under homœopathic medication, are as numerous as under other modes of treatment.

I am, however, a disclaimer against the interpolation of expedients, as many practice. * * * * *

I believe in Homœopathy as a science, founded upon a law; a law which claims supremacy; a law before which all collateral medicine, or adjuvants must bow in subjection; and that hygiene, and all other expedients, or auxiliaries, merit our encomiums only which are in agreement with the law of similitude. It is the immutable law of thereapeutics—the Similia—that legislates to the practitioner the choice of his remedy, and not pathology. While many a champion has done battle for Similia, and stood boldly and fearlessly for the purity and simplicity of the truth of Homœopathy, there are some among us who are not quite ready to discard entirely the use of adjuvants; and in so doing, feel that they do not dishonor the integrity of the materia medica, or bring reproach upon the thereapeutic law of Homœopathy. In this age of thought, however scholarly, or versed in science, it is not in the law of mind for all to see or think alike; hence, not all students in medicine are capable of arranging or retaining in memory truths and facts so eminent in character as are connected with our pharmaco-dynamics. The classifications of drugs of the old school has been ignored by the new school of medicine. We have no number of medicines grouped as cathartics, emetics, expectorants, etc.; no formulas combining medicines for certain or uncertain pathological conditions; but each drug in our materia medica must stand or fall upon its own merit, in its sphere of symptomatology. When the student of medicine undertakes to master the homœopathic materia medica, he soon learns that it is no diminutive branch of medical science, but one of the greatest and grandest the mind of man ever undertook.

Viburnum prunifolium—Black haw—Sloe. By Geo. W. Higbee, M. D., Sullivan, Ind. Read before the Wabash Valley Homœopathic Medical Society, May 6th, 1879.

This remedy I have selected having noticed but little said about it in the papers of medical societies and medical journals, and having had some experience with it, I feel justified in writing upon it, in such a manner as will best present it for your consideration, as a medical remedy.

I have made my own tincture, and made it from the fleshy part of the bark from the root. It is a remedy, the medical properties of which, according to the United States Homœopathic Pharmacopœia should be made from the leaves, but it seems to have more strength and virtue, and with me better success when made from the root. It is a remedy I prize very much. It alone has won for me many and glorious victories. In all cases of threatened miscarriage I always first think of *Viburnum*, and secondly of *Secale*. It is one of my best remedies to prevent miscarriage if given before the membranes are injured, and when the pains are spasmodic and threatening. It is also of much value for after pains, both of natural and premature labor, and should be given a dose after each pain.

It is equally as good and useful for the several false pains preceeding normal labor. Cramps in the abdomen and legs of pregnant women are controlled very quickly by it.

It is the safest and surest remedy I have yet found to conduct women through their time of gestation who have miscarried one or more times before, and seem to be severely threatened with the same fate again. I rely upon this remedy to a very great extent for all uterine pains during gestation, especially when they radiate or extend into or through the abdominal and pelvic regions, more so when the pains indicate an active and congestive tendency. I use the tincture in all cases from six to ten drops in water at a dose every two or four hours, as the severity of the case demands

Should there be much nervousness I would give *Secale*. In all cases of miscarriage and abortion in using *Viburnum* we should be governed more by the pains. While in using *Secale* we should be governed more by the secretions and discharges, as metrorrhagia, excessive urine, profuse sweating etc., and in fact, all cases where there is excessive and profuse secretions from all the secreting outlets of the body, I always am first led to think of and use *Secale* and always flatter myself that I am using a sure and safe remedy.

As to time. I have always met with better success by using *Viburnum* previous and up to the time of normal labor, and *Secale* during and after the time of normal labor.

Doctor Baer says that *Secale* has its sphere of action more manifest by pains and secretions only during expulsive efforts. While in my experiments with *Viburnum* I have found that its sphere of action is more manifest by severe pains and contractions of a non-expulsive nature. I mean such pains and contractions not incident to normal labor.

Secale has no curative action of which I am yet acquainted upon the virgin uterus, or upon the uterus undeveloped by normal or abnormal processes.

While *Viburnum* has curative action on the uterus, where there are pains and contractions incident to development.

Whenever the uterine fibres are normally or abnormally hypertrophied, then may *Secale* be indicated, because the primary action of *Secale* on the healthy uterus tends to induce a condition of congestion, and to irritate the muscular tissues and nerve fibres, so as to cause that organ to become abnormally hypertrophied. Whenever the uterus is largely and abnormally hypertrophied, or in gestation fully developed, then pains incident thereto generally demand *Secale*. While on the other hand should pains occur during the process of these developments, and more especially, when incident to the normal development, then the medical remedy would be found in *Viburnum*. Dr. Lilienthal says that *Secale* affects first the cerebro spinal and ganglionic system and through them, not only the walls of the blood vessels,

but also venous stagnation and toxæmia take place showing itself in suffering of the organs and finally gangrene.

This is going much farther, and effecting the system in a much more severe manner than would *Viburnum*. You will find in the use of *Viburnum* a very pleasant and mild remedy, generally giving good and prompt satisfaction when indicated. I will close this paper by further saying: The *Viburnum prun*, is the common black haw, and the *Viburnum opulis* the high cranberry bush, found growing in marshy places in the Northern States.

The common snow ball, a shrub growing in door yards for a flowers or an ornament is the *Viburnum opulis* in the cultivated form. The flowers grow in large, round, white bunches, hence the term snow ball. The flowers of the common black haw are white and grow in large round bunches; not so large nor so globular as those of the snow ball, yet any one can see the similarity of the two kinds of *Viburnum*, and both remedies, so far as I have noticed, have similar effects. Tincture made from the snow ball is not so good as that made from the high cranberry growing wild. In fact I find it hardly reliable.

General Clinics.

ARNICA IN HYDROCEPHALUS.—Within the last month have had two cases of acute hydrocephalus, both boys aged ten months, having had no eruption of the teeth; both having large heads in proportion to their bodies, and both having had severe concussions by falling on the back of their heads within ten days previous to their becoming ill.

The first case (my own boy) has been very healthy from birth, except one attack of membranous croup in January last, but with a hydrocephaloid predisposition from the maternal side. Had been having watery, bad smelling stools for several days previous to the night of June 14th, 1879, when during that night he become restless and cross, and kept moving over the bed in a semi-handspring movement, nursing and drinking very often, and vomiting the watery portions soon after without much effort or apparent sickness of stomach, with frequent watery, cadaverous smelling stools. *Cuprum* 30 was given from the characteristic symptom, "throwing the breech up," with relief from that by morning; but a soporous condition, with throwing the head back, and rolling from side to side; dosing with eyes partly open; vomiting soon after nursing, showed that exudation was advancing rapidly. Calling in the assistance of Dr. McNeil, of New Albany, *Aethusa* 30, *Hellebore* 30, and *Secale* 30 and 200 were agreed upon within the three following days, and given in the order named, with slight apparent benefit from the *Aethusa*, and considerable improvement from both *Hellebore* and *Secale*, but not lasting, and on the fourth day he commenced sinking fast again with these symptoms prominent.

Intense thirst for large quantities of water and often, and retained, except after nursing when he always wanted a drink of water, and in a few minutes vomited up the watery portion, the solids of the milk were retained; hands and arms from elbow down were death-like cold, with cold clammy sweat (from the first this condition was prominent) with slight warming up for a few hours each morning at day-break. Lay in a soporous state; picking at the bed clothes; eyes half open; wants the head low, rolling it when lying, turning it from side to side when being carried; restless, but does not want to be carried only for a few moments, and yet his couch don't seem comfortable to him when down; head hot, body and lower limbs normal, the arms below the elbow only being so death-like cold; stools generally watery and fetid, sometimes more consistent, averaging four a day. An ecchy-

mosed spot appearing on the face, then on the limbs, then on the body, remaining but a few hours in one place, disappearing of itself, leaving scarcely a trace, and a peculiar fetid smell about the whole body; conjunctival injection; worse and more fretful awaking from a short sleep; inclination for the open air, much brighter when out in the open air.

At three p. m. on the 18th, had studied up the case thoroughly and concluded *Arnica* was the remedy, and gave one dose of 30x, when I thought the presence of another colleague might be beneficial, in his observing something overlooked, and I stepped to the telephone and asked one if he would call and see my boy. When he came, a full history from the record kept was given, and after a causal examination he suggested "*Apis* as indicated all the way through," but upon my stating that the baby's *thirst* had been excessive through out, and also *urination* profuse, and no *cri hydrocephalique*, he then said "*Calc. carb.* was the remedy to bring him out on general principles against the then stated fact that there had been no sweat about the head or feet, nor cold feet, nor anything abnormal about the *Abdomen*, and that three doses of *Calc. carb.* had been given him, within the six weeks previous to this attack which would have averted this condition if it had have been homœopathic to it. Therefore *Arnica* 30x continued with the approval of Dr. McNeil some hours afterward, and with improvement in rapid strides, so that in one week from that time, this child had regained his former strength and vivacity, and now three weeks from that time, the two lower central incisors are nearly through, without two hours loss of sleep or fretfulness.

CASE II.—Was called to see this child on the 25th of June, after the parents had for nearly a week been trying to check the watery discharge from the bowels with *Blackberry cordial*, but could not keep them checked. The bones of the skull were separated about one-fourth of an inch, most around the temporal bone; exophthalmic eyes, and fretful; continual whine; wanted to nurse or drink continually, with vomiting soon after. *Calc. phos.* seemed indicated and was administered to both mother and child, (the mother only had

milk in the left breast from the first) a slight improvement for two days, when almost the identical symptoms characteristic in case one appeared, the red blotches appearing and disappearing, the cold arms below the elbow, etc. *Arnica* 30x was administered with slight improvement at once, but as the mother's milk did not agree with the child, it was withdrawn altogether, and *Beef essence* given, and allowed to suck raw beefsteak, and raw bacon *ad libitum*. *Arnica* 200, with rapid improvement and on the ninth day, this (the worse case of the two) was discharged as cured, the only prominent symptom being the constant pleasure the child seemed to have sucking his piece of raw beef steak when awake.

Remedies chosen on *general principles*, may sometimes hit the mark, but I get more honest satisfaction from selecting my remedies by the symptoms.—J. F. EDGAR, M. D., Louisville, Ky.

CASES FROM MY NOTE BOOK.—CASE I. PYROSIS WITH PREGNANCY. CARBO. VEG. CC.—Mrs. C., aet. twenty-four, pregnant eight months; suffered sixteen days with pyrosis. Excessive amount of gas on stomach; constantly hungry; constant eructations of gas, which tasted hot and acrid; stomach distended and tender. *Carbo. veg. cc.* relieved in one hour, and a dose once a day for two weeks kept her O. K. No trouble then until labor. Had exhausted Allopathy before she would consent to try Homœopathy.

CASE II. CONSTIPATION, HEADACHE, ETC. COFFEA CC. STANNUM 6X.—L. E. C., aet. fifty, male; tall, lean, stooping, dark hair, skin and eyes; of sedentary habits; habitually constipated with hemorrhoidal tendency. Has suffered for years from sick headache, which usually lasted three days. During the attack could not eat, had vertigo, flushed face, burning in eyes and throbbing temples. Could sleep, but would awake with no amelioration. About noon on the third day would vomit freely, and thereupon the headache would gradually subside. *Coffea cc* relieved, but after three months again the headache returned, this time occurring every week

about Friday noon and lasting until Saturday night, increasing the first twenty-four hours and then after vomiting gradually declining; urine scanty and red. *Stannum 6x* cured.

CASE III. HEADACHE. NITRITE OF AMYL 30.—J. S. W., aet. forty. full, dark, raw boned, large framed man, a cotton broker, has suffered for years with severe headache in eyes and temples; darting, stitching pains through the orbits; severe and persistent throbbing in temples; good appetite, bowels regular, no dissipated habits. Had not read a book through for fifteen years. Head would commence to ache after breakfast, continue until noon, during which time he could neither read, write nor attend to business; had to sit in a darkened room and be perfectly quiet; after lunch at twelve m., and a little sleep he would awake feeling well and so continue until next morning. *Nitrite of amyl 30* relieved.—G. E. BLACKBURN, M. D., Shreveport, La.

TRAUMATIC HEMORRHAGE. IPECAC 3.—I was called to see a patient aet. about forty, corpulent, dark hair, who was suffering from malaria and irritation of pharynx, and an elongated uvula, and it being the cause of the irritation, I at once excised it. It bled slightly and I thought nothing strange of it. I left the patient and thought all was right, but in about four hours was summoned to see him. I found he had continued to bleed all the time, in fact kept spitting out great mouthfuls of blood. I at once began to use styptics, and used the *Natrum mur.* in solution strong, failed; then used *Hamamelis. vir.*, failed; then *Arg. nit.* stick, failed; then *Persulph ferri.* and all failed. Gave *Ergot*; it had no effect. I then put ten gtts *Ipecac 3x* in half goblet of water, gave teaspoonful every five minutes; third dose arrested the hemorrhage, and all went on to a good recovery.—A. P. DAVIS, M. D.

Miscellaneous.

Editorial Correspondence.

NASHVILLE, Nov. 20, 1879.

DEAR ADVANCE:—A few days ago an unsolicited invitation came to us to meet the American Public Health Association, at its annual session, in this city. The circular signed by J. Berrien Lindsley, M. D., a distinguished old school physician, in behalf of the "Committee of Arrangements," stated that, "Public men of all descriptions, jurists, clergymen, scinetists and others, are quite as welcome as physicians; for this reform is a matter of law more than of physic, and a public, healthy opinion, is the gist of the whole business."

This was an open door which we could not resist entering. The Cincinnati Homœopathic Medical Society made us a delegate, and "The Committee of Arrangements" being notified of the fact kindly sent us a pass for the trip. Thus it was made plain that the actions of the A. P. H. A. did not belie its professions. It meant what it said, and all we have since seen confirms their sincerity in trying to make this great national work free from sectarian bias. We joined the crowd somewhat doubtfully, but we have received only the most cordial welcome and courteous treatment. We had hoped to meet here a larger number of the leading members of our school. We suspect their absence was due to lack of information. It is to be hoped that at all subsequent meetings of this distinguished body there will be present delegates from all our societies. Dr. Geo. W. Foote, of Galesburg, Ill, and Dr. J. P. Dake, of this city, are in daily attendance with us, and have added much to the pleasure of our stay. Dr. J. L. Cabell, of the University of Virginia, presided. In all, four hundred members are present, being much the largest ever assembled at the session of the Association. We are strongly impressed with the intelligence, ability and earnestness of the members. It is not too much to say that they represent a work not second in importance to any work be-

fore the American people. If the wealth of the nation is its health, then this association is the peer of any public organization in the world. As a matter of course, yellow fever is the all absorbing topic. Our proximity to Memphis and there being present representatives from all of the fever-stricken cities of the South, it is not strange that questions relating to the nature, propagation and prevention of yellow fever are paramount. We have, ourselves, agreeably to invitation, prepared and presented a paper upon public health; but as it did not touch upon yellow fever, it was, by the Executive Committee, decided to be "not germane," and so respectfully returned to us. Next time we hope to write a paper in English, but german(e) in fact, and if we succeed, we expect to obtain a hearing. For a detail of proceedings our readers must look to the annual report of the association, which can be obtained of the secretary. It was curious to observe how very divergent the views of the members were upon all points. Must yellow fever epidemics in this country always start from a fresh importation? Yes and no. Can the disease hyberate and inaugurate an epidemic the following year? Yes and no. Is cotton peculiarly liable to spread the disease? Yes and no. Can it be best prevented by quarantine or cleanliness? What kind of quarantine is best? These and kindred questions were fought over with great earnestness, but in the best of spirit. Sewerage, syphilis and garbage called out excellent papers

The Memphis doctors would have us believe that their city is comparatively clean, but Dr. Bell, of the "*Sanitarian*," who has but recently examined it, declared it to be "unutterably filthy." He did not blame the citizens of Memphis, but he thought the fact should not be concealed, and he urged the State and the Nation to clean it up at once or look for more of the pestilence. We have just returned from an excursion to Belle Meade, the residence and plantation of General Harding, where we found blooded stock, red deer and southern hospitality in abundance. Nashville is a beautiful city, and it is growing with great rapidity. The Doctors Dake, father and two sons, represent Homœopathy in this

city, and they know very well how to do it. With a population of nearly forty thousand, we find here a field of great promise for the future of our cause. The American Public Health Association meets next year in New Orleans. It is to be hoped that the members of our school will wake up to this great work and join the band of noble men who are striving to do a work worthy of our civilized humanity.—T. P. W.

Correspondence from Central America.

BELIZE, August 21st, 1879.

Wishing to journey a little abroad, and not caring to follow the well worn and well known lines of travel, I rolled out of the Queen City one frosty evening in November on the O. & M. R. R., raced across the sunny South to that Queen City of the South, New Orleans, where I stopped a month and enjoyed the autumn over again. Oranges were hanging golden in the green foliage, and roses and camellias nodded to each other in the gardens. It was just after that scourge of death of 1878, and mourning costume were most to be seen upon the streets, which appeared more or less gay, notwithstanding the "nightmare" of the summer. When the Christmas had passed and the chill winds of the North again approached, I steamed across the Gulf to this land of perpetual summer, where chill winds are unknown, and from January to January again balmy breezes blow. Arrived January first, temperature eighty-four degrees in the shade. Many flowers in full bloom and trees in full fruit.

I immediately applied to Lieut. Gen. Barlee for a license to practice, and as doctors were needed, and he had not heard of the Illinois Board of Health he considered my credentials good, informed me that he was well acquainted with

the character of my *alma mater*, (I doubt if he ever heard of it), and immediately issued me a license, which I have not since seen. I presently met Parson Henderson, of the Baptist Church. He is a Scotchman and long a resident here, and is the pioneer of Homœopathy in this part of the world. He has been practicing Homœopathy and preaching Baptism for more than thirty years for his congregation, and others who required his services. For this he suffered persecution at the hands of the allopathists. During the cholera of 1849 and 1856, am not certain as to years, the Board of Health of Belize passed a law that any person found practicing Homœopathy and losing a patient should be imprisoned in the common jail. The Parson was arrested and imprisoned, and that too while, as he asserts, he was curing seven out of nine patients, and the allopaths were losing seven out of nine of theirs. Fortunately for cholera patients, Homœopathy and the Parson, the Lieutenant Governor was a human man and he vetoed that measure, set the Parson at large and cheered him on his doubly Christian mission. Afterward he was compelled to quit preaching to the prisoners in jail because he was a homœopathist, but at present all such annoyances are removed, and the parson is allowed to preach even at the city hospital. His stock in trade consists of a half dozen books, among them Hull's *Jahr and Repertory*, and a box of some eighty remedies which must be "pretty well up" by this time, for I think they have been constantly refilled,

The climate here is remarkable for its salubrity, having a range of only ten to twenty degrees in the year, while at the Queen City it has a range of one hundred and twenty-five degrees. The trade winds blowing almost continuously from the East make even the summer more pleasant and enjoyable than in the North. There is a remarkable absence of lung and throat diseases, and I believe that no better climate could be found on the round globe than this for patients thus afflicted. The few I have treated were easily cured. For anæmic persons with poor circulation and low vitality this would be a delightful climate. (Sun strokes) *coupes de*

solie are unknown. Have not encountered any fevers more difficult than in Ohio. I was informed that female diseases could not be cured here, but that such patients must journey North. I soon had an opportunity to prove that a fallacy.—
D. B. MORROW, M. D.

American Public Health Association.

At the meeting of the American Public Health Association, at Nashville, Tennessee, November 18-21, 1879, the following resolutions relative to the National Board of Health were unanimously adopted:

Whereas the National Board of Health has, in accordance with the law which created it, requested the advice of the American Public Health Association regarding the form of a permanent national health organization of the United States, including its relations to quarantine, both maritime and inland; and,

Whereas the opinions of the advisory council of the association upon the subject of health legislation, collected and presented to this body through Dr. J. M. Toner, chairman of the council, have been duly considered: Therefore,

Resolved, That, in' the opinion of the American Public Health Association, the present National Board of Health has been of such vast service to the country that it is not expedient to make any essential change in its organization, and that any minor improvement in details should be left to the Board itself.

Resolved, That the investigations which have been commenced by the Board are approved and should be continued, and that similar investigations should be undertaken by it into the consideration and prevention of other diseases as well as yellow fever.

Resolved, That Congress should appropriate sufficient funds to enable the Board to employ the best talent and apparatus in such scientific and practical inquiries.

Resolved, That the operation of the existing quarantine law, and of the rules and regulations prepared by the National Board of Health on that subject, have accomplished great good, and that no change in the law should be made without the most careful and serious consideration.

Resolved, That in the opinion of this association the quarantine laws of the United States should be under the direction of the National Board of Health and of an executive committee to be selected by that body.

Resolved, That this association has no suggestions to make with reference to any amendments to existing legislation in regard to quarantine, preferring that they should come from the National Board of Health, as the most competent body to advise whatever may be best.

Resolved, That it is expedient for the National Board of Health to call an international congress for the discussion of the very important subjects of international sanitary quarantine, etc.,

Resolved, That it is the duty of the General Government to build, equip, and conduct, at the mouth of the Mississippi River, a quarantine station, at such a place as may be designated by the National Board of Health.

Resolved, That the secretary of this association be instructed to forward to the National Board of Health a certified copy of these resolutions, together with the reports and documents of the advisory council; and that the executive committee be instructed to take such action during the next session of Congress as may deem best suited to promote legislation in accordance with these resolutions.

Dr. Wilson's "Schematic View."

TO THE EDITOR OF THE ADVANCE:—I am delighted with your organon of medicine as presented in the November number of your journal. When studying geography there is nothing so valuable as a map with lines, roads and water courses to guide us. In the study of disease, as well as any thing else, it is well to have something that you can see and put your finger on and say, "I have him." Paddy was quite sure of his flea.

"Nature is strictly orderly in her processes of development; she proceeds from the simple to the complex." This is decidedly good, only give us more of it. Illustrate, and let us see where you begin. We are a little afraid to commit ourselves too fully, for you seem to get the "organon of the art of healing" and the "organon of medicine" a little mixed, as one would say. The one relates to the healing or curing the sick, and the other relates to the action of drugs upon the living organism. The why of the latter is essential to the how of the former. We claim to have a law of cure, but we lack the essential of the how. We have a pathogenesis of drugs, but we lack the essentials of a why. We know and can demonstrate it every time, that *Aconite* will produce a high degree of arterial tension and hyperæmia of the arterial capillaries, but the why is wanting. We know and can demonstrate at any time that *Quinine*, *China*, *Carbo veg.*, *Ars.*, *Arnica* and *Sulph.* will cure intermittent fever, the results being quite uniform, but a rational explanation of the why and the how is what we want. Give us the modus operandi in harmony with the law *Similia*. You may suggest that any attempt at such explanation is at best speculative or hypothetical, but you will see that nothing which has been, and can again be demonstrated, is merely speculative. This is what we need and what we must have before we can have an organon of homœopathic medicine. Can you give it to us?—WM. OWENS, M. D.

Jan-3

A Case From Daily Practice. By Dr. C. Koeck, Munich, Bavaria.

One night I was suddenly called to an American family, coming from Paris, whose daughter was suddenly taken very sick on the journey to Carlsbad. Arriving at the hotel I found a young lady of about nineteen years in bed, vomiting a quantity of mucus, bile and food. The patient complained of unbearable pains on the right side immediately under the false ribs, radiating over the whole right chest and extending through the entire abdomen; it was a constant moaning and groaning, and a perpetual begging for *Chloroform*, whose inhalations did not produce the desired relief, as the trembling of the extremities and the spasmodic manifestations on the head and trunk kept steadily on; the pulse was small, filiform, the temperature of the skin subnormal, the color of the face pale, the features announcing great suffering; the abdominal walls tense and very sensitive to pressure; the hepatic region covered by a poultice; extremely painful.

The father told that for the last two years the patient suffered from bilious colic, caused by the slightest mental effort or by bodily exertions, or from indigestion. She always was treated homœopathically during the attacks with *Olive oil* and *Morphine*. There were several vials with pellets, labelled *Ohamomilla*, *Atropine*, *Colocynthis*, *Nux vomica* and *Morphine*. A physician of Chicago advised Carlsbad. During the journey she already received one *Morphine* injection and all the homœopathic drugs, but without the least relief, they rather seemed to aggravate the pains and the vomiting. The diagnosis was clear. Kafka, Baehr and others also recommend *Belladonna*, *Atropine*, *Digitalis*. Phulman the same and *Merc.*, *Podophyllum*, *Card.*, but some she had taken; to the others I felt doubtful, but I recollected the teachings of my master, Prof. Buchner, who in his lectures said: In spasmodic constriction of the concrements *Belladonna* and *Atropine* are indicated, because it relieves the sphincter-like formation of the ring muscles; but *Tobacco* causes a

spasm of the longitudinal muscles; *Natrum carbonicum* prevents the formation of concrements; in gouty persons *Bryonia*; in tuberculosis *Kali carb*; in scrofulosis *Calcarea carb.*; in carcinomatous patients *Calcarea arseniosa*; in dartrous constitutions *Calcarea acetica*, etc., etc.

I prescribed, therefore, *Oleum amygdal. dulcium* 30,0; tinct. *Nicot. tobac. guttas* 20, *Misce potis*, and ordered it to be rubbed on the right hypochondrium every half hour. Internally she received eight drops of the second centesimal potency of *Tobacco* in half a glass of water, a teaspoonful every half hour till relieved.

At my morning visit I found my patient sitting up in bed drinking tea. After giving a few doses the vomiting ceased, copious stools followed, with perfect cessation of all pain. I ordered her now to take *Natrum carb.* and the next day she continued her journey to Carlsbad.—*Allg. Hom. Zeit.*, No. 21, 1879.

Alas! this great master of Homœopathy; this accomplished teacher; this tender-hearted physician, is no more. Prof. Josef Buchner died in Munich, November 7th, 1879, from a hypostatic terminal pneumonia. Our school has lost in him one of its foremost pillars in Germany. Fearless in his teachings, even the enemies of our school had to acknowledge his deep erudition and his thirst for truth. May that eternal truth be now vouchsafed to him, my departed friend.—S. L.

Babbitt's Principles of Light and Color.

TO THE EDITOR OF THE ADVANCE:—Speaking of my work you say that the author “always comes at science from the upper regions.” I deem Franklin Smith's remarks as given

in a Boston Journal more correct as follows: "In the 'Principles of Light and Color,' the great leading and fundamental principles of things are demonstrated by facts drawn from heaven and earth, from art and literature, from every department of nature and human life, while the scores of facts to settle the principles of chromo chemistry and chromo therapeutics ought to be called demonstration." Our allopathic brethren are too much "of the earth earthy" and deal with matter as the chief thing, while some of our homeopaths fly to the other extreme and contend that spiritual forces are the only principle of therapeutics, but my philosophy recognizes the fact that spirit and matter are forever correlative, forming nature's great duality of positive and negative forces that can never be divorced. Thus I have aimed in all cases to combine the inductive or scientific method on the one hand with the deductive and intuitive method on the other, and have not been so one sided as to "come at science from the upper regions" merely, realizing as I do that spirit is the primal or positive law of power, while matter is the negative or reactive law and that we must investigate the action of both in order to become full orb'd in our perception of truth. By my research into the workings of atoms and ethers, I think I can perceive beyond all guess work the basic principles of force, including such departments as heat, light, color, electricity, chemical action, magnetism, psychic force, etc. The knowledge of these has enabled me to see how they must work in connection with therapeutics. They have enabled me to see just how the chemical and therapeutical potency of all substances may be determined by their color as seen in spectrum analysis, or in most cases as it appears in the ordinary cold condition of the substances, and having seen the principle so clearly, I have experimented myself and studied the experience of others which shows that it is borne out constantly in practice. In proof of this I have adduced hundreds of facts showing the power of color in drugs, in sunlight and in substances charged by the different colors of sunlight. These facts include very many marvelous cures wrought by means of the different solar rays, or by substances

whose colors as shown by eminent medical authorities reveal the very same law of power. And yet in speaking of chromopathy as I have thus developed it, you say, "how far it is true we can not judge." My dear sir, pardon me, but you can judge positively and accurately if you will only examine the immense array of facts which I have presented, and even a mind of far less clearness than your own can judge of the correctness of these principles if they can only spare the time to study them. I will hereby challenge you to find one substance in all nature that goes counter to my principles of chromopathy.

I would state here that the investigation of these fine forces has made me see a great truth in Homœopathy, although I find that homœopathists have not reached all the fundamental truths of things. They are blessing the world by leading people into a more refined and pure materia medica and by establishing the principles of *similia similibus* which is true and beautiful if used for the purpose of selecting a drug that when thoroughly triturated, as in high dilutions, is able to cure a disease similar to that which is caused by the crude drug itself, or which in many cases may be produced (not cured) by a low dilution of this drug. I believe however that even homeopaths are as yet not sufficiently clear with reference to nature's great law of equilibrium, or the processes of chemical affinity so active in all triturations, or the great law of contrasts so universal in all natural and artistic creations. When I speak of contrasts, I do not mean contraries on the *contraria contraris* plan, but I must not take time for an explanation here.

Many prominent homeopathic physicians and editors have already thoroughly studied and tested the principles of light and color and have given their enthusiastic approval of it. Some with whom I have talked on the subject have differed at first from my position, but on hearing the full explanation of the law of homeopathic potencies have admitted the reasonableness of my position. The etheric atomic law developed in the third chapter, shows just how the potency of a drug may be communicated to a fluid or other substance by

trituration even if not a particle of the original drug should remain. Page one hundred and seventy-two onward shows that the finer emanations of all things float in the atmosphere, the coarser ones remaining more in the grosser solids of the earth, and the full development of the laws of chemical affinity, chromo chemistry, etc., shows just how these fine volatile particles are appropriated by trituration, and how a long trituration as in high potencies will take up elements through chemical affinity which are the contrasts of the original drug. In this way homœopathic preparations, especially in cases of high attentuations which call forth the sneers of the ignorant as being mere diluted moonshine, are seen to work according to a scientific law and to possess a very subtle power for the cure of disease. I have endeavored to show the world the sure foundation on which Homœopathy rests although this foundation is evidently different from what the more narrow minded of its own advocates may conceive it to be.—EDWIN D. BABBITT, D. M.

Homœopathic Medical Society of Wabash Valley.

The semi-annual meeting of the Homœopathic Medical Society of the Wabash Valley met according to notice at library room of Dr. H. L. Obetz, Paris, Ill., on Wednesday, Nov. 5th 1879. Physicians were present from Indianapolis, Crawfordsville and Terre Haute, Ind., Charleston, Springfield, Mattoon and Paris, Ill. Dr. Waters read a paper on minor surgery, setting forth the importance of more skill and nicety in manipulating in the various operationt with which the physician comes in daily contact. A bungler is no credit, either to himself or the profession. Dr. Elder presented a paper on "A case from Practice," promising to give the result

of his treatment in the case at a future day. Dr. Moore, also read a paper, on Cases from Practice. Dr. W. P. Armstrong sent the society a paper on the effects of Smoking on the Heart. Mrs. Lizzie P. James, of Springfield, Ill., presented a paper on her treatment of Intussusception of the Bowels. All of these were very interesting, and discussed by the members in a spirited, but friendly manner. Dr. Obetz presented several surgical cases for the opinion of the convention, and to show what our system of practice will accomplish, as compared with that of the opposite school. At a late hour the society adjourned to meet in Danville, Ill., about the first of May, 1880.

At eight o'clock p. m., Dr. Sarchet delivered a very able address to a highly appreciative audience, reviewing the history of medicine in short, and showing the superiority of the homœopathic practice, as shown in the statistics, derived from various sources. This was a very interesting meeting, and those who failed to be present, missed a great treat.—P. B. Hoyt, M. D., Secretary.

Worms. By A. McNeil, M. D., New Albany.

One of the prevalent errors in regard to the long, round worms which exist so frequently in children, is that they must be poisoned. I have heard given physiological and philosophical reasons, showing that any other mode of treatment was a waste of time at least. Physiology and philosophy are noble sciences, and I honor the man whose mind is well stored with them, and I think I could prove from them that poisoning worms is not the best thing for the receptacles of the said worms, unless the aforesaid receptacles are not absorbents. But the crucial tests of experience is better than

proved of unquestionable value, saving the student and inexperienced practitioner the trouble of culling out from so large a number of remedies the right one for a given case.

Some practitioners will miss favorite remedies for certain conditions. Herein the work partakes of the individuality which characterizes every successful practitioner's work. The author makes a free use of *Ergot* in doses of sufficient strength, to develop its primary action or physiological effects. For this he may suffer criticism at the hands of strict homœopaths.

Many will question the right to assail the author on this point, since we all occasionally prescribe remedies in sufficient doses to develop specific drug action or physiological effects. It is not the dose which renders a given drug homœopathic to a case, but the identity of either its primary or secondary effects, to the existing morbid condition.

The author is evidently a follower of Dr. Hale, since he draws largely on this gentleman's therapeutics of the new remedies.

We commend this little work to students and practitioners, as containing much that is valuable, and, indeed, little that will not prove reliable in daily practice.—A. C. R.

Lilienthal's Homœopathic Therapeutics.

A second edition already! So much for a big fire. Well, this is much improved every way. It is larger and more correct. It is a big nut shell and full of meat. All, and more than we said of the first, is true of this edition. The publishers have shown remarkable energy and pluck in re-producing this and the other works, so recently devoured by the flames.

The Homœopathic Therapeutics of Intermittent Fever. By H. C. Allen, M. D., of Detroit. Published by Drake's Homœopathic Pharmacy.

It is one thing to have a piano in one's house and another thing to play upon it skillfully. Every homœopathic physician has his *materia medica*, but not every one knows how to use it in treating intermittent fever. Can it be so used? It would seem not, judging from the practice of many. But judging from this admirable little book, nothing suits such cases so well as Homœopathy. In order to play well upon a piano you have to learn how. Just so with the curing of fever and ague. It is easier to resort to *Quinine* just as the "regulars" do, than to understand the pathogenesis of our remedies, and to apply them effectively. But *nil desperandum*. Read this book. It will make crooked paths straight, and rough places smooth. Never say it can not be done until you try it in the way here

pointed out. Dr. Allen deserves the hearty thanks of the profession. Allen's (T. F.) *Materia Medica* and Allen's (H. C.) *Therapeutics* will both do to tie to.

Ziemssens's Cyclopædia of the Practice of Medicine, Vol. XVII. General Anomalies of Nutrition and Poisons. Wm. Wood & Co., New York.

This volume is to our mind one of the best of the series. We have here nearly one thousand pages devoted to subjects not often included in the ordinary medical curriculum, but which are of the greatest practical importance to the practitioner of medicine. Prof. Immermann treats of hæmophilia, scurvy, and morbus masculus werlhofii. The first of these subjects is especially interesting, as the "bleeder's disease" is a matter heretofore very little investigated. The other two subjects are exhaustively treated, and deserve careful study. Prof.'s Boehm, Naunyn and Von Boeck treat of all the various poisons, and we know of no text book that will at all compare with this in fullness and accuracy. The effects of *Opium*, *Mercury*, *Aconite*, *Santonine*, *Ergot* and many others are fully explained, and the student in toxicology and materia medica will find these chapters brim full of the most important facts. For sale by Robert Clarke & Co.

A Guide to Surgical Diagnosis By Christopher Heath, F. R. C. S.
Pp. 214. Lindsay & Blakiston, Philadelphia, Pa.

This book is for the student, for he can easily memorize all that is to be found in it, and that is just what he needs to know, and no more. It is also for the busy doctor (all doctors are busy) for he can catch it up and in a moment find the indication that will help him to settle a perplexing case. It is not what the student or doctor knows, but what he can remember that helps in time of need. Now, this is the book that brings that necessary faculty into action. In dislocations, fractures, accidents and seemingly anomalous cases, there is to be found in this book information that goes to the right spot. Before you get into trouble get the book. For sale by Peter G. Thompson.

Photographic Illustrations of Skin Diseases. Parts III and IV. By Geo. H. Fox, A. M., M. D. E. B. Treat, 805 Broadway, New York.

Our readers will remember our notices of parts I and II. The present numbers are still better, and afford us much pleasure in studying them.

The following are beautifully illustrated: fibroma pendulum, varicella, zoster pectoralis, zoster lumbalis, eczema universale, leucoderma, chromophytosis, favus capitis, favus corporis and eczema cruris. Nothing could be finer than the representations made of these diseases. The parts are each two dollars, but they are well worth it. We commend them to all interested in diseases of the skin. But for treatment consult Lillenthal.

How To Be Well, or Common Sense Medical Hygiene. By M. Augusta Fairchild, M. D. S. R. Wells & Co., New York. Price \$1.00.

Here is a consummation devoutly to be wished for, and quite likely to be achieved, if the very plain and simple directions of the writer are followed. It is a most excellent book for the homœopathic practitioner who can safely and usefully add its many hygienic suggestions to his internal treatment. For sale by Robert Clarke & Co.

Homœopathic Family Guide. By I. D. Johnson, M. D. Boericke & Tafel, 1880.

This book is unexceptionable in contents and make up. It is undoubtedly the best work of the kind yet produced. It is a real pleasure to consult its fair, full pages. It may be that it is large and comprehensive for a domestic work, but we never did admire the vest pocket specimens that so abortively set forth the merits of our practice to laymen. By all means let us have a good thing if we are to have anything. For sale at the pharmacies.

The Guiding Symptoms of Our Materia Medica. By C. Hering, M. D. Published by the American Homœopathic Publishing Society, Philadelphia.

We have here before us the initial volume of a series to be issued under the hand of the veteran Hering. The entire work will fill ten volumes of about five hundred pages each. Price in cloth, \$5.00. It should be borne in mind that this is complementary to all other works on materia medica, being chiefly a selection of CURED SYMPTOMS. Now this is a most important fact and amounts to a verification of the pathogenesis of our drugs. We hope this work will go on to completion, and that subscribers enough will materialize to enable the company and the editor to issue the succeeding volumes without delay. The growlers at our materia medica will, we trust, soon find their occupation gone. Those who want it improved

should work to improve it. Those who desire it at its best should subscribe for "The Guiding Symptoms." Address Dr. C. Mohr, Secretary, Philadelphia.

Editor's Table.

A HAPPY NEW YEAR TO ALL!

NOW is the time to collect your bills, and remit your subscription for the ADVANCE.

BUREAU OF CLINICAL MEDICINE.—The bureau of clinical medicine have selected as the topic for papers and discussion, at the next meeting of the American Institute of Homœopathy, Scarlatina, Scarlet Fever.

Its history, etiology and varieties. N. F. Cooke, M. D., Chicago,

The diagnosis and course of its varieties. Prognosis and Pathology. Samuel Lilienthal, M. D., New York.

Contagious nature of, and liability to exemption from, as to age and previous attack. T. F. Pomeroy, M. D., Detroit.

Dissimilarity to diphtheria and to other cutaneous diseases. J. P. Mills, M. D., Chicago.

Belladonna and other prophylactics; and for what varieties. Influence of seasons, climate, etc. O. P. Buer, M. D., Richmond, Ind.

Treatment of its varieties and symptoms. A. Lippe, M. D., Philadelphia.

Any member or other physician having anything to communicate under either of these heads, will please correspond with the member of the bureau having it in charge, or with the chairman.—C. PEARSON, 608 12th street, Washington, D. C.

EDITOR ADVANCE:—Will you please inform your readers why the article of H. M. Paine, M. D., entitled "An Examination of the Doctrine of the Minimum Dose, and the Theory of Dynamization promulgated by Dr. S. Hahnemann" should appear in the reports of the Bureau of Anatomy and Physiology? It was not even read by title in that bureau, if it was in any other. Define the powers of the committee of publication. As President of the American Institute, is this a regular proceeding?—Yours sincerely, ENQUIRER.

NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR.—Report for the month ending November 30, 1879. Number of prescriptions, three

thousand, two hundred and seventy-two; number of new patients, three hundred and sixty; number of patients resident in the hospital, forty-four; average daily attendance, one hundred and forty-two; largest, two hundred.—J. H. BUFFUM, M. D., Resident Surgeon.

HUNGARIAN WINES.—We are in receipt of samples of wines from the establishment of L. Reich, 14 West Eleventh street, New York. These are imported for medicinal purposes, and have the highest recommendations from physicians from all parts of the country. We believe they are unequalled in purity, and gladly commend them to our readers whose patients may stand in need of something reliable and elegant.

MR. EDITOR:—Why is it that among our professedly homœopathic journals, some of them which “fly” a “sectarian name” are the least homœopathic in their principles? Why is it the “Hahnemannian” (save the mark), the “Homœopathic Times,” and the “U. S. Med. Gazette, a Monthly Record of Homœopathic Medicine,” are so fearfully “off” in color? Is it on the well known principle that the man who cries “thief” the loudest is the one who did the stealing? Answer and oblige.—CAM-BROUNE.

We are not able answer what we do not understand.—[Ed.]

THE Cincinnati Hom. Medical Society recently elected the following officers for the ensuing year: President, Dr. M. M. Eaton; Vice-President, Dr. T. P. Wilson; Secretary, Dr. J. P. Geppert; Treasurer, Dr. S. R. Geiser. This society is a live one and will do good work.

DIED.—Dr. E. J. Ehrman, Nov. 24th, 1879, aged sixty-one years. Dr. Ehrman practiced medicine nearly thirty years in southern Indiana and won the title of Father of Homœopathy in Evansville. His good qualities endeared him to all who knew him, and won their respect and admiration. A pleasing incident connected with the funeral was that a majority of his pall bearers were members of the “regular” school. The homœopathic physicians of Evansville assembled, passed eulogistic resolutions, and attended the funeral as a body. Homœopathy mourns the demise of a good man.

FOR SALE.—A few copies of Richardson’s *Obstetrics* at \$3.00 each, Regular price \$5.00. Address **ADVANCE CO.**, 80 W. 9th street, Cincinnati, O.

Wants, Locations, Practices for Sale, Etc.

MILWAUKEE, Dec. 12th, 1879.

MEDICAL ADVANCE:—There is a good location for a homœopathic physician of some experience at Mt. Pleasant, Iowa. Apply immediately to me and I will give further particulars. A good man can do \$6,000 per annum.—LEWIS SHERMAN, Milwaukee, Wis.



T. P. WILSON, M. D., EDITOR.
ANN ARBOR, MICH.

J. P. GEPPERT, M. D., ASS'T EDITOR.
CINCINNATI, O.

VOLUME VIII. CINCINNATI, O., FEBRUARY, 1880. NUMBER 2.

All subscriptions and business communications should be addressed to MEDICAL ADVANCE Co., Publishers, 80 W. 9th st., Cincinnati, O. Subscription \$2. per annum.

ALL COMMUNICATIONS to the editor of the ADVANCE, must be directed to Dr. T. P. Wilson, Ann Arbor, Mich. Business letters must be sent as heretofore, to MEDICAL ADVANCE Co., Cincinnati, O.

A FRIEND of ours writes us: "Please drop my name from your list. Do not take any offense at this, for I am going out of the profession altogether. I am thoroughly disgusted with it. I think on most questions you and I are in accord, but on our notions of medicines, dilutions and such like, I do not agree with you. I wish you, however, success." We are sorry to hear this, for the gentleman is a strong and able writer and is well known by the labors of his pen. If he is disgusted with what he has seen, and not satisfied with what he has done, we would advise him to adopt our views and try our way; for, to our mind it would restore his faith in and love for medical practice. The men who lean toward what they are pleased to call the "liberal side," never seem quite happy, while the man who strictly follows *similia*, and all that it implies, is generally happy and contented with his work, and often, perhaps, over confident, but he can not help it, for the thing works so nicely he comes to love and trust it as something almost infallible. He never doubts that, however he may now and then doubt himself.

Feb 1

65

THE KING IS DEAD. Long live the King! The Hahnemannian Monthly after a "fitful fever" of twelve months, has died; or, perhaps, we ought to say, has changed doctors so that it would not die. Its escapades of late have greatly endangered its life, and death stared it in the face, as we mentally predicted it would. But the Hahnemannian has a long and honorable history, which even the un wisdom of its late director could not destroy. Even the blessings of the English POPE could not save it, and we are glad, if it is dead, that it is in a fair way to rise to a new and better life. Yes, the late editor was smart; too smart in fact, and not correspondingly wise. He fell into the hands of the Philistines and they despoiled him. Drs. FAR. RINGTON, DUDLEY and B. W. JAMES, of Philadelphia, are to control it hereafter. We wish it success in propagating and defending true Homœopathy.

THE NEXT MEETING of the American Institute of Homœopathy will be held in Milwaukee. We understand that already preparations are being made to receive the Association in that beautiful lake city. We are assured that the attendance promises to be much larger than usual. We know the West can do great things if it tries. The time of meeting will be announced before long. Don't forget the place.

THE TRANSACTIONS of the last meeting of the Institute, at Lake George, will soon be out, together with the Centennial volumes. Patience good friends. Dr. BURGER, the secretary of the Institute, writes us that he is going to stir up the profession in general, and the members of the bureaus in particular. BURGER means business. Look out for him.

WE HAVE SEEN chickens being fed at the hand of their generous owners pick up small morsels with great haste, and run to a great distance and devour the same with precipitation. We have seen medical men pick out of the great reservoir of homœopathic knowledge one or two elementary ideas, and at a safe distance manage to swallow what they had thus stolen. The chicken has no need to act like a thief, and these men, if they were wise, might see how easily others make a full meal when they get only a scant subsistence. And if these chickens could talk, and should say that the tit bit they had surreptitiously gotten was about all the farmer had in his dish, they would be as wise as these medical men, who think that their half starved facts, and distorted at that, are all there is to Homœopathy. BARTHOLOW, RINGER and PHILLIPS teaching Homœopathy! Bah! They will do it when one drop makes a shower. It is bastard Homœopathy, and nothing else.

Professional Remuneration. By O. S. Runnels, M. D., Indianapolis, Ind. Read at the Twelfth Annual Session of the Indiana Institute of Homœopathy.

The question of success in life is one of the broadest that can be discussed. It is the most expansive because it involves and includes every query pertaining to right living, and because, *volens volens*, every human being is required to essay its problem. What constitutes success, what road shall be taken, and methods employed to attain it, are the general interrogations that propound themselves; and in the scramble for life, where self-preservation is the primal law and only "the fittest survive," it is plain they should be well considered, and rightly answered. Particularly is this so after the life work has been chosen and entered upon, and the struggle of competition commenced.

Essentially, success means—whatever other attributes are included—the attainment through honest and noble methods of a "good living" for self and those dependent. Try to deny this as we may by insistence upon a more unselfish and philanthropic definition, the stubborn fact will recur that nutrition of body and mind is the first necessity, and that only those who are well fed in both senses can be considered a success. This fact has been so long established that it would seem unnecessary to come before a body like this, composed of doctors well versed in laws of growth and decay, to restate it; but this truth long used—like money—needs a recoinng, as the medical profession seems to know less, as a body, about ordinary business principles—which is proven by the general slip-shod management of their finances—than any other class of citizens. While this is true, it is strange, but not so strange either, as I find upon reflection that a kind of suicidal policy has been taught us for ages. Not long since I heard one of the most distinguished teachers in the country, himself fat and rich, say to his class: "Is there a gentleman present who has entered this sacred profession for the purpose of making money, for the sake of the

dollar? If so he should leave these halls at once and renounce the profession forever. The holy work of healing should not be cursed by any such mercenary spirit." And I have heard and seen in our various channels of communication the same sentiment many times repeated.

Being an expression old and oft-repeated its baleful influence has gradually filtered in and permeated the medical fabric until to-day, it is a rare thing to find a doctor possessed of such business principles as will enable him to make his practice a living issue to all concerned.

Whatever else may be said the sentiment is sickly and fallacious to the last degree and has done as much to cripple medicine as any one thing that can be named.

It is the outgrowth of that one-sided and emasculating code to which the clergy have subscribed for, lo, these centuries, viz: going into the vineyard without stipulation and receiving for pay as a mendicant, practically, whatsoever a large hearted (?) people might choose to donate.

Now I am free to say that no man is excusable for quietly accepting any such menial and dwarfing position; for he can never attain, while he does it, to that erect and robust professional standing which should be the ambitious aim of all. It necessitates a consent to crawl on through a profitless existence; a contentment with whatever a slow and ungrateful public may dole out and a surrender of all those helps that rightfully belong to him but which per force he can not command.

That "the laborer is worthy of his hire" is universally admitted; but while manual work receives its reward mental toil for the most part has to beg and starve.

People have somehow reached the conclusion that brain work does not cost the producer anything and that therefore no wrong is done, if it be the last item paid for, or be paid for, perchance, only after a ruinous discount has been consented to; or, be not paid for at all. It is high time that the fact of such a condition be broadly recognized, the causes searched for, and agencies set in motion that will remove them.

To prove that in our profession this condition is about as represented I need only refer to the large number of accounts denominated "bad," in the hands of every physician and to the general tone of slander that characterizes every remark about "doctors' bills." These facts self-evident and undeniable as they are, can not be regarded as laudable symptoms; for they do not indicate a self-limiting disease. They are only valuable in leading us to the correct diagnosis and treatment, to the cause and cure of the case.

As "every man is the architect of his own fortune," so also is he the creator of his own misfortune; and that the harvest is the same in kind as the seed sown is a like truth of unvarying fulfillment here well instanced. The fault lies in the profession itself; and the time is come when abuse of the people for performing what they have been so long and thoroughly taught to do must cease.

Medicine as well as theology had superstition for a mother; or rather superstition was the mother of the joint offspring the priest-doctor; which in the chain of development has gradually evolved into the two professions as we find them. Remembering this we can understand where the bias was obtained and why they have so much in common, each retaining to an extent, as they do, the shackles of their ancestor.

It was considered a base thing for one engaged in so holy a calling to indulge in any material thoughts whatever.

Oh, no, he must rely upon the Invisible entirely for enough of the earthy to solidify his bones; it would be infidelity, an offense worthy of death, if he did not!

And thus, because poverty has been esteemed the requisite qualification, in these two professions, inability and disadvantage have been perpetuated. It is because of this very reason that the doctors of soul and body are hampered and crippled, as we find them, by fetters elsewhere in the business world unknown. This remarkable foolishness is to-day widely prevalent and, strange to say, is fostered by the doctors themselves. When will they learn that the world has moved on and that this is the age of enlightenment and equity? The edict has gone forth that slavery is wrong and that it is right to have pay for labor.

For the confirmation of this principle armies have fought and triumphed; and the result is crystallized in the laws of the land. The fact, then, must be accepted and acted upon. Medical schools must be consistent and teach it, and medical journals must iterate and reiterate it till the weak minded sentiment referred to, shall disappear forever. To further accomplish it the profession, to a man, must do two things: first, advance in excellence; second, require prompt payment. There must be better qualification, and a higher practice of honor, in those who have professional labor to sell. As it is, the ranks are crowded with men of low-grade attainment or mountebank propensities who do not really deserve much remuneration.

First, and least to be blamed, are the indigent, who are too poor to buy books, periodicals and instruments and without which the finest ability is inadequate; second, and much to be goaded, are the indolent, who are without the animation to use such helps if possessed and are wanting the ambition to gain them; and lastly, and ever to be exposed are the adventurers, who having had little or no preliminary culture, have by some devious way clambered into the fold and are depending upon "seventh son" or mother wit endowment to carry them through; or who, having had a good rudimentary start, have fallen into prostitution and resort to any ignoble practice to further their selfish ends. A man can be poor or lazy in this country pretty much as he wills to and the burden is largely his own, a personal matter; but when he converts himself into a professional devastator and freebooter, that is another matter which vitally affects us all.

These men, and you have them for neighbors in every community, embody the curse. Glad to get business at any rate they announce to the public that their charges are merely nominal or fifty per cent less than the established price.

If any movement be on foot to build up the cause and better the fraternity they are sure to be the naughty children that "won't play." Studiously shunning the societies, because they have not brains enough to furnish a fact for the advance-

ment of science, they busy themselves by lying about their more prosperous neighbors thereby hoping to build themselves up. If called in consultation they are certain, by sub voce disparagement and innuendo, to besmear their benefactor before they get through.

A common error on the part of many good physicians, and another element of debasement, is misplaced generosity. I refer to the practice of treating clergymen, and others able to pay, for nothing; and this, perhaps, when the brother of the "cloth" is receiving for a salary a sum equivalent to or double the doctor's income and, when, at the same time, the doctor feels himself obliged to ask pay of widows, orphans and the other meritorius poor. This thing needs only to be stated to be condemned, for the scales of justice do not balance in such a measurement. There will be a healthier Christianity when charity is more wisely bestowed. From an extended experience in treating clergymen whom I have invariably charged I have yet to meet the first one that remonstrated. Repeatedly have they expressed to me their approval of this practice and their condemnation of the plan that consigns them willing or not to the ranks of the mendicant.

But this leads me to say that our services should never for mercenary reasons be withheld from those reduced to honest need. As the "Good Samaritan," the worthy physician must ever be related to this large and ever present class. And to the honor and tender sympathy of our profession be it said that no other class in society can at all compare with the doctors in their arduous and self-denying charities.

For this very reason doctors have the better right to expect their just dues promptly. It is an equal charity and justice due themselves and co-laborers that they fix a fair valuation upon their services and, to the extent of individual ability, to require payment. In this matter of collecting, doctors have assumed the attitude of the beggar.

As a general rule accounts are presented with an apology, much as a fellow would beg off before a police judge for sheep stealing. The doctor feels as if he were doing a mean

thing and so postpones it as long as possible. The hope is expressed to Mr. Debter that he will pardon the—bill (?) and is assured that he will confer a lasting obligation, if he will respond even in a small amount! As if the preponderance of obligation had not long existed in the opposite direction! No, until doctors can approach their debtors with the consciousness of having rendered an equivalent for the sum demanded and to which he has a right and just claim, there can be no healthful business atmosphere in the medical profession. Honest accounts must be promptly and frankly presented, and pay to their full face, (except charity,) insisted upon. The practice of "knocking-off" from ten per cent to fifty per cent, by way of discount, is mischievous and should be abolished. General bankruptcy would sweep the country if that were the custom in all vocations; and special collapse is none the less certain to all those who practice it in ours. Make a candid account of your services and collect it and don't deny that you "work for money" and expect to receive it. Business is nothing but exchange and is a rule that works both ways equally well; so that service and pay must be reciprocal. This is with us, the great desideratum.

To reach it attention must be, in the second place, faithfully paid to collections, such attention as the merchant pays to it, regarding it as he does one of the two cardinal points of success. There must be method in it. Collections must be made regularly and systematically, not after long uncertain intervals and with intermittent effort, but often when the service is completed and ever with unrelaxing oversight.

For nine years I have made a general rendition of my accounts every ninety days. All classes, from rich to poor, have been alike favored every quarter with the statement of their indebtedness. The plan has worked like a charm. People who intend to pay do not care much when they do so and are always better content with a small bill than a large one. But, if in three months, the account has reached magnitude, then it is high time that the debtor be apprised of the fact; that he may rectify any mistake while the matter is fresh in

memory and acknowledge its correctness if he do not at once pay, thus preventing future misunderstanding. For a "doctors bill" is just like any other current account, may grow very fast, and good people are prone to raise both hands in amazement and declare they "never got so much." In that case one of two things is sure to be lost, possibly both, the "bill" or the family. Then, for protection in many ways, collect often and regularly; or at least keep the growing object before them.

After this extended personal experience and the commendatory testimony of several of my friends of like practice I am urgent in my recommendation of the adoption of these principles.

Their faithful use will eliminate from your ledgers and the land, that large class of respectable (?) paupers and dead beats, with money enough for dress and ornamentation but not for the doctor, so well known to you all: will yearly increase your patronage in number, worth and desirableness and will possess you of sufficient means to enable you to command not only the conveniences of life but such vocational helps as will elevate you into the front rank of the profession.

Surgery.

Minor Surgery. By J. J. Lobaugh, M. D., Elmwood Ills.,
Read before the Western Academy of Homœopathy.

In a recent number of a medical journal a writer refers to the country doctor as being "a man who dabbles in everything and excels in nothing." However true this may be it

is not wholly the fault of the physician, but it is largely the result of the circumstances in which he is placed. In many instances he is the only medical man in the community in which he resides and therefore he is expected to be posted on all subjects of a medical or surgical character. There can be but few specialists in villages and country places, and the one individual who may there represent the healing art must be prepared to grapple with whatever may come in his way. To-day he must be a dentist, extracting some refractory tooth, to-morrow he will perhaps be absorbed in the difficulties of some complicated case of parturition; and again he must be a surgeon ready to act intelligently in some sad case of injured and suffering humanity.

Such manifold duties compel a man to dabble in everything and doubtless he serves his patrons best who can treat them with ordinary ability in such requisite capacity.

While a man so situated may not hope, without unusual talent, to become a distinguished surgical operator, yet there are innumerable minor operations presenting themselves almost daily, and I consider it of the highest importance that he should acquire a facility in doing these little things so that he may do them neatly and skillfully. Whatever is worth doing at all is worth doing well, and no matter how insignificant an operation may seem, it is not always a small thing to the patient, and he who can do it with an appearance of skill and dexterity will not fail to be appreciated above him who can do it only bunglingly if at all. Our mission is to relieve suffering and the little nerves have acute sensibility as well as the larger ones, and the pain of an aching tooth or a twinging corn may be as excruciating as some lesion of a more vital character, and there may be as much dexterity shown in the little operations of minor surgery as in those of a more formidable appearance.

PULLING TEETH.—If a physician must extract teeth why not try to do it expertly. Why should a man bungle along for years having as his sole reliance an old turnkey, or a pair of rusty and badly constructed forceps as I have seen physicians of some local distinction doing; breaking off teeth and

allowing the sensitive roots to remain to torment the abused patient. If a dentist can extract teeth skillfully why can not a physician with a few well chosen, but not necessarily expensive instruments, learn to do the same thing? And in districts where dentists are not readily accessible a physician may thereby relieve much suffering, add considerably to his income, and acquire some local celebrity for skill in that line.

EXTRACTING CORNS.—There are multitudes of people who suffer agonies with old, hard corns on their feet. I have often been asked in a hopeless kind of way, "Doctor can you do anything for corns?" I am generally able to give an affirmative answer with much confidence.

In the case of old, hard corns that have partially crippled the patient for years I take a very sharp, and very finely pointed blade and proceed to cut away carefully all the indurated part. I draw no blood but I remove all the central portion to as great a depth as it may penetrate. The result almost invariably is immediate and sometimes lasting relief, and the patient usually feels a lively sense of gratitude for what you have done for him.

OPENING A BOIL.—A boil is comparatively a little thing, but all who have had any personal experience with them know them to be intensely painful. Shall we tell the patient to apply a poultice to promote suppuration and then it will recover? If he is a person of ordinary observation he will probably know as much himself and your suggestion will give him no exalted opinion of your superior wisdom. You can give him an anesthetic and incise the part freely and it will soon recover, but to most people the idea of taking an anesthetic is not pleasant for they realize that there is some danger in the use of such agents, and they will endure the pain of a boil rather than submit to the operation. I have used successfully the following plan. Take a common tin funnel, put in the large end salt mixed with snow or pounded ice, and work it down into the small end on the center of the boil and observe carefully the effect. When the part becomes entirely white you may remove the freezing mixture take a fine and very sharply pointed blade and pass it down entirely

through the induration and incise the part freely. The patient will experience no pain and if you use ordinary care the part will not be frost bitten, but the boil will be in a condition to give very little further trouble. The ether spray may be used to produce refrigeration, instead of the salt and ice.

NERVE CAUGHT IN CICATRIX--Suppose a patient has a lacerated wound of a finger or thumb; the wound has healed but there is in the cicatrix a point of exquisite sensibility, so much so that the member is practically useless, or worse than useless, and sometimes it will diminish very much in size. Will you apply liniments and other external applications of a like nature in hope of giving relief? The end of the nerve must be freed from the cicatrix and this can only be done by a small operation; a part of the cicatrix must be removed. I apply the freezing mixture the same as in the boil and the little operation is soon over, and without pain to the patient, the nerve retracts and the finger becomes once more a useful member of the body.

IN-GROWING TOE NAIL--An in-growing toe nail is far from being a comfortable thing, and the ordinary treatment is not generally very satisfactory. The removal of the nail does not give a sensation of pleasure to him who has to feel all the pain or pleasure there may be in the operation. Besides tetanus may possibly follow, or when the new nail grows on, why may it not be as bad as the old one.

Take a small piece of tin about an inch and a half long and three-sixteenths of an inch wide; bend a little book at one end and slip it under the side of the offending nail where it is pressing into the flesh, at the other end a small hook upward; now draw firmly so as to draw the nail out of the ulcer as far as seems desirable, and then by passing adhesive plaster through the book at the free end you can secure the apparatus to the foot so as to maintain a decided traction on the nail. In a few weeks you will be surprised at the result for the ulceration will be healed, and the nail will be found lying flat once more in its normal position.

FISTULA OF THE RECTUM is a condition generally requiring surgical interference to effect a cure, and the common cutting operation seems very formidable to most patients.

Pass one end of a stout cord entirely through the sinus and bring it out through the rectum. Permit the cord to remain in the sinus as a kind of seton. It can be prevented from coming out by uniting the two ends. The patient will go about his business as usual, and in two or three months the sinus will be nearly gone; little more than integument will remain over the cord.

The latter may now be removed and a slight incision will complete the cure. The patient has perhaps not lost a day from business, and has suffered very little inconvenience. I have treated some old and bad cases in this way, thus converting into a very simple operation what would otherwise have been a very serious one. Possibly the elastic ligature might be superior to this method.

I might extend this article but it seems scarcely necessary. I claim no particular originality in these methods, I urge no special superiority in them over other methods. I have given them here more for illustration than for instruction, and I reiterate here what I said in the beginning of this paper, that we should endeavor to perform carefully and skillfully the multitude of little things our hands find to do. They can scarcely be dignified with the name of operations, but it is necessary they should be done and they should be well done.

Theory and Practice.

Is this a Peculiar Case?

I was called, July 19th 1879, to attend Mrs. W., supposed to be in labor with her second child. Patient is about twenty-

two years of age, rather slight of stature, and of sanguine lymphatic temperament; has always enjoyed very good health. They are in moderate circumstances, and except the day above given (July 19th) to the day of her actual confinement, attended to her house work as usual, except the washing, etc. The messenger (her husband) reported her pains regular and the "waters broken," and I should "hurry." I found the os dilated to the size of a silver half-dollar, soft and dilatable, the head presenting in the first position and low down in the pelvis; the rectum and bladder empty, and the soft parts cool moist and soft, and promised an easy speedy delivery. But "the best laid schemes of women and men, Gang aft a-gley," and so it proved, leaving in this instance naught but disappointment, chagrin and long weary hours of waiting. I exhibited remedies carefully, in potency, then in substance, from the mother tincture to the 20 m., (the highest I had), but the pains gradually subsided, after the os had become fully dilated and the head almost pressing on the soft parts, which seemed only waiting the attack to yield.

I went home to read up, but could find nothing in my library that afforded me any light. Then called on my neighbors, but in none of the works regarded as authority could any thing be found.

After several hours, not having heard from the patient (as I had directed should anything occur) I called and found her about the house. On examination found the os about the size of a dollar, no pain whatever, and patient as comfortable as at any time during the past three months.

She is sure her time was up the first week in July. She had a profuse flow last November, 1878, two months after she supposed she was pregnant, which was of fluid blood entire, not yielding so much as a clot. Again in March last she suffered another flooding, which contained clots, but which she washed carefully, and could find nothing which indicated miscarriage. She first felt motion in February, at least a month previous to the last flow, and which has never intermitted.

After my first visit, I made examinations at intervals of several days, and at each time found the os in the same condition of dilatation, until about four weeks had elapsed, when it gradually closed to about the size of a nickle, where it remained until the evening of August 25th, when labor set in, and in three-fourths of an hour from the first pain, she was delivered of a large, healthy, well developed male child; nearly six weeks after the breaking of the membranes, and discharge of waters.

There was not to exceed two ounces of fluid discharged with the child, and none whatever following. The placenta came away entire with secundines; the uterus contracted well, there was no flooding, nor after-pains to speak of. In short I never attended a case of confinement which progressed and terminated more pleasantly.

To-day I discharged the patient; flow of milk fully established; lochia normal; mother cheerful and happy, and baby thriving. Comments are in order. I am satisfied that I did the best, the only thing under the circumstances. I am satisfied too that there are those who would have counseled interference, with instruments, or *Ergot*, or both. In all human probability they would have sacrificed the child, and permanently injured the mother.—S. MILLS FOWLER, Dubuque, Iowa.

Lac Caninum. By H. W. Taylor, M. D., Caawfordsville, Ind.

It may turn out that the true science of medicine, like every other science, is the simplest of all things; the most direct of all things; the most unmistakable of all things. That instead of leaning upon the fail reeds of "theory" and abstract speculation it will be found planted in a truth so palpable that to

be able to discern it is to comprehend it in all its immensity to know it all in the twinkling of an eye.

And this coming "science of medicine" I do firmly believe will be found to consist in these two correlative and complementary propositions: First, all diseases are wholly of animal origin, and consist in the absorption into the lymphatics, of dead animal tissues. These dead tissues may be extraneous, or antigenetic—may arise in some other animal as does scarlatina, or in the diseased animal only as does pneumonia. Second, that this same dead animal tissue which produces the disease when mixed with living solids and fluids of another animal, is also capable of curing the disease after being properly prepared by dilution or trituration. These premises make therapeutics a simple, invariable, infallible deduction.

Given a case of disease the remedy lies in that part of the fluids or solids of the patient himself, in which is the disease virus, viz., in the affected lymphatics. The mode of preparation and administration forms its problem to be solved.

On June 29th, 1879, I was called to see Mrs. H., of Jackson, Mich., stopping at a hotel in Crawfordsville. She is tall, dark, in medium flesh, and twenty-eight years old; but of poor health eight or nine years, until she began homœopathic treatment one year ago; since then health fair until now. Had chill last night followed, by fever, restlessness, insomnia and sore throat as prominent conditions; pulse one hundred, temperature one hundred and ten and a half degrees; throat swollen, sore, "stiff," swallowing painful; tonsils and submaxillary glands considerably enlarged; lateral cervical glands hard and much swollen; some fetor of breath; whole faucial cavity from posterior half on tonsils covered with a thick, yellow layer of dead epithelium in course of exfoliation. This I used to think was "exudation." I know better now.

The landlady had prescribed *Kali chlor.*, crude, and having much faith in that drug I continued it, merely systematizing its administration. No more than one ounce was taken in all. A quantity which experience has taught me, is utterly inadequate to the making of even the slightest impression upon a case of diphtheria.

June 30th. Patient worse; throat swollen so much as to prevent taking of food; liquids are more difficult to swallow than solids, a symptom that I have invariably observed in malignant cases; pulse one hundred and ten, temperature one hundred and three degrees, at ten a. m.; is very restless and complains of burning of palms. These two symptoms were prominently developed by my wife in her proving of *Lac caninum*, Swan's 200th, as reported in the ADVANCE.

I had still some of the lozenges left from that proving. I took one and with much patient mashing and stirring dissolved it partially in a tumbler of clean ice water, and directed a teaspoonful every hour, and that each teaspoonful be known to contain some floating particles of the imperfectly dissolved lozenge.

July 1st. A remarkable change in the patient. She slept quite well all night without medicine. Pulse eighty, temperature one hundred degrees; the swelling almost gone; the fauces which yesterday morning were completely covered with thick yellow so-called exudation, with greenish cast on back of tonsils, was now almost clean only narrow strips of the "deposit" on the backs of the tonsils remaining to assure me that I had had a case of diphtheria.

To say that I was surprised at the result scarcely conveys the idea. I had but just discharged a strong twelve-year-old boy who had been in bed ten days with an attack precisely similar, even to the greenish spots on the middle of the tonsillar "exudation." His temperature continued at one hundred and two and a half, full ten days although taking one hundred grains of *kali chlor.* per diem. I kept my patient under observation until the exfoliation over the tonsils was complete. Hughes says that in a pseudo diphtheria in which *Phytolacca* is specific, the disappearance of the "membrane" reveals deep ulcers. I was watching for the deep ulcers; they were not there. With the disappearance of the "membrane" the lymphatic engorgement subsided, and on the fifth day of the attack the patient declared herself "perfectly well;" pulse seventy-four, temperature ninety-eight degrees.

Eeb-2

General Clinics.

Clinical Cases of Eye and Ear Diseases. Reported from Dr. Wilson's Clinic. C. H. Guilbert, M. D., C. M. Lukens, M. D., Assistants.

CASE XI.—STRABISMUS CONVERGENS.—Mr. J. Johnson, Clinton street, Cincinnati. This gentleman is seventy years old. Since he can first remember both of his eyes have turned in. He does not know the cause, neither is it possible for us to discover it. In most cases we can find out the cause, but in this it is not apparent. It is, however, a matter of great importance to understand the origin of this trouble, for in some instances it would be impossible otherwise to relieve permanently and satisfactorily the squinting. But this is of much greater importance in children than in old persons. It occurs but seldom that people so far advanced in life, apply for relief from this sort of trouble. Having suffered it many years they consider it of small moment to have the deformity corrected. It was vaguely hinted by attending friends that our patient was a widower, and had in view new matrimonial alliances. Be that as it may, this leads us to enquire, why should cross eyes be made straight? We answer, chiefly for the looks of the thing. If one with a beautiful face should have his eye turned suddenly in, it would almost frighten him to look at it. There can be no real beauty about a face marred by crooked eyes. This patient submitted to the operation without the use of *Chloroform*. This we always prefer, when patients are willing. Both internal recti were raised and their tendons cut across. After this there was a slight convergence. This was proof positive that some portion of the tendon of one of the muscles was not cut off. A careful sweep of the strabismus hook caught a few straggling fibers, and these being cut across, the eyes became at once parallel. For after-treatment we never fail to give *Aconite* 30, a dose every hour. The eyes should not be bandaged, but left to their ordinary work. No inflammation or pain is likely to follow, and in two or three weeks it will be impossible to tell that he has ever had his eyes crossed. The operation is simple and without danger, and yet there are thousands out of a foolish fear of consequences, who suffer on year after year and have no relief. Our patient, now that his eyes are straight, is by no means a bad looking old gentleman, and being in good general health, may live ten or fifteen years yet, rid of a great annoyance.

CASE XII.—ACUTE INFLAMMATION OF THE MIDDLE EAR, CAUSED BY INJURY. ATTEMPT TO DISLodge CERUMEN.—Chas. Boyle, painter, aged twenty-eight. This patient says he has for several weeks past been troubled with deafness and roaring in his right ear. To cure this, he says that some days ago he began to pick at the ear passage, and found in it a plug. This he attempted to remove. The attempt brought on pain, and therefore he tried the harder to remove the obstruction. The pain increased rapidly, and for three days and nights he has been in dreadful suffering. His countenance shows what distress he is in. He proposes to give a detailed history of his case. This Dr. Wilson would not allow, for a glance at the ear showed an urgency to action that need no further present information. The Doctor remarked that he would relieve his patient first, and hear his story afterwards. Procuring a supply of warm water he syringed the ear with great care and delicacy, and removed from it a large, dry plug of wax. Still the pain was very severe. He then took a small sponge, and dipping it into hot water he filled the external ear. In less than a minute the pain stopped and the patient expressed his gratitude. Upon further examination the drum head was found to be perforated and in a state of ulceration. When asked as to the other ear the patient said it was all right. It did not escape the attention of the Doctor, however, that Mr. B. did not hear conversation well. Upon measuring the hearing power of the left ear, it was found to be deficient about one-half. An examination of the passage revealed the fact that it was nearly closed with a dry plug, being in all respects like the right ear before the patient began picking at it. Suppose now he had attempted to clear it out as he had the other, he would undoubtedly have had a second ear nearly ruined by inflammation.

With a fresh supply of warm water the Doctor carefully syringed the ear, and with the aid of a probe sought to get the mass out. It was almost as dry and hard as a bone, and at the end of half an hour's trial the doctor decided to fill the ear with *Vaseline* and let it rest until the following day. The opening was closed with a piece of cotton. There being no pain or unpleasant sensation of any sort in the ear, it was deemed best to wait until the oil had softened the mass, after which it could be dislodged with ease. The patient was given *Aconite* 30, a single powder to be taken in water, two teaspoonfuls every hour, and he was further instructed to procure a small piece of sponge and drop a few drops of hot water—as hot as could be borne—into the right ear.

The following day Mr. B. appeared and smilingly reported himself “as happy as a king.” He was without pain and “slept like a top all night.” His right ear was now discharging pus very freely. The plug of cotton was removed from the left ear, and in less than a minute

after commencing to syringe it a large mass and many smaller pieces came away. An examination of the drum head showed that it was entirely free from injury, but showed evident signs of catarrhal trouble in the middle ear. The ears were then inflated with air and the patient's hearing at once rose to the normal standard. Of course the hearing in such a case was done by the left ear, which had been happily relieved without being injured. It would have been just as easy to have relieved the right ear, had he but sought proper assistance, and not taken so delicate a task in his own hands. People often imagine they will be made to suffer greatly if they apply to the surgeon for aid, and such is the fact too often, it must be confessed.

The better fact is that in competent hands the patient escapes all suffering, and in a case like this, preserves his hearing besides. If, as is sometimes the case, the wax is soft, it may be carefully syringed out by any judicious person if they have the proper instruments. But the most reprehensible thing to be done is to attempt such a task with a stick, ear spoon or anything of that sort. It should never be touched in that way. We find well-educated physicians undertaking to clear out the ear with probes and forceps, and they do a deal of mischief. It is now seldom that anything done about the ear is painful to the patient. Modern improvements in this department now enable us to not only achieve wonderful success, but to accomplish our work without suffering. Cerumen in the ear is a common cause of deafness. Often in looking into the ear with the unaided eye nothing can be seen, but it can quickly be discovered by the surgeon and almost as quickly removed. Think what this patient might have escaped had he applied for relief when he first found his ear was in trouble.

CASE XIII.—ASTHENOFIA WITH UNUSUAL PRESBYOPIA AND OTHER COMPLICATING CONDITIONS.—This case came to us from Oxford, Ohio. She is a married lady, aet. forty-one, in good health; sent by her physician, Dr. Logee. She tells us she has been wearing glasses nine years, and in that time has changed them four or five times. Those she now has are sixteen inch convex. She has been careful to wear them for the near point only; that is, for reading, sewing, etc., etc. She has been a long time promising to come and have her eyes examined. Through fear, however, she has staid away until now, when she is greatly alarmed lest she is going blind. She is complaining of severe pain in her head and eyeballs. It is almost constant. Some times the eyeballs are very sore. She can not see well at a distance; the right eye is especially blurred, and when she attempts to use her eyes for the near point the pain in her head and eyes becomes very severe. Her anxiety of mind was so great that she became so nervous that she could scarcely consent to an examination. The Doctor

found it necessary to postpone further investigation for a while, not, however, until he arrived at that point in the examination when he could assure her that in her case there was no danger from blindness. This had an immediate and happy effect on the patient's mind. Patients often come to us greatly depressed or excited by fear. It is hard for the surgeon to always fully realize this fact. Whenever possible, he should make it his first duty to speak words of encouragement.

This patient returned later in the day and quietly and cheerfully submitted to a completion of the examination of her case. What was finally arrived at can best be understood by one or two preliminary remarks. At about forty-five years of age the eyes underwent a physiological change, known to the physician as *Presbyopia*. When this condition comes on the crystalline lens loses much of its natural elasticity and remains flat. On this account the patient can no longer see easily at the near point—say twelve or fourteen inches from the eye. They must either move small objects—reading, for instance, farther off or else put on suitable glasses. And this is just where these patients often make a sad mistake. They are not careful in the selection of glasses. They pick up what they happen to find, or they go to a jeweler and select glasses they should not wear.

This patient, however, had been carefully prescribed for by her physician, but upon examination an unusual condition was discovered. Usually both eyes have the same refraction. The same strength of glass will suit equally well either eye. In this case the eyes were unlike in their refractive power. This is known as a condition called *Anisometropia*. For seeing at a distance a pair of glasses with eighteen inch convex lenses answered a good purpose and greatly improved her vision. She was ordered to get such glasses and wear them constantly. To this she strenuously objected. Her chief objection was that those who wore glasses all the while carried their heads tilted backward, and stuck their chins out in a ridiculous fashion. She had just come from the Exposition, and she said all ladies wearing glasses made a laughable figure looking at things as it were along their noses. This the Doctor did not deny, but assured her that it was a fault easily remedied, and that it was a great pity these ladies did not know this fact. A skillful surgeon and an intelligent optician will adjust their glasses so as wholly to avoid this. It all depends upon the setting of the frame on the nose. If you will notice people's faces you will find in some the bridge of the nose is high and in others very low. It is impossible these persons so different in shape should wear the same shaped frames. Glasses worn for distance should sit high, no matter what the shape of the nose, and there the patient can always look through them without elevating

the chin. Glasses worn for the near point should sit low so as to be in front of the vision when directed downward. These points are generally overlooked and patients made far from comfortable.

In the case of this lady, she had to have another and much stronger pair of glasses for sewing and reading. For the right eye a nine inch convex lens was prescribed, and for the left a twelve inch convex lens. Theoretically this is correct. Practically it seemed to work well, but in event of failure to suit she must have twelve inch lenses for both eyes.

Now as to the pain she has had so long. What should be done for that? This pain and weakness of vision we call asthenopia. It is possible that after wearing her glasses a few weeks it will disappear. A statement of her case was fully written out for her physician, and he was advised to give her *Belladonna* for the present, and if her recovery was not soon manifest to give her *Cimicifuga* or *Natrum mur.* Also it was suggested that occasionally a mild current of electricity should be passed through the eyeballs.

This case we have dwelt upon at length because it is a specially instructive one. Her state of mind, induced by the fear of blindness, added much to her suffering. When that was removed she was half cured to begin with. Again, unequal refraction of the eyes is too often overlooked, and this wholly prevents relief. And for a final fact, if the glasses are not mounted in proper frames and adjusted to the shape of the face, and the wants of the vision, the relief is not a complete one.

CLINICAL CASES.—CASE I.—Mrs. A., widow, aet. forty-two, mother of three children, tall and meager, so that she said she was all skin and bones; was troubled with an inordinate sexual desire; had a slight fever, and not immediately recovering she dismissed me and called her former doctor, an Eclectic, and I lost sight of the case for fourteen months, when she returned. Had been flooding much, and was troubled with loose bowels, with pains and cuttings: indigestion and worse about the mouth; tongue sometimes red, sometimes coated white; had tried eclectics, allopaths and electricity without relief. I gave *Ars.*, *Lach.*, *Merc.*, *Nit. ac.* without relief. When questioned as to what kind of food did not agree with her, she said she could not eat soup, it went right through. *Argen. nit.* 200th, with directions to take a dose, six pellets, at night until better, then to take nothing. In

a week came back worse than ever; said at first she was better, but thought if a little was good more was better, and she took the medicine all through the day until it was gone. *Placebo*. was given and this cured, but she gave *Electricity* the credit.

CASE II.—Mr. M., aet. forty, dyspeptic, fond of warm drinks; cold drinks, especially at meal time, did not agree; after meals was troubled much with loud eructations which gave temporary relief to a full feeling in the stomach; was troubled with weakness of the lower limbs at times, and of left side continually; it was almost paralytic; a total disinclination to do anything with the left hand; bowels regular, appetite and sleep good. *Argen. nit.* ʒd, afterwards ʒooth. The left side was strengthened, until at present it is almost as strong and ready as the right. Dyspeptic symptoms so much improved as to give no trouble.

CASE III.—Mrs. Y., Spanish, aet. seventy-nine, much wrinkled and tanned, but not gray; loud bubbling almost continually, as though a gas bag was unstopped and was discharging, or as though all the food and water she swallowed was converted into gas; did not pass wind down; complained of much pain across the region of the stomach, spleen and liver; pains radiated up into chest; severe aching across forehead and all over head; vomiting of glairy mucus and water; tongue pointed, thick, blue and covered with a thick, dirty, grayish coat that looked as though it might be scraped off, and on each end a row of blue or black nodules; had tonic spasms, worse at night, coming with cries, then straightened out and was inflexible for two or three minutes. Had to examine by means of an interpreter and could not arrive at the subjective symptoms well. *Colc.*, *Nux v.* and *Conium* each in turn gave temporary relief. She was ravenous and suffered after every meal. *Argent. nit.* so strong I could taste it. Next morning was informed she was much worse; fits all night. *Argent.* ʒoo steadily improved; dismissed case and received pay.

CASE IV.—Mr. J. D., aet. forty five, Cooley, stout. Been in Jamaica and this country for fourteen years; had a swell-

ing, encircling the body over stomach and small of back; was worse when the back swelled; feet and legs much swollen, and pitted on pressure to knees. Had severe headache on left side across forehead, and on top of head; could not see distinctly; vision misty and double; left eye worse; no appetite; tongue broad, thick and coated a dirty white; a taste of *Alum* in mouth, sometimes said it was bitter, but did not know much English; emesis after food and water; first food then a little glairy mucus and water; this he said was bitter; passed much clear urine; very costive; continual loud belching like every thing turned to wind; passed none down at all. *Ars.* 3 temporarily relieved the vomiting, and the anasarca was reduced a little. *Bell.* 3 relieved headache, but they all returned in three or four days. Gave *Carbo. veg.* 3 and 200, for the loud belching, but without even temporary relief; gave *Argent. nit.* in water, so strong that it colored the water, and tasted like *Alum*, one dose on going to bed. His bowels opened during the night, vomiting ceased, appetite returned, swellings disappeared and my patient rapidly improved, excepting his bowels, which were now too loose. A few doses of *Merc. sol.* 3 corrected that difficulty, and one Cooley went on his way rejoicing. I give these cases because *Argent. nit.* is not frequently lauded, and it certainly deserves to be. For loud belching (in my opinion) it has no equal, and it is also useful for other complaints than ophthalmia or keratitis. Study it up.

CASE V.—Mrs. D., aet. thirty-five; mother of three. Found her in labor; had not previously had the pleasure of her acquaintance; a fine girl without let or hindrance. While visiting her three days afterwards, she said, “doctor, what must I do with this breast?” I said, “let the baby suck it.” “But it can’t.” I then examined the offending member, found it tense, hard and sore, on pressure. The nipple was retracted, and in its place I inserted my index finger to the first joint. She said the doctor for the previous child had put on some black looking wash, and had lanced in three places. I ordered baked cotton to be applied all over left chest, and breast, and *Phytolacca* 6 in water. The next day

it was less tense and swollen, and in three or four days was as soft and pliable as the other. I now gave *Graphites* 30 for the effects of the old inflammation, and discontinued the cotton. No abscess.

CASE VI.—Ella W., Creole, (octoroon) fifth child. Found her swinging in a hammock; had been in labor for thirty hours. The midwife did not know what to do. She was trembling, or shaking convulsively from head to foot; moaning and crying. I requested her to take a bed, and she arose and walked to it. When in the bed the tremor was so great as to shake the floor under my feet; examined and found the os dilated about the size of a peso or trade dollar; head presentation, first position; waited for a pain which she said almost broke her back, and she complained piteously. No movement whatever, of child or womb; pulse indicated excitement more than fever. On passing hand over her person I found a marble coldness, with perspiration; forehead warm, with warm perspiration; exhibited *Arnica* 3 in water, a teaspoonful every five minutes; in about fifteen minutes she grasped and squeezed my hand, indicating a dilating pain. In a few minutes more she commenced to pull. I now gave her the right hand, and during the pains pressed with the left gently but firmly over region of the womb, leaving the midwife to look out for accidents; in about thirty minutes a fine girl was born, and I took my departure. Mother made a fine recovery. A Mr. Robertson, a frontiersman in Texas, a secesh colonel during the war, and having some knowledge of medicine, was the first person I ever heard mention the use of external pressure in labor. He said that while on the frontier in Texas and across the border in Mexico, he practiced medicine, and when he had any difficulty in a case of labor, he placed them on their abdomen in a hammock, and soon the child was born. I think it probable that such is the custom among midwives (although it was new to them here) because doctors are seldom called in such cases throughout these countries.

Recently I have seen some reported cases. Believe it to be a good method; probably much safer, and just as expedi-

tious, as the much used and abused forceps and *Secale. cor.*—D. B. MORROW, M. D., Belize, Brit. Honduras.

CURED CASES. By Dr. Grubenmann, of St. Gallen. Translated from the Allg. Hom. Zeitung. By A. McNeil, M. D., New Albany.—DIPHTHERIA—For a year and a half we have had in St. Gallen and vicinity an epidemic of a combination of scarlet fever and diphtheria. For a year it has been diphtheria purum of a quite pernicious character. This latter disease appears to have now reached its end, for I have neither seen nor heard of a case for four weeks. I take the liberty of communicating to my colleagues my treatment of this disease. I have treated about fifty cases and cured all without an exception. Light cases (catarrhal diphtheria) are not included in these fifty cases. There were four adults all affected with considerable fever; temperature from one hundred and two to one hundred and four in the first twenty-four hours. Of the children, from two to twelve, at least a quarter were severe cases; two being well marked cases of the septo-gangrenous form. There were no cases of the laryngeal variety, nor was a case followed by diphtheritic paralysis or paresis. Until three years ago I trusted diphtheria with *Apis* 6 to 30, *Bromine*, *Belladonna*, *Kali phos.* and *Merc. cy.*, 3d to 6th, all in the centesimal dilution, with favorable, but not striking results. I began to lose confidence in *Merc. cy.* over three years ago, until I began to use it as recommended by Dr. von Villers, not below the 6th cent. It is a pleasure to here acknowledge my indebtedness to him for many valuable hints gathered from his publications. During this epidemic I have employed *Merc. cy.*, but never below the 15th cent. (from the 15th to the 30th) and therewith subdued the disease. Generally in twenty-four hours from the administration of that remedy the favorable effects were apparent, and after ninety-six hours more the throat was fully restored to its normal condition. The greatest length of the cure in cases which first came under my care in an advanced stage was ten days. I proved that *Merc. bi.*; which is so strongly recommended by

my honored colleague, Dr. Goullon, Jr., has by far not the favorable effects I had anticipated, for I tried it on four cases in one family, without perceiving any favorable results; after thirty-six hours I saw such an increase in the patches in the throat, that I gladly resorted to the *Merc. cy.*, and I soon perceived a prompt decrease of the membrane. Another trial in a child of ten years gave the same result. (I do not, therefore, deny that this preparation of *Mercury* may be useful in this disease if indicated.—Author). If after four days there are no patches in the throat and no fever, I still continue the medicine, (*Why? Trans.*) and give strict orders not to allow the patient to get up for some days, for I have learned by experience on my own daughter as well as on others that by leaving the bed too soon, relapses mild and also dangerous may occur. I did not employ anything but the *Merc. cy.* internally, in a solution of distilled water; no inhalations, insufflations, gargles, caustics, nor penciling. How any one in the treatment of diphtheria can use heroic doses of *Carbolic* and *Salicylic acids*, *Chlorate of Potash*, *Pulverized charcoal*, *Sulphur*, *Tincture of Iron*, etc., internally and locally, (often three drugs at a time) as is done by some homœopathic physicians, and yet speak about Homœopathy is more than I can comprehend.

CROUP.—Last winter many cases of croup came into my care, some of them pseudo croup or acute catarrh of the larynx, but from the middle of November till the beginning of February only, I had six severe and well marked membranous cases, of which two who were in *extremis* came out of the allopathic camp. When I think of curing these, and of many other cases I treated in former years, where Homœopathy was almost without exception successful, and even were present in the last stages, it grieves me to perceive that frequently in homœopathic societies, or in our literature the assertion is made that in true croup Homœopathy can do but little, and that it avails nothing where it has been growing worse for two consecutive days. Only because these colleagues are accustomed to administer *Iodine*, *Brom.*, *Spongia* and *Hepar sulph.*, in from the second to the fifth

decimal, could explain such expressions, or more properly, failure. With such dosing most certainly they can cure no membranous croup in the advanced stages. I no longer use *Iod.* and *Brom.* under the fifteenth cent. in such severe cases, and I have rescued many little patients who came to me out of the hands of the allopaths after seventy-two hours, steadily becoming worse. Of the twenty physicians in St. Gallen, I may assert without exaggeration that no one treats as many cases of croup as I do, and I say this, not, indeed, to magnify myself, but in order to give Homœopathy the honor to which it is entitled, and to show the confidence it enjoys in this and many other acute diseases.

I will report one of these six severe cases of croup, it being in a well known family, and coming from Dr. S. who is well known both at home and abroad, and it thereby excited much attention.

The eight year old boy of Herr B. had been three entire days under the care of Dr. S., and was becoming rapidly and frightfully worse under his care. I was called at ten p. m. on the 26th of January, because the parents and their old family physician had despaired of the child's recovery, and with the Doctor's consent. For twelve hours the patient had lain, without a minute's amelioration, in a laryngeal stenosis of a very severe type, somnolent, voiceless; the most laborious exertion of the respiratory muscles that the clavicular fossa sank in at every respiration, so that a hen's egg might have lain therein. I told the parents that if no well marked alleviation arose within twelve hours from the *Jod.* 15th which I administered, death must ensue. Fortunately, after six hours a violent attack of coughing occurred and he expectorated a tubular formed tough membrane, ten centimeters long, which was followed after an interval by an aggravation (stenotic respiration), and six hours after the preceding, another such expectoration; and so on until in thirty-six hours after my taking the case he had raised half a glass full of membranes, one of which on examination proved to be fifteen centimeters in length. He was now out of danger, and in three days was out of bed.

In two other of these six severe cases, the gray, skinny membrane was clearly visible in the throat; both tonsils were, as it were, papered, while the diphtheritic patches were firm and smooth, adhering like a thin skin. *Brom.* 15th was administered. In all of these cases, both of croup and diphtheria, I gave ten drops of the remedy in from the 15th to the 30th cent. in one hundred drams *Aqua distillata*, a teaspoonful at periods of fifteen minutes to an hour.

Miscellaneous.

Puerperal Insanity. By A. C. Rickey, M. D., Professor of Mental Diseases, Pulte Medical College.

The condition of pregnancy and the puerperal state occasions not only disorders of the bodily functions, but affects in a decided manner the mental faculties as well, in no small number of cases. This disturbance varies widely from a slight alteration of the natural disposition, to a decided development of acute mania or melancholia, or other form of insanity.

It is by no means uncommon to see a woman who is naturally of a genial, amiable disposition, undergo such a change in consequence of the pregnant state, as to become fretful, peevish and unamiable. Neither does it create surprise to the skilled attendant to witness the causeless tear, or laugh. Such alterations of disposition are of frequent occurrence and usually abate with the termination of pregnancy.

The mental disorders of women, connected with child bearing, are separable into, first, the insanity of pregnancy;

second, the insanity of the puerperal state; third, the insanity of lactation.

First form. When these disorders develop during pregnancy it is usually between the third and seventh month. It more frequently takes on the melancholic type, and is more amenable to treatment than other forms.

It occurs less frequently than the insanity of the puerperal state, or of lactation. In one-half the cases there seems to be an hereditary tendency. It occurs more frequently in primiparæ, and between the thirtieth and fortieth year of age. Some cases take on a decided suicidal tendency, and show a disposition to kill the child. Others show weakness in the direction of strong drink and kleptomania.

The prognosis of this form is usually favorable, but the disease does not abate until after delivery.

A temporary form of insanity occasionally develops during labor, induced by the severity of the pain and suffering. During such fits of frenzy, mothers have killed their own new born offspring.

An important question might be raised, as to the medico-legal aspect of such cases. The highest authorities release such patients from guilt for acts committed during such fits of temporary unsoundness.

Second form. Puerperal insanity proper usually takes on the form of acute mania or melancholia.

Most cases of acute mania develop before the sixteenth day after confinement.

If mental unsoundness comes on later than this period, it is more frequently of the melancholic type.

Acute Mania.—Symptoms.—The symptoms of acute mania occurring during the puerperal state do not differ essentially from the same affection, uncomplicated by pregnancy.

Among the first symptoms to be noticed are a restless, hurried manner, trembling, agitation and excitement; an unnaturally anxious, suspicious and unpleasant expression about the face; sometimes the face is pallid—at others flushed; there is an irritability of temper, an impatience and changeable state of mind; the memory is impaired; there is obsti-

nacy, stubbornness, obstinate silence; the patient refuses to answer questions, or repeats them after attendant; will break out all of a sudden in a torrent of incoherent language. These symptoms may develop gradually and suddenly, or after loss of sleep and sources of anxiety and irritation. She imagines evil has befallen her husband or child—that it is dead or stolen; if her child is brought to her she thinks it is not her own; is filled with vain imaginations about the supposed unfaithfulness of her husband; is jealous, suspicious and hateful; may attempt to take the life of her child; is filled with gloomy forebodings about her own welfare; fear of death; fixed determination to keep the mouth shut; is often obscene and immoral in language and conduct, to a degree that excites universal surprise.

From these conditions, the case may progress to the more advanced stages of maniacal insanity, or may give way to complete recovery. Some patients become boisterous, delirious and raving.

This form of puerperal insanity is more dangerous to life, while the melancholic form is more destructive to reason.

It is estimated that ten per cent of these cases die (Allopathy). When attended by much fever, a rapid pulse, indicating a high degree of inflammatory action about the cerebrum, the prognosis is grave. The duration of acute mania is much shorter than that of melancholia. Most cases which recover, do so, in from three to six months. If the disease continues longer than that, the prognosis is very unfavorable. After recovery a blank covers the period occupied by the derangement.

Melancholia.—This form of puerperal insanity usually sets in after the sixteenth day after confinement. It is less dangerous to life, but is more likely to develop into confirmed insanity.

It is characterized by the usual symptoms of melancholic derangement. There is a profound depression of the spirits, a settled gloom fixes itself upon the patient. She is tormented with doubts, fears, forebodings; imagines false and unpleasant things about herself and friends. This state may

be constant or it may vacillate with periods of the wildest excitement and delirium.

The line of demarkation between various forms of insanity are by no means always to be clearly drawn, since one form frequently passes into another.

Third form. The insanity of lactation, differs in no essential particular from that of the puerperal state. It usually results from the debility consequent upon excessive hæmorrhages, and prolonged lactation. There usually exists a condition of decided anæmia, or hydræmia. There is more risk of confirmed insanity developing from this form of disease than the two preceding. The patient has strange likes and dislikes, and unwarranted suspicions. Is more likely to be deranged upon sexual matters. Many patients are vulgar and obscene to a degree that is unaccountable. Such patients are usually much excited, sleepless, may tear off the clothing, strike and bite, seeking to injure those about her, concerning whom she imagines strange and unwarranted things. She may attempt to injure her own person. Some women will stubbornly refuse all food. Force being required to introduce sufficient nourishment to sustain life.

The stomach is usually deranged; the bowels constipated. The urine is scanty, high colored and loaded with the phosphates. Marasmus and general wasting occur from loss of food and rest.

Etiology.—In forty-five out of one-hundred and eleven cases recorded by Dr. Reid, and in twenty-two out of seventy-three cases recorded by Dr. Tuke, there was undoubted evidence of hereditary tendency.

A predisposition to insanity like that to any other disease, is easily developed into activity by exciting causes, which would exert but little influence over women in a normal condition.

A large number of cases of this affection are found in the person of unfortunate young women, who have become pregnant outside the marriage relation. The morbid sense of shame and disgrace, the mental anxiety and care, play a most important role in developing these forms of mental un-

soundness. Out of two thousand, two hundred and eighty-one cases reported by Dr. Tuke, six hundred and forty-seven were unmarried women.

Sudden shock, or fright, or any powerful emotion, may act as an exciting cause.

There is an undoubted connection in some cases with uræmia, that form of blood poisoning which frequently occurs during the pregnant state. The debility resulting from hæmorrhages, and prolonged lactation, and too frequent child bearing, furnish other causes which render a development of the disease from simple exciting causes, quite easy.

Pathology.—As to the pathology of this affection little need be said to distinguish it from other forms of insanity. There is no doubt in my mind, that in all forms of mental disorder there is either a functional or structural disturbance or departure from the conditions of health. There are at least four conditions that may induce very serious cerebral symptoms, and yet leave little or no change of structure to be recognized after death: first, a change in the blood itself, as in anæmia, spanæmia, phthisis, etc.; second, a variation from the normal blood supply to the brain; third, reflex irritation; fourth, shock. Each of these conditions if long continued or frequently repeated, will induce structural lesion, that can be recognized after death.

In acute mania and melancholia there very commonly exists active hyperæmia and dilatation of the capillaries. Marked alterations in the quantity of blood circulating through the gray matter is invariably attended by deranged intellection.

Acute and sub-acute inflammation undoubtedly exists in the cases of pronounced and violent mania. In their initial stages such pathological conditions are quite amenable to appropriate medication, but if not arrested, these merely functional disturbances will ultimately end in structural changes, such as, thickening of the coats of the arteries and meninges, degeneration of the walls of the arteries and nerve tissue, extravasations into the ventricles, arachnoid spaces and the nerve substance.

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These changes do not develop in puerperal insanity unless it passes into confirmed lunacy.

Treatment.—Regimenal. In the treatment of mental disorders incident to the pregnant and puerperal state, an effort must first be made to remove all causes of general or local irritation of the nervous system. The diet must be regulated and adapted to the nature of the case. Where food is obstinately refused the patient must be compelled to eat, or be nourished by nutrient enemata. Abundant sleep should be secured. All stimulants should be avoided, together with all associations and surroundings, which necessarily excite and disturb the patient. The stomach and bowels should be well cared for, enemata being resorted to where obstinate constipation exists.

So long as the patient can be cared for at home, it is much better for her than to be sent to an insane asylum. The surroundings of the patient should be cheerful, enlivening, calculated to take the mind off of morbid brooding, and despondency. It should be borne in mind that the insanity of pregnancy is likely to continue during the natural term. It may, however, yield before that time to remedial measures. The diet should be generous, especially in cases of marked debility.

Treatment.—Remedial. *Aconite.*—Ailments from fright or anger; great fear of death, of getting up; of strangers; inconsolable anxiety; reproaching others for mere trifles.

Aurum.—Religious mania; prays all the time; imagines she is not fit for this world; unhappy with continual thoughts of suicide; præcordial anguish, driving her from place to place; weak memory and intellect.

Belladonna.—Mania; merry but quarrelsome; strikes and bites; starts in affright at the approach of others; tries to escape or hide; insomnia, fear of ghosts moaning; begs those around her to get her out of the way and kill her.

Cimicifuga.—Declares she will go crazy; mental depression with suicidal tendency; suspicious, indifferent taciturn; takes no interest in household matters, irritable, the least thing makes her angry and destructive.

Hyoscyamus.—Indescribable rage and horrid anguish; does not know her own relatives; complains of having been poisoned; complete loss of modesty; throws off bed clothes; hyperæsthesia of cutaneous nerves.

Ignatia.—Melancholia from suppressed mental sufferings, with much sighing; desires to be alone that she may give way to her imaginary grief.

Platina.—Voluptuous crawling up and about the genitals; very haughty; looks down disdainfully upon her attendants; black, tarry, vaginal discharge.

Pulsatilla.—Sad, weeping mood; taciturn; sees strange things on closing the eyes, and hears all kinds of operatic airs; after slight emotions, difficult breathing.

Stramonium.—Nymphomania, with obscene gestures and language; desires light and company, being afraid to go alone; very loquacious, in a prayerful, beseeching, imploring language; face often red and bloated.

Veratrum alb.—Religious melancholy or nymphomania, with desire to embrace everybody, and even inanimate objects; mania, with desire to tear off her clothes; very lascivious; desire for cool and refreshing things.

Study more particularly for profound

Melancholy.—First, *Aurum, Ignatia, Staph.* Second, *Ars., Bell., Calc., Caust., Cim., Coni., Helon, Lycop., Nux vom., Puls.*

Mania.—*Acon., Bell., Cupr., Hyos., Camph., Ledum, Lycop., Nux mos., Nux vom., Platina.*

Nymphomania.—*Bell., Canth., China., Hyos., Nux., Phos., Plati., Puls., Stram., Sulph., Verat., Zinc, Tarant.*

Where great debility and anæmia have caused the disease, study *Calc., Chi., Nux vom., Phos. acid., Sulph., Verat., Alb.*

Where there is marked gastric disturbance with constipation, study *Bryon., Calc. c., Cocc., Ignatia, Natr. mur., Nux v., Puls., Sepia, Verat. v.*

The Homœopathic Materia Medica. By O. S. Sanders, M. D.,
Boston. Part II.

The homœopathic materia medica to-day is no manual, but an encyclopædia. The component parts are like so many bright orbs in the constellation of the heavenly bodies. The collecting of the hundreds of material substances, so carefully analyzed for medicinal purposes, comprises one of the grandest results connected with the scientific world. The production of such a masterpiece of literature has an auspicious beginning. It is now less than a century since the proclamation of the doctrine *Similia* was announced to the world; and instead of completing the materia medica, we are justified in saying it has hardly commenced. The opposition to the revelation of the law *Similia* has been fuel for the flames, instead of water to quench it. The contest, to professional issues, is a device of the enemy to destroy the confidence of the people—as a practice of choice, and to prevent honest and earnest students of medical research from adopting measures that will change the formulated use of drugs, which for centuries have been the bane of mankind. Our materia medica is a work of almost unlimited dimensions; yea, so vast it may be, that it is well nigh being unwieldy in the ordinary period of a lifetime. I know a disciple of Hahnemann who has been a close student of the homœopathic materia medica, and a faithful and happy practitioner for upwards of thirty years, and it is said with an enviable success, and his testimony to-day is, that he discovers more to learn than he has yet been able to accomplish with all diligence. Is not this the testimony of every one of us, whether the experience has been few or many years? I would not speak prejudicially against the cumulative mass of matter in our materia medica; doubtless the coming generations will abridge it. Still, the many numerous volumes presented to the student of medicine, touching our theme, may be so many vehicles fraught with valuable suggestions and experience, and with them our libraries and our minds may be greatly enriched. With so

much to learn, like astronomers, mathematicians, etc., it is not strange that some dare not grapple with it, or never master it however studious and untiring in their research; and still, the mineral, vegetable and animal kingdoms are full of unknown medicinal substances, which, doubtless, will be as varied in adaptation and virtuous in choice, as any remedy now at our command. The materia medica of our school to-day is not within its defects any more than other branches of science in its primary stage. The work of digest, is winnowing or clearing away whatever may be compared to hay, wood or stubble, as in the figure, retaining the "lively stones" only. In order to preserve the good name of our school of medicine, its devotees must be as faithful and honest in pointing out mistakes or errors connected with the materia medica, as in other departments of education.

It might not be misspent time to re-prove many of the drugs, already embraced in the Homœopathic literature. Is it not quite possible that the same noble results will follow, with less verbal forms of expressions, denoting symptoms, from which we get the Similia? For instance, *Aconite* has something like seventy-six characteristic symptoms; *Arsenicum*, one hundred and thirty-eight; *Belladonna*, ninety-two; *Bryonia*, eighty-two; *China*, fifty; *Nux vomica*, eighty; *Phosphorus*, fifty-seven; *Rhus tox*, forty-nine; and so on, with more or less to the end of the chapter. Is it not well said, that it is no small undertaking to memorize the characteristic symptoms of over three hundred drugs? A mind of less calibre than that of the venerable Hahnemann, or our Guernsey, would "hardly ever" think of doing it; yet, there is no possible way of appreciating, or appropriating the results of the powers of drugs, except by constant and untiring study, in conjunction with the art of cure. In carefully re-proving our drugs, I venture to say, by reducing the number of characteristic symptoms to anywhere from three to twenty, as many believe should and can be done, such a book on materia medica would soon find its way to the library of medical men in every school of practice.

It may not be unjust criticism to assert, that in some respects the work of our materia medica seems to be overdone,

for the effort required in comprehending it, augments perplexity, rather than lucidness; and to many, symptomatology is more difficult to command than pathology; and may there not be another fact, that in some special instances, symptoms may have been recorded in our materia medica, which clinical observation will not verify? With a materia medica, like a store house full of rich fruitage of great variety, it is not always easy for the busy practitioner to discriminate in the choice of remedies; for when we study *Aconite*, or read Professor Hempel's several lectures on this drug, we are almost persuaded that this polycrest remedy will cure every malady akin to man. And again, when we study *Bryonia*, *Arsenicum*, *Sulphur*, and many others, we may, in our great haste, think in them we have found the Similia. And yet in our disappointment we may find the reason of our defeat in ourselves, and not for want of wealth in the materia medica. Based upon the law Similia, the materia medica of our school, with the ponderosity of matter, is the Alps of medicine. The underlying principle is what makes it great. It may not be strange for some men, with their idiosyncrasy, to have a feeling of distrust respecting the certainty of the curative action of not a few of the drugs occupying a place in the catalogue of remedies; and in consequence of this fact, resort to analogical reasonings and clinical experience, which savor somewhat of the so-called physiological school of medicine. The question is often asked, what objection is there in proving drugs, to continue the work until not only a decided toxicological effect is produced, but a pathological change is experienced? In my judgment, the proving of any drug should be made upon the lower order of animals, as well as men and women, scores of times, under the most favorable circumstances, with appreciable doses of the medicine on trial. Is it not the conviction of the majority of the members of the homœopathic fraternity, that in the law of drugs there is affinity for certain parts of the body, either fibre, fluid, function or organ, with a marked differential importance? Drugs are divided into two classes, irritative and deadly, each substance possessing qualities of an individual import. It is a

known certainty that drugs classed under the head of emetics, act upon the stomach; those under the head of cathartics, act specifically upon different sections of the alimentary canal, and equally true is it of all other medicines. One of my first lessons in my departure, from the allopathic practice was, that *Aconite* was the lance in the hand of a homœopathic practitioner; that it acted potentially upon the circulation of the blood, affecting its momentum, as well as changing its quality. While *Bryonia* has an affinity for serous tissues, thereby possessing great value in pleuritis, arachnitis, etc., *Belladonna* acts forcibly upon the mucous and dermoid tissues, *Lycopodium* upon the lymphatic or smaller glands, and *Mercurius* upon the larger glands of the body. When the pulse is bounding, face reddening, head aching, limbs tossing, and death fearing, there is no mistake that *Aconite* is the Similia. With marked debility, burning, œdema, emaciation, intermittence, irritation or inflammation of the mucous membrane, with burning thirst, and little sips of water is all the stomach will retain, nausea, watery diarrhœa with hippocratic expression, the Similia is *Arsenicum album* the world over.

While medicine has been a system of theories for ages, in our materia medica we have direct agencies—a necessity—as a means to an end, embracing grand essentials, having a place, a meaning, a range and a possibility. The saving of life and the recovery of health so frequently come from this source—the homœopathic materia medica with all its defects, is the unfurled banner, yea, the beacon light, for every disciple of medicine.

Puerperal Eclampsia and Fever. By Dr. Herbert M. Day-foot, Mt. Morris, N. Y.

Our defeats are often of more benefit to us than our victories. While the latter may give us confidence in ourselves and our remedies, the former should awaken a spirit of investigation, and stimulate us to increased study and research that we may be better prepared to overcome our errors of omission and commission. While in any given case we may have done our duty, and our whole duty, according to the light that is in us, the age, wisdom and experience of other and better heads might suggest a more desirable and more successful line of treatment. In this spirit and for this purpose I give the details of the following case:

Was called to see Mrs. H., aet. twenty-four, dark hair and eyes; about six and one-half months advanced in first pregnancy; found her suffering from neuralgia of the left side of the face; considerable swelling under the eyes. Gave *Ars.* ʒ*x* and requested her to send a vial of her urine to my office for examination. Did not hear from her for two or three days, when her husband informed me that the urine was all right, and the swelling had about disappeared. In a few days I was again requested to see her, when she said the previous symptoms were relieved, but complained of much discomfort she experienced the night before, of a peculiar pain extending from the throat into the bowels. On the afternoon of the same day I was hurriedly summoned and learned that her friends had found her lying insensible on the bed, and that soon after she had what was described as a spasm. She was in a measure unconscious, and though she could recognize friends, her mind was very much clouded. She complained of being dizzy and soon said, "What is the matter with me, I can not see?" In about one hour and a half she was seized with a genuine convulsion; there were no labor pains, and an examination showed the os undilated. Another convulsion soon followed, and on consultation with Dr. Ames, (regular), it was decided to induce labor as soon

as possible. The pulse was one hundred and twenty-five, but not very strong. The next or third convulsion was mitigated by *Chloroform*. *Verat. vir. tinc.* was given every hour. *Bell. tinc.* was applied to the os, and warm water injected into the uterus. Three more convulsions followed from one to two hours apart. Dilatation progressed slowly. About two hours after the sixth convulsion, I succeeded, by aid of a catheter, in rupturing the membranes. Labor not making sufficient progress, I introduced and inflated a thin rubber pessary. Pains soon came on at regular intervals, and although patient was still unconscious she made some slight outcry at the recurrence of each pain. In about eighteen hours dilatation had so far progressed that after having evacuated the bladder and rectum, I was enabled to apply the forceps and deliver without much trouble. The child lived about two hours. We were now about twelve hours without a convulsion, and the outlook was more favorable. Three hours after I found my patient conscious; pulse eighty-five; skin cool, considerable thirst; she did not know her child was born, the past thirty-six hours was a blank to her.

The next morning the patient had without my knowledge a breakfast of toast, potatoes and baked apples, and in the afternoon suffered from considerable griping in the bowels, together with the peculiar pain in the throat before mentioned. The urine was loaded with albumen, which, however, decreased day by day, until the sixth day, when it was nearly free. The condition up to the seventh day was as follows: pulse from one hundred and twenty to one hundred and fifty; temperature from one hundred and two to one hundred and four and a half degrees; respirations from twenty-five to thirty-five per minute; considerable tympanitis, together with griping pain; no headache, tongue moist, some thirst. The remedies employed were *Verat. vir.*, *Acon.*, *Coloc.* and *Bry.* Hot water injection per rectum gave most relief to the griping pain. On the seventh day the pulse was down to one hundred and twelve; temperature ninety-nine and one eighth degrees; the tympanitis lessened, skin covered with a gentle perspiration. Every symptom looked

prise of the publishers, the editor and the contributors, which has placed in our hand such splendid volumes on medical science. They show us at a glance how rapidly we have progressed in this department of knowledge. It was something to be a doctor in the olden times, when books were few and knowledge scarce, but now it seems in one sense so easy, and yet in another a far more difficult thing, since facts and principles have so greatly accumulated within the past few years. In the present volume Juergensen treats of croupous and catarrhal pneumonia, hydrostatic processes in the lungs, and pneumonia from embolism. Prof. Hertz treats of anæmia, hyperæmia and œdema, hemorrhages of the lungs, helcosis atrophy, hypertrophy, pulmonary emphysema, gangrene of the lungs, new growths in the lungs, new growths in the mediastinum, and parasites in the lungs. Ruehle treats of pulmonary consumption and acute miliary tuberculosis. Rindfleisch treats of acute and chronic tuberculosis, phthisis and acute tuberculosis.

The general want of the best information upon lung diseases in this country, will not fail to direct attention to this and volume IV, which we have already noticed, both of which treat of this subject. Juergensen on page 169 makes this important and truthful remark: "In all severe diseases I disapprove of darkened bedrooms. It is sufficient to place the bed in such a position that the light does not shine directly in the eyes of the patient. In my opinion, patients who are exposed to the light make the best recovery." For sale by Robert Clarke & Co.

The Ground of a Homœopath's Faith. By Samuel A. Jones, Professor of Materia Medica, Therapeutics and Experimental Pathogenesis in the Homœopathic Medical College of the University of Michigan. Boericke & Tafel, New York and Philadelphia, 1880.

Fully to appreciate a work the reader should know something of the surrounding circumstances—the environment and the motive. In no instance is this more forcibly true than in that under consideration. I shall tell the story of the "forging" of this strange little three-edged homœopathic poniard, as the "tale was told to me" by an eye witness, who was a graduate of the old school department of the University of Michigan.

Near the close of the term of 1879 the "regular" students sent a "challenge" called out of politeness, a "request" for Prof. Gatchell to lecture before them. Not divining the depth of the plot, and desirous to do battle for the good cause, Prof. Gatchell accepted. At the close of his lecture he was confronted with a pile of written and "studied" questions. It is an old saw that a fool may ask questions that a wise man can not answer. And so it proved in this case.

Elated with the success of their ambuscade, the regulars immediately extended Prof. S. A. Jones an invitation to the slaughter. They did not

dream that they had loosed the Sampson that was to pull their temple about their ears. They found after they had had time to pick up the pieces, that they had waked up the wrong passenger.

The first lecture over, the table before the little champion of the Truth was piled high with written questions. These papers, concocted and prepared beforehand and with malice aforethought, failed miserably in their design. These questions were thrown at a man who is a very encyclopædia of bibliographic knowledge. They were read with astonishing rapidity, and answered with a corresponding celerity—and always with the correct answer. Two of these questions and answers fastened themselves upon my mind, and I reproduce them as nearly as I may: "Has the moon any influence upon the action of medicine in the human body?" Singling out the questioner by his look of consciousness the lecturer, looking straight at him, replied: "You are perhaps not aware that a very prominent member of your own school has written a book upon this subject, in which he has taken the affirmative of this question, that you, in your ignorance, presume to be only a homœopathic problem." Reference to author and book.

Second, "Is pathology necessary to the education of a homœopathic physician?" Answer, "It would be a piece unparalleled folly for a man to spend the best years of his life studying something that would be of no use to him. I am still a student of pathology; and if you doubt it, bring on your best regular pathologist for a public competitive examination. If I fail to make as many palpable hits as he, I will step down and out of Michigan University."

Written on the peaceful pages of a medical journal, at the secure distance of three hundred miles from the field of battle, this looks like mere braggadocio. But in a lecture room of Michigan University, in the faces of many "regular" students, backed by the whole hostile faculty of the hostile regular department; this bold defiance becomes a feat of mediæval chivalry; an essay of knightly daring; a story to be told in the years of the future; an action worthy to be imitated in all time to come.

For the book itself, I need say but little. Conceived under circumstances like those merely hinted at here, it was almost a work of inspiration. As a defense of Homœopathy it is unrivalled. As an assault upon the stronghold of Allopathy it has called to arms the defenders of the regular faith, from Maine to California. It has proven itself a lance-head that penetrated shield and breastplate; a shell that burst in the midst of the enemy's camp; a three-edged poniard that is now sticking in the wound it has made.

A "regular" professor in New York city advises the distribution of copies of this most aggressive piece of forensic Homœopathy, among the regulars of that city. Friend Paine, is not this the true method for the conversion of the profession to the true faith?

H. W. T.

Long Life and How To Reach It. By Joseph G. Richardson, M. D. Lindsay & Blakiston, Philadelphia.

This forms one of the excellent series of "American Health Primers" being issued by the above house. We have seen nothing in the series we like better than this. It is the best compendium of sanitary science we have yet seen. It treats of the causes of disease, of clothing, food, air, water, sleep, exercise and kindred subjects, attention to which might greatly prolong the lives of many and fill their days with pleasure. Price fifty cents. Robert Clarke & Co.

Eye Sight and How To Care For It. By Geo. C. Harlan, M. D. Lindsay & Blakiston, Philadelphia.

Here is another of the "American Health Primers" series. This is an attempt to make difficult things plain. No one, we believe, could do better in that respect than the author of this little book. The student will find this an excellent *vade mecum*, and it would be a good thing if we could induce the general practitioners to study it with care. We heartily commend the work to all. Price fifty cents. Alfred Warren, Cincinnati.

Pocket Therapeutics and Dose Book. By Morse Stewart, Jr., A. B., M. D. Geo. D. Stewart & Co., Publishers, Detroit, Mich.

A convenient book of two hundred and sixty-three pages giving doses, apothecary's and metrical measure of drugs, with their special therapeutic value from the old school *materia medica*. The work also contains a brief table of solubilities, therapeutic compend, etc.

FIRST ANNUAL REPORT of the Women and Children Free Medical and Surgical Dispensary, at Cleveland, Ohio, 1879, is worthy of great praise. For the year it has had a total number of patients, one thousand one hundred and seventy-five. Number of out door visits, two hundred and fifty-three.

PHYSICIAN'S VISITING LIST AND POCKET REPERTORY. Boericke & Tafel. Good for all time and seasons, and "just the thing" for the man who desires to keep a correct account of his business.

PSYCHO-PHYSIOLOGICAL TRAINING OF AN IDIOTIC HAND.—By Edward Seguin, M. D. G. P. Putnam's Sons, New York.

SEXUAL NEUROSES. By Dr. J. F. Kent, St. Louis, Mo. This is a work on a special subject, and for specialists we specially commend it. Dr. Kent has given in this work his best thoughts.

THE VOICE. Edgar S. Werner, Editor and Publisher, Albany, N. Y. \$1.00 per year. The Voice, as the title indicates, is devoted to the science of phonation, and has assumed the duty of presenting all methods of curing defects of speech.

Editor's Table.

CLEVELAND HOMŒOPATHIC HOSPITAL.—This institution is said to be at last finished, and has just been formally opened. We understand by the papers that the exercises were in their nature gorgeous. Some time since we received the following pleasing note:

CLEVELAND, September 8th, 1879.

Prof. T. P. Wilson: Dear Sir: I have read to our chairman of the Huron street hospital building committee, your letter addressed to him and myself, and we are so well pleased with the high tone of the letter and your welfare in us and the hospital, that we have concluded in due time, to request you officially to be present at the grand opening, when the hospital is completed, and to make a speech on that occasion. Of course you can not decline such an honor; so prepare yourself for the occasion. You can afford to do this much, besides you will have plenty of time, and we hope you will acquit yourself well and not forget the building committee. Yours, D. H. P. S. The "official" will come in due time.

We fear that a huge joke has been perpetrated on the public. We have not yet received our "official" notice of the event, and are inclined to believe that what purports to be an opening is a mere sham. At any rate we shall take no notice of the affair until we hear from the "building committee" "officially."

THE FOLLOWING gentlemen have just graduated in the Cincinnati School of Ophthalmology and Otology: Dr. C. H. Gilbert, Cincinnati, Dr. C. M. Lukens, Cincinnati; Dr. E. S. Evans, Columbus, O.; Dr. P. H. Lindley, Michigan, Dr. Allen H. Vance, Springfield, O.

Dr. T. P. WILSON has been appointed to the chair of Theory and Practice in the homœopathic department of Michigan University, at Ann Arbor. The Doctor will make his future residence there, and pursue his practice as a specialist.

Prof. CHAS. GATCHELL has resigned his position in the Michigan University and gone to Milwaukee to practice medicine. We wish him success.

Dr. G. C. MACDERMOTT, of Milwaukee, removes to Cincinnati, to take the practice and college chair just vacated by Prof. Wilson. We know he will succeed, because he ought to.

Dr. J. F. LEMOYNE, of Washington, Pa., the cremationist, died recently at the age of eighty-two. He left a large estate valued at three hundred thousand dollars, and directions that his body should be cremated. He

only anticipated his race somewhat in what the present generation regard as peculiarities. All original men are "peculiar."

LIKE MEN, medical journals are born to live, some for a short time, others longer. The present year gives birth to some new journals, and the demise of five can be credited to 1880, to date. Survival of the fittest applies alike to man's productions as well as nature's.

WE HAVE received Metric Note number ten; from this we see evidence of progress toward the consummation of such a desirable object as the introduction of the metric system. Like all other innovations, this finds much opposition and indifference to overcome. This system, with the objects of the Spelling Reform Association should receive the hearty cooperation of true progressionists. Dr. E. Seguin, New York, is one of the commissioners charged to present the matter to Congress.

Wants, Locations, Practices for Sale, Etc.

Under this head we will be glad to insert, gratis, notices, change of location, practices for sale, exchanges offered or any miscellaneous want pertaining to the profession, not of a purely advertising or personal nature. We will be specially obliged to physicians giving the names of good locations.

HORICON, WIS.—Dr. H. L. Bradley wishes to sell his real estate and leave a field in which he has been for fifteen years practicing. The Doctor leaves on account of his wife's poor health; address as above.

HARRISON, O.—Dr. O. J. Lyon writes that he wishes to change base that he may give his attention to the settling of a will case; states he has fine practice, and is open to direct communication with parties interested.

Dr. W. L. MORGAN has located at Lafayette, Ind. The Doctor informs us that a good opening for an active man is at Lebanon, Ind., his former field of labor.



T. P. WILSON, M. D., EDITOR.
ANN ARBOR, MICH.

J. P. GEPPERT, M. D., Ass't EDITOR.
CINCINNATI, O.

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OUR beloved Woodyatt is dead. No language can measure the sadness with which we write these words. They will send a thrill of pain through thousands of hearts, for in his untimely death we have met a loss that is simply measureless. It is to us as if the sun at mid-day had been darkened. There is a shadow cast upon our souls that must rest there until the end of time. It can not be otherwise, for in him was centered so much of our pride and hope. Knowing his every footstep from boyhood to manhood, and watching as we did, the unfolding of his mind, year by year, and realizing how almost fathomless was his enthusiasm and his power of comprehension of truth, knowing too, what he had achieved for medical science in his brief career, we had just cause for pride. He was in some sense our boy for a little while, and ever after that, if we have known the kin-ship of souls, he was our soul-brother. And he was so full of promise. His past was such an earnest of his future that it seemed to us that he had already become great and was already worthy to wear the chaplet of renown. Death has robbed us of him and he is laid away to sleep, but his memory and his deeds and the nobleness of his soul and mind are forever enshrined in our hearts.

RETROSPECTIVE AND PROSPECTIVE.—We are not all privileged to see things always alike. But there are some things that strike the average observer and thinker pretty much the same way. So far as the

recent history of Homœopathy is concerned it must be plain to all that our school has passed through a most trying epoch. Commencing, we think, with CARROLL DUNHAM's celebrated address at Chicago, in 1870, on "Freedom of medical opinion and action."

The epoch has lasted until and culminated in the last meeting of the American Institute, at Lake George. The philosophical historian, if he shall ever write the history of Homœopathy, will recognize in the system founded by SAMUEL HAHNEMANN; a necessary reaction from the abuses, the follies and the ignorance of the old school of medicine. It could not be otherwise if there were in those days enough men left who could see the monstrous evils that flowed out of the medical practice, which in those days was founded upon human authority and blind empiricism. Homœopathy became a necessity and was in almost all respects the antithesis of the then dominant school. HAHNEMANN's followers rapidly increased. It was not long before the new school found its way to America. How well it has taken root here need not be told. It has at all points distanced the most sanguine expectations of its friends. Up to 1870 the river widened and deepened with a steady flow. There were ripples upon its surface, but these did not disturb the general current. It was our happy privilege to hear CARROLL DUNHAM's address upon liberty of opinion and action. It did not strike us then as containing the slightest objectionable element. We applauded it with others, to the echo. But we all know the result. It was the pebble that began the avalanche. It was the fatal word that roused the unseen forces to action. It was the commencement of a counteraction that for ten years has covered our ranks with clouds of confusion and dismay. But it was not the fault of the noble man who stood up in Chicago to speak his honest, burning words. It was because his words were wrested from their true meaning, and applied to uses abhorrent to his mind, and opposed diametrically to his practice, that this great wrong was done our school. Under the perversion made of his teachings we all know too well what base attempts have been made to drag down our flag and trample it in the mire. And men too, with the best possible intentions have suffered themselves to be led away from the truth, and have joined those who have heaped scorn and contumely upon all that was taught by HAHNEMANN. We do not hesitate to say that with a large class, which yet called itself homœopathic, there was nothing in such poor repute as the most cherished doctrines of the homœopathic school. The pressure upon us from many quarters, both in this country and in Europe, was unmistakably strong to induce us to abandon all our strong-holds, and even to tender capitulation to our enemy. But he must be a blind man who does not see that the wind has begun to blow from another quarter. We take up matters in

England to begin with. The "Organon" has a well understood character. To-day the "Homœopathic Review" and the "Homœopathic World" are competing with it in devotion to homœopathic principles. It was not always so. In America the tide is even more fully turned. No man conversant with our current literature but sees a change in the tendency of thought. Agitation and controversy, though bitter and prolonged, have been productive of much good. Multitudes, both in and out of our ranks are seeing as they never saw before, the unalterable truths of Homœopathy. It not only can not be overthrown, but it can not be successfully opposed. And it needs no inspiration to foresee the fact that the next ten years will find medical science, under the banner of similia, holding greatly advanced grounds. It may be well to mention in this connection that in view of the fact that we hold a recognized standing in three of the leading universities of this country, as medical schools—a thing that would a few years ago have been deemed impossible—we have little to fear for our educational interests, and these being secured we may well trust the future for the rest. All our schools are seeking to take a higher position, and it is to be hoped they may succeed, for indeed, we must on this point win or lose all.

Theory and Practice.

Chlorosis. By Millie J. Chapman, M. D. Read before the Allegheny County Medical Society, September, 1879.

You have listened, from time to time, to the accounts of personal investigations of science, original methods of operating, and reports of wonderful cures, resulting from the skill of those preceding me as essayists.

My researches have been less extensive, my experience not at all remarkable, hence to-night I can only serve you

with a few extracts from the opinions of others, and a statement of facts as I have found them.

Chlorosis is a condition of debility almost exclusively peculiar to young women. Occasionally is congenital, but usually manifests itself about the age of puberty, varying from the twelfth to the twenty-sixth year. The patient has a pale, yellowish green countenance. The skin and mucous membranes are tinged with this peculiar pallor; this has given rise to the name "green sickness."

It was long considered one form of anæmia, caused by too early or retarded sexual development. Virchow supports this view, and says that in chlorosis the elements of both kinds become less numerous, without the occurrence of any disturbance in the numerical relation between the colored and colorless corpuscles. He also states that anatomical observations indicate that the foundations of the chlorotic ailment are early laid for the aorta and large arteries are usually, and the heart and sexual organs frequently, found imperfectly developed.

Andral and others maintain that the two diseases are essentially different. According to them, anæmia consists in a diminution of the quantity of the blood without any qualitative change in its composition; while chlorosis depends upon a qualitative change of the blood, a real diminution of the red corpuscles, the decrease in number being from one hundred and thirty down to twenty-eight; that the humming, purring sounds of the heart and veins are heard as soon as the number falls below eighty. The late Dr. C. Mueller insists that the two diseases always occur together, and that one can not exist without the other; that in anæmia there is a constant diminution of red corpuscles, and chlorosis is always accompanied by anæmia. He considers the origin of the disease to be a lesion of the spinal or ganglionic nerves.

Rodier, Eisenmann, Becknerel, Gilt and others confirm this opinion. They describe the change in the blood as a secondary, incidental phenomenon—a necessary consequence of a disease that has implicated the process by which the blood itself is made. Occasionally well marked cases are

met in which there is no change in the composition of the blood.

A London physician ascribes the action of malarial influences upon the ganglionic system an early element of causation.

The disease beginning in the nervous system, nervous symptoms are earliest developed, but gradually other tissues are impaired and disordered digestion, circulation and menstruation are present, thus continuing until the whole organism, physical and mental, is feeble and enervated.

Dr. Ludlam says, the lymphatic temperament with a tendency to scrofula, constitute a chlorotic cachexia. When this exists, various influences act as exciting causes; troubles of all kinds, homesickness, depression of spirits or long entertained feelings of anxiety, malarial influence, fright, an exclusive diet of unwholesome food and uterine or ovarian diseases.

Young delicate girls who work in shops and factories, sewing girls and school teachers, suffer from this affection; but no oftener than the daughters of the wealthy in comfortable homes going often into society.

The groups of symptoms which characterize this disease; do not appear suddenly, but manifest themselves gradually and almost insensibly. The patient first complains of general lassitude, and has great aversion to either mental or physical exertion, even the most moderate effort is followed by prostration, or an outburst of hysteria. The temperature of the body is diminished and morbidly sensitive to cold; she loses her complexion, becomes emaciated, the appetite is fitful, she eats simply as a duty, or she craves unwholesome articles, such as slate pencils, starch, chalk or charcoal. The ordinary craving is for fruit, cucumbers, vinegar or things in which sourness predominates. Barnes considers the craving for these things the cry of nature for a supply of elements which the degraded blood is in need of, and thinks the appeal should be heeded.

The tongue is generally coated white; there is a pasty taste in the mouth, especially on rising in the morning; the

breath is offensive. There may be heartburn, sour stomach, gastralgia, and in some cases ulceration of the stomach, with persistent vomiting, even hæmetemesis. These gastric disturbances are attended by loss of the cellular tissues and even wasting of the muscles. There exists obstinate constipation, or this condition alternated with diarrhœa. Urine is pale, of specific lightness, and passed in large quantities.

The face becomes puffy, bloated, especially so the loose tissue about the eyelids. The eyes are surrounded by dark circles, which strongly contrast with the pearly appearance of the white of the eye and the pallor of the lips. There is a sad expression about the face.

Headache is very common, and is easily induced by exertion or emotion; is always paroxysmal and often periodical. In rare cases this may increase in severity until it induces loss of memory or general insensibility, noises in the head, pain in the ear, particularly the right one. Sleep is not refreshing, is accompanied by snoring, the patient is often drowsy, falls asleep while at work, or sitting still.

The pulse is usually slower and weaker than in health. It may be as low as fifty, or fifty-five. The heart is easily excited to hurried action, which assumes the well known character of palpitation. A little over-exertion, such as ascending stairs or hills too far, readily produces fainting.

Severe pain more or less fixed under the heart is often complained of. This and other nervous affections of the heart, unattended by any structural changes, are very common. The most marked symptom affecting the circulation is the anæmic murmur; this is a continuous humming, or cooing sound heard over the præcordial region, and especially over the large blood vessels of the neck. It can be felt, and under the finger resembles the vibrations of a musical cord. A species of dropsy is often present, the ankles and feet swell, are cold and readily affected by chillblains; the hands are sometimes swollen, at others shrivelled; the nails are brittle.

The whole surface is dry and bloodless. The muscular system is flabby and feeble, incapable of bearing any strain;

pains are induced by slight exertion. Depending upon a similar systemic condition, occasionally appear those nodules of limited hyperæmia, known as erythema nodosum. These are found on the legs and arms.

It is not uncommon to note a persistent leucorrhœa. The discharge is said to be due to relaxation, or want of tone in the vessels, and mucous membrane of the vagina. It commonly ceases when healthful menstruation is established.

Chlorosis may exist without any menstrual irregularity, but this is not generally the case.

Amenorrhœa is the most frequent of these complications. Appears after the nervous symptoms, and the anæmic condition, and is removed by the improvement of the general health. It may be attended with dysmenorrhœa or menorrhagia.

The disease is easily known from jaundice by the color of the eyes and countenance.

Dr. Ludlam gives us a table distinguishing between this disease and anæmia. This may often aid the practitioner, but as the diseases may coexist and are never so widely different in persons, as when found in books, it is not always an easy matter to decide. The age, however, at which it appears, color of countenance, prominence of the nervous symptoms in young women of lymphatic temperament, will usually suggest the probability of chlorosis.

The many forms and complications, with the tendency to relapses, make it a most discouraging task to treat these cases; recovery always comes slowly. If the exciting causes can be known they should be removed if possible. A change of scenes and cheerful society will greatly aid the action of medicines. The diet should consist of nutritious articles, animal and vegetable, selected with great care. Until the food can be assimilated it is useless to give a chlorotic patient milk, eggs or meat. Remedies are to be chosen according to the most prominent symptoms. The majority of cases will be relieved by a persistent use of *Ignat.*, *Nuxvom.*, *Puls.*, *Cal. carb.*, *Ferrum*, *Sepia*, *Bell.*, *Hyosc.*, or *Lycopodium*.

Several of these cases have come under my observation and care. I find the dispensary applicant and private patient alike are apt to expect immediate relief, and not realizing this, change physicians and undertake every known method of treatment.

Besides the above mentioned remedies I have used with success the *Citrate of iron* and *Strychnia* in the third decimal attenuation. In some cases, as an intercurrent remedy, *Sulph.* has been of service. Sea salt baths are also useful.

DISCUSSION.—Dr. Hofmann—My remedy in these cases is the *Sanguis draconis* (*Calamus rotang*). I make a saturated solution in *Alcohol*, and give of this four or five drops in a tablespoonful of *Wine*.

Dr. Seip—I have an intractable case of this kind on hand. The patient is a young lady of about twenty years of age. Her surroundings, while they may not be of the best, would not account for this condition. She complained first of extreme prostration. From many of her symptoms I was led to give her *Macrotin*. Gave it for four weeks without any result. She came back, and as she had the yellow saddle marking over the nose, I gave *Sepia*, but without any relief. She complained also at this time, of a faint feeling when riding, especially when in the cars. About six weeks ago began to give her *Catawba wine*, together with seemingly indicated remedies. She seemed to derive some benefit from this treatment, but yet her strength did not return. Gave *Ferrum met 3x* trit. She can walk a short distance with less fatigue, since taking this remedy. One of the most annoying symptoms has been that of pleurodynia, an almost constant stitching pain in the left chest. She menstruates regularly, but in a smaller quantity and with less pain, than she did when she was well. We do not expect rapid cures, and our remedies can be continued for a longer time.

Dr. Cooper.—Some years ago the *Sanguis draconis* was spoken of by Dr. Holcombe as a remedy for chlorosis. He gave it dissolved in *Madeira wine*. In preparing it, I use *Alcohol* of ninety-five per cent strength. There is a great difference in the article sold in the shops, for this gum. The

ge-une article dissolves readily in *Alcohol*. Make of this about a first decimal potency in wine. If the wine is not good it becomes turbid when mixed with the gum. If the wine is good, there is very little change in its appearance; the taste is somewhat bitter. I give three doses a day. If it can not be taken on an empty stomach, I give it after a meal. I use it in those cases which present an anæmic character, or show a lack of red corpuscles; where there is a clear skin and every evidence of impoverished blood material. The color of the face changes in a few days, after taking this drug. The effect upon the digestion is very marked.

Dr. Childs—I have made use of the remedies mentioned in the paper, but have better results from *Ferri pulvis* (*Iron* by hydrogen) than from any of them. I give it in grain doses of the first trituration; to be taken immediately after meals. In these cases I find a stimulant to be of use. To meet this want I give *Sherry wine* and *Cinchona bark*, a dose to be taken before dinner and supper. Sometimes find an inter-current remedy to be of use. I do not consider this direct homœopathic treatment, but rather a nutritive one.

Dr. Burgher—I consider this to be crude treatment, and I differ from Dr. Childs in calling this a nutritive treatment. I do not think *Iron* can be absorbed in this condition or preparation. *Iron* acts on the system somewhat similar to *Phosphate of lime* upon bony structures. It simply places the system in a condition to assimilate the elements appropriate to the tissues which are diseased. I have had good results from the *Phosphate of lime* 30th, where assimilation goes on slowly, and also in diseases of the bony structures of the spine. But in these cases I did not supply the necessary lime, but simply prepared the system to absorb the proper nourishment from material supplied.

Dr. Childs—When iron is used for a greater or less length of time in these cases, it manifests itself in the fecal evacuations. I always direct the patients to notice this. When the dark color shows that the *Iron* is not absorbed, I moderate the dose or stop it. Patients do certainly improve under this drug. My attention was called to it in a lecture by Dr.

Meigs, who said that he had never used anything which gave him so much satisfaction as this remedy. He always gave it in full doses.

Dr. Hofmann—I have used *Wine* and *Cinchona bark* in anæmic or chlorotic women, when nursing children.

Dr. Seip—Dr. Burgher's logic does not hold good. If he uses *Phosphate of lime* to promote assimilation in bony structures, why not use *Iron* here? The size of the dose has nothing to do with it.

Dr. Rankin—It seems to me that *Iron* is very often homœopathic to this condition. The pallor, weakness and characteristic flushes are all symptoms of *Iron*. When *Iron* is taken into the system it acts homœopathically, or not at all.

Dr. Burgher—Dr. Childs gives *Iron* as a dietetic remedy. Now it is useless to give this dose to furnish pabulum. If it is indicated homœopathically, a smaller dose would do.

Dr. Childs—The object in making the first trituration is for the sake of bulk. Crude *Iron* by hydrogen is almost an impalpable powder. It does certainly act as a restorer, to nourish and build up the blood in red corpuscles.

Fatal Errors. By Dr. Ad. Lippe, Philadelphia, Pa.

It is a fatal error to declare that the efficacy of the thirtieth potency as a curative or sick making agent is an open question, and that a *scientific*(?) experiment, at this day, is a necessity in order to solve this question fully settled half a century ago.

Comments: It might have been supposed that the very clever editorial in the February number of the *ADVANCE* had been just sufficient to show how more than absurd the proposition of Dr. Lewis Sherman, endorsed by the Mil-

waukee Academy of Medicine, is in reality. No further notice would be taken of this proposition did we not find the Hahnemannian Monthly, March, 1879, new series, call earnestly upon its readers to give it "the attention which so important a subject deserves." The proponent says, among other things, "if those who advocate the use of these preparations refuse to participate in the experiment, the profession will have reason to suspect that they are insincere." *A priori* the proponent can not possibly expect persons who have made satisfactory and convincing experiments for many long years to accept his propositions to make it over again, and that in a manner by him concocted. Proponent has no case, the important subject has been settled forever. Dr. Lewis Sherman and the Milwaukee Academy of Medicine seem to be ignorant of the "History of Homœopathy," and of the "Laws on Evidence." The history is just this: Homœopathy was introduced into the United States about fifty years ago; the early pioneers, as we well remember, had only the thirtieth potency at their command; the only shop in the United States where homœopathic medicines were for sale was in Broad street, Philadelphia, kept by I. G. Wesselhæft, and this bookseller imported them from Europe. With these thirtieth potencies as their only outfit in the way of medicine, but with a full knowledge of Hahnemann's teachings, and strictly following the rules laid down in the Organon in the application of the principles governing the homœopathic healing art, did these early pioneers enter upon their mission "to cure the sick." Had the experiment then failed the new school would have been wiped out at once. The very fact that the school was then fully established on account of the successes of these early pioneers shows clearly and conclusively that this potency was efficacious. Were the healers, or the healed, or both, credulous creatures? Was their experience fallacious? Had it not been for the triumphant successes of the pioneers, there would have been no perpetuity and no increasing popularity of that healing art now so unmercifully and foolishly assailed by the Milwaukee School of Medicine through the instigation of Dr. Lewis Sherman.

Now as to "evidence!" What evidence do you offer to show, as you say, that there exists *a priori* an improbability of the therapeutic action of the thirtieth Hahnemannian dilution? Hahnemann prepared "potencies" not dilutions; but what of the *a priori* improbability? Has the Milwaukee School of Medicine ever read Hahnemann's preface to *Aconite*? If they have, and if they truly and sincerely desired to test the correctness of his statement, that in such cases of sickness where the characteristic symptoms of the sick corresponded with the characteristic symptoms of *Aconite*, one single dose of the thirtieth potency would be all sufficient to cure, and that it would be but rarely necessary to repeat the dose after twenty-four hours, why do they not begin their attack by producing one single case in point to prove that Hahnemann's declarations were erroneous? These men are now on the witness stand before the medical world, and should answer. The question is, have you, or any of you ever made that experiment? And if you made it, what were the results? Others have made the experiment, and they testify that it was a success. Experience is not fallacious. If any of you have administered *Aconite* under the indications given by Dr. Richard Hughes, or other perverters of our healing art, and have failed, then it is not to be charged that the failure proves conclusively the fallacy of Hahnemann's teachings, not at all—put the fault where it legitimately belongs. As your scheme is wanting in even a negation in evidence, what are you going to do with the positive evidence as it is to be found in such documents as the writings of the founder of the homœopathic healing art, and with statements to be found as further documentary evidence in the writings of the hundreds of true homœopaths? Will you charge them with insincerity because they tell you "you have no case?" If you open, maybe for the first time in your existence, the *Materia Medica and Chronic Diseases of Hahnemann*, you will find him asserting that the thirtieth potency is all sufficient to cure such sick persons as show similar symptoms recorded under the various remedies. Here is positive documentary evidence for you. How are

you going to prove its incorrectness, or that it belongs to "vain imaginations." Was Hahnemann a credulous creature? Are the hundreds of witnesses who have given thousands of evidences of the correctness of Hahnemann's statements, all poor credulous creatures? And what about the cured? You do intend to discredit Hahnemann's statements, do you not? And having brought discredit on him as to the efficacy of the thirtieth potency, you will then go on and claim that he must no longer be trusted; you will appoint an investigating committee, with a reverend gentleman as chairman, and you will report adversely, and if any one should tell you that you had no case to investigate, you will call him a poor credulous creature. You have no more a case than the Hahnemann Club has when their president talks about supplementary and auxiliary laws discovered or discoverable without first illustrating that our law of the similars is not all sufficient. All such vague assertions, all such propositions to investigate questions no longer open, must end in a farce. The only logical deductions we can possibly arrive at, considering the status of men who at this late date question the efficacy of even the thirtieth potency, let alone the much greater efficacy of the millionth potency, or who impliedly deny the exclusive law of the similars as all sufficient to guide the healer, or who attempt to demonstrate the limit of the law of the similars is this: that they, were they honorable men, would honestly unfurl their banner on which is written, **ECLECTICISM NOW AND FOREVER!!** That as honorable men, they would no longer claim to have a right, the right based on the fallacy that a homœopathician can proclaim "freedom of medical opinion of actions" to retain the name of a benign healing art in the principles and practices of which they disclaim to believe, or what is worse, declaring their adherence to the name and want to pervert it into their own eclecticism, and none but eclectics will serve on the investigating(?) committee, or take further notice of this absurdest of all propositions.

Restlessness. By E. J. Lee, M. D., Philadelphia.

Hahnemann tells us that "each drug manifests particular effects in the human body; and no other drug will produce effects of exactly the same kind."* The truth of these words, of Hahnemann, being acknowledged, it becomes our duty to study carefully and thoroughly these particular and different symptoms of each drug. It is not sufficient for us to know that a drug has such and such symptoms; we should also know how it differs from other drugs which have (apparently) the same, or similar symptoms.

For instance, *Lycopodium* has this well known symptom: "immediately after a (*light*) meal the abdomen is bloated, full, distended; patient has a good appetite, but a small quantity of food fills him up and he feels bloated." *China* differs in this, that it has fullness after a *full, regular* meal. *Rhus. tox.* has "great sleepiness after eating, fullness in stomach, or giddiness;" while *Carbo. veg.* has "bloated abdomen after eating and drinking (more after supper);" and *Sulphur* has after a *little* food patient feels full in the stomach; also a pressure as of a weight in the stomach. Yet another example in *Nux vom.*, which has its bloatedness of the abdomen *some hours after* eating. Here we have six drugs with this symptom of fullness, or bloatedness, after eating; yet, as Hahnemann has said, no two have "exactly the same kind." Thus *Lycopodium* has its fullness immediately after, and from a *light* meal, while *Nux v.*, is some hours after, and *China* from a full meal and soon. Where we find a symptom under two or more drugs we can always diagnose them by the other symptoms of these drugs. For example, take this symptom found under *Puls.* and *Nux vom.*, "pain in the head, as if lacerated, on or soon after waking." Now the *Nux v.* headache is worse outdoors and in morning, and better in warm room and sitting or lying quiet; *Puls.* is just the reverse, namely, worse in warm room, in evening, and better outdoors and walking *slowly*. I am convinced that we do not sufficiently study the *peculiarities* of the *individual*

*Italics in this article are all mine.

symptoms of our drugs. Who has not heard of cases, or read them in our journals, in which *Alumina* was given because the case presented this symptom: "even soft stool can only be passed by great pressing"—this symptom is considered the key to *Alumina*, yet *China*, *Carbo. veg.*, *Ph. acid*, *Sepia* and *Silicia*, all have it equally prominent. I think we should be careful how we prescribe on one symptom, even though it be called a keynote. These examples sufficiently illustrate the method of study of the materia medica which I advocate, so I shall now give a few comparisons of drugs having the symptom *restlessness* prominent; in some it forms a very characteristic mental state. Who is ignorant of the restlessness of *Ars.*, of *Puls.*, or *Rhus. tox.*: and yet how few of us have ever made a careful comparison of them, or made a diagnosis of their minute shades of difference? It is this carefulness in studying and selecting the remedy that makes the successful homœopathic *physician and surgeon*.

The following remedies have restlessness in a greater or less degree: *—*Acon.*, *Aeth.*, *Agaricus*, *Ailan. g.*, *Aloe.*, *Ambra*, *Amm. c.*, *Apis*, *Arg. m.*, *Arn.*, *Ars.*, *Asafoet.*, *Aurum*, *Baptisia*, *Bella.*, *Bismuth*, *Bov.*, *Bry.*, *Calad.*, *Camphor*, *Canth.*, *Caps.*, *Carbo. veg.*, *Cedron*, *Cham.*, *Chelid.*, *Chl. h.*, *Cina*, *Cocc.*, *Coloc.*, *Cupr.*, *Con.*, *Digitalis*, *Dios. v.*, *Dros.*, *Dulc.*, *Eucalypt. gl.*, *Ferrum*, *Graph.*, *Hyos.*, *Ignat.*, *Iod.*, *Ipecac.*, *Kali. c.*, *Kobalt.*, *Lach.*, *Lachnam.*, *Lam.*, *Lilium t.*, *Lyc.*, *Magn. c.*, *Magn. m.*, *Merc.*, *Menysp. c.*, *Mez.*, *Mosch.*, *Myg. l.*, *Natr. sulph.*, *Nit. ac.*, *Nux v.*, *Opium*, *Orig. v.*, *Petroleum*, *Phos.*, *Phos. ac.*, *Plumb.*, *Prunus sp.*, *Puls.*, *Plant. m.*, *Proto-sulph. merc.*, *Rheum.*, *Rhus tox.*, *Sabad.*, *Samb.*, *Sepia.*, *Secule*, *Sil.*, *Sol. n.*, *Squilla*, *Stann.*, *Sulph.*, *Sulph. ac.*, *Tabac.*, *Thuja*, *Verat.*

I add the special symptoms of restlessness in a few of these drugs, as follows:

- Aconite.* Anxiety, restlessness, agonized tossing about in bed, with fever and thirst (vs. *Lachn.*, which has restless tossing during *perspiration*).
- Calc. carb.* Restlessness, as if very busy, without accomplishing anything; very weak.

*Taken from the new and admirable repertory of Dr. C. Lippe, save a few "new remedies" which I add,

- Amm. c.* Uneasiness, chasing him about, as if he was not safe in one place; or as if threatened by some accident; or if accompanied with violent oppression of the heart.
- Arg. met.* Restlessness, anxiety which directs him from place to place.
- Arnica.* Kept awake till two to three a. m (*Calc. c.*) by heat, restlessness and constant desire to change position.
- Arsenic.* Anguish, driving one out of bed at night, from bed to sofa, or chair, then back to bed; or in daytime from one place to another. Can not rest in any place, changes continually and is fatigued by so doing (*Iodine* has the restlessness, but not the fatigue, of *Ars*).
- Asafoet.* Hysteric restlessness (*Valer.*) and anxiety; unsteady and fickle, can not persevere in anything; wants now one thing, then another; walks hither and thither.
- Aurum.* Can not do anything fast enough; he is constantly impelled to be in motion; is sorry for his inactivity, yet can not work; gloomy, *melancholy*; great anguish, coming from precordial region, driving one from place to place; palpitation.
- Belladonna.* Restlessness, changes from one place to another; nervous anxiety, restlessness, desire to escape (delirium); body moves from side to side, much twitching and jerking of the muscles. (*Bell.* manifests a remarkable quickness of motion and sensation; the eyes snap and move quickly; pains *come and go quickly*, G).
- Bismuth.* At times he seats him-self, then he lies down, then he walks about, changing his position all the time (*Ars.*, *Iodine.*) because it becomes disagreeable to him, unstable mind; begins now this, then that, and so on; holds but a short while to any one thing; peevish, dissatisfied.

- Caut.* Very uneasy all night; after a short sleep awakened by anxiety and restlessness, which scarcely allows ten minutes quiet in one place; must sit up; involuntary throwing of head from side to side until exhaustion brought sleep; restlessness of the body.
- Cuprum.* Nervous excitability, with great prostration of body; constant restlessness, driving one out of bed; also restlessness, with groaning and desire to escape.
- Ferrum.* Remitting pains, worse at night; driving one out of bed (*Phytolaca dec.*); motion diminishes pain (*Rhus*).
- Graphites.* Melancholy, with inclination to grief and anxiety about future, and nightly restlessness driving one out of bed.
- Hyos.* Mania or delirium; wants to go from one bed to another; restless; jumps out of bed and tries to run away.
- Iodine.* Restlessness, with inclination to move about, not permitting one to sit or sleep.
- Kobalt.* Feeling of great uneasiness; has to move about and can not keep still (with pain in abdomen).
- Merc. viv.* Anxiety, apprehension; desire to flee; uneasiness in whole body; anxiety and restless change of place.
- Natr. sulph.* When lying long in one position, the restless desire to change compels one to move, which is very painful, and it is difficult to find a new position which gives relief.
- Prunus sp.* Restlessness, which does not allow one to remain quiet in one place; he walks about continually (with dyspnœa and short breathing).
- Pulsatilla.* Restlessness, which causes patient to move about, even while motion aggravates his trouble (headache better from *slow* motion in *open* air); in bed patient must seek a new and easier position; though it pains him to move, is *no* easier

in new position, and yet he soon wants to move again, and so on.

Rhus. tox. Restlessness, which compels patient to move about, is worse on first moving, but better from continued motion; does not permit him to sit quiet, and compels him to toss 'about in bed; is *better for awhile* in the new position, yet he must soon change again.

Silicea. Has no rest anywhere, day or night; is restless; fidgety.

Sepia. Restless; he does not know what to do with himself; is very restless and fidgety.

The following remedies have sleeplessness from restlessness, according to Hering: *Acon.*, (after 12 a. m.) *Actea rac.*, *Anac.*, *Apoc. can.*, *Arn.*, *Carbo. an.*, *Caust.*, *Cham.*, *Colocyn.*, *Ledum.*, *Lyc.*, *Mag. m.*, *Mur. ac.*, (before 12 a. m.) *Phytol. d.*, *Ranun. scel.*, *Sabina*, (after 12 a. m.) *Secale*, *Stram.*, *Valer.*

Restlessness worse in evening: *Carbo. veg.*, *Lauro.*, *Merc.*, *Nux v.*; *Phos.* Tossing in bed: *Acon.*, *Cham.*, *Cina.*, *Fer- rum.* *Merc.* Wants to go from one bed to another: *Ars.*, *Bell.*, *Calc. c.* *Cina.*, *Cham.*, *Hyos.*, *Mezereum*, *Rhus t.*, *Sepia*, *Veratrum.*

Calendula off. By D. Clapper, M. D., Hagerstown, Ind.

I have selected this remedy, to write upon, from the fact that I seldom ever see it mentioned in any of the journals; and having had considerable experience with it, I feel justified in writing a few lines upon it and offering it to the press.

I wish to speak more particularly of its properties to heal open wounds, for which it is superior to any remedy I have ever used. In these wounds where there is severe pain and

much extravasation of blood, it has never failed me. Although the wound may have become old and suppurating, it clears it up with facility and the healing process sets in at once. It is only in wounds covered with skin that *Arnica* is its superior. I always make my own tincture which I use in full strength, for the first few applications after which I use it from one-third to one-fifth in strength according to the requirements of the case. I will report a case, and say to my fellow practitioners, if you have not given this remedy a fair trial do so and I think you will never regret it.

Was called, with my partner, to see Mr. B. aet. sixty, who was very weak, from the loss of blood, caused by a lacerated wound made by an elder stump. Mr. B. received his injury about three o'clock, p. m., and lay until about six o'clock, p. m., before being discovered. I do not know just how much hemorrhage there had been; but when we arrived at his bed side at seven o'clock and thirty minutes, we found him so weak that he could hardly speak; the hemorrhage now having entirely stopped. An examination proved that the elder had passed in the anterior surface of the thigh, about midway between the hip and ankle joint, to the depth of four inches. We did not probe it much to see, just what vessels were injured, for fear of reestablishing hemorrhage, but at once dressed it in *Calendula tinct.* and prepared *Aconite 1x* and *Arnica 1x* in separate glasses to be given every hour in alternation to control fever. Next morning, the 25th, found our patient resting quietly and had had no more hemorrhage as I feared he might. Treatment continued the same, excepting that we weakened the *Calendula* to one-third in strength. We continued this treatment until the fifth day when the wound had entirely healed without any suppuration, and the patient able to sit up; from this he made a fine recovery.

I might report many other similar cases but one is enough for the present.

Lead Poisoning. By Prof. Hardy.

A male, aet. fifty years, grinder of colors. He was already treated, 1875, in the hospital Bearyon for a light attack of lead colic and light arthropathy. Two months ago he was taken for a second time with colic, but this time the pain is severe and constipation obstinate; at the same time he lost his appetite and felt weak.

Enters hospital February 7th, 1879; he is still vigorous, though complaining of debility, his skin and conjunctiva show markedly an icteric tint; he complains of severe, lancinating, paroxysmal pains, and says that his bowels have not moved for the last ten days; the abdomen is excavated and presents the well known boat-like form; on palpation the intestines feel hard, and as if turned back on themselves; light pressure with a finger redoubles the pain, but pressure with the full hand over the abdomen quiets the pain. Examination of the mouth shows nothing particular, except on the edge of the gums a gray, sharply defined border; no fever; urine abundant, of amber color, and after standing leaves in the vessel a red, brick-colored sediment; reagents fail to show any coloring matter of bile in the urine; complete absence of all nervous symptoms, no headache, no dizziness or stupefaction; no epileptiform convulsions, nor the least trace of atrophy of the extensor muscles of the forearm; there is a slight arthropathic of the left knee, but it does not effect the whole extremity as we find it in lead poisoning.

The question is whether the light, sub-icteric tint of the skin belongs to true jaundice. In the absence of all biliary matter in the urine, may we not with Prof. Gubler consider such a case as a particular alteration of the serum which gives to the skin the particular tint of this patient? Such a haematic, haemophylic icterus is, according to Gubler, an index of the profused loss of the economy, which always stands en rapport with a certain degree of cachexia, with marked mal-nutrition, showing itself in this case by de-

bility and emaciation. His pulse is also very characteristic, showing atheromatous degeneracy of the arteries, the large vessels feel hard, inextensible and seem to roll under pressure. The sphygmograph shows this still more clearly, a short vertical ascension, a large plateau, and then a regular, slightly undulating descent. These three characters of atheroma explain how the artery becomes converted in an inextensible canal, which has lost its elasticity, and can only be distended by the blood to a certain degree, hence the short vertical ascension. Once extended it takes a long time to come back to its former state, it remains immobile for some time, and this immobility shows itself by a well accentuated line; finally contraction takes place, but slowly, and we see the well marked line of descent slightly undulating. Our patient finally shows that dilatation of the heart, which is so often observed in persons with atheromatous arteries, a consequence of the energy with which the heart must contract in order to overcome the fault of the arteries which have lost their contractility, and to force the blood into the capillaries. Excess of labor naturally produces excess of nutrition, hence an increase of the heart's volume, showing itself by slight dullness of sound, and especially by a considerable depression of the apex. This degeneracy of the arteries, common in persons suffering from saturnine intoxication, is only found under four conditions: in aged people, in alcohol drinkers, in gouty patients and in lead poisoning. The age of the patient, his well known sobriety, show clearly that we had to deal with a plain case of lead poisoning. I may also add that he presents a very marked pulmonary emphysema.—*Bulletin de la Soc. Med. Hom. de France, Dec., 1879.*—S. L.

General Clinics.

NOTES ON PRACTICE.—I send you some old Homœopathy which should be published in slip form and kept in the medical case of every homœopath, as he goes the rounds of daily practice. I hope you will publish it in your valuable journal and send each subscriber an extra slip or more for special reference.

The clinical observations of Von Boeninghausen. By Dr. DeBonneval. North American Homœopathic Journal, vol. i, 1851, page one hundred and twenty-seven. Dr. Von Boeninghausen states it as the result of his observation that, first, the more chronic the affection, the longer must be the interval between the administration of the drugs. Second, in those subjects, in whom the remedies do not seem to act promptly, we must ascertain the cause that prevents their action. (a) *Psora*; administer a dose of *Psorinum* before giving the remedy corresponding to the totality. (b) Want of susceptibility; *Opium* especially in plethoric subjects. (c) In weak and emaciated patients with small pulse, *Carbo veg.* (d) Nervous excitement, *Laurocerasus*. Third, when the character of an affection has been disguised by the successive administration of a large number of homœopathic remedies which, without curing, have only altered the symptoms, a single dose of *Psorinum* a few days, ordinarily the fourth, before giving the remedy indicated. Fourth, give the remedy dry and in a single dose—most frequently alternating two remedies every fourth day.

He recommends the following specifics: Asthma; evening attacks, *Puls.*; morning attacks, *Ars.*; if the symptoms are principally in the throat, *Spongia*; in the chest *Phos.*; spasmodic, *Ipec.* Diseases of bones, *Merc. sol.* is the principal remedy. Diabetes, *Coloc.* is a specific. Habitual drunkenness, the best mode of causing disgust of wine is to administer

three drops of *Laudanum* or *Tinct. opium* in a cup of coffee. *Ant. crud.* is the best antidote to the effects of sour wine. Erysipelas he gives *Camp.* every fifteen minutes; he says it will cure in a few hours. Fistula lachrymalis is sometimes cured by the alternation of *Petrol.* and *Silic.*; *Petrol.* and *Caut.* act slowly. Diseases of muscles, *Arn.* is the principal remedy. Myelitis, *Calc. carb.* and *Silic.* given at intervals has cured five cases. Onanism, *Cod liver oil* is the best remedy, especially in girls. Panaris, *Sulph.* and *Silic.* four days apart. Paralysis of the tongue, *Mezer.* acts very well. Paralysis of the pharynx, *Baryta carb.*, *Mur. ac.* *Caut.*, *Con.*, *Ars.*, *Calc. carb.*, *Hep. sulph.*, *Iod.*; this last is especially indicated when solids can not be swallowed. Polypus nasi, first, *Cal. carb.*, *Con.*, *Phosph.*; second, *Aur.*, *Bell.* *Graph.* *Merc.*, *Nitr. ac.*, *Silic.*, *Sulph.*, *Staph. tinc.* Diseases of periosteum, *Merc. cor.*, *Phos. ac.*, *Sabina.* Stricture of the urethra, *Petrol.* is recommended. Variola, *Thuja oc.* as specific, gives it zooth, and in eight days after a single dose not a trace of the disease remains.—JOHN H. HENRY, M. D., Selma, Ark.

WHAT IS IT?—One year ago I reported the following case, for counsel, in the *Investigator*. "Lady, aet. about forty-six, has raised enlarged papillæ all over the base of the tongue, large as pin heads, and larger. It would be utterly useless to attempt to give her symptoms, for I should have to copy Allen's *Materia Medica* one day, Hering's another day, and so on. The most annoying symptoms are the "mountains on the tongue," with intolerable dryness, although there is plenty of saliva. Constant swallowing, and heat; patient very nervous and irritable, often wishing she were dead; general health usually good; menstruation rather irregular, sometimes goes eight to ten weeks; no other uterine trouble probably having "change of life;" feels best when eating."

I have never received any counsel or suggestions through my report to the "*Investigator*," and now I seek advice from the readers of the *ADVANCE*, as the trouble still exists. If I get no advice from the readers of the *ADVANCE*, I shall con

clude either that it is a rare case, or else one so common that any fool ought to know how to cure it, and that I have simply made an exhibition of my ignorance of the *materia medica*; even then I shall be in the dark, not knowing which but will probably conclude not to report any more "cases from practice."—LONG ISLAND M. D.

INTERMITTENT FEVER.—P. H., aet. twenty-two, American, (March 25, 1878), light complexion, blue eyes. He was taken last fall with chills and fever, in Yuba city, and broke the same up by taking *Quinine*. However the chills reappeared on the 10th of March, in this city, and finding no relief he came to me to-day. Chills every other day at about ten o'clock a. m., and fever in the afternoon at about three o'clock, accompanied with severe headache and a craving for water, which will cause vomiting, I gave him *Awa samoa*, one powder every hour. Contrary to the run of the illness, he was seized by a chill this very day, at about three o'clock p. m. At eight p. m. he felt a flush of heat and prickling sensation all over the body.

March 26th. To-day, ten a. m. (the usual time of his chill) he feels very much improved, and the craving for drinking water has disappeared. Yet, at noon he experienced a regular chill lasting for fifteen minutes; then an interval of twenty minutes free from it; then again a chill, and so on alternately till four p. m. Then slight fever sets in, with headache; little desire for drinking water, but again the itching feeling all over the body. *Awa samoa*, every two hours one powder.

March 27th. No chills and no fever, but flushes of heat and a prickling, itching sensation all over the body, as before. Same medicine every two hours

March 30th. Weakness of body and languor. Medicine continued, every three hours a powder.

April 2d. No chills and no fever, and no more itching on the body, but general weakness. I prescribed to-day *Sulph.* three times a day one powder.

April 6th. Patient is improving in every respect. Same medicine.

April 12th. Patient all well, and discharged.—D. A. HILLER, M. D.

CURED CASES. By Dr. Grubenmann, of St. Gallen. Translated from the *Allg. Hom. Zeitung*. By A. McNeil, M. D., Mew Albany.—**CANCER.**—I must report two cases of carcinoma, which prove that homœopaths need not always despair in this disease. Frau N., aet. thirty-eight, wife of a master butcher, began to suffer from menorrhagia in the beginning of April, 1878. She had previously always menstruated regularly, attended with constant violent pains in the pelvis, great malaise, loss of appetite, constantly increasing anæmia and emaciation. By the end of April the bleeding was so constant that she was compelled to keep her bed. An examination revealed slight swelling of the uterus, swelling and enlargement of the cervix, rigid gaping of the lips of the womb, and several lumps, some reaching the size of hemp seed, on the anterior labia. After different consultations with my friend and homœopathic colleague, Dr. Kunzle, who is skilled in operative gynæcology and surgery, we decided an amputation of the cervix high up, as the only rational means to preserve the uterus from further carcinomatous degeneration. The patient, who had a horror of the operation, would not consent, notwithstanding my most urgent persuasion not to delay, she could not nerve herself to submit. She begged me to first treat her to control the hemorrhage and pain, and if that did not avail she would resign herself to the knife. By the continued administration of *Hydas can.* 6 cent. internally, and a weak solution of the tincture as an injection, the bleeding abated gradually, and the pains as well, much to my surprise. Her general health improved and appetite returned. About the middle of June the yellow watery leucorrhœa which followed the bleeding

stopped entirely, and the patient could be considered perfectly cured. Since then the menses have become regular and not profuse. She is entirely well, and for more than a year she has done all the hard work of her household. She has three children, and she assisted her husband in his calling.

The second case was the widow of the late distinguished homœopathic physician, Dr. Z., of R. In the beginning of May, she consulted me on account of a hard tumor in the left fossa clavicularis, which was painful on pressure, and the size and shape of an egg. She was fifty-five years old, good looking and corpulent. The tumor was adherent to the muscles and soft parts beneath, only slightly movable, a slight fluctuation in the centre, and the skin covering the apex was also firmly adherent, but not yet reddened. During 1877 the tumor existed, although much smaller, and her husband had expressed his fears regarding it. I informed my patient that this new growth was not of a very benign character (diagnosis, cystosarcoma) and it would be difficult to cure, and begged her not to defer the needful operation.

Thuya, *Arsen.*, *Silic.*, accomplished nothing, and the tumor increased slowly till the end of July, about a centimeter higher. The skin covering it became red, and thinned more and more until there was a small purulent spot covering the apex. In order not to leave anything untried she went to the celebrated bath, Wildbad, at Wurtemberg, on my advice, with directions to take thermal baths, and to lie on the warm, soft sand. Frau Z., as a pronounced opponent of Allopathy, had determined not to consult the physicians there, but she was compelled to do so after sixteen days at the baths, because the purulent surface enlarged and formed tolerably large, luxuriant granulations, bled considerably, and the pains increased violently. She went to Dr. R., court counsellor, as she had heard that he was less hostile than the others to Homœopathy. He was alarmed at the purulent "malignant" tumor and said, "We allopaths have nothing but the knife," and advised her to return to her home as soon as possible, which she did, and came under my treatment. To be brief *Conium* 6 internally and the third decimal dilution externally

applied by wet bandages, brought unexpectedly such a favorable change that the tumor decreased from week to week (secreting profusely laudable pus) and at the end of October it was level with the surface of the skin, and two months afterwards, December, 1878, it was entirely cicatrized.

Miscellaneous.

Epidemic Tobacco. By R. S. Brigham, M. D. Read before the Indiana Institute of Homœopathy, May 1, 1879.

Gentlemen: I have chosen as my subject one of the most persistent, wide spread and injurious epidemics with which I am acquainted, and so for all I know, may be upon some of you wise followers of Æsculapius; and therefore in this essay I may tread upon some of your toes, and if I do, please excuse me in advance, for this is my intention. I ask, are physicians, the high priests of public hygiene, and as such to a certain extent of public morals, justified in using tobacco, either upon physiological, pathological or rational grounds? I am aware that all are in pursuit of pleasure, and the proper pursuit of pleasure is legitimate, but to follow the song of the syren after experience has given us warning of the evil that must result is but folly. No element has been discovered or compound concocted that man has not tested its capacity to increase the sum of his pleasurable sensations. The animal, vegetable and mineral kingdoms have been ransacked to furnish the means of sensuous pleasure, and some things, as *Alcohol*, *Tobacco* and *Opium* bind the experimenters in the strong chains of abject slavery, and these are seldom

broken, and the slaves of either of these tyrants are so infatuated with their service that to obtain a better article of either, men would rush through, pellmell if necessary, to get theirs. And this is really the case. It is generally understood that tobacco was not known to the civilized world before the discovery of America. And probably the mound builders were smoking tobacco when the Egyptians were building those great monuments, the pyramids. Botanists tell us that there are several species of plants producing nicotia, and some varieties are cultivated in nearly all parts of the world, and used probably more extensively than other narcotic poisons, either in chewing, snuffing or smoking.

History teaches us that some kind of narcotics are used the world over as soothers of distorted and perturbed nervous action. But the fact that the great majority of mankind use these poisons is no argument that they are beneficial, either physically, morally or mentally, any more than that a vice if wide spread, would be argument in its favor. And no intelligent person will regard this as an argument in favor of the use either by smoking, chewing or snuffing of one of the most poisonous and filthy narcotics that the earth produces. A weed so disgusting and obnoxious that only two animals on earth use it to any extent. The one a green worm that crawls and the other a greener one that walks.

Why the extensive use of this noxious weed? Does its use improve the habits and general appearance of the user? Does it improve health or physical manhood? Does it brighten the intellect for the every day duties of life, or compose to calm and sweet sleep at night? Does it add to the sands of life? In short, does the habitual use of this loathsome weed confer a single favor or comfort on any man in health?

The answer to all these questions must be an emphatic no, and the highest medical and pathological authorities charge to tobacco many injurious effects to the well being of man. Tobacco produces trembling, giddiness, vomiting, gastralgias, dyspepsia, diseases of the bowels and liver; vitiated

taste, congestions of the brain, apoplexy, paralysis, amaurosis, deafness, nervousness, impotence, sleeplessness, palpitations, irritable and desponding moods and general feebleness. I shall not attempt to refer to proofs for all these charges against tobacco, but I believe there are those present, old tobacco sinners, whose personal experience will more or less corroborate the above indictment.

The essential elements of life, whatever they may be, are capable of sustaining only a given amount of resistance until they yield to decay and death. That is, the human organism is tuned like a music box, or string instrument, and will endure only a given amount of strains or have only about so many tunes played upon it. If this be true, is it possible or probable, that this or any other stimulant can increase the sum total of the means of usefulness or pleasure within the range of man's inherent powers. Why used, and we answer that in ninety-nine out of a hundred cases because of our imitative natures and habits, and the influence of association.

The little boy wants to use tobacco because the bigger ones do, and the bigger boys use it because their fathers and the men generally use it.

If the boys could grow up to manhood and receive a good physical and mental education without contracting this habit, very few indeed would then become users of the weed, and ninety-nine out of every hundred middle aged men would gladly free themselves from the toils of this vile, filthy and expensive habit if they had but the power, but the chains of tobacco slavery are too strong for them to break, and so they continue smoking, chewing and snuffing to the disgust of themselves and all well-bred people.

The active principle of tobacco is nicotine, which, by chemical analysis, is found to contain about seventeen per cent of nitrogen, also a volatile oil. Hydrogen sulphide and empyreumatic oil, cyanogen carbonic oxyde. The kind of tobacco held in the highest esteem is that containing the largest per cent of nicotine; empyreumatic oil is that containing the greatest per cent of the most virulent poison

known. In domestic economy there are but few uses this weed serves to advantage. It is reported very good to destroy vermin in general, especially on sheep and cattle, and perhaps some men use it internally for a like purpose. It makes boys look prematurely old and withered, destroys their energy and makes them appear listless and purposeless.

It affects the young more than the mature and aged, yet it affects all more or less injuriously. Every old slave will testify to the many ills that have come upon him from the use of tobacco.

The evil effects of chewing are spent upon the coatings of the mouth and stomach principally; those of smoking, upon the mouth, stomach and lungs; those of snuffing, upon the Schneiderian membrane and through it the nervous systems. The long continued use of tobacco produces thirst, and the membranes of the mouth become benumbed by the sedative actions of this drug, and this causes water to have an insipid taste, and hence the tobacco user is more inclined to use alcoholic stimulants. Delirium tremens results from the combined actions of the poisons of tobacco and *Alcohol*. Tobacco not only injures the physical body, but likewise injures our moral and mental powers by weakening the physical energies and promoting indolence and indifference to the more important work of life. Habitual users of tobacco become incapable of attending to business without it. No old tobacco user advises his son to follow in his foot steps in the acquisition of this habit. Is it not humiliating for a proud man to realize that he is a slave to a habit that unfits him for the society of ladies while indulging in the same? And has not every tobacco sinner of mature age resolved many times to quit this filthy habit? Men who train to accomplish feats of physical strength do not use tobacco. Then we think that men who train to become moral and mental athletes should not use it because for necessity the relation between the physical and moral is so intimate that an injury to the one must also be an injury to the other.

Every cultured man should strive to attain the highest degree of moral purity and mental greatness of which he is

capable. And every physician should aim to be a man of culture, and to the highest degree within his ability. Now every physician here knows that to a greater or less degree tobacco injures him and thereby lessens his usefulness in his high calling. Cuba and Spain use and produce more tobacco proportionately than any other countries, and are they not sorry examples of degeneracy, indolence and decay. I can conceive of no circumstances in which I would advise the use of tobacco except to kill time, and as the least of two evils I advise them to kill themselves outright. There is no more reason for the general use of tobacco than for *Opium* or *Arsenic* and yet we sneeringly pity the *Opium* eater, and think the Arab a great fool for eating *Arsenic*.

Snuffing is probably the most injurious mode of using tobacco as it is thus more directly brought into contact with the nervous system through the medium of the Schneiderian membrane and the mucous membrane lining, the fauces, trachea, etc. In whatever mode it is used, causes increased thirst, and this fact paves the way for something stronger than water, and thus is opened the way that leads to drunkenness. This habit is expensive and filthy. I believe it to be the highest duty of the physician to exert himself to his utmost to diffuse that knowledge which tends to increase human happiness and progress. We should all regard ourselves as priests of hygiene, and should earnestly preach both by precept and example, for the physical purity of the family man, and more especially that of the homœopathic physician. I do not believe in injuring the delicate system by the fumes of this drug. Tobacco antidotes very many of our drugs. Then, with what propriety can a walking smoke house prescribe the 30th, 2c or 1m potency in his office full of tobacco smoke, and himself so saturated with the fumes and smell of the drug tobacco that he can be smelled for a square on the windward side. In fact this seems to me to be "*Reductio ad ab Surdam.*" Tobacco in the future good time coming will only be used as are all other poisonous drugs, according to indications of its pathogenesis.

It is a solemn fact that lunatic and paralytic patients in the public hospitals keep apace with the increased use of tobacco. It is a useless burden and lessens the chance to win the prize, long life and health. This fact has been tested in some of the European schools.

Most tobacco users fully realize that their faculties have been injured by this habit.

Chronic Pleurisy. By J. G. Malcolm, M. D.

F. H. Thompson, aet. about twenty-six, machinest. Got over heated, while at work some seven years ago; took cold, coughed and raised a small quantity of blood; had to quit work for one year, since then has had a dry cough every winter, but none during summer. Three years after his first illness he had a second attack of slight hæmorrhage. About three years ago he moved to Akron, O., and engaged as fireman on the yard engine of the A. & G. W. R. R., which position he has since held. About the time of his moving to Akron, he commenced to have difficulty of breathing which has been increasing in severity ever since that time. One allopathic physician of Akron treated him for a year for bronchitis and another for several months for heart disease. Called at my office May 12th, 1879; complexion good; general appearance healthy; pulse one hundred and twelve; says it averages about ninety-five; breathing twenty-eight, and unsatisfactory; says it does him no good, feels as though he would suffocate; much worse on ascending stairs; not much cough; no expectoration; dull pain in left shoulder blade; chest measures from point of ensiform cartilage to the spinal column, on right side seventeen, and on left side eighteen inches; the intercostal spaces are marked on the right side

but effaced on the left, no bulging; can only expand the chest one-half inch; percussion reveals dullness over the entire left side of chest even to the triangular space above the clavicle; auscultation reveals entire want of respiratory murmur on the left side of chest, lung resonance and respiratory murmur natural, or increased, on the right side; the heart's impulse is felt and heard distinctly one-half inch below, and a little to the right of right nipple.

I diagnosed chronic pleurisy, with the left pleura filled with fluid either serum or pus, and advised its removal by the aspirator. My patient wishing consultation before operating I went with him and we called upon three of the most distinguished medical men. One, on his first examination diagnosed an hypertrophied lung, and on a second examination, an intra-thoracic tumor, probably partially organized blood in the pleural sac. Another, diagnosed a badly treated case of pneumonia with entire obliteration of the pleural cavity. Held that if there was pus or serum in the pleural cavity, which he thought was not even probable, the use of the aspirator would do more harm than good, and advised *Lyc* 30 or 200, as the best treatment. The third doctor diagnosed, not much the matter, nervousness.

We returned to Akron without operating, the doctors having shaken the faith of my patient in that as a means of cure, though he was firm in the opinion that my diagnosis was correct. He finally decided to go home to the State of New York to stop with his parents and have the operation performed there where he could have the proper care after the operation. He did so, and Dr. S. T. Condict, of Searsville, N. Y., operated, removing two gallons of a white milky looking pus. The patient is now much better in every respect and hopes to get the use of the lung again as good as ever. The heart has returned to its proper place and the breathing is almost natural. Does any one believe that *Lyc*. 30 or 200, would have brought about the absorption of so much pus?

Mar-3

Characteristic Symptoms.

We excerpt the following from Dr. Hering's introduction to the first volume of "The Guiding Symptoms," and believe it may be read with profit by many, for upon this point is much needless confusion:

As so many peculiar views have been expressed in regard to what is meant by a characteristic, a few words on the subject may not be out of place. Some of our best observers have been sneered at by would-be critics, as if they had been guilty of manufacturing characteristics. This of course proves them to be sadly deficient in a knowledge of the Organon. Let us see what Hahnemann says there, in his masterly advice how to examine the sick.

§ 95. In chronic diseases the investigation of all symptoms should be conducted as carefully and circumstantially as possible, and made to penetrate the minutest details, because they are most peculiar and most unlike those of acute affections, and also because they never can be too accurately considered for the purpose of successful treatment. Again, chronic patients are so inured to suffering, that circumstances however *characteristic and decisive in the selection of the remedy*, are rarely, if at all, mentioned by them, but rather considered as a part of their unavoidable condition. It rarely occurs to them that other small or great deviations from the healthy condition, might be connected with the main disease.

§ 101. A physician *accustomed to exact observation*, may approach the true condition of an *epidemic* so closely that he is enabled to construe a *characteristic image* of the same, and even to discover the appropriate homœopathic remedy.

§ 102. By writing down the symptoms of several cases of this kind, the sketch of the disease will gradually become more complete; without being enlarged by *additional phrases*, it will be *more closely defined* (more *characteristic*), and made to embrace more of the peculiarity of such collective diseases. General signs, such as want of appetite, sleeplessness, etc., are specified and defined. More prominent and special

symptoms will be made conspicuous by proper notation, and constitute the *characteristics of the epidemic*.

§ 104. When all the prominent and characteristic symptoms, collectively forming an image of a disease, have been carefully committed to writing, the most difficult part of the work will have been done.

§ 153. The search for a remedy consists in the *comparison* of the totality of the symptoms (of the sick), with the symptoms of our proved drugs. In making this comparison, the *more prominent, uncommon and peculiar* (characteristic) features of the case, are especially and almost exclusively considered and noted; *for these in particular, should bear the closest similitude to the symptoms of the desired medicine*, if that is to accomplish the cure. More general and indefinite symptoms, such as want of appetite, headache, weakness, restless sleep, distress, etc., unless more clearly defined, deserve but little notice on account of their vagueness.

In paragraphs one hundred and sixty-four, one hundred and sixty-five and one hundred and seventy-eight, nearly the same is repeated.

For the benefit of all who may have an opportunity of comparing the master's first edition of 1810, we quote the sections and pages where he used the word "characteristic." Section seventy-four, page seventy three, more fully explained; section one hundred and twenty-nine, page one hundred and eight; section one hundred and thirty-five, page one hundred and fourteen; section one hundred and fifty-two, page one hundred and twenty-two; section one hundred and sixty-nine, page one hundred and thirty-two; section one hundred and eighty-three, page one hundred and fifty-one.

Every word contained in his masterly advice how to examine the sick, was new and unheard of in the history of medical science.

According to this practical advice of Hahnemann, we have endeavored to find out the characteristics of our drugs.

Phrases of "grand starting-points" and "centres of action in the ganglionic nerve-centres," are vagaries of a scientific

What are the ways our school has followed? The first is, we allow the *possibility* that symptoms may follow when a drug is taken in health, and that these symptoms are produced conjointly by the drug and the prover.

Could *Cinchona bark* produce altered sensations on myself, if I took it now in health? This was the question which induced Hahnemann to make his first proving, in 1790. The answer was, he felt a group of symptoms exactly such as he had when he suffered from intermittent fever, twenty years before, in Siebenburgen. Was he satisfied with this observation? Certainly not. He repeated his experiment, and he repeated it several times, with exactly the same result. "I stopped taking it, and got well," he says.

Throughout all, we see the fine result of the thinking lessons given Hahnemann by his father, when a boy.

His very first step already refuted the slander which was subsequently flung at our school, that it was based on the conclusion: *post hoc, ergo propter hoc*. If the same or similar symptoms appeared in the proving of a drug on the healthy, they were considered as having been probably caused by it, and the oftener the symptoms appeared in the provings, the greater became the *probability*. How anxiously the first builders of our materia medica looked for the printing of the provings, in order to compare their own with the symptoms of others, deriving enjoyment from each *confirmation*.

The next step was to look for physiological and pathological *corroborations*. But all this was only considered as magnifying the probability.

The next step was to give a drug to the sick, according to the symptoms it had produced on the healthy, and the cures made were the *verifications*.

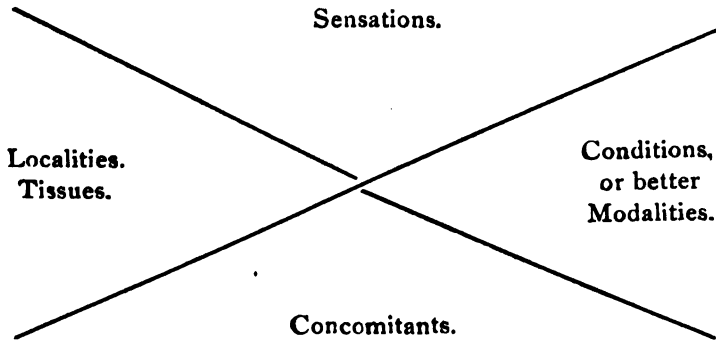
Finally we obtained the CHARACTERISTIC, the ripe fruit hanging upon the tree.

We never selected the remedy according to the loose generalizations in fashion with many, and considered more scientific. We never walked on pathological stilts, but always took the symptom as a reality, on the one side observed by the prover, and on the other side observed on the sick.

appearance which every tyro can manufacture anew according to the latest fashion.

The definition of a *characteristic* being "a symptom not found under more than one remedy," is quite erroneous. Such a unicum occurring among a large collection of symptoms, should be looked upon with suspicion. On the contrary, all our most approved characteristics, as they have been corroborated time and time again, are *never* such as are found in one medicine alone.

Many years ago, for the benefit of the students at Allentown, the following little scheme was written on the blackboard in the lectures on materia medica.



The characteristic may be found in one or more of these. Three points of rest, according to mathematics, being enough to support any object, we may assume that three characteristics should be sufficient to make a cure very probable.



The Motion of the Brain. By J. F. Elsom, Forestville, N. Y

Before I pass to the consideration of the moments or intervals of motion observed by the two brains and medullæ,

which motion is called animation by the masses, I propose to give the results of my practical observations and investigations in the laboratory, and first prove the motion of this viscus by experience. It is very poor argument at this day of modern research to treat of such things as these moments or intervals before we have ascertained their existence, nor inquire into quality before we are certain of actuality. The ancient scientists utterly denied the existence of this motion, as also do many of the scientists at this late day and age, notwithstanding it has been clearly demonstrated by the most brilliant lights of the nineteenth century; and so clear is the evidence of its existence that a person who doubts it at the present day must doubt the sense of taste and touch.

Inasmuch as I boldly assert the existence of this motion, and that too, with no fear of successful contradiction, it will be requisite merely to cite proofs without entering into minute detail, for it is supposed the readers of this journal understand the technical phrases necessary to a suitable discussion of a subject of this kind.

Thus, having opened the head of a living dog a systaltic motion of the dura mater and longitudinal sinus, analogous to the pulsation of the heart, which was quicker than usual, and corresponding with it in point of time. When one blade of a blunt pair of shears was cautiously introduced into the aperture made into the membrane, and the latter was slit open, the brain covered with the pia mater protruded through the aperture its motion still continuing strong to the touch. Afterwards I gently smeared the dura mater over with a few drops of *Sulphuric acid*, when this vibration ceased almost entirely, or at least the vibration was very obscure and insignificant, although when one of my students applied the finger the pulse of the brain itself was perceptible. I now drove a probe deeply into the brain, when the animal manifested signs of great pain; and when the blade of a knife was passed right through to the opposite side of the skull, horrible spasms were the result. Lastly, in thrusting the finger into the brain I observed that its systole and diastole were carried on in spite of the great resistance thus opposed.

Speaking of this subject Vieussens asserts that the whole mass of the brain, more especially where it is some distance from the bones of the skull, has a natural motion of intumescence and detumescence, and proves it by the single fact, that when he opened the head of a dog, or of any other animal, traces of the several external convolutions of the brain are found accurately and deeply engraved upon the bones of the skull. Such traces of the exterior figure of the convolutions of the brain could never be imprinted upon the inner surface of the skull, if the brain were entirely destitute of motion; for no one, I dare say, will affirm, that the dura mater, as it lies between the skull and the brain is capable of producing depressions in the skull.

Whoever wishes to be assured on this matter, has only to inspect and consider the brain of a child newly born, for the bones being exceedingly soft, by placing the palm of the hand upon them, a strong and regular motion of the systole and diastole can be distinctly felt. But if we are anxious to perceive still more clearly the systole and diastole of the dura mater in its whole extent, we may do so in wounds of the head which are accompanied by fracture of the skull, and penetrate to the brain (such as can often be seen in city hospitals), and we shall find that the entire portion of the dura mater laid bare by the wound, pulsates equably and forcibly, and not only in those channels and furrows that are hollowed out by the little arteries distributed through it; as would be the case if the motion of the dura mater depended upon these little arteries; supposing which, should convulsive motions supervene from the wound, we should be quite at a loss to account for the strong and evident pulsations discernable throughout the dura mater, and distinguished by its own proper intervals and spaces, so that one would really think it was the heart that was pulsating.

Again, Fantoni says, "nothing in the brain is more conspicuous, than its alternate swelling and subsiding, or dilation and contraction; these motions are visible in the wounds of the head and in the vivisection of brutes."

"It is well known by all modern experimenters, that in living animals, when the brain is wounded, and the finger thrust well into it, a very strong diastole and systole of its substance are perceptible. To state a general opinion, not a particle of the brain is destitute of this motion, all the glands, and all the little tubes are enjoying an alternate and regular compression."

I need not quote other authorities on this point to the same effect, drawn from living subjects, and recorded by a great number of celebrated authors, such for example, as Pachiona, vol. xi, p. one hundred and eighty. Moyow, p. three hundred and sixty-nine, and Bellina p. eight hundred and forty. Opurcula where he speaks of the systaltic motion of the brain, and the natural contractility of the spinal marrow. For from the citations already given it is sufficiently evident that the brain has an alternate motion of an internal kind; in other words a motion arising out of its own self; also that its entire surface, namely the surrounding membranes, the blood vessels, and also the septa and sinuses, depend upon the aninatory vibration of the subjacent or interjacent brain, and in part also the dura mater, which is the uniting medium between the motions of the brain and heart, as will be seen in subsequent articles on the subject.

It must be borne in mind, however, that it is an extremely difficult task to explore accurately in living subjects the distinct intervals of the elevation of the brain; for in order to perceive them, a considerable portion of the skull must first be raised; the dura mater which adheres to the skull besides the sutures, must then be separated from, and the matter must be divided, in order to open a passage for the finger to the substance of the brain besides other obstacles which I will mention in my next.

(TO BE CONTINUED.)

Hahnemann Medical Society, of Barry and Eaton counties,
Michigan.

This young but vigorous society, held its regular meeting in the parlors of the Folett House, Vermontville, Mich., October 14, 1879. Afternoon and evening sessions were held, the President, Dr. C. S. Burton in the chair. Fifteen members were present, and the time was pleasantly and profitably spent.

A uniform fee bill was adopted, one particular of which was, that night calls should invariably be fifty per cent more than by day.

Dr. F. L. Snell, on the subject "What is Homœopathy," read a number of extracts from "Sharp's Tracts," making remarks on the same. The subject was then pretty thoroughly discussed by all present, and as was to be expected, all shades of opinions were held. Dr. Dever uniformly used the single remedy, in a high potency. Dr. C. S. Snell believed the crude drug could be given homœopathically. The President summed the matter, and spoke at length of Hahnemann and his theories, and of his own thirty years' practice. In his opinion the use of the potencies was a question of judgment and experience. He had had fine effects from the high, fine effects from the low, fine effects from the medium.

Dr. Barber read a paper on "The Advantages of Consultation." The Doctor claimed and proved, that consulting with a brother homœopathic physician, was often productive of the happiest results; but the attempt to counsel with others was of no benefit to any one.

After discussion, the following resolution was proposed by Dr. Lathrop, and unanimously adopted:

Whereas, we believe the law of *similia similibus curantur* to be the only law of cure; therefore.

Resolved, That we consider the practice of holding consultation with any but homœopathic physicians to be unprofessional.—E. F. GRANT, M. D., Secretary.

Progressive Medicine.

PROF. WILSON:—Allow me to thank you for the pleasure I enjoyed last evening, in listening to your lecture on "Probabilities." You gave us, in a very small space and an interesting arrangement, much very useful matter for our consideration. I was glad, of course, to hear you unite with me in the recommendation to students of the study of medical history, as a most proper preparation for the attendance on set scientific lectures in college. Crit. fifteen, note.

The history of medical observations, explorations and discoveries, is to the student, what the narratives of early navigators of the ocean are to the commercial men of the present day. They point out to their successors the rocks, shoals, whirlpools and quicksands, whereon or in, there is danger of shipwreck, and carefully map out the few narrow channels of safety from harm, and give the needed supply of refreshments. It was to give to the young student a firm bank from which to take his first leap into the troubled waters of contending "sects and writers," that I gathered up specimens of my most important discoveries of the past, preserved them under the head of "Criticisms on the Popular Medical Systems," and have always recommended them as the most profitable subjects for the first consideration of the medical student.

To your position that medicine is progressing, a subject of evolution, I must demur till I shall learn what you mean by these terms.

If, by medicine you mean discoveries and inventions in regard to medicine, we are progressing—evolving; you possibly know our progressionists are casting away errors and abandoning mischievous or useless medication, and discovering and adopting better principles and instituting a more sensible, safer and effective treatment, you are right. But, if you mean by medicine, the true foundation principles of its science, and the practice which they dictate, they are not yet evolved by the allopathic, nor any pathogenetic cultivators.

The principles of medicine are the laws of the action of the brain and nerves, and the heart and arteries and their dependants, in the human body; and the direct influence of external agents upon this vital organization. These are the same that they were in the first human body, and will be in the last. Men may and should evolute, uncover and rightly use and aid them, for the benefit of themselves and the rest of the mankind. But, when medicine, the demonstrative science, all whose processes proceed from natural principles, is discovered, "it will stand a tower of strength, unharmed amidst the rude shock of opposition's bursting waves through all succeeding time."—Whiting.

I am glad to see that, as a body of the medical profession, the homœopaths are in "the advance." They have adopted the doctrines that the proper test of the remedies for disease are not chemical analysis, but the crucible of the human body; and that the less they use the better, of agents "in their nature inimical to the human constitution, though they do not always enforce these golden rules." They leave here, room for further "advance," which I rejoice to see they seem willing to make. Yours for human development and progress.—
A. CURTIS, M. D.

Professor W. H. Woodyatt.

Dr. Woodyatt, of Chicago, died at his residence, on Fulton street, on Saturday morning, after a short illness. His sickness dates only from Thursday the 22d, when he complained of being unwell, and of a severe sore throat, which proved to result from a quinsy, which broke a day or two afterward. From that moment malignant diphtheria set in, resulting in his death. He was forewarned on Saturday

morning by his failing strength and lessened activity of the heart, that his end was near at hand, and calling his wife and children about him, he bade them an affectionate farewell. The deceased was thirty-three years old, having been born in Brantford, Can., in 1847. He received his primary education at that place, and in 1864 went to Cleveland, Ohio, where he entered upon a course of medical studies in a homœopathic institution of that city. Subsequently he went to New York, where he made a vigilant and persistent study of the eye, under the direction of Professor Knapp, an eminent oculist, which branch of the medical service became a specialty with him, and one in which he gained an extended reputation. As an oculist, probably, few have achieved greater success at his age than he, and to the earnestness and close attention which he gave to his profession is due, more than any other cause, his untimely death. He was a person of sterling integrity and earnest in everything he undertook. He was one of the founders of the Chicago Homœopathic College, and at his death was a member of faculty of that institution.

A meeting of the faculty of the college was held at the college building last evening, to take action respecting the death of the deceased. Professor Mitchell, president of the college, presided, and the following resolutions, presented by a committee consisting of Robert A. Tooker, Julia Holmes Smith, and Edwin N. Hale, were unanimously adopted:

"Whereas, The Chicago Homœopathic College has met with the loss of one of its founders and most efficient workers; and

"Whereas, We desire to publicly testify to his manifold virtues, his true, genial and earnest manhood; therefore,

Resolved, That in the death of Dr. Woodyatt the medical profession of the city and country has met with a great and irreparable loss; that science must mourn a most valuable investigator, and truth an honest defender.

Resolved, That the suffering and needy can rarely find so kind and skillful a friend and surgeon, and that the beneficiaries of the college must share our grief.

Resolved, That in the loss of our beloved colleague we have the happy memory of a most genial companion, an earnest and enthusiastic co-laborer, a staunch and unflinching friend of all good, a physician in the truest and best sense of the word, a Christian gentleman, a thoroughly true man.

Resolved, That the one consolation in this our hour of deep bereavement is in the blessed recollections of the life of our brother, so brief, yet so rich in fruitage; like the Christian philosopher, he met the king of terrors, being busied when the summons came, as was his daily wont in humane, beneficent, public-spirited, noble actions.

Resolved, That we must count ourselves richer that we have the rich to mourn.

Resolved, That we extend to the bereaved widow, family, and friends of our departed brother our most heartfelt condolence, with the assurance that we will emulate his virtues and revere his memory.

“Oh had he lived! In our schoolbooks we say
Of those that held their heads above the crowd.
They flourished then, or then but life in him
Could scarce be said to flourish; only touched
On such a time as goes before the leaf
When all the woods stand in a mist of green
And nothing perfect.”

—Tennyson.

Book Notices.

Winter and its Dangers. By Hamilton Osgood, M. D. American Health Primers. Lindsay & Blakiston, Philadelphia.

We have read this little book with great pleasure, for the gracefulness and enthusiasm of the author give added charms to a subject that is of

itself decidedly interesting. The special dangers of winter are not only clearly pointed out, but as a grand peroration the writer paints in fascinating colors the happiness of a winter properly enjoyed. Our boy nature returns again at the thought of sleigh riding, snow balling and skating. We have no doubt they are dangerous pleasures. If all would read this little book and follow its wise counsels the dangers of winter would be almost wanting. For sale by Robert Clarke & Co. Price 50 cents.

The Throat and the Voice. By J. Solis Cohen, M. D. American Health Primers. Lindsay & Blakiston, Philadelphia.

We find much in this book to accept and commend and much from which we must dissent. Part I upon diseases of the throat and their treatment is not satisfactory, either in pathology or treatment; but Part II, which treats of the voice, is admirable. This number should not be left out of the series, for it will repay perusal, showing as it does both what should and should not be done. For sale by Robert Clarke & Co. Price 50 cents.

Demonstrations of Anatomy, being a guide to knowledge of the human body by dissections. By Geo. Viner Ellis, M. D. Two hundred and fifty-six illustrations. Henry C. Lea, Philadelphia.

The value of this work must be apparent, from the fact that this is the eighth edition, and that opinion more than confirmed by an examination of its fair pages. Nothing so fine has fallen under our observation. The student will be delighted by the very lucid explanations of the text and the clear and beautiful cuts which in profusion abound in the book. We not only commend the work, but urge it upon students as an indispensable companion of their studies into the mysteries and facts of anatomy.

A System of Surgery. By Wm. Tod Helmuth, M. D., Professor of Surgery in the New York Homeopathic College, etc., etc. Third edition. Revised and enlarged. Illustrated with five hundred and sixty-eight wood cuts. Boericke & Tafel, New York.

Said a distinguished surgeon to us a few moments ago—himself an author of surgical works—"Dr. Helmuth's work is the best book on surgery that has ever been written." If that is so, and we are of the opinion the statement is true, what then? Shall we attempt a review of it? To point out its excellencies would be to quote the work from end to end. And yet it has its defects. What work of man has not. But such is the nature of the subject that no man can write upon it without regretting in

five minutes after the last proof is read, that he had not added or left out something. Now, we have unmistakably a work of which our whole profession may well be proud. And since the author and publishers have done so much to make this treatise unusually attractive and valuable, it needs only the substantial appreciation of the profession to show the world how much Homœopathy can do for surgery. Helmuth's work will undoubtedly be the text book for all our students, and it will be no little satisfaction for them to find so much in the way of homœopathic therapeutics. The illustrations are very complete, and add much to the beauty of the work. Now we have no more to say except this, don't fail to get Helmuth.

Editor's Table.

IF YOU really wish to know what is in the market in the way of new and valuable medical works, send for the new catalogue just out by Lindsay & Blakiston, of Philadelphia. A postal card will bring a copy. Money is well invested when it is wisely spent for good books.

ANN ARBOR, February 20.

MR. EDITOR:—Your contributor, "W. H. T.," in his statements in your last number regarding Prof. Gatchell's lecture, was misled by his informant. Prof Gatchell was *not* invited to lecture by the old school students but in reply to an old school professor's strictures, he *did* deliver a brilliant and highly acceptable lecture before the homœopathic class and public, upon "The Spread of Homœopathy." Of this we are numerously informed by parties present upon the occasion. We are also informed that Prof. Gatchell answered promptly and properly all pertinent questions handed him at that time. *Fiat justitia.*—MODOC.

ERRATA:—Allow me to correct several typographical errors in my short article, entitled: What is the Remedy? Thus: on page three hundred and fifty-three, second line from bottom, read, *had not have*; page three hundred and fifty-four, third line, read, *peculiar not peculiar*; on line fifth, read, *this case not these cases*. By making these few corrections you will greatly oblige me. Yours fraternally, E. J. LEE, M. D.

DR. C. S. JOHNSON wishes to exchange his location in Cleveland, Ohio, with a physician practicing in a smaller city.

DR. HAGGART, of Indianapolis, is down on vaccination, and is writing up his views in the papers. We are inclined to join him in the crusade.

DR. BREYFOGLE, of Louisville, was recently thrown out of his buggy and seriously injured. We hope he is much better ere this.

PROF. H. C. ALLEN, of Ann Arbor, delivered the annual address before the Alumni Association of the Cleveland Homœopathic Hospital College. His subject was "Two decades of college work."

PROF. W. H. WOODYATT, M. D., of Chicago, recently died of malignant diphtheria. This will be a great loss to the profession and the school with which he was connected.

DR. J. H. BUFFUM, resident surgeon of the New York Ophthalmic Hospital, has accepted the position made vacant by the death of Prof. Wood-yatt, in the Chicago Homœopathic College. We cordially endorse the appointment, believing that the college has found an admirable man. Dr. Buffum removes at once to his new home.

DR. WM. OWENS, JR., has left Delhi, a suburb of Cincinnati, for South America, to enter upon the active duties of his position with the Antioquia Railroad Company of the United States of Columbia. The field vacated by the Doctor is unoccupied by a homœopathic physician.

THE Homœopathic Medical Society of Ohio meets May 11th and 12th, 1880, in Cincinnati. The profession are earnestly invited to attend, and present their productions. Any specially interested, can communicate with Dr. J. A. Gann, Secretary, Wooster, O.

DR. J. D. GRABILL, Union City, Ind., reports that he can suggest a number of good openings for homœopathic physicians; address him as above for particulars.

DR. W. C. RICHARDSON has moved his office to 721 Chestnut street, St. Louis, Mo.

COLLEGE COMMENCEMENTS.—The Boston University School of Medicine held their seventh annual commencement March 3d, 1880.

DR. H. F. BIGGAR, chairman, has sent out neat invitations to the meeting of the alumni of Cleveland Homœopathic Hospital College, February 24, and the college commencement February 25, 1880.

NEW YORK, February 20, 1880.

The position of resident physician of the Hahnemann Hospital, in this city, will be vacant July 1st. There will be a competitive examination for the position early in June. The doctor will receive his board, lodging and washing, also thirty dollars per month. Applicants may address JOHN H. THOMPSON, M. D., Secretary of Medical Board, 36 East 30th st., New York.



T. P. WILSON, M. D., EDITOR.
ANN ARBOR, MICH.

J. P. GEPPERT, M. D., ASS'T EDITOR.
CINCINNATI, O.

VOLUME VIII.

CINCINNATI, O., APRIL, 1880.

NUMBER 4.

All subscriptions and business communications should be addressed to MEDICAL ADVANCE Co., Publishers, 305 Race st., Cincinnati, O. Subscription \$2. per annum.

TWO NEW JOURNALS.—Straws show which way the winds blow. So do medical journals show the currents and counter currents of medical progress. The stream of allopathic history is a long one, reaching backward over two thousand years. It is a river broad and deep, whose currents are strangely contradictory, and whose waters continually cast up mire and dirt. The homœopathic stream has an equally honorable history, "not ancient as the sun," but a pedigree as old as medical art. These streams ran as one until the commencement of the nineteenth century, when the latter diverged and the former held its way. Since then they have been recognized as rivals, in striving to reach the goal of medical perfection. The swift steps of the one and the halting progress of the other, are well known to all. That there could be a middle ground upon which a third stream might flow seems to be wholly a modern idea. That middle ground must hold the commingled waters of the parent streams. It is as if one had said that in astronomy it would be narrow and illiberal to hold to either the Ptolemaic or the Copernican system, but that to blend them into one would evince a lofty scientific knowledge. That men who hold practically to eclecticism in medicine, should have an organ in which to illustrate their views, seems eminently proper. "The Physician's and Surgeon's Investigator," published at Buffalo,

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is the champion of this modern idea. Its motto, "*Spectemur agendo*," is good. It does not, however, apply to those who have been for years on the ground, and looked it carefully over long, long ago. The inspiring genius of this journal, PROF. WETMORE, woke up one fine morning from his allopathic slumbers, and thought, as he looked toward the homœopathic camp, that he saw men as trees, walking. Had he bathed his eyes once more he would have had a clearer vision. As it is, his hemiopia is so much better than his former blindness, that he waits not for a more perfect cure, but

"Hastes to tell to sinners round,
The glorious truth which he has found."

But if WETMORE does not allow himself to be hopelessly handicapped by those gentlemen, who, though they belong to the homœopathic school, openly condemn the homœopathic name, he will yet be a leader in the homœopathic school. We say take his journal and watch its progress toward the light. We might regret the establishment of such a journal on many grounds, but nature is compensating. Another journal is in the field. "The Clinique," of Chicago, is a representative of genuine Homœopathy. Now, if one were to take the P. & S. Investigator, by all means let them take the Clinique also. Both are welcome to our table, and if there is poison in either, the other will surely antidote it. Both are lively and readable, and we wish them success.

QUERY.—"What remedy would you give for far-sightedness, after diphtheria?—W. T. B." We answer, there can be no remedy for such a case thus stated. That would be putting the thing upon a pathological basis, and that is, and always will be, absurd. How, let us ask, could a remedy be so proven that it would be a similitum to such a condition? It is evidently impossible. It could not, therefore, be treated homœopathically, if we were obliged to look at it solely through this supposed pathology. The relations of diphtheria to the case may be important, but they are not understood. As for "far-sightedness," we are in doubt as to the meaning of the word employed. Does the querist mean hypermetropia or presbyopia? In either case what would the fact be worth without a knowledge of the state of refraction? How would it be possible for us to prescribe without concomitant symptoms? We can not answer our correspondent, and if any one of our readers can, let him speak out.

WE DON'T often strike a bonanza. Here's one, however. "The *extravaganza* played by the transcendentalists, in the homœopathic ranks, has been wafted into ethereal nothingness, and there remains the *material* with which to fill the woof of science." In other words, the soul has fled and there remains the *corpus delecti*, about which the eagles of Buffalo will gather, and from which they will gorge them-

selves. If you could see them picking their teeth after the repast you would know to a certainty that they had been sitting at no Barmecide feast.

DR. H. M. PAINE, of Albany, refuses to join an enterprise because it is called "homœopathic." He complains that it is "sectarian." Isn't it about time he took his leave altogether, and quit his fooling round Homœopathy any longer? It is distressing, if not pain(e)ful, to see him so troubled about what he does not understand.

OH HO! now we have it. The law *Similia Similibus Curantur* "is simply a guide in the selection of the remedy, while the cure *per se* must necessarily be in accordance with the law of contraries." This brilliant idea comes from the Buffalo "Investigator." It is a jewel of a thought, for don't you see, it makes us happy all round. It should be bottled and labeled *soothing syrup*, and fed to persons of feeble minds.

Extracts from the Preface, and chapter on Instruments, of a Treatise upon the Medical and Surgical Diseases of Women, (fully illustrated), with their Homœopathic Treatment. By M. M. Eaton, M. D., President of the Homœopathic Medical Society of Cincinnati, etc., etc. Soon to be published.

"FROM THE PREFACE.—In conformity to custom, the author presents some of the reasons which have induced him to present to the homœopathic medical profession, and homœopathic medical students, a work on the DISEASES OF WOMEN.

First, because he has been for several years repeatedly urged to do so, by prominent homœopathic physicians of several states including representative men in the cities of Chicago, Boston, St. Louis, New Orleans, Louisville and Cincinnati.

Secondly, because homœopathic medical colleges have been obliged to recommend, and homœopathic physicians and students have been obliged to provide themselves with, allopathic

works upon these diseases, thereby giving a certain amount of sanction to the treatment there advocated, and causing the use (among otherwise good homœopathic physicians) of caustics, scarifications, etc., applied to the uterus, to become so common among them, as to bring a blush of shame to the face of the true homœopath.

In the use of pessaries and drugs, the homœopathic profession has inadvertently been following their old school brethren's treatment, because they have been obliged, in part, to study the description, etiology, diagnosis, pathology and prognosis, from their books.

The homœopathic books which we have, upon the "diseases of women," though written by gentlemen of high standing, do not seem to meet all the requirements of the profession, though excellent in themselves, so far as they go.

Thirdly, because it seems time that homœopaths should have complete text books on all branches of medical education. (Not only one, but several.)

The large increase in the number of homœopathic physicians, from year to year, justifies the expectation, that ere long we may rival the old school in numbers, as we now do, in the intelligence and wealth of our patrons.

Fourthly, because homœopathic physicians of Illinois and Ohio, in their State Societies, and of the North-west, in the Western Academy, have honored him with their confidence, and shown their respect, by giving him prominence in regard to these diseases; and because he has had large experience in this class of diseases for over twenty years, in hospital, and private practice, (allopathic and homœopathic).

He has endeavored to make this work as complete as possible. How far he has succeeded, the profession must judge. He believes the works upon the "Diseases of Women," by Thomas and Emmet, of the old school, are ordinarily considered complete; but he finds that Prof. Thomas* omits in his index, *Lacerations of the cervix uteri*, and Prof. Emmet† omits *areola hyperplasia of the uterus, hydroids of the*

*Thomas on Diseases of Women.

†Emmet's Principles and Practice Gynecology.

uterus, rectocele, sterility, inflammation of the uterus in all its forms (except as he refers to congestive hypertrophy) abortion, pudendal hemorrhage and pudendal hematocele, and both Profs. Thomas and Emmet omit hysteralgia, puerperal fever, purperal phlebitis, mammary abscess, cervicitis, sympathetic affections and nymphomania, as well as puerperal mania.

He is hopeful that this work will not be found less complete.

Neither Dawson's improved Sim's speculum, nor Woche's bivalve speculum, is mentioned in either of these works, or those of any other author so far as he is aware, and they need but to be seen to be appreciated as decided improvements. (See chapter on instruments.) His own improvement of the London abdominal supporter, and his needle holder, and wire holder, and twister for vesico-vaginal fistulæ, have not heretofore been presented to the profession. He has spared no pains, or expense, to have his illustrations perfect and complete. In this, he is greatly indebted to Mr. John H. Bogart, designer and engraver, of this city. He has not attempted to make a materia medica; but has named such remedies as he has found beneficial, and given the prominent homœopathic indications for their use, in each disease."

"EXTRACT FROM CHAPTER ON INSTRUMENTS.—The use of instruments has been sadly abused by the profession, in the treatment of the diseases of women, to the extent of causing some thoughtful medical gentlemen to condemn their use *in toto*. We do not go this far, and still we are free to condemn many of the instruments in constant use by some, especially pessaries, and also the constant use of the speculum, uterine dilators, hysteriatomes, etc. These instruments are occasionally useful; but probably not one-fourth as often as some have been in the habit of employing them. We shall present only those instruments, in this work, which we can recommend, (about seventy in number) and we devote one chapter exclusively to their consideration, that the student may learn something of the uses and advantages of them, as well as be cautioned against their abuse. There is no work now pub-

lished (1880) which, in our opinion, is fully up with the times in the matter of gynæcological instruments. This is strikingly evident in the matter of speculums. Cusco's being the best bivalve published, and Sim's original speculum being the best one presented as a retracting speculum. All having omitted Dawson's improved Sim's speculum. See cut No. 1.



DAWSON'S IMPROVED SIM'S SPECULUM.

This has one of the blades slit in two, and fixed with a screw, so they may be separated, which is a great improvement in enabling us to bring into view the walls of the vagina, or the cervix uteri. If we desire to use the instrument in its original form, we have but to screw the divided blade together, and we have it. This instrument we ordinarily only use in operations for vaginal fistulæ, in uterine polypi; or, lacerations of the vagina, or cervix uteri. Whenever we do need to use a Sim's speculum, the advantage of the divided blade is obvious; as it can be opened or closed during the examination, or operation, at our pleasure.

The speculum which we use for ordinary vaginal examinations, when they appear necessary, and for bringing the os and cervix uteri into view for treatment, is the bivalve made by M. Woche & Son, of this city. See cut No. 2.

This speculum combines the advantage of Cusco's handles, Higbee's screw on the side, and Taylor's blades, with the



WOCHER'S SPECULUM.

wide crest on the upper blade, to keep the flesh and hair of the labia out of the way.

In our experience, the advantage of having the upper blade shorter than the lower, as in Taylor's instrument, is very great. Taylor's speculum has to be opened with the screw, which is not so convenient as the handles of Cusco's; but Cusco's blades are of equal length, and it has not the wide crest on the upper blade. Wocher seems, in his instrument, to have combined the best parts of all the others, and left out their objectionable ones. The instruments are made of three sizes.



EATON'S NEEDLE HOLDER.

In addition to the straight needle holder already mentioned, for sewing up longitudinal lacerations and fistulæ of the vagina, the gynæcologist needs an instrument for placing sutures in a transverse laceration or fistulæ. This is accomplished with my needle holder, as can be readily seen from the cut. It enables us to insert the needle into the vaginal tissues from above, downwards, with the same facility with

which we use the straight holder, in stitching from side to side, for which purpose my holder may also be used, by grasping the needle further down on the blades.

To fasten or twist the wires after the sutures are placed in a vaginal laceration, or either form of vaginal fistula, we use our wire holder and twister, (see cut of wire holder and twister). Pass the ends of the wire through the two holes in the end of the holder, make traction on the wires with one hand, and slide the instrument up to the lacerated tissues with the other. This approximates their edges. We then give the instrument two or three turns with the fingers holding it, and the wire is twisted and the suture secured. We now slip the twister off the wires, and cut them with the long scissors. This instrument makes the twisting of the wires high up in the vagina a very easy operation.



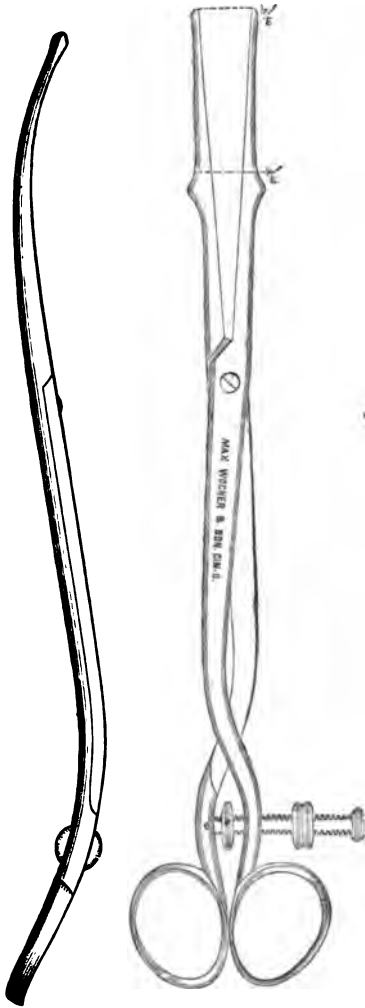
EATON'S WIRE HOLDER AND TWISTER.

* * * * *

We present Palmer's uterine dilator, not to advocate its frequent use, but because rapid dilatation of the cervical canal of the uterus is sometimes necessary; and when so, we prefer to use Palmer's uterine dilator. With it, we can make the dilatation as gradual as we please, and still, with the aid of the screw in the handle, maintain an even and regular expansion, and increase or diminish it at will. The blades, which are inserted into the os, are slender and slightly curved, and still not too pointed nor too blunt as are some others.

Rapid dilatation is most frequently called for in cases where women have passed a piece of a hard rubber probe, or a stick, into the uterus and broken it off; or have passed in short pieces of whale bone and lost hold of them. I have been called to remove foreign substances of this character

from the uterus in several instances where dilatation of the os uteri internum as well as externum, had to be accomplished rapidly to save their worthless lives, which humanity demands of us to do.



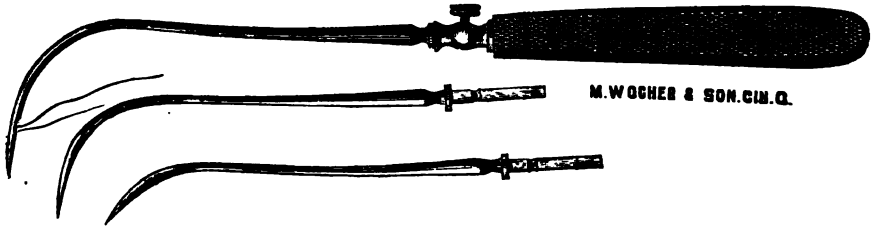
PALMER'S UTERINE DILATOR.

Occasionally its use facilitates the getting at an internal uterine polypus, where we have but a short time at command. Very rapid dilatation is in most other cases objectionable, in that it lacerates the tissues, and in their healing causes somewhat of a cicatrix, which interferes with the relaxation and dilatation of the os in labor subsequently, and may cause stenosis, or even atresia of the cervical canal, and prevent impregnation, arresting the menstrual flow, and producing hematometra. Hence whenever rapid dilatation is used, care should be taken to keep up some degree of expansion till the tissues are healed. Passing into the cervix every two days a bougie smeared with *Vaseline* is a good way to accomplish this.

* * *

In operating for lacerated perineum it is most convenient to use Peaslee's improved perineum needles and holder shown in the accompanying cut, whether we wish to use the quill or ordinary interrupted suture.

The needles fasten into the handle with a thumb screw, and the eye of the needle is near the point as is shown in the cut. This is much more convenient than having the needle screw into the handle, having the three needles threaded before commencing the operation, there is no delay in placing the sutures, as one needle can be taken



PEASLEE'S IMPROVED PERINEUM NEEDLES WITH HANDLE.

from the handle, and another all threaded inserted almost instantly. In an emergency the largest sized, curved surgeon's needles may be used to place interrupted sutures in the lacerated perineum; but the regular perineum needle is much to be preferred when we can have it, and in placing the quill sutures this, or a similar needle is absolutely necessary." * * * * *

Materia Medica.

Grindelia robusta. Partial proving made with the fluid extract. (Parke, Davis & Co.) By H. R. Arndt, M. D.

April 27, 1879. Eight-thirty p. m. Took five drops. Wakened in the night with a terrible distress in the bladder and a feeling as if urine must be voided immediately; urin-

ation was exceedingly painful and accompanied with straining; sharp, cutting pain extending the whole length of the urethra and from the bladder, along the perineum to the anus, with a beating pain in the perineum, like the "jumping tooth-ache." Walking back to bed I find that every step hurts in the bladder.

April 28th. Eight a. m. Took twenty-five drops. Soreness in the bladder; painful micturition; must void urine every half hour, passing small amount of limpid, watery urine, with a most painful burning in the urethra; urination is followed by a severe ache and great soreness in the bladder, which continued all day and was worse immediately after urinating; the soreness is so severe that walking is uncomfortable. Two p. m. Took fifty drops. Urinary symptoms continue, the feeling of soreness in the bladder is constant, and every step taken causes a sensation, as if a stone were in the bladder, striking against the tender and inflamed surface. Six o'clock p. m. Have had some oppression of breathing and a feeling of pressure near the heart.

April 29th, to May 2d. The urinary and bladder symptoms have continued, lessening slowly in severity since I took the last dose; the tenderness in the bladder, especially upon walking, is still there; there has been and is now tenderness to pressure.

May 3d. Ten o'clock p. m. Took fifty drops. Four o'clock p. m. Took one hundred drops. Eructations of gas; ringing in both ears; giddiness upon standing; feeling of pressure in the region of the heart; feeling is if the muscles of the heart lacked sufficient strength to take care of the blood sent there; pulse full, heavy, irregular, ninety-two.

May 4th, Eight-thirty a. m. Took one hundred and twenty-five drops. Have had a heavy, unrefreshing sleep; disturbed by dreams about my heart. Upon rising, dull feeling in the head and giddiness; the latter is rapidly increasing; very severe pressure upon the chest; tightness around the throat; the heart feels as if it filled the whole chest; violent nose bleed at eight-forty a. m., nine a. m.; nine-thirty a. m., nine-forty-five a. m., bright blood; no relief from the

nose-bleed. Walked to the livery stable at ten o'clock. a. m. Felt as if drunk; while waiting for my horse, the nose again bled, continuing to do so for twenty minutes; blood bright red; great fulness in the cardiac region. Three o'clock p. m. Took one hundred and fifty drops. The fulness of the heart has become exceedingly oppressive and makes me feel deathly faint and sick; the countenance looks pale; it seems to me as if I must die, unless this fulness in the cardiac region is relieved; do not wish to breathe; it seems as if there were no need of breathing; the bowels have also felt badly; have had four passages of almost black stool; at first one large solid lump, which is expelled with difficulty, followed by soft, mushy stool; bad odor; feeling of apprehension; I know some great misfortune is in store for me; pulse ninety-six. Ten o'clock p. m., took two hundred drops.

May 5th. Nothing new; all the symptoms worse. Ten o'clock a. m. Pulse more natural, viz: light, irregular and eight-six; cardiac symptoms are exceedingly severe; bowels as yesterday; frequent urination; tenderness in the bladder.

May 6th. Pulse eighty-six; symptoms as yesterday. Can not walk; it increases the trouble with the heart, causing great distress. Medicine discontinued.

The urinary symptoms experienced during the first few days were very severe. I never had any urinary or bladder trouble in my life; nor had I taken cold now. I imagined at the time that I felt much as patients describe symptoms of severe gonorrhœa.

The heart symptoms continued for nearly four weeks, growing somewhat lighter, when on June 3d, I again commenced to take the drug, bringing on an immediate aggravation of the same symptoms, with great nervousness and fear of death from organic heart trouble. The second experiment was an exact repetition of the first, both as to the amount of the drug taken and the results produced.

I have been troubled with functional heart trouble of a mild form, due, I presume, to the use of tobacco and to indigestion. My pulse is always rapid and somewhat irregular.

D. T. took doses of ten, fifty, one hundred and twenty-five and one hundred and seventy-five drops each, on the evenings of four consecutive days, experiencing no symptoms, except a sharp pain in the left temple soon after taking the drug and not of long duration.

Study of the Pathogenesis of Alcohol, with reference to Pathological Changes Induced in the Organism. By Wm. Owens, M. D., Cincinnati, O.

This substance is the product of saccharine fermentation separated from the fluid mass by distillation. To obtain it of sufficient purity for homœopathic uses, rectification and redistillation are necessary. *Alcohol* is a colorless fluid, of slightly pungent odor, and somewhat acrid, burning taste. It is highly inflammable, burns with a pale, blue flame, and yields intense heat. It evaporates rapidly in the open air, and has never been frozen. Its density is eighty-six, and retains fourteen per cent. of water, though this may be considerably reduced. The specific gravity of eighty-six per cent. *Alcohol* is 0.7938. It boils at one hundred and seventy-three degrees Fahrenheit. It coagulates albumen and arrests and prevents the decomposition of animal substances. Its chemical symbol is $2C_6H_{10}O$. It dissolves many organic substances, such as some of the volatile and fixed oils, resins, gums and gum resins. It is readily detected in suspected liquids by its peculiar odor, and by distilling them over a solution of *Carbonate of potash*. As a solvent of certain substances it is quite essential to the pharmacist. It mixes with water in all proportions. It is a stimulant to organic life in small doses, and narcotic in large ones. This fact furnishes us with the key to its pathogenesis. As a

stimulant it is central in its effects, irritating the solar plexus and through this plexus the vaso-motor nerves, and the ganglionic masses along the course of the blood vessels, and within the substance of the heart. It is thus capable of developing the most intense capillary hyperemia in all portions of the body, causing increased functional activity even to the point of exhaustion and paralysis. It abstracts moisture from and corrugates the epithelial surfaces, and induces a superficial inflammation of the sub-epithelial tissues, which, if long continued or often repeated applications are made, become thickened from infiltration and hyperplasia, followed by condensation of tissue, with atrophy, or, as in the case of the liver, cirrhosis.

As a stimulant in moderate quantities, *Alcohol* acting upon the vaso-motor nerves and their ganglia, forces an increased quantity of blood into the arterioles and their capillaries, which if long continued will cause a permanent dilatation of these vessels with attenuation of their walls and stasis of blood within them. Thus accumulation of blood within the vessels and sinuses of the brain, causes fluxion or mechanical compression of the neurine substance, and thus interferes with its functions. The ganglionic cells of the gray matter of the brain become engorged, and not unfrequently ruptures take place, causing an apoplectic condition of the cells, when all generating power ceases, or becomes greatly perverted.

The effect of the smaller portions of *Alcohol* is to increase the function of an organ or part, while that of larger portion speedily exhausts function by excessive stimulation. The serum of the blood readily passes through the distended and attenuated vascular wall, and constitutes what is known as serous apoplexy, common to inebriates. This serous effusion accumulates within the subarachnoid spaces, extending downward along the cord, and interferes with the powers of co-ordination which gives rise to paralysis agitans, and the feeble, tottering gait, the trembling hand, vacant look, feeble mental and moral condition of the man of many cups. Prolonged cerebral hyperemia not unfrequent-

ly results in rupture of some of the cerebral capillaries, followed by neuritis affecting the neurine substance, with softening and necrosis of the brain, loss of co-ordinating power, loss of memory, epilepsy and early death.

Increased functional activity always takes place at the expense of tissue, consequently the elements which yield the carbo-hydrates, hydro-carbons and carbons will be rapidly oxidized, and the nitrogenous elements arrested in the process of change, when urea and *carbonic acid* will be diminished in the excretions. Repeated irritations of the follicles of the stomach from the exhibition of *Alcohol* causes them to yield by secretion a morbid product, and we have the gastric catarrh of the habitual drinker. This secretion so covers the surface of the stomach that its functions are greatly interfered with in the process of digestion.

In the presence of *Alcohol* the gastric juice, which is poured out in large quantities, is modified, and its properties as a ferment destroyed by precipitation of the pepsin therein contained. The prolonged use of *Alcohol* produces structural changes in the glands of the stomach, and hyperplasia within its connective tissue, which encroaching upon the glandular structures of the stomach, causing them to yield a pathological product instead of their normal secretion. The starch, sugar and fatty matters are no longer modified by it, rendering them suitable for assimilation, and as a result *Acetic*, *Lactic* and *Butyric acids* are produced, causing pyrosis, acid eructations, flatulence and the morning retching and vomiting of the toper.

As a diffusible stimulant narcotic, it is a mooted question as to whether it produces its effects by impressing the nerves or through the medium of the blood. The facts attending its toxical effects would seem to sustain both views to a considerable extent. When locally applied its toxical effects are manifest by paralysing the cutaneous nerves, with the result of relieving pain, and at the same time inducing increased capillary circulation and hyperemia, and even inebriation from inhaling its fumes. While on the other hand it is strenuously maintained that considerable quantities of it have

been found in the blood and even in the ventricles of the brain and other organs largely supplied with blood. In either case the final impression seems to be made upon the nerve substance, inducing disturbance of the functions of the brain, and which, if greatly intensified, terminates in their abrogation.

The hyperemia, both local and general, which *Alcohol* induces, arises from its irritating effects upon the solar plexus, from which point all its influence is transmitted by radiation as it were through the vaso-motors to all portions of the body, reaching the heart through its sympathetic filaments, and the ganglia within its structure. The liver, under the irritating influence of *Alcohol*, from the formation of new connective tissue and the afflux of the blood thereto, becomes enlarged. When this irritation has been long continued, the nerves become exhausted and paralyzed, nutrition is arrested, and atrophy with condensation and contraction of the connective takes place, which with shrinkage of the hepatic cells gives us the "hob nail" appearance of the liver of the drunkard, or fatty degeneration of the blood vessels, and atheromatous deposits in the arteries. • Edema of the legs, ascites and general anasarca usually follow.

As a result of the hyperemias induced by the frequent exhibition of *Alcohol*, we have for a limited time increased function of all of the organs. Increased secretion of the mucous and serous membranes, and of all of the secreting glands, and therefore a more rapid oxidisation of the carbons, hydro-carbons and carbo-hydrates, with modification of change in the nitrogenous elements. *Alcohol* also causes excessive cerebral activity, which becomes irregular and perverted to a most extraordinary degree; perversions of intellect, taste, smell, hearing and sensation, followed by exhaustion, melancholy, suicidal tendency, mania, etc.; extreme ferocity is followed by stupidity, relaxation and exhaustion of nerve power, and even paralysis of the vaso-motors; relaxation or rupture of the vascular walls, with effusion or apopleptic extravasation. Upon the eye, if frequently repeated, we find a chronic hyperemia of the conjunctiva, or if it be

greatly prolonged we will see permanent dilatation of its capillaries called the "blood shot" eye of the toper. This may be attended with more or less infiltration of the surrounding tissues, by the coloring matter of the blood giving the icteric appearance of the eye, which usually accompanies this condition. Hyperemia about the origin of the optic nerve causes disturbed vision; the party sees double, sees animals, reptiles, spirits, etc. The same is true in regard to hearing; causing illusions of this sense; illusions of smell and taste of the most unnatural and extraordinary character. Derangement of the stomach is universal in the habitual drinker; nausea, vomiting and large accumulations of catarrhal mucus of a sour, bitter, salty or putrid taste, mingled with undigested food are its concomitants. The catarrhal secretion carries with it the epithelium, leaving the membrane denuded, irritable and highly congested. The tongue looks as if it were varnished; the papilla are enlarged, red, and irritable, indicating a great degree of gastric irritation. The breath becomes extremely offensive, partly from the evaporating and exhaled *Alcohol*, and partly from decomposing mucus, and cast off epithelium. In most cases the epigastrium becomes exceedingly sensitive to the touch. The appetite, originally good or fair, now diminishes as the taste for the stimulant is indulged in. The mucous membrane of the stomach assumes a leaden hue, and is continually covered with a dense viscid mucus, which, to a large extent isolates the food and thus delays or interferes with the process of digestion, when finally atrophy sets in, with general emaciation and loss of nerve power. The thickened mucous membrane of the stomach becomes blanched, corrugated and studded with numerous patches of diffuse hemorrhagic, stellated spots, and the whole organ becomes reduced to less than one-half of its usual size.

Alcohol taken freely into the stomach usually passes directly into the circulation, or may pass through the pylorus and carry its irritating effects into the duodenum, and establish here a catarrhal condition, which by continuity of surface is extended into the ductus communis choledichus, to the hepatic

and cystic ducts, and into those organs giving rise to the icteric or bilious appearance of the skin.

Large quantities of undigested food, and unassimilated bile, are washed along the alimentary canal by these copious catarrhal secretions of the stomach, liver and bowel until they reach the colon where they undergo further fermentation, giving rise to colic, flatulence and other dyspeptic affections of the drunkard. The small intestines also become coated with this viscid mucus, and the great degree of irritation and consequent hyperemia, cause here also rupture of the capillaries and hemorrhagic effusions into the mucous membranes, followed by softening of tissue and ulceration. The small bowel being in some cases literally filled with bile and undigested food, and the blood which returns from the spleen, stomach, liver and intestines through the portal vein is charged with large quantities of impurities, carried into it through the veins of the stomach and intestines which have been taken up by absorption and with them large quantities of alcoholic liquors which are also carried directly into the liver and other portal viscera, giving the sense of repletion and abdominal plethora. Often repeated this condition tends to establish permanent congestion of these organs, and when carried too far ends in ascites of the habitual drinker. The spleen becomes swollen, brittle and finally softened. *Alcohol* may cause both acute and chronic inflammations of the kidneys, and give rise to both albumen urea and diabetes, both of which are intimately associated with the diseases of the liver and dropsical conditions resulting therefrom.

Under the stimulating influence of *Alcohol* the skin becomes moist, soft and velvety to the touch, but when indulged in to excess this condition changes to that of a dry, harsh and thickened state, with a dirty, sallow tinge favoring the evolution of acne, eczema and various other forms of eruptions. The tissues become loaded with a soft grayish fat, which when absorbed leaves a watery or gelatinous mass behind, which eventually becomes fluid and yields the ascites or anasarca of the drunkard.

General Clinics.

CLINICAL CASES.—Reported by May Howells, M. D.—**DYSMENORRHŒA; LEUCORRHŒA.**—*Kreosotum; Aralia.*—Patient a ruddy blonde, tall, full habit, aet. twenty-two, unmarried. Has always suffered much at menstrual period; and for many years has been troubled with profuse leucorrhœa. Menses too early, profuse and long lasting, color dark with very fetid odor; marked nausea and prostration during first two days with heavy pains through uterus and coccyx; leucorrhœa of a yellow white; quite thick, very foul odor and just before menses. *Cal. carb.* was given without benefit; after more thorough study of the case, *Kreosotum* 30th was prescribed on Jan. 4th.

Patient reported on 30th of the month. Menses still early and profuse, but some decrease of nausea and bad odor. Ordered no medicine to be taken until within ten days of next menstrual period, the same drug to be then resumed. Reported Feb. 21st. Menses three days early, decrease of quantity of pain and odor. Prescribed *Kreosotum* 200th, to be taken every other day through the month. Patient reported again in March. Menses one day early, little pain, no nausea, bad odor almost gone *Kreosotum* 500th, once per week. Reported May 1st. Menses normal; but still no change in leucorrhœa, which troubled her very much. For this condition *Aralia rac.* was given, with most gratifying results; the patient having now been perfectly free from all menstrual and uterine disorder for many months.

CASE II.—OVARIAN NEURALGIA.—*Macrotine ix.*—Miss C. S. aet. twenty-three. Face pale, hands and feet cold, hand tremulous; complains of great pain and soreness in a small spot, just left of the spine in lumbar region; this pain frequently passes forward, through the left ovary and down the thigh to the knee; severe pain in head, extending from orbital region to vertex; no appetite, nausea even after small quantity of food; is losing flesh very rapidly and feels exhaust-

ed, and *very irritable*; the pain in the back is intolerable at night, and all symptoms increased at menstrual period; menses regular and normal in appearance. Examination revealed marked tenderness of left ovary, but no uterine displacement. *Cham.* 200th made no impression, and later *Actea rac.* was used with same result; but after the selection of *Macrotine 1x*, relief was obtained in less than forty-eight hours. This condition not being permanent, the sixth decimal of same drug was given, and patient soon restored to health, with no return of the pain even at menstrual period.

CASE III.—CHRONIC CONSTIPATION.—*Lach.* 30th.—Miss N. B., dark, swarthy complexion; dull, sluggish temperament, has suffered from constipation for fifteen years. Careful inquiry elicited no characteristic symptom except “every thing tastes sour to me, food becomes violently acid as soon as it reaches the stomach.” Remembering this symptom as marked in many provings of *Lach.*, I gave *Lach.* 30th, to be taken three times per day for a week. At the end of the week, patient reported bowels regular. Four months have now passed with no return of old trouble.

CASE IV.—MORNING SICKNESS.—*Phos.* 30th.—Mrs M. P., aet. twenty-eight. Has had four children, is now three months pregnant; suffers every morning as soon as she rises with violent vomiting. During pregnancy *is never* able to drink water, *even the sight of it causing nausea and vomiting; must close her eyes while bathing.* *Phos.* 30th, was prescribed to be taken three times per day. After four days patient reported as follows: no nausea from drinking, no vomiting on rising, and no discomfort from the morning ablutions. Marked improvement was noted before six doses of the remedy had been taken.

MEDICAL CLINIC. Service of Prof. Wilson. Reported by J. C. Wood, M. D., Assistant to the Chair of Theory and Practice, Michigan University.—EPILEPTIFORM CONVULSIONS.—*Phos. acid* 30.—CASE I.—Benj. L., of Charlotte, Mich., patient of Dr. Rand. About eighteen months ago, this gentleman, previously in good health and able to do his

usual hard work upon the farm, began to complain of getting easily tired. A moderate amount of work in the morning would so exhaust him that he would have to rest or lie down the remainder of the day. This condition gradually increased, with this additional symptom: a feeling of tightness or compression would be felt over the whole body, which would last an hour or less. There would then occur a sensation like a gradual unwinding of a bandage that had been applied to every part of his body. One year ago he began to have "spells" in which partial unconsciousness ensued. These came on as a rule in the night and caused him to sit suddenly upright and beat with his right hand. After they subsided he would feel greatly prostrated. A few times they occurred in the day time and lasted only a few moments. They produced at all times a bewildered state of mind. Six months ago he had a severe spasm at night, and cramped, and frothed at the mouth. 1. Mental symptoms: Memory of late impaired; can not recollect easily the names of those with whom he is acquainted. After the "spells" he finds it difficult to say what he should; often he says the wrong word or sentence. 2. Chest: No cough, but palpitation of the heart often; heart sounds normal but feeble and regular. 3. Urine: The daily amount possibly diminished, otherwise supposed to be normal. (Note: It is our constant custom to have the urine analyzed in all doubtful cases. This patient did not remain in the city and we lost the desired opportunity to make the test which we desired.) Our examination elicited no other symptoms, except, perhaps, a tendency to coldness of the hands and feet.

Diagnosis: For nosological arrangement we may specify this as a case of epileptiform convulsions. It will be seen that he has had at least one epileptic seizure. The general uncertainty as to the character and seat of the lesion in these cases is well known to those who have made nervous diseases a study. In this case the lesion may at least be traced to the brain substance, on account of the disorder of intellection, and we may now perhaps go a step further and place it in the frontal lobe (right side?), and in the third convolu-

tion, which is supposed to be the seat of language. The aphasic condition would lead us to this conclusion if we understand that function of that portion of the brain.

Treatment: *Phos. acid* 30, three doses per day. Our prognosis could not be otherwise than unfavorable. His physician will report progress in a couple of weeks.

MEMBRANOUS DYSMENORRŒA.—Mrs. M., aet. twenty-four, had been married three years, no children. Menstruated too often and altogether too long and too much, and usually wound up with a great deal of pain and discharge of a membranous cast of the uterus, size of an orange. There is nothing new that I have to report concerning this case, except the remedy that cured it, and the manner of preparation. After having exhausted what little knowledge I then possessed without benefitting her but slightly, an old Dutchman gave her a small bundle of *Yarrow* and ordered a decoction to be made, of which she drank freely during a few days, and was perfectly well afterwards for ~~four~~ ^{several} months. She saying except for seeing the flow she would not know she was "unwell." A repetition of the remedy cured her and she has remained well ever since, a period of five years. *Yarrow* is the vulgar name for *Achillea millefolium*. The remedies I prescribed that did the most good were *Thuja* and *Xanthox.*—J. H. DIX, M. D.

Ann Arbor Clinics. Surgical Clinic. Service of Prof. Franklin. Reported by Assistant Surgeon W. R. Wheeler, M. D. University of Michigan Homœopathic Medical Department.

CASE I.—NASO PHARYNGEAL FIBROMA.—FIBROUS POLYPI.—SUFFOCATIVE FIBROID.—M. B., aged sixteen years, en-

tered hospital in February, for surgical treatment, with the following symptoms, viz.: voice changed, with a decided nasal twang; great difficulty in respiration; inability to breathe through the nose; frequent attacks of suffocation when lying down, so severe that his parents thought he would die in each attack; inability to perform manual labor; frequent attacks of hemorrhage at night, relieving the suffocation; deglutition difficult; respiration, accompanied with a snoring sound. Patient possesses good, healthy constitution in all other respects, and is rather large for his age.

Upon examining the nostrils with Duplay's bivalve speculum, the patient seated before a strong light, I could distinctly see a large reddish tumor beginning about an inch from the external nasal orifice, and extending backwards. Upon closing the mouth and making a forcible expiration, no air escaped through the nostrils. This attempt forced the tumor upwards, completely filling up the cavity. Upon looking within the mouth I found the soft palate projecting forwards, while a large tumor was distinctly visible, and extending downwards towards the epiglottis. The tumor felt hard, unyielding and smooth, and all the pressure I could make upon it with my finger produced no impression upon the mass. It was too large, too red and firm, for a polyp; it possessed none of the characters of carcinoma or epithelioma; no ulceration or pain indicative of either of these diseases; it was diagnosed a huge fibroma. I may remark, that in all malignant growths occupying the natural cavities of the body, there is no pediculated base, the non-malignant have a pedicle, which I judged to be the condition of the case before me. As suffocation was continually threatened, I revolved in my mind the character of operation to be performed, and upon consultation with the father concluded to try the wire ligature or ecraseur, and strangulation of the mass. Nelaton's operation of incision of the soft, followed by resection of the hard palate, did not seem to offer much encouragement, because of the extensive plane of implantation which I believed to exist. The resection of the upper jaw was stoutly resisted by both father and patient and I settled down on the ecraseur treatment, prefer-

ing the palliative to the perilous operation. Assisted by Drs. Allen and Wheeler, and my class assistants, Messrs. Jackson, Tyler and Flandrean, I began the operation. Fearing the influence of an anæsthetic, I placed the patient on a strong chair, before a window, and introduced within the nostril a double copper wire, but found it was simply impossible to pass it either over or under the growth, the wire bending up with each forcible propulsion. After trying several expedients, at last succeeded in passing, with much difficulty, Bellogue's sound and canula, and with a ligature attached to the loop of a double wire ligature succeeded in drawing it through the nose and beyond the tumor, now depressing the noose with my finger within the mouth and pushing it under the mass, upwards and forwards, and at the same time making strong traction on the other end, I engaged it firmly against the tumor, and making it fast to the ecraseur, which was placed within the nostril, began the process of strangulation, and within three days, with no great amount of pain, I had the pleasure of seeing its base of attachment cleanly cut through, and with considerable force I dragged the hideous growth from the cavity. The tumor, when removed, although it had shrunk considerably measured in its long circumference ten inches, in its short circumference six inches, with a base of implantation of one and one-fourth by two and a half inches, being the largest tumor removed entire from that cavity, so far as I know of. A peculiar clinical feature in this case is, that this tumor is essentially a disease of youth, and attacks boys from fifteen to twenty-one years; girls, as a rule, being exempt from these formations. Polyps on the contrary, according to my experience, are more frequent in the female sex. Strange as it may appear, the disease is one of self-limitation, and disappears without treatment, at maturity.

"Reproductions," says Gosselin, "occur in spite of all the care which has been taken to shave off the surface of implantation, to scrape it and to destroy all that could be considered as forming part of the tumor."

In cases such as this, there is a very important surgical question to be settled. Premising that no operation is absolutely curative, it seems that palliation is the proper method to be pursued. In this you give your patient first, the advantage of not risking his life by either of the two operations recommended, Nelaton's or resection of the upper jaw; second, you do not mutilate his face or his mouth, or subject him to the mortification of a nasal twang the remainder of his life and all the discomforts of a permanent communication between the cavities of the mouth and nose.

There are certain peculiarities in this case that lead me to believe that the tendency to reproduction can be cured and those are the conditions immediately connected with the diseased mass which point to either *Teucrium* or *Kali bichrom.* I shall give to this patient the latter remedy although I believe the former is best adapted as a rule to overcome that condition of the system by which these growths are generated. But the prominent indications for *Kali bichrom.* consists in the continual throwing off of the ropy, tough discharges from the nose; the tickling that is felt high up in the nostril; the thick, dark, red blood that escaped from the nostrils and the fetid smell, and the ill-humor and indifference that possesses the patient.

If we can succeed in eradicating the cause of these terrible diseases by our remedies, it will be still another priceless boon to humanity, and Homœopathy will be accredited with having accomplished more than the best directed efforts of all the surgeons of the world combined. I shall watch this case with much interest and report at some future time the results, and if the germ of reproduction is destroyed we shall have rendered our patient the great service of saving his life without mutilation or life long discomfort.

CASE II—FRACTURE OF THE LOWER THIRD OF THE FEMUR.—W. C. was presented for treatment for fracture of the femur, low down and just above the knee joint. The patient was walking along the slippery pavement in December last when he slipped and fell upon his sled; could not rise after the accident and was carried to his bed on a stretcher.

You see how the shape of the injured limb differs from the sound one; you see the deformity and outward rotation of the limb. We detect by sight some shortening, but let us apply the test: stretch a cord from one iliac spine to the other and observe that it gives an oblique direction with reference to the axis of the body; the spine on the injured side is sensibly lower and shows shortening. Now let us apply the cord from the ant. sup. spine of the ilium to the external malleolus making it cut the external tuberosity of the femur and comparing the measurements with the sound limb we find nearly an inch and a half shortening, then measuring both limbs from the spine of the ilium to the internal maleolus and the same degree of shortening prevails; next we look for crepitus and preternatural mobility; and I seize the heel with one hand and raise the leg, my other hand lying transversely across the middle third of the thigh; we see that the lower part of the thigh moves with the leg, the upper part remaining immovable, the hinge or center of movement being just above the knee joint. We move it laterally and the result is the same; during these movements we detect crepitus and a closer examination of the bone tells us, we have an oblique fracture of the shaft in the lower third of the femur. Let us now examine the knee joint which seems increased in size, and making direct measurement around the condyles of the femur, cutting the center of the patella and comparing it with the sound side shows an increase of over an inch. To what is this difference attributed? Either to articular lesion due to a traumatic contusion of the knee, or effusion within its cavity. To differentiate between these two conditions, I grasp both sides of the knee with my left hand above the patella and with my right a little below the patella and pressing firmly upon its center with my right index finger, I feel my other fingers raised up and alternating the pressure it is very evident that there is liquid within the joint a consecutive arthritis which I believe to be an infiltration of blood into the sub-synovial connective tissue. It is on this account, that patients having fractures near the knee, are so long in overcoming the rigidities of the joint in their efforts at locomotion.

Prognosis.—The prognosis in such cases is, that there will be a little shortening and that this shortening will be somewhat more at the end of treatment than it was when the limb was set. This is unfortunately the rule in all fractures of the thigh in the adult.

Treatment.—Extension and counter extension, making and maintaining reduction, manipulation and correction of deformity and retention, which I propose to do by placing the patient's limb in a double inclined plane, fastening the foot to the foot piece and by means of the screw keeping up the extensive force from time to time as the dressings yield to force or pressure. The apparatus should be renewed every third or fourth day for the first two weeks and at each time the limb should be carefully measured, the shortening overcome, if any exist, after that every eight or ten days will be sufficient. As soon as all inflammatory action has passed away by means of internal and local application of *Arnica* I shall give *Symphytum* three times a day to assist the healing process and instead of keeping our patient seventy or eighty days before he begins to exercise as is the rule, in the old school, I expect to find him moving about in less than forty days. About the thirtieth day, I propose to apply the plaster bandage, and permit my patient crutch exercise at or about the fortieth day, and we shall await the result.

CASE III.—CLEFT PALATE.—M. W., aet. nine, was presented for treatment and a surgical operation in October. Examination showed quite a severe case of catarrh with a large ulcer occupying the posterior nares. The operation of staphylorrhaphy was postponed for a while and *Kali bi.* 6, given internally three times a day. The surface of the ulcer to be sprayed with a solution of *Carbolic acid* and *Calendula* morning and evening. In two weeks the patient again returned with the ulcer healed and catarrhal symptoms much improved. I have some fears that the catarrhal inflammation which still exists though in a modified form, may prevent union between the flaps and render the operation of no effect, but as the parents of the child were exceedingly anxious to have the operation performed it was undertaken with some little misgivings,

Placing the child on a chair before a strong light and securing the arms by a napkin, I proceeded to the operation without anæsthesia, the child appreciating the actual condition of matters. Placing a gag in the mouth the edges of the fissure were vivified on either side with a blunt pointed bistoury, the incisions being carried from below upwards; the extremity of the bifid uvula being held down by a rat toothed forceps; a cork screw needle was used to pass the sutures, beginning at the lowest extremity and terminating at the apex of the fissure. Three silver wire sutures were used and fastened with perforated shot pressed firmly together by strong pincers beginning at the highest and clamping downwards. The operation was closed by Sedillot's plan of making an incision along the posterior edge of the hard palate towards the free margin. The parts were now cleansed with a very soft sponge dipped into a lotion of *Staphysagria* and *Carbolic acid*. The same lotion was ordered to spray the parts twice a day and liquid food ordered for the first five days, on the 5th day the sutures were removed, union having taken place perfectly.

CASE IV.—IMPERMEABLE STRICTURE OF THE URETHRA.—F. W., aet. thirty-nine, entered the surgical clinic Oct. 30th, 1878, with an old cartilaginous stricture of nine years standing, caused by frequent attacks of gonorrhœa and caustic injections. For three years the stream has been getting "small by degrees and beautifully less" and now the urine passes drop by drop (*stillicidium urinæ*). Endeavored to pass into the bladder a filiform bougie but was unable to effect it. Tried my favorite horse hair treatment and after a good deal of coaxing and trying, succeeded in passing three horse hairs which were to be retained till the patient returned. The second day after, the flow of urine increased in quantity and the stream increased in size so that in another week he was able to pass quite a small stream. Introduced five other horse hairs and bade the patient to retain them and return on the third day. The stream of urine gradually increased and at this time I was able to pass the smallest size filiform bougie and the patient left feeling much better. The third

day thereafter patient complained of irritation and burning in the urethra which was relieved by *Canth.* 3. Each succeeding visit the size of the bougie was increased, and in six weeks from the first he was discharged wearing a number ten American bougie, with the admonition that he must occasionally introduce the bougie to prevent the return of the stricture, he was discharged as cured. The remedies employed were *Clematis erecta*, *Gelsemium*, *Eupator.* and *Sulph.* The cure has remained perfect to the present time.

Miscellaneous.

Asthenopia. By Prof. T. P. Wilson, Ann Arbor, Mich.

Recent advances in ophthalmology have so largely increased our possessions of principles and facts that we find many new subjects springing into unexpected importance, and many old ones proliferating, as it were, into such manifold forms that even the wisest among us shrink from attempting, upon ordinary occasions, anything like comprehensive discussions of them.

Asthenopia is not, relatively speaking, a new subject. I mean the term at least, was early employed among our ophthalmologists, and, I may say, has held a foremost place in the estimation of these special investigators.

Of late, inquiry has been greatly stimulated in this direction, and we are to-day in possession of facts that would have greatly astonished our predecessors.

I propose, however, to do no more than bring forward at this time, a few of the more interesting facts connected with this subject.

I desire to awaken the interest of the general practitioner in this question, for it is to him that a majority of these cases come for relief, and nothing but a special study will enable him to do them justice.

Asthenopia, as a term, has quite lost its original meaning. To the early writers it meant little more than it expresses, namely, weak sight; but to us

it has a world of meaning, and now includes so many important pathological facts and phenomena that the old idea of weakness in the vision is almost wholly lost sight of.

Many cases, that to all appearances widely differ from each other, are now included under this head. Heretofore they would have been differently catalogued, but now they are grouped together, from the simple fact that they have a common origin. The different grades of asthenopia present to us varied and unlike symptoms, but they all have a basic element in common.

I propose, now, to state what I understand to be the pivotal fact around which all other symptoms are grouped, according to the degree of the case.

Primarily, all cases of asthenopia take their origin in the attempt to fix the sight upon objects near the eye.

Reading, writing, sewing and the like occupations, call forth those symptoms that are peculiarly asthenopic. To my mind no other fact is so universal to all forms of the disease as this. Guided by this rule, we can scarcely be misled in our investigation of even the most severe or the most peculiar cases of asthenopia.

Even if we find it to have risen to such a severe height that the symptoms no longer wait on the action of the eye, but are present constantly, still the fact remains that originally the symptoms appeared only when an attempt was made to use the eyes continuously for the near point.

As this symptom is first in the order of its appearance, so for a greater or less length of time, it continues to be the only symptom manifested. And since for this we are prepared to offer prompt relief, it seems a pity, indeed, that this warning could not be more generally heeded.

For this, if I mistake not, the general practitioner is largely at fault. He and his patients alike, indulge in unwarranted prejudices. Said one of these gentlemen to me, "I'll agree to send you fifty patients, not one of whom, I believe, need glasses, and you will put glasses on every one of them, just from habit." I said in reply, "I'll agree to send you fifty patients, every one of whom, I know, needs glasses, and you will not put glasses on one of them, just from ignorance."

You tell your patients quite too often that they better not wear glasses, for fear it might be an injury to their sight. You could not give them more injurious advice.

Asthenopia is not always cured by the use of glasses, nor is it always relieved, but, as a rule, both results speedily follow by properly adjusted spectacles.

I have, however, of late, ceased to wonder at the dislike people have to resorting to the use of glasses. In a village of considerable size and importance, I had recently occasion to make the run of the jeweler's shop, in search of something I could furnish a patient in that line. I never before

had such a privilege, and I do not want it again. I can not now recall what I found, as anything but a sorry accumulation of glass ware. As for being optical lenses, they had small claim to the honor. And I noted a peculiar fact, that in all the town I did not find on sale a single pair of concave glasses. I asked each dealer why this was so, and he replied he had no call for near sighted glasses.

As a nation, we have been rapidly getting to be myopes—*on paper*. Our sensational scriblers have clearly proved, by statistics, that we are all becoming near sighted. Well, the complaint has not reached the rural districts yet, I should judge. But far sighted we are, and out of this far sightedness comes the bulk of our asthenopic cases. And for these, as a rule, convex glasses are the sovereign remedy. But if people must resort to a jeweler's shop, and have several quarts of spectacles placed before them, and be obliged to make a selection out of them as their fancy or chance may dictate, I do not wonder that that method of relief is put off as long as possible.

As this paper is merely a study, and not a treatise, I may be pardoned for repeating what I wish to have most clearly fixed upon your minds.

You may ask me to define asthenopia, and I would undoubtedly hesitate to make the attempt if obliged to frame a brief definition. Asthenopia is many things, or it is many and varied symptoms which have taken long and careful observation to detect in their mutual relation. I have no desire to raise any of the many mooted questions now rife among specialists. Let us leave them to settle their nicer points among themselves, while we note those points only which concern us as general practitioners of medicine.

Old persons and young persons, do not certainly, as a rule, have asthenopia. A debilitated state of the general health is a fruitful cause of this affection. Ladies—I do not say women—having a well known preemption of debility, are greatly prone to it.

Most cases will be found to have reached their climax through almost imperceptible degrees.

Not infrequently, however, we find the attack induced with remarkable suddenness.

CASE I.—J. K., aet. thirty, always had good eyes, and used them constantly, as draughtsman, and on fine mechanical work. A few weeks ago he rode all day upon the cars, from Chicago to Cincinnati. He employed his hours, meantime, diligently reading. Toward night his eyes began to give out and rapidly grew worse, so that ere he reached home they seemed to him to twist round in his head, producing double vision and vertigo. For a week his vision remained in this demoralized condition, attended with severe pain in the eyes and head. I found upon examination, great difficulty in fixing for a near point. Upon forcing the eyes together upon a point near the tip of the nose, one of them would swing out and leave its

fellow to do all the hard work. The pain, the dread of light and the blurring of the vision, were very prominent. And all this was induced in a single day, and will doubtless last many months before complete recovery can be looked for.

In mild or medium grades of asthenopia rest gives prompt and perfect relief; but the attack is renewed at once if the eyes are subjected to use again.

In the severe forms there is nothing gained by rest. In fact, rest is often an aggravation.

CASE II.—M. N., aet. twenty-four, book keeper. In moderate health. Been gradually getting asthenopic for many months—nearly two years. Pain and other symptoms heretofore paroxysmal, now constant. *Worse on Sundays and holidays.* Wakes up in the night, with pain in the eyes. No better in the morning, and no worse at night.

As a rule, asthenopia has more or less photophobia. But this is not always in proportion to the amount of light.

CASE III.—R. B., aet. twenty-three, teacher. Mild form of the complaint, but what is curious, is that the symptoms are all aggravated in *twilight, and cloudy days.*

This condition which we are considering, is very productive of a peculiar mental state, to wit: despondency. The chief reason of this lies in the patient's apprehension of blindness. This fear is too frequently augmented by the uncertainties, or erroneous diagnostic views of his or her medical adviser.

Perhaps no complaint is more frequently mistaken by the profession than this. To the solicitude of the sufferer, is added the solicitude of the doctor, who fancies he sees the greatest possible danger threatening the patient. Many physicians who never heard of asthenopia, have heard of inflammations of the retina and optic nerve, and they have a vague idea that these last named diseases have, characteristically, the symptoms of photophobia and pain. The reverse of this is true. Neither of these symptoms need be looked for in inflammation of these tissues.

Asthenopia, strictly speaking, is not a disease. It is a group of symptoms, and when these are concomitant we recognize them as asthenopic. But their origin, in any several selected cases, may be very different.

We recognize among those causes, certain conditions: first, of the retina; second, of the lens; third, of the cornea; fourth, of the ciliary muscle; fifth, of the rectus internus or externus; sixth, of the eye ball; seventh, of the ovaries and uterus; eighth, of the general health, not to speak of many other equally potent causes.

To go back now to our pivotal fact again, let us repeat: *all asthenopic symptoms are primarily induced by using the vision for the near point.* The patient can not sew, or read, or write, etc., etc., without bringing on certain symptoms. Let us designate a few of them: blurring of the sight; pain in the

eyeballs and head; vertigo; nausea; eyes become bloodshot or watery; feeling of sand under the lids; smarting or burning of lids.

In time, these, or some of them become confirmed and constant, and then ensues mental depression.

Now, as to the matter of diagnosis, it would be a gratification to every one to whom such patients apply, to be able to detect the nature of the difficulty at once.

CASE I.—A. S., lady, aet. twenty-seven, married; two children; leucorrhœa; obliged to sew at night. Eyes troubling her for three months, now very bad, with marked asthenopic symptoms. "Can you see well at a distance?" "Yes, and with ease." "When you first look at reading or sewing, can you see things clearly?" "Only for a moment, and then everything becomes indistinct, and if I persist, then pain comes on." On this examination, brief as it is, we might safely rest our diagnosis of asthenopia. Subsequent treatment would undoubtedly confirm that opinion.

CASE II.—R. M., merchant, aet. forty-seven. Can not see to read evenings, without great trouble. Asthenopic symptoms, induced by prolonged use of the eyes at any time. Eyes often bloodshot. Far sight unaffected; both eyes equally good. Eyes feel well and strong in the morning, but weak and easily blurred in the evening. Here we have a clear case, and it does not require much special knowledge to recognize it.

I have no desire to extend these cases, many of which are easily detected, and they form the bulk of all such; and many are so anomalous as to puzzle the most careful observer.

The treatment of asthenopia covers a very wide range of knowledge, and calls for the most skillful use of agents.

The two cases I have just cited, the first depending upon naturally shallow eyeballs, (hypermetropia) and the second upon a lens flattened by age (presbyopia) can be relieved only by suitably adjusted convex glasses. If after that, symptoms remain, they can easily be removed by medication.

Other cases require concave, or, perhaps, cylindrical glasses, according to the refractive state of the eyes. These are less frequently observed, and should be referred to the specialist.

Electricity is a remedy I should not like to be without, in treating many of these cases. Beard and Rockwell relate three cases, and Butler, in his excellent work, quotes one of the three. I think I could give scores of cases both relieved and cured by this agent. Its immediate effect on severe cases is almost magical. The effect of an application often lasts three or four days.

As to our materia medica, we have no cause to complain under this head, of the paucity of its symptoms. It has many remedies, rich in indications and fruitful of desired results.

Apr 3

Natrum mur., is more often indicated than any other remedy. It is especially suitable for females, and that, in part, accounts for the fact just stated. Symptoms—Redness of the eyes, with lachrymation. Vision weak; can not read or sew without pain in eyeballs; itching; burning; feeling of sand in the eye. Small things become blurred. If to these you have *morning aggravation*, you may be quite sure of your remedy.

Ruta. grav., stands next in order of frequency. Symptoms—Sensation of heat and fire in the eyes. Eyes easily fatigued by reading. Sharp, biting pain, with itching and lachrymation. Eyes feel strained; dimness of vision.

Asthenopic symptoms with dull pain intermitting, and a. m. aggravations, indicate *Natrum mur.* Consequently this remedy is best for recent or mild cases.

If the symptoms are continuous, or nearly so, with sharp pains and lachrymation prominent, *Ruta. grav.* is sure to meet them best. Hence it is for long standing cases the better of the two.

Physostigma, in my experience, stands next in order of frequency of indication. Symptoms—Drawing, twisting sensation of the eyes; weakness of the rectus internus, with double vision; headache; dull pain, aching in the balls; short sighted; vision indistinct. This is the remedy for asthenopia in near sighted people, and it will, in my experience, reduce the apparent myopia, as well as control the symptoms excited by it.

Argentum nit. is a remedy upon which we can rely with confidence, and its indications are pretty well marked. Besides general asthenopic symptoms, it has marked hyperæmia of the conjunctiva, with mucous discharge and redness of the inner canthi.

Conium is indicated by excessive photophobia.

Agaricus, by twitching of the lids. Many other remedies are from time to time called into use, but we have no space to point out their special indications.

I am not accustomed to give these remedies in attenuations lower than the 30th. I beg to impress upon your minds the following facts:

Asthenopia is comparatively easy of diagnosis.

A large part—three-fourths perhaps, or more, require to have glasses adjusted, and there is no cure without attending to this preliminary step.

A good knowledge of the materia medica, or a ready reference to it, will give the needed knowledge as to the proper remedy to use.

The Death of Socrates. A Contribution to the Pathogenesis of *Hemlock*. From the Hom. Rundshau. Translated by O. B. Moss, M. D., Cleveland, O.

Plato relates the death of the great, wise man, in the following language:

Crito gave a sign to one of the slaves standing near, who immediately went out and after some time came in with the man, who should administer the poison. This was thoroughly beaten in a bowl, and, directly, Socrates cried out: "Very well, my friend, what must I do now?"

"Nothing further," said he, "except to walk a little after you have drank, until you feel a weariness in the limbs, at which event you can lie upon your bed; the poison will then operate of itself." And with that he delivered the bowl to him. Socrates took it with the greatest firmness, without any excitation, without the color or features changing; he only appeared unshaken as was his custom, and said: "Tell me, can I not make use of a little of this potion for a libation?"

"Socrates," answered he, "we only prepared so much of it as is necessary for drinking."

"I understand," said Socrates, "yet it is at least permitted to offer prayers to the gods, in order that they bless our journey. Would that they might fulfil my wishes!" After he had spoken that he placed the bowl to his lips and drank the poison with wonderful tranquility and mildness.

However, Socrates, who walked back and forth, thought that he felt heaviness in the limbs and laid himself upon his back, as he had been advised. The man who administered the poison now approached, and after he had observed the feet and lower limbs, he pinched the foot violently and asked him, if he felt it. "No," said Socrates. Then he pinched his thigh, and his hand passing further upwards, proved that the body was cold and stiff, and, in addition to that, so soon as the coldness should reach the heart, Socrates would leave us. Already the entire lower part of the abdomen had be-

come cold. Then removing the coverings he said, and these were his last words: "Crito, we owe Aesculapius a cock; forget not to pay this debt." "It shall be done," signified Crito, "but will you not still say something else to us?" He made no reply, and a short time after that he made a convulsive movement. At that the man uncovered him wholly; his countenance was motionless. Crito observed it and closed his eyes.

Is It an Evil to be Abolished?

GRAND RAPIDS, MICH., September 18, 1879.

DEAR DOCTOR:—Why do you not protest against our medicines being put into every drug store in the land? If the avarice of our present houses can not be otherwise checked, let us call a convention, and stop patronizing every house that will, for a few dollars, so far compromise our cause. Should we unite, we can secure one house who will manufacture and keep our medicines for homœopathic physicians.—Yours, G. N. BRIGHAM.

Dear Doctor:—Our idea upon this question is simply this: commercial matters are a law unto themselves. The medical profession could not if it would control the market. There may be abuses in this department, but it would be futile for the doctors to attempt to abolish them by a general management of the trade. Our advice is for each man to patronize the best houses, and the poor ones will die out. We can not help it if drug stores keep homœopathic medicines. It does not seem to us to be an altogether unhealthy state of affairs. There may be objections to it, but a convention would hardly remedy the trouble.

Comments on "Ten Surgical Cases." By J. G. Gilchrist, M. D.,
Detroit, Mich.

In the December number of this journal, Dr. Fahnestock reports ten cases occurring in surgical practice, and in the succeeding number, some comments on the same. Many thoughts arise in the mind of the surgical practitioner, as these two papers are read, and as omissions occur in the second paper that are hardly excusable, I ask permission to briefly allude to them.

In Case I, on page three hundred and sixty-four, the expression is used, "thinking that if the felon were now lanced it would hasten off the effects of the *Chloroform*." There is probably no more popular error than this, that the danger from shock is less than the danger from *Chloroform* narcosis. Mr. Lister, in Holmes' System of Surgery, conclusively shows that the cause of death from *Chloroform* is oftener from insufficient anæsthesia, than any direct effect of the agent. The familiar fact is cited that the majority of deaths occur in the practice of dentists, or when slight operations are attempted, and the explanation will at once occur to the student of surgery. Death occurs, under such circumstances, from respiratory failure, and not to cardiac paralysis, due entirely to shock, which the peculiar nature of the anæsthetic condition particularly exposes the patient to. The respiration, it is well known, is maintained by the combined agency of the cerebro-spinal axis, and the ganglionic system. The effects of *Chloroform* are manifested in a certain order, viz: first, suspension of sensory phenomena, and later reflex. With profound anæsthesia all apprehension of shock may be dismissed, as sensation is absolutely extinguished; with partial anæsthesia, not only will pain be felt, and consequently shock imminent, but the diminished nerve action greatly aggravates the danger; at the same time it increases the presumption of such an action. So true is this, that the old theory of avoiding anæsthesia in cases of cardiac lesion, is now generally rejected, and the greatest safety of such pa-

tients is recognized as consisting in complete anæsthesia. While the causes of death from this beneficent agent are known to be four-fold, viz: apnœa, from exclusion of air; coma, from too rapid administration; syncope, from an over dose; and shock, from insufficient anæsthesia. It is admitted by all competent to form an opinion, that the last exposes the patient to greater danger than either of the others. A causary examination of the statistics available, will amply prove this point. From these considerations, I am fully warranted in giving a warning against the practice alluded to in the quotation, and assure the Doctor that he gave his patient a capital opportunity to be freed from all pain forever, and committed a greater error than he did when he lanced the wrong finger. With this view of the case, I heartily endorse the remark of the Doctor, (second paper) "no one should administer an anæsthetic unless thoroughly conversant with its effects, and the dangers attending its use."

In commenting on Case VI., the writer says, "always operate in strangulated hernia, after other means have had a fair trial." I would paraphrase that in this way: "Always operate upon a strangulated hernia before other means have, etc." This may startle many who are not in constant surgical practice, but in addition to my own experience, I am happy to have Mr. Poland (Holmes' System of Surgery), on my side. Statistics given by this author, conclusively show that the best results, not only as to mortality, but a radical cure of the hernia as well, are experienced by those who make herniotomy the first resort. The cases that terminate disastrously are those which have been tortured by taxis, etc., and handed over to the operator, when death seems imminent. As Poland says, more die from the neglect of the operation than its performance. Better be too hasty than too slow. I have had the privilege of performing herniotomy sixty-four times, to date; my failures are two, as to continuance of life. To what do I attribute this success? To early operation in the first place, and to homœopathic treatment in the second. Remedies alone will cure many a case; but, alas, there are some in which the strangulation is likewise incar-

cerated (by plastic adhesions), when they must fail. I prefer, therefore, to operate when my patient is in the best condition to recover, when he is not worn out by pain, and the local inflammation made more intense. By early operation, in addition to what has been said, we have this advantage, that the process of cicatrization often produces a radical cure as well. Unless taxis will immediately induce improvement, say in five minutes, perform herniotomy.

While the other cases might well be made the subject for additional comment, these two present the most salient points. These comments are not offered in any spirit of ill-nature, or to appear censorious, but simply as supplying something overlooked by the Doctor, and hence necessary to make the lesson contained in his instructive papers properly available to those needing such instruction.

Correspondence.

ANN ARBOR, MICH., Feb. 20.—A few days ago the editors of Michigan visited the University, and at ten-thirty a. m., entered the rooms of the homœopathic department. Prof. Wilson, who was occupying the platform at that hour, was delegated to give an address of welcome.

PROF. WILSON'S SPEECH.—*Gentlemen of the Press:* In behalf of the Homœopathic Medical College of the University of Michigan I am glad to welcome you here to-day. If you had held an editorial convention here, say a million of years ago, you would have found the scene somewhat encumbered with material in the process of construction. You would not have failed to notice Silurian seas, Laurentian rocks and Jurassic strata in confusion mixed. And as faithful chroniclers of the times, you would have reported in this wise:

"The thing is interesting, but not promising." Coming to-day again and looking over this fair earth with its beautiful hills and valleys, its mountains, its rivers and its oceans, you would, no doubt, as most editors do, hasten to retract or modify your first statement, and would cable your numerous readers to this effect: "It was all a mistake. The thing is a success."

The application of this is obvious to all. As you go about our premises to-day, stumbling over piles of lumber and beds of mortar, and it may be thinking "cuss words" as you tear your unmentionables on projecting nails, and soiling your beaver coats with omnipresent plaster, you will please remember that "Rome was not built in a day."

Remember also, gentlemen, your reputation for veracity and for prophetic insight, and say to your constituency: There's a giant born in Ann Arbor, and his enemies are trying to steal his swaddling clothes to hide their nakedness in. And if he be not *strangled* (?) in his infancy he will one day "make Rome howl."

Gentlemen, you see we are building, and are soon to set up housekeeping all by ourselves, and let me tell you, it will be on a new and improved plan. When you come again, as we hope you will, you will find the latch-string hanging out, the kettle boiling on the stove, and the table set for you, our honored guests. When you come again, if our hospital is ever done, "we will welcome you with bloody hands to a hospitable"—entertainment by way of a few ovariectomies or amputations, or cataract extractions, or whatever may please your fancy or suit your taste.

Gentlemen, we are really glad to see you, and could wish that we were in better shape to "take you in." And let me beg of you, if you have any influence with the man in the moon, (and we know you have), or with the Chief Justice of the United States, or whomsoever it may be that has authority or power, that you will use your all-powerful pen that we may, before the present century closes, have our hospital finished.—MODUS.

Dysmenorrhœa. From the Allg. Hom. Zeitung. Translated by A. McNeil, M. D., New Albany, Ind.

During the autumn of 1877 I was called to see the wife of a school teacher. She was forty-two years old, looked healthy and strong, and was trying Homœopathy as a *dernier resort*. She complained of the most intolerable pains, which she endured before and during her periods. Since twelve years ago, when she had her last child, she had suffered in this way. All the treatment she had received, including the different operations to which she had submitted at the hands of specialists had proved unavailing. Her last labor had been extremely difficult and was only completed by artificial aid. During all of this time, she felt before the beginning of menstruation, a general physical depression; the hands and feet were heavy as lead, flashes of heat to the head with breaking out of sweat; her appetite had so decreased that she had become so extremely weak that she was compelled to keep her bed. These symptoms had now all become worse and more violent. The hardest of all to suffer was a pain in the loins, which had recently set in so that she must roll up pillows to press upon. These pains extended from the loins to the thighs on one side, and into the flank and region of the womb on the other. They were contracting, burning, spasmodically tearing and often dull, pressing. But now the real agony began. The pains which till this time had been paroxysmal, had yet been bearable, but as the flow approached it appeared as if they would take her life, so that it had been despaired of, and her husband, on the advice of her physicians had extreme unction administered. Below the umbilicus, and to its right and left a cutting and tearing began that made her double up like a worm, a kind of colic in which the pains became so bad that violent vomiting ensued and she finally lost her consciousness and understanding. This condition lasted till the flow began, however scanty it was. The pains were less severe when the menses were more profuse; the flow then was mostly in

lumps. On the third day of menstruation there only remained some pains in the loins, and a bruised feeling in the extremities, the menses ceased on this the third day, and she felt entirely well until the approach of her next period.

Among the medicines which had been given to her internally by the physicians, I perceived the usual narcotics of *Morphine*, etc., and besides homœopathic vials of *Nux*, *Cham.* and *Ipecac*, none of which had done more than to ameliorate the pains. The operations performed by the specialists could not have been anything else than attempts to mechanically dilate the cervix.

I have designated her case dysmenorrhœa, although she frequently and emphatically asseverated that her trouble arose during her last labor, and she thought that if she could again become pregnant she would be better, so that I may say that it was, in a certain measure, a case of sterility caused by stenosis of the cervix, produced by her long continued labor, which was completed by instruments. Could there not have been injuries to the parts which were followed by exudation and cicatrization, which narrowed or closed the cervix, and thereby caused the difficulty in expelling the menstrual blood?

The therapeutics, however, offered more difficulty. I have observed the advice of Prof. Buchner, and I hope my kind readers will bear with me while I give his indications in these cases. He said at different times: "In too stormy menstruation give *Acon.*; in spasmodic, *Atropine*, *Bellad.*, *Cham.*, *Coccul.*, *Cuprum*: accompanied by hyperæmia, *Bellad.*; by colic, *Atrop.*; when convulsions are very violent, *Stramon.*; in spasmodic and too frequent, *Ipecac*; in too frequent menses in ænemic women, *Chinin.*, followed by some of the calcareous preparations; in too scanty menses of ænemic women, *Pulsat.*, *Sepia.*; with danger of suffocation during menses, *Zinc*. The action of the calcareous preparations on the uterus and ovaries, is more beneficial than that of any other remedies, so that not even *Platina* can compete with them. We use different forms of *Calcareæ*, according to the condition of the patient, the *Carbonica*, *Acetica*, the *Phos-*

phorica, Muriatica, Sulphurica, Jodata, Bromata, etc., between which we must carefully differentiate."

The remedy which I gave in this case was *Atropine sulph.* 3 cent., every two hours half a drop. I chose it for the following reasons: the other remedies which occurred to me were *Stramom.* and *Cuprum Chamom.*, as I have above mentioned, is only indicated in the lighter spasms, although when accompanied by constant labor like pains from the loins to the hypogastrium, with slimy, greenish diarrhœa, flatulence, etc., confirm the choice. *Belladonna* is indicated in congestive, rheumatic and spasmodic conditions, and it also has the feeling as if everything would fall out of the genitals, which was not present in this case. Although the congestion to the head deserved consideration, yet I thought it required the alkaloid. Jahr recommends *Cocculus* and *Cuprum* very highly when the menses do not flow normally, with colic. Moreover in oppression or spasm of the chest, with groaning and sighing, *Cocculus* is indicated. These symptoms were not observed in this case, and my patient could not be said to have too frequent menses, nor to be anæmic. The symptoms of the case showed that the direct cause was in the uterus, *i. e.*, in an abnormal closing of the cervix, spasmodic or otherwise. Prof. Buchner placed *Atropine* at the head of remedies for spasm of the cervix, with *Stram.* alongside of it in convulsions with screaming (affection of the nervous recurrens), and *Cuprum* where the motor nerves are involved. The effect of the *Atropine* was that after taking it four days before the expected period, the cramps appeared but were extremely slight, a mere hint, but did not reach an outbreak. At the next they did not appear at all, nor have they till now (a year and a half).

Commencement Exercises of Pulte Medical College.

Despite the inclemency of the weather, College Hall, on Walnut street, was well filled upon the evening of March 4th, by the friends of Pulte Homœopathic Medical College, and of its graduating class numbering twenty-three, and it is but just to say that the personal appearance of the young gentlemen who received their licenses to practice was most favorable.

The exercises were opened with prayer by the Rev. John Gray, who invoked the divine blessing on the college, its professors, and graduates. The prayer was followed by an address by Rev. C. W. Wendte, replete with good advice to the young gentlemen about to enter the practice of one of the noblest of arts. Then came the presentation of prizes awarded by the faculty for excellence in the various departments of the college. The prizes were awarded by Prof. J. D. Buck. The prizes and the names of the fortunate recipients are given below:

First Faculty prize—sixty-five dollars, awarded to C. A. Oliver, of California.

Second Faculty prize—thirty dollars, awarded to Wm. C. Hastings, of Indiana.

First special prize, offered by Prof. J. D. Buck, for best notes and examination in physiology—One copy of Foster's Physiology, awarded to Miss Stella Hunt, an undergraduate.

Second special prize, offered by Prof. T. P. Wilson, for best notes on theory and practice—One copy each of Dunham's "Therapeutics," and "Materia Medica," awarded to W. I. Lusk, of Michigan.

Third special prize, offered by Prof. Wm. Owens, for best report of his clinical lectures—One copy of Aitken's Science and Practice of Medicine; awarded to M. R. French, of Ohio.

Fourth special prize, offered by Prof. D. W. Hartshorn, for best work in bandaging—One copy of Helmuth's Surgery; awarded to J. A. Utter, of Indiana.

Fifth special prize, offered by Medical Advance Publishing Company, for best report of ten clinical cases—Cash, ten dollars; awarded to J. W. Means, of Pennsylvania.

The degrees were then conferred by Mr. J. P. Epply, President of the Board of Trustees, in a brief address, the candidates being called to the platform and the diplomas delivered. There were many floral favors distributed to the graduates. The names and States of residents of the class are as follows:

J. Andrews, Ohio; R. S. Brigham, Ohio; J. T. Ellis, Ohio; M. R. French, Ohio; A. J. Hammer, Ohio; Wm. C. Hastings, Indiana, L. M. Kimball, New Hampshire; O. Lang, Michigan; J. W. Means, Pennsylvania; S. J. Randall, Wisconsin; J. A. Utter, Indiana; J. B. Wise, Ohio; N. H. Bailey, Michigan; B. I. Barbee, Ohio; W. H. Enos, Illinois, T. A. Hammond, New York; M. D. Heath, Pennsylvania; O. C. Link, Indiana; W. I. Lusk, Michigan; C. A. Oliver, California; F. D. Sargent, Colorado; A. H. Vance, Ohio.

The valedictory address was delivered by Mr. W. C. Hastings, of the graduating class, who took the second faculty prize. After a benediction, the class, faculty, and a few invited guests adjourned to Keppler's restaurant, where an elegant banquet was spread. The regular toasts of the evening were:

1. In memory of the founder of Homœopathy, Dr. Samuel Hahnemann. Let us drink this toast standing and in silence.

2. The Graduating Class of 1880. May Pulte's latest brood ever recognize the sound of its mother's voice. Response by Dr. A. H. Vance.

The Alumni—May they always labor for the prosperity of their Alma Mater. Response by Dr. E. E. Loy.

4. The Undergraduates—Within an oyster shell unoped the purest pearl is hidden. Response by W. C. Young.

5. Women as Physicians—May their number increase and success attend their noble efforts. Response by Miss S. C. O'Keefe.

6. Inauguration Day (4th of March)—May this class, March 4th, with the conviction that they are this day inau-

gured into the noblest work of life. Response by Rev. C. W. Wendte.

A number of volunteer toasts were offered, and the guests departed, well pleased, at a late hour.

Book Notices.

The Homœopathic Law of Similarity. By Dr. Von Grauvogl. Translated by Geo. E. Shipman, M. D., Chicago.

For advanced readers, and those well up in science, we think this is the best exposition of the homœopathic law which we have ever seen. It should be widely distributed among students and scientific men. It is not easy reading, but it is clear and convincing.

Woods's Library of Standard Authors for 1880.

Our readers have full knowledge of the extraordinary plan which this house carried out last year, in giving to the profession a series of works at the low price of one dollar each. There was issued one each month, making a beautiful and useful library of remarkable cheapness. The same house now offers for the present year another series, somewhat larger and equally cheap. The twelve volumes, of four thousand octavo pages, may be had for fifteen dollars. These will include: I. Venereal Diseases, II. Continued and Periodical Fevers, III. Foreign Bodies in Surgical Practice, IV. Foreign Bodies in Surgical Practice, V. Diseases of the Ear, VI. Physical Diagnosis, VII. Therapeutics, VIII. Therapeutics, IX. Therapeutics, X. Functional Nervous Diseases, XI. Minor Surgery, XII. Diseases and Deformities of the Joint.

Homœopathy Vindicated. A Reply to Dr. Joseph Kidd's "Laws of Therapeutics." By E. W. Berridge, M. D. Adam Holden, Liverpool.

Some time since, we made notice of Dr. Kidd's Book. If any of our readers have perused it, they should now obtain Dr. Berridge's reply. And whether they have read Kidd or not, it will pay to read this ringing little pamphlet, for it strikes home with great force, and with remarkable clear.

Book Notices.

ness exposes the errors of the man who seeks to revivify the dead Galenic law of contraries, and place it on a par with nature's therapeutic law of similia. Dr. Berridge must pardon our delay in noticing his work. We have just now found time to read it, and the foregoing will indicate the impression it has made upon our mind.

Practical Surgery, including surgical dressings, bandaging, ligations and amputations. By J. Ewing Mears, M. D. Lindsay & Blakiston, Philadelphia.

By an unfortunate oversight we have failed to give this work an earlier notice. We do so now with special pleasure, believing it is never too late to mend in editorial matters, and never out of place to recommend to our readers the best works on surgery. This work comprises only two hundred and eighty pages, but those pages are well supplied with just such information as is needed, both by student and practitioner. For sale by Robert Clarke & Co.

Editor's Table.

CINCINNATI, March 18, 1880.

EDITOR ADVANCE:—You can announce, in connection with the coming meeting of the Ohio Homœopathic State Medical Society, May 11th, that we have a written agreement with the "Gibson House" to entertain all physicians in attendance on the next meeting, at three dollars per day, (including wife and children at same rate). By writing to the house in April, good rooms will be reserved. The railroads will all give excursion rates on account of the May festival, which commences May 10th.—Respectfully, M. M. EATON, M. D., Chairman Committee of Arrangements.

W. H. WATSON, M. D.—This distinguished gentleman has recently been appointed by Governor Cornell, to the position of Surgeon General of the State of New York. No better appointment could certainly have been made. Dr. Watson is well known to the profession, and we share in the universal pride that Homœopathy is thus fittingly recognized by the appointment of one of the most worthy representatives.

WHAT SCIENCE COSTS.—A patient recently remarked that his "old doctor" never had any trouble in telling when he had a fever, but that his "new doctor" couldn't tell anything about it without using a glass tube.

His inference was that the young 'un was a fool to the old man. So much for medical progress.

DR. C. C. OLMSTED has been appointed chairman of the committee of arrangements at Milwaukee, and will answer all questions and requests that may be sent him, in regard to the next meeting of the American Institute of Homœopathy.

The Secretary informs us that the 15th of June next, is the time appointed for the meeting of the Institute. It will hold its sessions on the 15th, 16th, 17th and 18th.

THE FOLLOWING are among the recent commencement exercises: Homœopathic Medical Department, Iowa, March 2d. Annual Address by Hon. J. F. Wilson. Class Valedictory, by F. Wm. Winter.

Homœopathic Hospital College, of Cleveland, Wednesday evening, Feb. 25th.

Pulte Medical College, of Cincinnati, March 4th.

Boston University School of Medicine, March 3d. Salutatory, by Miss Stella Manning. Valedictory, by Geo. A. Slocumb.

OTIS CLAPP & SON, Homœopathic Pharmacœutists, of Boston, send us a beautiful calendar for 1880. Thanks.

H. R. ARNDT, M. D.—This distinguished gentleman has taken the editorial chair in the "Medical Counsellor," of Chicago. The retirement of the former editor, Dr. Mills, is to be regretted, for he showed judgment and tact, and was always true to his principles. Dr. Arndt will, we are sure, fill the bill. We know him of old, and believe the profession will enjoy his management of the ever popular "Counsellor."

DR. R. S. BRIGHAM, formerly of Cincinnati, has located at New Albany, Ind., taking the office of Dr. J. P. Dake, Jr.

DR. M. R. FRENCH has located in Newport, Ky.

DR. O. B. MOSS has moved from Kansas City, Mo., to No. 385 Euclid avenue, Cleveland, O.

DR. G. R. DAVIS, of Ironton, has located in Cincinnati.

UNIVERSITY OF MICHIGAN HOMŒOPATHIC MEDICAL COLLEGE.—Ann Arbor Clinics, March 13, 1880.—Services Prof. Wilson: 1, strabismus; 2, atrophy optic nerve; 3, chronic gastritis; 4, astigmatism; 5, epilepsy; 6, diabetes mel.; 7, stricture nasal duct; 8, asthenopia, from myopic astigmatism; 9, chronic rheumatism; 10, intermittent fever; 11, trauma of the eye; 12, nasal catarrh; 13, chronic bronchitis; 14, dyspepsia; 15, proliferous otitis; 16, chronic laryngitis; 17, corneal ulcer; 18, chorea; 19, epilepsy; 20, tumor of the lid; 21, pannus; 22, phthisis pul.; 23, otitis media catarrhal. Services Prof. Franklin: 24, supernumerary thumb; 25, mammary tumor; 26, mammary tumor; 27, Potts disease; 28, spinal curvature; 30, stricture; 31, stricture; 32, syphilis; 33, vesico-vaginal fistula; 34, goitre.



T. P. WILSON, M. D., EDITOR.
ANN ARBOR, MICH.

J. P. GEPPERT, M. D., ASS'T EDITOR.
CINCINNATI, O.

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THE MOST IDLE FEAR one can indulge in is the fear that truth will be lost or hopelessly adulterated with error. Once this was possible now it is impossible. The general diffusion of knowledge makes it impossible. When books, and newspapers, and telegraphs were unknown, it was easy for fraud and lies to thrive, and error not only grew but defied destruction. All this has changed since the new agencies of civilization have been introduced. Do lies and fraud still survive? Undoubtedly they do; but he must be hard to please who would indulge in pessimistic views of the world's progress. On all hands, and with accelerated pace, the truth is advancing. Among the many forms in which it is thus going forward we may rank Homœopathy as not the least. We do not share the fear which some have, for its safety. We do not look upon it as halting, and much less do we suspect it of standing still. A writer before us laments its "tendency to wander into the by ways of empiricism." Good friend, there is n't the slightest danger unless the by ways of empiricism are better than the straight road. If you watch individuals you see them going backward and forward. If you watch the body as a whole it is going straight ahead. If in these days of general enlightenment any idea or principle of supposed value can be lost, it ought to be lost. That proves it to not have enough of the salt of truth in it to save it. Can the world forget what Homœopathy has

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done for it? Can you hide or destroy the record it has already made? You say the effort is being made to destroy it. Well, how can they hope to succeed? Its friends seem disposed to take good care of it. They are abundantly able to do so. In this assurance let us then rest and work.

Theory and Practice.

The So-called "Nosodes." By J. G. Gilchrist, M. D. Read at the March meeting of the College of Physicians and Surgeons of Michigan.

At various times in the history of medicine, the natural excreta from man and animals have been standard pharmaceutical preparations, even enjoying an astonishing reputation among the most learned and competent of the faculty. At times some disciple of Ga'en, whose vaulting ambition spurned the clogs and fetters his brothers and the traditions of the craft sought to impose upon him, would further enrich the *armamentem* of the pharmacist with preparations of the products of disease, and for a time the rémédies would be "popular" and widely used. With the extension of knowledge, however, these disgusting, and, as I believe, dangerous and unscientific agents became obsolete, and it was reserved for the followers of Hahnemann's teachings to reclothe them in courtly garments, and attempt to give them a scientific value. Nay, the master himself left us his *Psoricum*, and it were well had the list never been enlarged. But later, some who fail to see a distinction between Isopathy and Homœopathy, have multiplied the number till nearly

every morbid process which is characterized by exudation or altered secretion has further augmented our already too large list. Not only have substances of constant composition been potentized and proved, but even those which vary with each individual, and at different times of day, and at different seasons. At this time I desire to attempt two things, viz: show the unscientific nature of the practice of prescribing such material, and show the danger resulting to the victim who thoughtlessly swallows them.

I. It would seem to require little argument to show the unscientific nature of a system of therapeutics based upon a literal observance of the old saw, "a hair of the dog that bit you;" and particularly should this be the case if the assertions so persistently made for nearly a century past are true, that the law of similars is the only law of therapeutics. Of this latter assertion I do not entertain a shadow of a doubt; indeed it is my jealousy for the good name of the system of medicine I profess that prompts me to protest against its alliance with every vagary that the minds of visionaries and misled enthusiasts can conceive. We have many excellent men in our ranks, who to the highest professional qualifications and grace, add the singular weakness, for so it appears to me, of credibility and credulity, more particularly when one or two noted names are loaned to bear witness to some supposed advancement in our special department in medical science. One objection, therefore, to accepting these so-called nosodes as reputable members of our materia medica, is the very fact that they do not represent similars; they are the identical. True they are not identical with reference to causation, but effect. However, they are, in a certain sense, far removed from the category of similars.

One distinguishing feature of the homœopathic school, particularly sought to be impressed in the conceptions of pathology and etiology that are just now considered to be a necessary outgrowth and corollary of our practice, is the doctrine that morbid action is the result of vital perturbations, and not, in a wide sense, of material contagion. We admit that the infection of small pox, venereal, and other con-

tagious and infectious diseases, is resident in material substances; admitted from a consideration of cause and effect solely, not from actual knowledge of the agents from physical inspection, for their presence is only known by their effects. But this admission does not by any means include another, that the results of this contagion are identical with the original cause. Experiments are too numerous going to show that the various fungi, spores and cryptogami, are effects, not causes, to make such a proposition tenable. The soil must be suitable to the conditions of life before the seed can grow; and the presence of micrococci, bacteria, vibriones, etc., only show that the conditions are the same in two or more individuals, not that the fungi are the cause. As in the case of the yeast plant, the plant does not *cause* the fermentation, but appears because of it. Now if this means anything, in a therapeutic sense, it means this: that our conceptions of etiology are all wrong, and disease is the product of material contagion; or, that the application of these products of disease to a similarly affected individual is contrary to the spirit and teachings of Homœopathy. There being, however, every reason to assume that disease is not of material origin, the consistent homœopath must decline to employ as curative agents, substances that are only supposed to have a vital relation to the morbid process from which they are derived, at least until they have been thoroughly proven; and when asked to prove syphilis, I for one, politely but firmly ask to be excused.

Psoricum, I believe, has been regularly proved, and it may be that the symptomatology is not a mere compilation of symptoms observed in those suffering from the disease. But even if this is true, later preparations of the substance have not been proved; and being derived from a different individual from Hahnemann's first specimen, we are justified in refusing to believe that the material is identical in all particulars. Furthermore, take a preparation of supposed syphilitic virus supplied from a chancroidal sore, and not a true chancre; how can any reasonable man believe in the identity of his particular preparation, with the assumed morbid con-

dition. Until we have better assurance that those supplying us with these preparations are competent to differentiate between syphilis and chancroid, we may be pardoned for doubting the accuracy of the label affixed to the vial we may purchase. I admit that many excellent men deny the duality of venereal contagion, but the fact remains that the manifestation of the two forms of venereal ulcer are very dissimilar, and admitting the truth of the isopathic doctrine, it were folly to attempt the cure of a chancre with the virus of chancroid. In fact we know, as the experiments made by the adherents of syphilization amply verify, that one has no perceptible effect on the other; the two conditions often existing and running their respective courses side by side.

Another phase of the subject, of even greater interest and importance must now claim attention. It is well known that the active principle in all contagious matter derived from the living body, but more particularly in the case of syphilis or venereal diseases generally, resides in the pus cell. What this agent is, material or gaseous, no man can tell. The microscope and the most delicate tests of the chemists alike fail to detect it. Its existence can only be demonstrated by its effects when brought into contact with the living human body, under conditions favorable to absorption and development. In some of them, notably in the case of variola, syphilis and possibly scarlatina, one infection secures the person from subsequent inoculation, and the virus can be introduced again and again, without manifesting any contagion whatever. The frequent experience is, however, that after a time, of indefinite duration, renewed inocubility occurs, but this is only after the lapse of years. The presumption is, that the physical expression of syphilis is the same, whether infection be the result of inoculation *per via naturalis* or the introduction through the mouth. This would render it physically impossible that an addition of the poison, in the guise of a medicine, should have any other effect than to add to the quantity already in the body; the nature of the morbid action forbidding hope of renewed specific action. When we take other forms of morbid matter, we are met

by a more potent obstacle to their general employment, and certainly faith in their potentiality, in the fact that heat and *Alcohol* both destroy the virulence of the virus, and convert it into inert, or rather ordinary septic material. If we use sugar of milk for the vehicle of attenuation, the heat evolved by the necessary friction destroys its specific properties; if the heat is insufficient, the sugar induces fermentive changes, and whether acid or alkaline, it is alike fatal to the vitality of our virus. If we avoid the danger, therefore, of introducing a horrible virus into a non-infected body, we run into another of introducing septic material. This will receive attention, however, in the second part of our paper.

Again it is apparent, that if a single pus corpuscle contains enough infecting material to inoculate a strong, healthy man, which will be shown later; and yet this amount is so small that no tests known to science can detect it, the great bulk of our first preparation must be the pus itself, which is at once converted into putrid septic material at the first process of attenuation, rendering it an active, morbid agent, with peculiar and distinctive forms of action on living tissue on the one hand, and on the other this very process of devitalization reacts upon the vital integrity of the active specific principle, and frequently includes in the destructive action the very principle we seek to preserve. Hence it can be seen that unless the so called nosode is given in a crude form, and fresh from the parent stock, we can never be assured that we are using anything but minutely divided particles of septic material.

Finally, under this head, let us note that other secretions, not always pathological and not specific, vary in different individuals, and in the same individual at different times and seasons and under different circumstances, both mental, physical, and purely extrinsic. Take milk, in connection with the known effects of mental conditions on it. When a fit of anger in the nursing mother alters the composition of her milk to such an extent that her child is immediately convulsed on ingesting it, can any method of examination now known to science detect and describe this change? No! Yet

we are asked to believe that milk is milk; no matter what the source may be, the habits, constitution, mental or physical peculiarities in the source of supply, certain medicinal virtues, an unerring physiological function attaches to it, and a pathogenesis exists as reliable as in the case of *Belladonna* or *Aconite*! It seems like science gone mad. Does it make no difference whether the cow is fed on swill milk, hay, fresh grass, garlic, or what not, in estimating the therapeutic value of a given specimen, or determining the pathogenesis of the article? With every new preparation from the crude article we would need a new proving, and the destruction of the preceding records.

Absurd as this doctrine is, or seems to be, how much more so, (if there is any truth in our ideas of individuality in symptoms and drugs), how much greater is the folly, to expect that a single attenuation of one variety of leucorrhœa will exercise any effect on a patient suffering from another. Take the discharge from endo-cervicitis, label it *Leucorrhœoin*, and give it to a case of vaginal catarrh or vulvitis, and even on the acceptance of the vagary of isopathy, expect to cure our patient! Why, the two conditions are in no sense identical. To make our remedy of any value whatever, always accepting what I consider an utterly untenable hypothesis, each specimen of leucorrhœa must have a separate proving, the full pathogenesis printed on the label, or rather in a book to accompany the vial, and while it would only be suitable for a case exactly similar in every minute particular, (probably occurring once in ten thousand cases), the accomplished homœopath could not read the symptoms in the accompanying manual without finding a perfect picture of some well known and legitimate remedy, which would cure his patient in half the time it would take to read the thousands of volumes accompanying the thousands of specimens of septic material dignified by the high sounding and meaningless title, "nosodes," rendered into the vernacular, in this particular instance, "putrifying vaginal discharges." Every individual case of diarrhœa, dysentery, urinary abnormality or catarrhal affection would require only one of the

thousands of preparations of the class or type to which the case belongs; and, *mirabile dictu*, then the one specimen would be that which the patient furnished himself. In all probability an identical case would never fall within the observation of the same practitioner, and the labor, and time required to "run up" this precious balm of Gilead, would be all wasted, as he could have cured his case while doing it with a decent remedy. But the champion of the nosodes will say: "We do not need such an exact similitum as that!" Very well, then in what respect is your precious system superior to the ordinary practice of the consistent homœopath? The similar remedy will more surely meet the indications in your case. In closing this portion of my paper, it will suffice to call attention to a well known chemical fact, viz: a certain substance is composed of a definite and certain proportion of atoms of primary elements. The same elements, with nothing added, but a simple reversal or change in the proportions, will give us another substance, perhaps totally unlike the former. In the face of this will any man venture the assertion that diabetic urine, with ten per cent of sugar, is the same thing, chemically, therapeutically or vitally, as a specimen containing twenty per cent?

Now, therefore, I claim that the nosode hypothesis is eminently unscientific, *ergo* eminently unhomœopathic, and this first proposition can be shown from the following summary:

1. The remedy is not the disease, but a product.
2. The composition of the agents is not at all uniform, hence there can be no definite knowledge of its action, and, consequently, no reliable pathogenesis.
3. Many contagious diseases protect the individual from subsequent contagion; hence the *idem* can have no effect.
4. Heat, acids and decomposition destroy the vitality of specific germs, thus forbidding their preparation in the ordinary methods.
5. It is not the similar but the *idem*, making it particularly and emphatically unhomœopathic.

II. Our second proposition was, that the use of specific virus was dangerous to the victim who allowed such a po-

tent poison to be introduced into his or her body. For obvious reasons it will be preferable to consider the virus of syphilis, inasmuch as it is an agent in high repute with the believers in the "nosode" doctrine, and is used more frequently than any other. Furthermore, we will admit, simply for the sake of argument, that the other agents have lost their specific characters, and are really nothing else than septic material, and probably in such small quantities that no effect would follow their ingestion. As a matter of fact, it is probable that syphilitic virus is also converted into the same thing, but as the claims set up for its therapeutic use are based on the supposition that it retains its syphilitic properties and character, it will be proper to concede the assumption. If these agents are all septic material, of course one would answer the same purpose as the other, and this, while probable, is incapable of actual demonstration.

As said earlier, the virus of syphilis resides in the pus cell. Numerous experiments made by Fournier, Puch and others by which the pus has been filtered, shows that the liquor puris has no inoculating properties, while the pus corpuscle has; also, the most delicate experiments and observations fail to detect any difference in syphilitic pus from that derived from other sources; absolutely nothing is known of the physical properties of the infecting principle. Another noteworthy fact is, that the quantity of pus used in inoculation bears no relation to the manifestation of syphilis; the symptoms are just as marked and malignant, and are followed by the same characters and degree of secondary phenomena, when a single drop has been used, as an appreciable quantity. Nay more! Puch has shown, that a single pus globule, microscopic in size (from one three-thousandths to one four-thousandths of an inch in diameter), may be dissolved in two ounces of water; a drop of the solution injected into the body of a non-syphilitic will produce a chancre, as well marked, running through the same course, and followed by the same secondary phenomena, as if a pint had been used. Indeed, it appears that the quantity sufficient for inoculation is always small, and the excess is innocuous and

thrown off. Here we have a force, the most potent of any with which the pathologist is familiar; one whose presence or existence can only be detected by observing its effects when brought into proper relations with the living body, not syphilitic itself; a force, which, in spite of its insignificant proportions not only poisons the life and blood of the individual who has been brought under its influence, but carries its malignancy into the heirs of his body, ruining body and mind of future generations. It is true that the subsequent manifestations of syphilis, after the primary lesion, are not carried on by the operations of a still finer attenuation of the original particle of virus; the potency is magnified by the vital change wrought in the germinal elements, with which it is brought into contact; indeed, there is no positive proof that the virus is matter even, it may be simple force. However this may be, the substance of which the medicinal preparation is made is but a few cells, and almost the entire bulk is composed of the lymphoid substance forming the cell, the active specific property, as regards bulk, weight, visibility, or tangibility, being as *nil*. Admitting, simply for argument, that the pus corpuscle escapes death and decomposition during the attenuating process, which is inconceivable, (and we know this change in it will kill the virus it contains), the presumption is that the virus is already in a condition of ultimate divisibility, and is utterly unchanged by subsequent attempts at division. On the other hand, if it is matter and not a mere exhibition of force, there is a possibility that it will be lost after one or two fillings and emptyings of the bottles. There is excellent reason for considering that the principle remains unchanged during all the attempts at attenuation, or is lost at some stage of the process.

Now from a consideration of the fact that inoculation produces the same effects, whether the poison is introduced *secundum artem*, through cutaneous puncture, or by absorption in the mouth, or other mucous outlets, there can be no difference in the manifestations of the disease, and the future life of the individual, his heirs, and perhaps remoter generations, can all be as effectually ruined by a dose of

syphilitic virus administered by his medical attendant as if he had contracted the disease from the most abandoned prostitute. In other words, however the poison has been introduced, the effects are the same, and the medical practitioner, who, taking advantage of the trust reposed in him by his patient, administers an agent capable of such disastrous consequences, about which honest thought should at least give rise to a suspicion of its power, is certainly assuming a responsibility that no conjunction of circumstances can possibly warrant.

It is also known that the manifestations of syphilis are equally producible in all tissues of the body, and in all individuals regardless of bodily health and circumstances, save alone in those protected by an already existing contagion. Not only are all normal tissues capable of absorbing and developing the virus, but pathological tissues and neo-plasmata are equally susceptible. The only exception to this is in the case of carcinoma, between which and syphilis there seems to be an antagonism. If a popular theory is true, that cancer is a late phase of syphilitic infection, we are fully justified in assuming that the only protection from this fearful contagion is its existence in the exposed individual. The only circumstance that adds to the facility of inoculation, apart from the potent one, viz: an abraded surface, is feebleness of body or exhaustion from morbid action. This is the condition in which this abominable "nosode" is often used, in those who are ill, and peculiarly susceptible to morbid agencies.

From what has been said above, the conclusion seems to me irresistible, that if there is no positive certainty, there is much room for a suspicion that when *Syphilinum* is administered to a non-syphilitic, he is in imminent danger of contracting the most loathsome disease in the whole catalogue of morbid phenomena. The most remote possibility of such an occurrence should utterly forbid any resort to such an agent.

Supposing our patient has syphilis, we can hope for no action from a dose of the same disease, for experiment and analogy equally prove that no effect can be produced. To

give it under those circumstances exhibits a want of scientific knowledge, and this alone should operate against the reasoning of the offender receiving the attention and credit it might otherwise command. It may be said that inasmuch as Homœopathy does not credit the action of remedies to the operations of matter, to mechanical or material agencies, so the high attenuations of the agent ordinarily used should remove it from the category in which the materialistic doctrine above noted would place it. Observe: There is no evidence that the syphilitic virus is anything more than an exhibition of force; it is, as far as our means for observation and experiment go, in the same condition that all our medical agents are when prepared in attenuated forms, viz: absolutely without physical evidence of medicinal substances, and only to be differentiated by an observation of their effects when used in a proper manner, and on suitable occasions. I will appeal to all who hear me, if they, or any one of whom they have knowledge, can distinguish between a dilution in the 30th attenuation of *Bell.*, and a similar one of *Acon.* except from witnessing its effects. On the other hand, we know that many medicinal substances may be traced up into the 9th or 11th attenuation, when all appearance of drug presence is lost. Now the original crude syphilitic virus is physically in the same condition as the 12th of other drugs, and who dares affirm there is any matter in it!

It is with a poison that has filled countless graves that we are ignorantly playing; with a force that has decimated nations, depopulated whole districts, filled hospitals with hopeless invalids, asylums with millions of insane; brought woe and desolation into multitudes of homes, and even filled our prisons with criminals; corrupting the pure fountain of youth, and poisoning the springs of moral and intellectual life, that we are heedlessly using under the specious guise of a "messenger of healing." Literally we have "stolen the livery of heaven to cloth the devil in," and I trust we may never have our crime brought home to us, and made to expiate our offences at the bar of popular judgment. My hope is that when we have thought that *Syphilinum* was prescrib-

ed, we were actually dealing with the mortal remains of a former leucocyte, who had yielded up his life to the heat of trituration and the *Alcohol* of dilution, fitting agents of punishment sent by the father of sin to recall to him the vile spirit he had planted in the innocent bioplast.

Seriously, however, we may sum up the dangers of the practice in a few words:

The syphilitic virus is capable of inducing specific contagion in the very smallest proportions.

There is no evidence that the quantity resident in the original pus cell has been reduced.

That when given to a non syphilitic we run the same danger of inoculating our patient with syphilis as if we took him to a brothel and furnished sexual commerce with a prostitute known to be suffering from the disease.

Puerperal Peritonitis or Metritis. By C. L. Hart, M. D.,
Omaha, Neb. Part I. Pathology.

Of the real nature of puerperal peritonitis, or, as I believe, more correctly, puerperal metro-peritonitis—for I doubt the frequent occurrence of puerperal peritonitis *per se*, without accompanying inflammations of some adjacent organ—but little is known.

As peritonitis, during the puerperal state, must, of necessity, be a sequence of a traumatic lesion of the mucous surface of the uterine walls, it is but reasonable to infer the co-existence of a metritis; besides, in some cases, post-mortems strongly support this position.

With our present knowledge of pathology, the etiology of this disease is shrouded in obscurity. Many pathologists take the position that puerperal peritonitis or metritis is but

a species of toxemia, i. e., a pyemia or septicemia. A morbid element entering the circulation from the decomposition going on in the uterine cavity. Byford calls it an "all-per-vading, incomprehensible, subtle, deadly influence." Dr. Churchill says, "The real nature of this disease, I believe, no pathologist has yet discovered." Another class of pathologists believe it induced by the absorption of septic fluids, or the introduction of shreds of fibrous debris into the circulation from the uterine sinuses, lodging in the capillaries of some of the vital organs, and there rekindling a new disease. That this gives rise to some of the complications found in some cases, is probably true, but to my mind it seems hardly reasonable that this alone should account for all the fatality and extreme contagiousness that characterizes some epidemics of this disease.

There seems to coexist another element, the nature of which is at present unknown, closely simulating erysipelas or malignant scarlatina, in its virulence and fatality, as well as the character of the symptoms which mark its presence.

The coexistence in the same community, of both erysipelas and the puerperal disease, as well as the close similarity of the characteristic symptoms of each would give additional weight to this opinion.

Another strongly confirmatory evidence is furnished to the mind of the homœopathic pathologist by the fact that the same class of remedies are so strongly indicated in both diseases.

The term homœopathic pathologist may seem somewhat paradoxical to those who suppose homœopaths are not pathologists, but this slander upon Homœopathy I shall refute, for I hold that intelligent homœopaths are pre-eminently pathologists—they are not content with that degree of pathology that shall enable them to grossly classify diseases, to view diseases only generically; but they push their pathological investigations until they shall be able to divide and subdivide the genera into species, varieties and individual cases, and upon this latter division base their prescriptions; and without losing sight of those pathognomonic symptoms which

enable the physician to name the class to which the disease belongs, they endeavor to give due weight to each subjective and objective symptom and prescribe from the *taut ensemble* of that individual case, and its semblance to the pathogenesis of some known remedy.

What does the vaunting self-styled pathologist know of disease, save so far as the subjective and objective symptoms of his cases reveal it? And if he ignore the pathogenesis of a drug (which is but a carefully written record of its physiological action, what guide has he for the selection of his remedy but blind empiricism?

How valuable that would be in the different epidemics during a series of years, or through successive generations, may be readily inferred from the language of the great English physician, Sydenham, who says, "The remedy which would cure a patient at the beginning of the year, will kill him, perhaps, at the close."

"When a fresh form of an epidemic," says Sydenham, "sets in, I am in a quandary, and am puzzled to think how I can give relief." "It is more than I can do," says he, "to avoid risking the lives of one or two of the first who apply to me as patients." How strongly this language contrasts with the words of Hahnemann, in 1830, upon the approach of cholera into Europe, where, as quoted by Dr. Dake, "he collected the symptoms given, one by one, till the image of the hideous monster stood up before him in living reality." Then under the guidance of that natural law that he had been permitted to discover, with a knowledge of drugs such as no other man ever possessed, he soon arrived at *Cuprum*, *Oamphor*, and *Veratrum*, and wrote them down as the best remedies for cholera long before the disease made its appearance.

And every homœopath within the sound of my voice, doubtlessly believes that the law which enabled Hahnemann to select the remedies that have been used in cholera with such signal success for nearly fifty years, is as immutable as the law of gravitation, or any of nature's laws. But, gentlemen, I am digressing from my subject.

Much confusion appears to exist in the minds of pathologists as to the true nature of this disease. Some cases seem to spend their force upon the serous membranes of the abdomen, but slightly implicating the uterus or any other organs. Other cases apparently owe their origin to a metritis of phlebitis, with the occurrence of emboli or thrombi in some vital organ, giving rise to most serious and fatal complications. In still other cases the absorption of septic matter from the lesions in the uterine walls, induce pyemic and septicemic conditions of an alarming character. Referring to the toxemic origin of the disease, Byford says, "I can not refrain from remarking, in this connection, that, in my opinion, the combination of this toxemia, with the dangerous inflammations of the uterus and peritoneum, has formed the true nature of some of the most appallingly fatal epidemics on record; and that it is for the want of the philosophical contemplation of this mixed or complicated variety that has given origin to so much acrimonious, and, in many instances, unprofitable debate, as to the nature of puerperal fever. Unattended by toxemia, the inflammations of the puerperal state are not essentially different from the same diseases occurring in the same organs at other times."

Habitat and season of year when most prevalent.—Byford says, "We have the same forms, same grades, and same deadly epidemic on the prairies of Indiana and Illinois, and in the north-western portion of this continent, where marsh miasm can not exist, as are found in the hospitals of London or Paris. The disease prevails most frequently in fall or winter, especially the latter." Dr. Churchill says, "All the facts in our possession show very conclusively that the same seasons give rise to erysipelas, typhus fever and puerperal fever; that these prevail epidemically at the same time, and, as epidemics take on the same type, and appear capable, the one of giving rise to the other." He further says, "If we examine the history of the several epidemics of erysipelas that have prevailed in various portions of this country, we shall find that a certain morbid condition of the atmosphere may occur; which, while it produces in some of those subjected

to its influence, an erysipelatous affection of the skin, in others it gives rise to inflammations of the mouth or fauces; or of the lungs, or plura; in others it induced peritonitis, and in pregnant and parturient females it gave rise to puerperal fever."

In the terrible epidemic that prevailed near Harristown, Pa., in the autumn of 1847, "old and young, male and female, fell before it," says Dr. Corson, "and yet there seemed to be one class it preferred. The mother, as she lay helpless and exhausted from the labor and agony endured in giving birth to her child, was marked as a victim. The deadly poison was infused into her veins, and, in many instances, a few hours sealed her doom. I lost more puerperal women during this epidemic than for twenty years before." This epidemic produced in one class of patients well marked erysipelas, in another, inflammation of the mucous membrane lining the fauces and nasal cavities; in a third class, diffuse inflammation of the serous tissues. In females, the serous tissues, and in males the mucus and dermoid tissue were most affected.

In the winter and spring of 1851-2, the erysipelas prevailed as an epidemic in Montgomery county, Pa. "The disease," says Dr. Vanbuskirk, "first attacked the throat and afterward the surface of the body. In females it was especially liable to attack the peritoneum and one or other of the serous tissues in the male. In some cases symptoms of arachnitis, followed by coma, presented themselves. Many cases of puerperal fever occurred during the prevalence of erysipelas, and these cases of puerperal fever were confined to the same localities." Speaking of this epidemic Dr. Geiger remarked: "It spared neither age, sex nor condition; it marked the parturient woman as its special victim. Not a single woman living within the range of the disease who was delivered during its prevalence escaped an attack."

Morbid anatomy:—The peritoneum may in some few cases exhibit no signs of inflammation; but generally it is found more or less vascular, especially that portion of it covering the uterus. Dr. R. Lee has given it as his opinion that puerperal peritonitis commences in the peritoneal covering of

the uterus, and extends from thence with more or less rapidity, according to the severity of the attack to the whole peritoneum. In some cases the inflammation is confined to uterus and it is generally most severe in this situation, or in the parts immediately surrounding that organ, even when it has extended to other organs and effected them most severely, the peritoneum of the uterus invariably exhibits signs of recent inflammation. The uterus seems always to suffer in the greatest degree. Dr. Collins mentions seven cases in which fluid was found in the thoracic cavities, similar in appearance to that met in the abdomen. The ovaries in many cases had suffered much in structure from the effect of inflammation, being generally much enlarged and so softened in texture as to be broken in pieces by the least pressure.

Differential Diagnosis.—From after pains or hysteralgia by these affections occurring sooner after delivery and diminishing on the second or third day, about the time puerperal fever sets in, after pains are accompanied by a perceptible contraction of the uterus, which is absent in puerperal fever. The pulse is sometimes accelerated by after pains, but is seldom steady in its frequency; in puerperal fever it never falls below its frequency at first, but generally increases. The constitutional disturbance is incomparably greater in puerperal peritonitis and increases, while in hysteralgia, etc., it decreases.

From intestinal irritation by the more marked evidence of gastric and intestinal disorders in the latter. In intestinal disorders the tongue is more heavily loaded, there is flatulence, nausea and vomiting constipation, or diarrhœa. The abdominal pain is diffused and does not radiate from the uterus as in puerperal peritonitis; neither is the uterus enlarged or tender. The abdomen may be enlarged and tense if there be much generation of gas, but percussion will at once distinguish it from the enlargement by the effusion of serum; it is rarely very tender on pressure, and gentle friction affords relief. The lowering of the pulse, the secretion of milk, and the healthy character of the lochia will readily distinguish it. From ephemeral fever or weid. The shorter dura-

tion, more rapid decline and much less constitutional symptoms, will aid the diagnosis. Weid has far more abdominal tenderness and the breasts remain distended with milk.

Prognosis.—Dr. Hulme declares it to be as bad as the plague; Dr. Leake lost thirteen out of nineteen; Dr. Armstrong lost four out of forty-four; Dr. W. Hunter lost thirty-one out of thirty-two; Dr. Lee lost forty out of one hundred; Dr. Clarke lost twenty-one out of twenty-eight; Dr. Collins lost fifty-six out of eighty-eight; Dr. Gordon lost twenty-eight out of seventy-seven; Dr. Furgeson lost sixty-eight out of two hundred and five; Dr. Campbell lost twenty-two out of seventy-nine.

Symptoms.—Dr. Copland describes the symptoms as follows: "The earliest indications of the impending mischief is the great rapidity, softness and weakness of the pulse, often attended by pain and tenderness at the epigastrium, by sickness and vomiting, followed by general distension and pains darting through the abdomen. But in the majority of the cases there are neither chills nor rigors; in a few a feeling of coldness only. In this state of the disease the patient soon becomes despondent, predicts her death, is afterward apathetic, and makes little or no inquiry for her infant. The abdominal pain and distension are sudden and quick in their action. The tongue is from the commencement, flabby, broad and slimy, or covered by a mucous or creamy coating. The pulse is usually from one hundred and twenty to one hundred and forty, or upwards; fluent, soft, etc., and the general surface presents a livid or dirty, or dusky hue, and is covered with a clammy or offensive perspiration; the countenance is pale and inexpressive, unless there is pain when it becomes anxious; the mind is but little disturbed beyond a state of complete apathy.

However the disease may commence and however slight and few the local symptoms may appear to the experienced eye, they are always most formidable, and generally run a rapid course. The fever has a low typhoid character; the patient is nervous, depressed and fearful; the pulse is soft, small and increasing in rapidity; the respiration quick, hur-

ried, high and often panting; the abdomen in many cases swollen, tympanitic and painful; abdominal tenderness sometimes is general, at other times more local and circumscribed; the lochia is sometimes entirely arrested, at other times only diminished in quantity, but generally changed in quality, with a fetid odor; the milk suppressed in the worse cases and the urine diminished. In most cases the natural affections of a mother seem perfectly quiescent, the patient rarely asking for or manifesting any interest in her child after disease sets in. From comparison of a large number of cases in different epidemics described by various authors, no absolute regularity of symptoms will be found, but they will vary according to individual peculiarities, the peculiar character of the epidemic which differs in different cities and each year.

Period of Invasion.—From a few hours after delivery to three or four days, though usually the second day, and proves fatal in from a few hours to four or five days, usually from third to fifth day.

Puerperal Metritis. By S. Mills Fowler, M. D., Dubuque, Iowa.

Dr. Dayfoot's report of a case in the February number of the *ADVANCE*, and the editorial comment at the end, leads me to report a case not long since discharged.

Mrs. S., a delicate, frail little lady, the youngest of a family of ten, and thus born of parents well advanced in years, was married the 10th of last May, and very soon after became pregnant.

I first saw her in November last and prescribed for some ailment incident to her condition, and from that day to the present she has required almost constant attendance.

From her personal history and the history of her family, I felt very anxious about her from the first, and frankly told the friends that I feared she would not live through, or far beyond her confinement.

Jan. 21st. I was called, to account for a profuse flow of water. It did not come in a "gush," but a constant, steady flowing. While sitting a few minutes, her clothes would "be soaked through." Patient supposed it to be urine, yet "it did not smell like it." She feared she had "lost her control."

I prescribed, and directed her to keep very quiet in a recumbent posture.

The mother asked, "Do you think she is going to be sick?" I thought "possibly." "Why! her time isn't up for a month yet." I remarked that it was very unfortunate; eight months' babies seldom live, and it is an exceedingly trying time for the mother. Under the circumstances we must fear the worst, but will do all in our power to prevent.

At eleven p. m. I was there again, and found the patient in active labor. There was nothing unusual about this, and a male child was born about six a. m., the following morning.

Jan. 22d. (No anæsthetic used). Placenta was slow in coming, and required some little manipulation to effect its removal. Patient was immediately covered warmly, and directed to keep perfectly quiet till I called again, which I did about ten a. m. Found her comfortable; no pain; had rested well and slept over an hour. I then carefully removed the soiled cloths and applied the "binder." When about taking my leave, I was asked by an attendant, if they could not "change her bed a little, so as to make her more comfortable?"

I have severely censured myself for the answer I made,

"Yes, after she has rested well for a few hours, by having the room well warmed and the bedding thoroughly aired, etc.," and proceeded to give careful instructions how it should be accomplished.

I feel that if they had not gone beyond my directions all would have been well. But what did they do? Not only was everything on the bed changed, but every stitch of

clothing on the patient, even to the flannel vest came off, and others put on. When I called again, about ten p. m., I found she (the patient) had had a severe chill, and was now in a "raging fever." Pulse one hundred and fifty-five; temperature one hundred and four and a half degrees; headache; lochia scanty; abdomen somewhat bloated, but no particular tenderness. Gave *Aco. 2*, *Verat. v. 2*.

Next morning at seven o'clock, no improvement. Same at ten a. m. and at two p. m., with tendency to delirium. At four p. m. called with counsel. Same remedies continued, but in the tincture. At eleven p. m., pulse one hundred and sixty; temperature one hundred and six; delirium increased; counsel suggested that we substitute *Rhus. rad. tinc.*, for *Aco.*, which was accordingly done.

At parting, after leaving the house, counsel said that he regarded the case as entirely hopeless, but advised the *Verat. v.* to be continued by all means. "It was a precious remedy; had served him handsomely in such cases, etc., etc." He would "call with me again in the morning, if I wished." Under this treatment patient kept growing worse as fast as possible. Incessant talkings, with most vivid imaginings; sees all sorts of things, and hears all sorts of noises; is traveling, walking, at parties, making calls, etc.; complete insomnia; eyes bright, almost sparkling; pupils dilated, but respond to bright light; cheeks flushed, tongue dry, dark, almost purple, and inability to protrude it; it catches against the lower teeth and she can't get it out; very deaf; abdomen bloated largely, tympanitic, not sensitive, but on pressure imparts a heavy, doughy feel; lochia very dark and scanty, with an intolerable fetor; urine suppressed; bowels locked; pulse weak, thready, very small, can scarcely count them, but above one hundred and seventy; temperature one hundred and seven. Morning of fifth day the above symptoms were recorded, and I gave *Lach. 18*; some improvement in three hours. *Lach. 200*; improvement more rapid and more noticeable. *Lach. 2m*; still more rapid improvement. The morning of the sixth day gave *Lach. 20m*, which was followed by still more rapid strides in the right direction. The

next morning, seventh, found a fine millary eruption very thick over chest, abdomen, thighs, arms and hands. The morning of the tenth day a crop of small, red pimples appeared on the forehead and over the scalp; these developed a pustule exactly resembling small pox. The eruption gradually subsided, followed by desquamation. As the pustules matured and crusts formed, six or seven large sub-cutaneous abscesses formed, two on the right thigh, one on left buttock, one on back at waist line, one on side of neck, and two on the head, which were lanced and discharged copiously a laudable pus. The child, without doubt, was born at the eighth month and has given us not a little trouble, but is still alive, and now bids fair to "make a live of it."

Mr. S. was just in to report, and says the boy is very much better to-day. Wife was dressed and sat up over two hours this afternoon. This patient has spent her time the past three years journeying from place to place in search of health.

Hot Baths in Typhoid Fever. Translated by S. L., from A. H. Z., No. vi, 1880.

Drs. Siegrist and Bruckner, in Basle, Switzerland, used for the last two years hot baths of 28 to 30 R. (95 to 100 F.) in typhoid fevers, and prefer them to the usual methods of cool baths and cold packs, as the latter especially in complications with chest affections often does harm. Any one who once tried hot baths will never return to the cold ones. The benefits of hot baths are: 1. They are far more agreeable to the patient; they often ask to have more hot water added the higher the temperature of their body is. As soon as, e. g., the temperature of the blood is not over forty C., the temperature of the bath must be nearly the same, then only, the pa-

tient feels comfortable in his bath, and after fifteen to twenty minutes the water in the tub will be found of the same temperature. 2. The cooling of the body sets in only after the bath, but continues a great deal longer than after the cold bath, which momentarily cools the body far more effectively but causes also a far more intensive reaction, so that the cold baths must be more frequently repeated. After the hot bath the patient is enveloped in a dry sheet, and after being brought to bed without being dried off, must remain there well covered. Only the feet must be well dried and guarded against catching cold. The patients usually fall into a quiet sleep, and the skin remains cool for many hours. 3. This mild and still effective treatment saves the vitality of the patient, and the whole course of the disease is shortened and rendered more mild thereby.

General Clinics.

CLINICS FROM S. H. JACKSON, M. D., BOSTON, MASS.—
Case No. 755. Mrs. B., aet, twenty-two, cephalalgia, from childhood, commencing in the eyes, from thence to nape of neck, then over the whole head; aggravated when rising in the morning, increasing until night; especially worse at six, and twelve p. m., at which times, if lying, she must rise and walk the room; during this time vomiting, then the headache gradually ceases; worse from eating, ascending and noise; cries with the pain; feet cold; craves meat and sweets; walking seems to jar the brain; never since childhood has she been free from these for an entire week; always had it at menstrual periods. Her family phy-

sician, a homœopath, has always known her, having been present at her birth; he has told her it was hereditary and could never be cured. I therefore concluded that I had a hard case to treat and must look further for characteristic symptoms and treat her constitutionally, but was unable to find any disturbance except of the bowels which were constipated before the headaches, with burning and itching of the parts after stool, with a large accumulation of feces, requiring considerable exertion to expel them, which aggravates the headache; the parts felt better from cold applications. *Alumina met. cm.*; *Plac.* pills to follow. Oct. 16th.

Nov. 24th, I again saw her. She reported, has not had one headache, bowels regular and feels well in every respect. *Placebo*, with instructions to report in a month. At the end of that time she reported still well and was discharged cured.

CASE No. 815.—Dec. 5th. Mr. P., aet. twenty-three; syphilitic ulcers in mouth. Twenty months ago had primary chancre, was treated by caustic applications, following which the disease of buccal cavity commenced. Again treated by local applications. Ulcers are now on internal surface of lips, tip and sides of tongue and roof of mouth; ptyalism; burning sensation; worse in bed; saliva stains yellow; pains are of a pricking, stabbing nature. *Nitric acid 1cm* on tongue; *Sac lac* pills to follow. Dec. 10th, slight improvement. *Sac lac.* to report in a month. Last of January met him on the street, when he reported himself well. Discharged cured of his folly.

CASE No. 816.—Dec. 6th. Mr. M., aet. thirty-two. Chancre on end of prepuce; on upper surface; phymosis great; yellowish-green discharge; burning during micturition. Contracted this chancre three weeks ago; had been using some kind of salve locally. Swelling in groins, worse in left. *Merc. cor. 1cm*, dry on tongue. Dec. 10th, better; *Sac lac.* This person being intemperate I had him come in often, and gave him *Sac lac.* each time. Jan. 29th, reported himself; found the swelling in the groin had disappeared; the chancre was cured but there was a contraction of the prepuce, for which

I blamed the use of the local application; advised an operation. Have not since seen him.

CASE NO. 903.—Dec. 11th. Mr. G., aet. twenty-five. Phymosis, œdema, chancre on entire end of prepuce; phagdenic, lardaceous base, elevated edge. *Merc. 1cm* on tongue. Dec. 19th, much better. *Sac lac.* Feb. 2d, hardly any signs of disease. *Sac lac.*, with instructions to report later. Have not seen him since.

CASE NO. 4.—Jan. 1st. Mrs. P., aet. forty-five. This person sent for medicine, as she was suffering with sharp, stitching pains in the left chest and shoulders; aggravated by moving arms, breathing; thirst for much cold water. Sent *Bry. 1cm*, powder, with *Sac lac.* pills to follow. Jan. 5th she came in and reported that she was greatly relieved of the pains, and had a constant discharge of water from the rectum; she has ascites, very marked; should judge she weighed two hundred or more. *Sac lac.* She came in three or four times later reporting improvement. Jan. 20th, *Bry. 1cm*, one powder. Feb. 19th, said she had taken in her clothes four inches, as they were so loose. Still under *Sac lac.* and still improving.

INGROWING TOE NAIL.—The ordinary treatment of this painful trouble is still persisted in by our old school brethren in the removal of the nail, as they say nothing else can be done. A young man came to me after applying to some of the best physicians in our place of the old school, who informed him that the removal of the nail was the only way it could be cured. Upon examination I found the nail callous and the parts contiguous to it very sensitive and highly inflamed. I had him soak the toe in warm water* until the nail became soft, and then gently scraped it thin, and in the middle of it almost to the quick, and then cut the nail quarter moon shape, leaving the edges. I then pressed cotton under the edges so as to draw the nail out of the ulcer, and applied to the ulcer and inflamed parts, equal parts of *Thuja* and *Glycerine*. I had the satisfaction to see inside of a week great improvement, and in about three weeks the toe

was entirely well. I gave no internal treatment as I believe in this case it was a local disease, caused probably from wearing tight shoes across the toes, as the second toe lapped over the large one and was pressing against it. I placed cotton between the large and second toe, and ordered wider shoes. The patient now walks with great comfort. This case gave Homœopathy a lift.—W. T. BRUCE, M. D.

Ann Arbor Clinics, Medical and Gynæcological Department.
Service of Prof. Allen.

Miss Ida Monroe, aet. twenty-six, resident of Hespeler, Mich., black hair and eyes, a decided brunette, appeared at homœopathic clinic Feb. 14, 1880, and gave the following history of her case: Came to the other hospital Feb. 22, 1879, and remained under treatment until May 19, when she returned home without receiving much benefit. Becoming again worse in the autumn, she came back to the hospital Nov. 10, 1879, and remained until Feb. 11, when she was assured "nothing more could be done for her." The only relief she experienced while under this treatment was during the suppuration process after the application, Dec. 3, of the actual cautery, but as soon as that was completed her pain returned with increased violence. Her mother died at forty-two of phthisis, of which her brother has now premonitory symptoms; father and rest of family healthy. She has never enjoyed good health; present troubles date from an attack of acute rheumatism eight years ago, since which time has had a constant, aching, throbbing pain in pelvis and both hips, at times extending up the spine, at times down the limbs; pain very much aggravated at night, during menstrual nismus, and at the approach of a storm, or during rough

stormy weather. This pain gradually left the hips and made its appearance in right knee, right spine of tibia, and on inside of right foot through bones of tarsus and malleoli, (it was on internal side of right foot below the malleolus that the cauterization was applied) increasing in severity to such an extent as not only to deprive her of sleep at night, but prevent her from walking, and necessitate three years ago the use of a crutch, which she has been compelled to use ever since. Limbs and extremities are now very weak, but no wasting of muscles of right limb could be detected. Some pain in chest on deep inspiration, but auscultation and percussion reveal no abnormal sounds. Pulse and temperature normal; menses every two weeks, too profuse, and last six or seven days, terminating in a thick, creamy, offensive leucorrhœa, which continues until next period, and is very exhausting. Appetite fair, bowels regular, but pain prevents her from getting more than an hour or two of troubled sleep at night; she can scarcely remember when she has had a good night's rest; suffers much from nervous headache; pains of a darting, shooting character in forehead, temples, occiput; worse after menses; severe pressing pain in eyes and orbit, worse after menses; crushing pain through sacro-iliac articulation, worse during and after menses. When pain in head, spine and pelvis is severe, her foot is much better, and her general health is much better since the pain in foot and leg has been so constant.

Diagnosis: Constitutional dyscrasia; Hahnemann's psora. Prognosis guarded. *Cal. carb.* 200 every morning for a week.

Feb. 28. Feels better in some respects, has had less pain in foot and sleeps better at night. *Sac. lac.* every morning.

March 6. Improving; better in every way; can walk a little without her crutch, and feels much encouraged. *Sac. lac.* continued, after one dose of *Cal. carb.* "high."

March 13. Walked in without her crutch; has had but little pain past week and that mostly in knee; foot comparatively free; sleeps much better and feels better in every way. *Sac. lac.* continued.

March 20. About the same as last week, but complains of a thick, yellowish, brownish, and terribly offensive leucorrhœa which annoys her constantly. *Psorinum* "high," one powder and *Sac. lac.* night on retiring, for a week.

March 31. Leucorrhœa much more bearable in odor, and less in quantity; pain all greatly lessened, and menses at last period only lasted four days; feels stronger and better in every way; does not use her crutch much about the house. Passive motion of the muscles of right limb ordered, the manipulating to be done by an attendant night and morning. *Psorin.* one dose. *Sac. lac.* continued as before.

April 10. Walked in from her carriage and around amphitheatre without her crutch; no pain in foot, limb or hip; leucorrhœa greatly improved; no odor for a week; last menstrual period at four weeks (less two days) not so profuse; lasted four days, and "feels better than at any time since she can remember." So much better allowed to go home under treatment.

Miscellaneous.

A Typical Case, With Remarks. By Geo. Lee, M. D., Fremont, O. Read before the Homœopathic Alumni Association of Cleveland, Ohio, February 24th, 1880.

1.

The train paused at the depot of a small provincial town,
 The time was late in winter, when the earth was bare and brown;
 Not yet from pond and river had Jack Frost withdrawn his sheen,
 Not yet the oaks and maples had put on their April Green.

2.

Forth stepped a youth. His overcoat possessed a seedy air,
A sort of well brushed shabbiness that indicated wear,
While from his red right hand, devoid of glove, hung low
An old and bulging satchel, valise or portmanteau.

3.

He would not take a carriage, he declined the omnibus,
The drivers, *sotta voce*, said, "Some impecunious cuss!"
He calmly took his bearings and then walked into the town,
Where in a cheap hotel, at last, he set his satchel down.

4.

A few days later there appeared in that sequestered place,
A gilt-edged shingle, carrying these words upon its face:
"John Brown, M. D.," in letters scrolled and curving like a snath,
While beneath them, in bright colors, flamed the legend—Homœopath.

5.

That week the county patrons of the *Statesman* and the *Guard*,
Spied, in the local column, an inexpensive card,
Which said that the subscriber was a doctor and would come
To any one afflicted with a fever or sore thumb.

6.

It caused a little ripple—this announcement—and made talk,
By no means an excitement though, and nothing like a shock;
For every year a doctor more or less would come to stay,
But, six months later, Arab like, would coyly steal away.

7.

Well, Brown had days of waiting, days of *ennui*, days of wrath;
He found the native prejudice against a Homœopath.
And when he walked along the street, in scant and seedy guise,
He fancied that the people looked suspicion from their eyes.

8.

The old established doctors, like the drug stores and the bank,
Were honored institutions, and with them he could not rank.
They passed the stranger coldly when they met him, and in turn
He mustered all his courage and affected unconcern.

9.

But thanks to grinding poverty, that leveler of men,
Our hero was rewarded with a patient now and then ;
And out of their extremity and his there slowly grew
The outlines of a prestige that was better than he knew.

10.

For men are bound together in a brotherhood that is
Born of our common fatherhood in God—we all are His.
And though we fence ourselves about with walls of wealth and pride,
We can not feel indifferent to what occurs outside.

11.

And though we hug a prejudice 'gainst things in the abstract,
Of which we know but little ; some interesting fact,
Some concrete evidence borne in to mankind's innate sense
Of what is true and worthy, slowly weakens our defense.

12.

Once, looking at the game of life, one said : " I must confess,
Nothing is so successful, in the long run, as success."
'Tis so ; and when our doctor cured with manifested skill,
It could not be but some folks would forgive his little pill.

13.

Men said, " What is it, think you, that keeps Brown upon his feet ?
He has no wealthy patrons his great merits to repeat ;
He has no rich relations here to boost him up the tree,
And no one ever heard him brag about his pedigree."

14.

Well, *in natrum rerum*, no reflecting man could doubt
There were substantial reasons why he did not peter out ;
And now and then some kindly man he'd wrought a cure upon,
Would say, " I think you'll make it here if only you'll hold on."

15.

He held, and for a snapper to this instructive tale,
I'll add enough of romance to prevent it seeming stale,
A feast of reason only, this occasion shall not be ;
A little flow of soul thrown in, will make the feast agree.

16.

The old established merchant had a daughter, very fair,
Just budding into womanhood. She had long golden hair,
And teeth of ivory, and eyes of that celestial blue,
Murillo gives the Virgin when her destiny she knew.

17.

But sickness came upon her, and the faithful calomel
Refused to work within her any salutary spell.
"Spiritus mindereri" was unable to control
The fever, ditto "Quinia," do "Nitrum" by the bowl.

18.

The doctor called a council—each man could diagnose
The trouble with precision, and could recommend the dose.
But they did not help the patient, and with hot, relentless breath,
The fever held within her frame a revelry with death.

19.

Then up stepped Kate O'Brien, the domestic, and she said :
"Shure, Misther Dives, if ye plase, an' Stella be not dead,
I'll fetch the young physician, who last winter raised my Tim ;
By the howly saints and Vargin, I've a dale of faith in him."

20.

Old Dives answered sadly, from his seat beside the bed,
Not lifting from his nerveless hand his white grief-stricken head,
"You may bring your doctor, Katie, but I have no faith that he,
Or any other man, can give my darling back to me."

21.

Brown's opportunity had come. He felt it. Without fuss
Or pomp of astute learning, he displayed six drops of "*Rhus*"
"In half a glass of water," and "one teaspoonful of that,
He gave, with brief directions, and then gently found his hat.

22.

Need I complete the story? Your fancy had outrun
The slow feet of my metre, ere I scarcely had begun.
You know that she recovered, and that Brown, for his reward,
With all that hair and ivory, got the best gift of the Lord.

23.

You know, that from this time, he had a better vantage stand,
A better chance to show the world the truth he held in hand.
You know that he succeeded in the main, but now and then,
Was beaten by that spectre whose pale horse treads down all men.

24.

You all have seen the mother who had pinned her faith to you,
And, howe'er sick her child, believed that you could pull him through.
You've seen the sad reproachfulness that came into her eyes,
When in spite of all your effort, death snatched away the prize.

25.

Brown sometimes met this mother—sometimes he heard her say:
"Perhaps it had been better to have kept the good old way.
Those little doses—I don't know—it may be something strong
Would have overcome the fever—I fear that we did wrong."

26.

It wrung his heart; but well he knew that in the face of death,
To go into an argument is worse than wasting breath. [wreck,
Enough—that when great tempests rage some ship may chance to
Though a competent commander and crew be on the deck.

27.

His vindication came with time; for, as the years roll'd by,
Statistics told the story, and these figures did not lie.
His wife, her father's money, helped him greatly I confess,
But under all, the secret of his progress was—success.

28.

I tell you, men and brethren, this: Truth is a mighty tool.
The man who would deride it is a rascal or a fool;
While he who loves and uses it with manly Saxon grit,
Is one who helps his neighbor, and obeys the Infinite.

29.

Our tiny Homœopathic pill is like Christ's mustard seed;
It was, in its beginning, insignificant indeed,
But its root is striking deep, and its trunk is growing strong,
And the shadow of its branches yearly soothes a greater throng.

May-3

Champlain Valley Homœopathic Medical Society.

Tuesday, Feb. 24th, the Champlain Valley Homœopathic Medical Society met at the Addison House, Middlebury, Vt. The meeting was called to order at ten-thirty a. m., Dr. Arthur, of Vergennes, in the chair.

Recognizing the increasing prevalence and terrible fatality of diphtheria, and appreciating that the most skillful and scientific treatment has done comparatively so little to meet and conquer this dreaded foe to life, it had been appointed as the subject for discussion. The preliminary business, election of new members, etc., having been briefly dispatched, papers on the subject were first called for. Dr. Smith, of Addison, read an interesting paper, giving in detail several unusual cases. One case following a wound from a pitchfork, disease first showing itself in wound, afterwards affecting patient constitutionally, developing finally in the throat. Called attention to the peculiar track of the disease. Commencing on the old turnpike, a high and clay road from Vergennes to Bridgeport, and following road for five or more miles. He recognized the three general forms, catarrhal, croupous and septic; considered treatment of little avail in latter form, but depended largely on prophylactic or preventive treatment, free use of disinfectants, etc.; thought if disease could not be arrested its severity could be greatly mitigated by such measures. Dr. Arthur, of Vergennes, had a carefully prepared paper giving a large number of cases occurring within his ride, which he and other local physicians were called on to treat, the statistics showing rate of mortality to be frightful under any and all treatment. In one location of not half a mile radius, out of thirty-five cases there were twenty-six deaths. Considered *Eucalyptus globulus* the best antiseptic he had ever used; applied as a gargle it would destroy the disgusting penetrating odor almost entirely, seemed particularly grateful to patients. As a disinfectant he considered *Chlorine gas*, as obtained from the simple process in its productions from *Manganese* and

Salt prepared in the chamber which it is desired to be disinfected, would do the work more surely than anything else. He quoted experiments made in Bellevue Hospital in a ward impregnated with diphtheria, where every patient placed there came down with the disease, and after repeated failures with almost everything else, *Chlorine gas* was used successfully. Spoke of using it thoroughly in Reform School after first case, and this in connection with *Sulpho. carbolate of soda* internally, confined the disease to very narrow limits. Out of one hundred and twenty-six children but twenty had the disease, with but three or four deaths. Always individualized his cases, and gave indicated remedies, not believing any specific would ever be found to cure all cases. Dr. Hamilton, of Brandon, considered heat one of the most important prophylactics, neutralizing as it does cold or moisture. Never found anything like *Turpentine* to deodorize a house after death of a case. Where the house was impregnated with the horrible odor, clinging for weeks, after every thing had been tried, a thorough painting in the infected chamber, rendered the house perfectly sweet. Considered *Sugar*, used locally, one of the best remedies to cut and dissolve membrane. Did not consider one time of the year more favorable to propagation of disease than another, thought between fifteen and twenty-five years of age the greatest mortality occurs. Used the usual remedies, *Phytolaca*, *Mercurius prot.*, *biniodide*, *Sepia*, *Lachesis*, *Aconite* and *Belladonna*, as indicated, and spoke very highly of *Salicylic acid*. Dr. Ockford, of Burlington, read an interesting paper on the cause and prevention of diphtheria. He went into hygienic matters very thoroughly, reviewing the most common causes in our defective drainage system, accumulation of filth in places where they ought not, bad water closets, careless decomposition of vegetable matter in our cellars, etc., etc., and showing that only when we had succeeded in correcting these evils and abuses, would we succeed in rooting out this dreaded disease. Dr. Wyman, of Manchester, asked, if it were possible to keep a patient mostly on face, the discharge or exudations from throat not being swallowed,

would the constitutional symptoms be mitigated in severity? A majority of the members thought it would be utterly impossible to do this. Dr. Wyman's favorite gargle consisted of one part *Alcohol*, one part *Glycerine*, and one of water, this in as much hot water. Dr. Woodhouse, of Rutland, encourages patients to take all nutriment they will possibly bear, and sometimes a little more. Believes in disinfectants, but thinks we sometimes overdo the thing, and infect, instead of disinfect. Pure air and good fires are great helps. He uses as a gargle, *Bichromate of potassa*, depending almost entirely on it locally, and having the greatest faith in its virtues. Always suits temperature of gargle to wishes of patient, sometimes using hot, and again ice cold. Dr. Halsey reported an almost singular immunity from diphtheria, in Middlebury; during the past four years, agreed however with Dr. Wyman as to the value of *Bichromate*, in throat troubles with ulceration having a diphtheric tendency. Learned its value from his preceptor, Dr. Verdi, of Washington, D. C., while studying there, and had used it with the best success ever since. Used it in hot water, in most cases, and frequently combined with *Alcohol*. Dr. Halsey also showed to the society an interesting pathological specimen, curious from its rarity.

An interesting discussion followed as to the degree in which diphtheria is contagious, or infectious, if at all. Dr. Sanborn, of New Haven, said while he deemed the disease infectious in the highest degree, being communicated by touch, or direct contact with patient, he did not consider it contagious in the sense of small pox, measles, etc.; that where the disease developed in other families, having had communication with infected houses or not, that diligent search would probably develop the cause of these new cases, arising in their own locality; that where the disease went through a family, the causes which produced it in one, were still at work, and might produce it in the rest, as is frequently the case in typhoid form. A straight allopathic bolus of—well anything hard to swallow, could not have produced more disturbance. Cases without number were

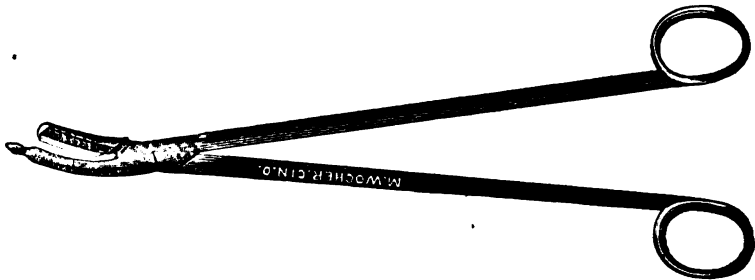
cited by different physicians to prove to the contrary of this theory, and to leave no doubt of the contagiousness of the disease. Dr. Sparhawk, of Burlington, gave a detailed account of quite a number of cases coming within his knowledge and treatment, cases occurring after a funeral of a diphtheric case, but none persons who had attended funeral, or in any family of such. Dr. Sanborn thought the cases an excellent argument in support of his theory. Many cases were cited by physicians present, where the contagion was directly traceable to some article of clothing used near or by the patient, or in which disease was carried to an uninfected locality by the nurse, or person having otherwise come into contact with disease. Perhaps the most noticeable case was mentioned by Dr. Arthur. A servant employed in a house where several cases occurred, some of which proved fatal, left and went into another family some miles from the first place. This whole family were stricken with disease, two dying. The girl changed four times, the last place being in a different town, and in every place the disease was communicated, proving fatal to a greater or less extent in every family. Summing up the arguments, it was understood as the views of the society, that inasmuch as it is an indisputable fact, that the poisonous germs of the disease (be they the same nature as the bacteria found in the membrane or not) insinuate themselves in the clothing of persons much employed about the sick, and that, as neither boiling nor freezing will destroy the infection of such clothing, it becomes our duty as physicians, to warn our patients and the public generally, against the indiscriminate visiting often allowed; against public funerals of persons dying with disease; advising as strict a quarantine as possible in every case, and the greatest care to be exercised by those employed in caring for sick in regard to their clothing, either changing it when going out, or being thoroughly disinfected with *Chlorine gas*. Nor need these precautions interfere in any degree with proper care of sick, but simply to prevent the disease spreading unnecessarily.

Meeting then adjourned until the first Tuesday in May, which being the regular annual meeting, will be held in Middlebury.—F. W. HALSEY, M. D., Sec'y *pro tem*.

Cutler's Suture Cutter and Forceps.

Surgeons have always had more or less trouble in removing the sutures after operations for lacerated vagina and vaginal fistulæ. Heretofore it has been customary to use a pair of scissors and a pair of forceps, and sometimes a director for this purpose, but this has always caused much waste of time to the surgeon, and more or less suffering to the patient, and the surgeon is liable to lacerate the parts with the sharp points of the scissors, and even after the suture is found and after some delay divided, he has to remove the scissors, introduce the forceps, and again delay is caused by his seeking to grasp the divided suture.

A short time since while assisting a surgeon to remove the sutures from a patient who had been operated upon a few days before for lacerated vagina, and noticing the length of time employed, and the trouble caused in removing these sutures, it occurred to me that an instrument might be devised to take the place of those now in use, and one that would require much less vexation and loss of time. After some little time and thought, I succeeded in devising the instrument shown in the cut below, which was made by M. Woche & Son., instrument makers, Cincinnati.



CUTLER'S SUTURE CUTTER AND FORCEPS.

As will be seen, at the end of the lower blade is a probe point which projects beyond the upper blade, this being flat

on the end. The handles are seven inches long, from the end to the joint. The blades curved are one inch from the joint to the probe point, and the points three-eighths of an inch long. On one side of the lower blade the edge forms a right angle, the upper blade having a cutting projection upon the corresponding side, which passes by the lower blade when closed, thus cutting the suture and holding one end firmly.

In using the instrument to remove the sutures after an operation for lacerated vagina, you hold it in the right hand like a writing pen, between the thumb and first two fingers; you will then introduce the instrument closed, using a finger of the left hand as a director, with the lower blade against the posterior wall of the vagina; you now follow the course of the vagina until you reach the suture, which was placed highest in the vagina; this will readily be determined by feeling it with the probe point; you now press this point under the suture until it is stopped by the flat, blunt end of the upper blade, then open the instrument and press the lower blade under the suture, this brings it (the suture) under the cutter; you then grasp the instrument as you would a pair of scissors, and press the blades together, this cuts the suture, and one end is held firmly by the forceps; you now gently remove the suture as you would do with any other forceps, and proceed to remove the next suture in the same manner.—W. P. CUTLER.



Dowling on Bangs & Co. By Fingal Hapgood, M. D.

I am very much interested in a lecture, ostensibly on Pulmonary Phthisis, by Prof. Dowling, of New York. (See *American Observer*, March, 1880.) His exordium is resplendent with personal charms so far as "Bangs" is concerned.

It is not too much to say the lecture is a *bang* up thing of its kind. Just listen to the good Professor as he sails into phthisis, with Bangs & Co.'s flag at the foremast.

"I shall bring before you, to-day, gentlemen, a few cases of pulmonary consumption, (especially Bangs & Co.) or as it is more commonly called, pulmonary phthisis. Of course, in the short time which is allotted to us for this medical clinic, it will be impossible for me to [say all I would like to of Bangs & Co., or] make a thorough examination of these cases. The examination has been made by my interne, Dr. Bangs, in whose ability I have the utmost confidence. If I were in doubt myself, to-day, as to the condition of my own lungs or heart, I think, for an accurate diagnosis, I would as soon come to one of the internes of this hospital as to any person with whom I am acquainted. For nearly twelve months they have been constantly in the wards making daily examinations of doubtful cases, consulting over them until they have arrived almost at a state of perfection, in being able to detect, by inspection, mensuration, percussion and auscultation, at least as far as diseases of the pulmonary and circulatory organs are concerned, any departure from the normal standard of health."

Now if I were a college professor, and had an interne, I would go Brother Dowling just a little better, or know the reason why. In this statement, Bangs is himself well provided for, but the "Co." are delicately hidden from view. Bangs may blush, but the "Co." not being named right out, may not suffer "any departure from the normal standard." "Nearly twelve months" gives an air of ease and scientific carelessness to the statement; as much as to say, "more or less is a matter of no consequence." Why, indeed, should it? since in that short time, Bangs & Co. "have arrived almost at a state of perfection."

This is a remarkable development of abilities. I dare say they were geniuses when they started in. If Dowling himself were a victim, he "would as soon come to one (which one?) of the internes (Bangs & Co.) of this hospital, as to any person with whom I am acquainted." As to Dowling's ac-

quaintance, it is just possible it may be specially limited, and that will let Bangs & Co. out easily. It will not be overlooked, that Bangs & Co.—certainly Bangs—are internes under the Professor who says all these nice things. The glory of Bangs & Co. is a borrowed light. It is as if the sun had said, "Behold the brightness of my planets!" And if Bangs & Co. shine with so much brilliancy, the light of the central luminary must be ineffable. And then, Bangs & Co. have been constantly consulting over these cases. This is something unheard of in hospital practice. Do Bangs & Co. sleep together? Do they eat and drink together? We want the bottom facts, else how can we get on properly with the subject of "Pulmonary Phthisis?" When I get to be a college professor and have internes, I promise you they shall have arrived not almost, but altogether at the state of perfection, and that in about ten or eleven months. Dowling need have no fear of the state of his heart. Our diagnosis (and we are good at the business) is, that the Professor's heart is set on Bangs & Co. This seems to be a departure from the normal standard, for I do not remember to have ever seen so much Bangs & Co. mixed up with consumption before.

P. S. Yet lackest thou one thing, O Bangs & Co.! Go, sell all thou hast and learn the art of *palpation*.

EDITOR MEDICAL ADVANCE:—The personal controversy that is raging in and out of our journals is positively sickening. That men calling themselves gentlemen could lend themselves to such foolish and hurtful business is past my comprehension. Now, Sir, I speak only for myself. My list of journals is reasonably large. I take them for what good there is in them. I now give them notice, one and all, that on and after this date when any one of them admits ob-

jectional personal matter, such as has disgraced the pages of some of them, off it goes from my list and will be sent back to the publisher whether the volume is out or not. My time will be up when they allow their contributors to descend to the dirty business of defaming their neighbors.—NUR SED.

ANSWER TO LONG ISLAND M. D.—“What is it? What it is, I can not say, but I can tell you what I would do. Give patient *Iod. ammonium* 3x four powders a day, for one month; then *Apis. mel.* 3x the next month; then *Berberis aquifolium* 2x the following month, and in this order repeat the three remedies month after month until there is a change in patient sufficient to warrant the selection of new ones, or be able to find a similia, or discover which of these three remedies did the most good. *Iod. amm.* is a wonderful remedy.—D. A. H.

Book Notices.

Therapeutic Materia Medica. By H. C. Jessen, M. D. Chicago: Halsey Brothers. Cloth \$4.00.

The first impression which a student, or an opponent of our school, receives in his efforts to acquire a knowledge of our materia medica, is the perplexing similarity in the array of symptoms presented by each drug; and a very cursory inspection only reassures him in his former convictions, that “nearly all drugs act alike.” This was the impression a stranger received when he visited Philadelphia, during the Exposition, that “all the blocks were alike,” and it was only after a residence of several days that he was able to distinguish the finer points of difference between them by other means than the numbers; and the longer he re-

mained the broader became the distinction, which, at first, he was totally incapable of comprehending. This is preeminently the case in the study of the symptoms of drug provings; the closer we examine a drug, the clearer do we see its individuality; and, to a great extent, this is true in the examination of a patient; an imperfect or careless examination is often the stepping-stone to a generalizing practice. From this we learn the necessity of a *sharp and keen individualization* of those finer points of distinction between remedies, which was the secret of Hahnemann's success, and will always remain the key to scientific medicine.

To this task Dr. Jessen has addressed himself, and compares the chief symptoms of two hundred and sixteen of the principal remedies. His plan is not so clear and practical as Johnson's, and more nearly resembles the Comparative Materia Medica, of Dr. Gross, except that he arranges them under their respective rubrics, and brings more remedies under the eye at the same time. His comparisons deal with the broader characteristics of a drug; while Dr. Gross pays much more care to the finer points of difference.

The last rubric, "Special Remarks," which contains the aggravations and ameliorations right and left sides of the body, is alone worth all the cost of the book. The book will materially aid the careful student, and should find a place in every well selected library.—H. C. A.

Gilchrist's Surgical Therapeutics. Chicago: Duncan Bros.

This is the third edition of the first work on surgical therapeutics in our school, entirely rewritten and brought down to date, enriched by the clinical and therapeutical researches of a hard student.

The chapters on "Tumors," "Diseases of the Nerves," and especially that on the "Genito-urinary diseases," are exhaustive in their remedial indications, and invaluable to the practitioner removed from easy access to surgical consultations. No homœopathic surgeon who has in view the highest aim of his profession—conservative surgery—can afford to do without it, as a frequent reference to its pages will enable him to *cure many surgical diseases*, which at most can only be palliated by operative means. And if some of our surgeons, but particularly our general practitioners, would rely more on these, their surgical therapeutics, and less on the scalpel, it would be better for both their reputation and the welfare of their patients. Why should it be a recognized fact that our surgeons are, as a rule, the crudest dosers in our school?

The two stars on the back indicate more volumes to come; and we trust the publishers will not delay in bringing them out.—H. C. A.

Text Book of Materia Medica. By A. C. Cowperthwaite, M. D., Ph. D.,
Professor of Materia Medica in the State University of Iowa. Chi-
cago: Duncan Bros., Publishers.

When Prof. Cowperthwaite undertook to condense our materia medica, he undertook a most difficult and arduous task, because voluminous as it has become in the last few years, it is next to impossible to determine what limb may be lopped off with impunity without marring, or at least endangering, the usefulness of the remaining branches. The branch is as essential to the complete life and vigor of the tree as the root, and it is a very serious question, a question of vitality, whether the tree can be either improved or perfected by the application of any arbitrary rule of convenience in pruning. Has our materia medica ever been improved by the lopping process? Symptoms of minor importance to one, may be the chief reliance of another. But the author only claims for this a "Text-book" of "characteristic" symptoms, in which particular it is superior to anything we have, for the simple reason that it contains more reliable facts and less theory, while the bracketed comparisons are a wonderful aid to the student, in memorizing or "looking up" a difficult case. We can never have too much materia medica of this kind, which leads to a sharper individualization of our different remedies, and renders their acquisition more easily attainable. We heartily commend the work. But what shall we say of the dress in which it appears? The proof-reading, both of "Cowperthwaite" and "Gilchrist," must have been entrusted to some member of the staff unacquainted with technical terms, as the "printer's errors" could never have escaped the watchful vigilance of the argus-eyed editor of the "Medical Investigator;" or else he was on "his tour among the medical colleges" while these two works were passing through the press. The mechanical execution is not up to the general reputation of Chicago as a publishing centre.—H. C. A.

Annual Report of the Board of Trustees of the Ohio Institution for the Education of the Blind. 1879.

For this interesting volume we are indebted to the physician of the institution. He is a warm personal friend of ours, and has been for years a recognized member of the homœopathic medical school. Dr. Flowers has been in charge of this institution about two years. He reports: "The institution has been blessed with good health, with the exception of the month of December, when there were eight cases of typhoid fever. One malignant case was fatal. Considering the feeble constitution of the blind, their health is above the average." This, we agree, is a good showing for two hundred and forty-three pupils, a small portion of whom,

however, were probably on the sick list. As the report of the superintendent is very full in the matter of disbursements, we turn with some good degree of interest to the hospital stores, and, to our amazement, we make out the following :

Arnica, (tincture probably), \$5.50; *Castor oil*, (two gallons and jug), \$2.35; *Wheeler's elixir*,* (quantity not stated), \$47.50; Medicines, (sundries from drug store), \$15.95; *Opium tincture*, \$1.25; *Pills*, (*quinia*, *cathartic*, etc.), \$27.25; Prescriptions, (sent to drug store), \$21.65; *Bromide of chloral*, \$8.75; *Paregoric*, \$8.20; *Rochelle salts*, \$4.40; *St. Jacob's oil*, 50c.; *Syrup squills*, \$2.10; *Syrup ipecac*, \$2.25; *Fenton's sarsaparilla*, \$2.00; Alcoholic liquors, \$14.25.

The total amount charged to medical stores, of which the foregoing is a part, is about two hundred and seven dollars and eighty cents. And all this in the year 1879. Our object in calling attention to this is to show Dr. Flowers how badly he is being imposed on. It is simply impossible that these things are being used by his order or with his knowledge. Dr. Flowers is a homœopathic practitioner, and could make no use of such articles. An allopath might and would, but a homœopath never. One would think constipation a raging epidemic to look at the *Castor oil*, *Rochelle salts* and *Cathartic pills*, that have been apparently poured down the throats of the poor blind children. *Paregoric*, eight dollars and twenty cents worth! There is no evidence in the exhibit that any homœopathic medicine was used in the institution, and so we conclude that this shows what Dr. Flowers' predecessor used, and he was not a homœopath. We hope Dr. Flowers will see to it next year that his enemies do not play such a trick on him again. If it were true it would make us blush to the tips of our fingers and toes.

THE POPULAR SCIENCE MONTHLY for April presents the reader with a large amount of valuable and interesting matter. Our readers can not afford to miss it. On our recommendation don't fail to subscribe for this most excellent journal. Price \$5.00 a year. D. Appleton & Co., New York.

ANNALS OF THE BRITISH HOMŒOPATHIC SOCIETY and of the London Homœopathic Hospital, February, 1880. This volume is full of interesting matter. It contains "History of the British Homœopathic Society, by Dr. Hughes," "Colic and the conditions which simulate it, by Dr. Blake," "Alcohol in Disease, by Dr. Ker," "Fibroid Tumors of the Uterus, by Dr. Carfrae," "Skin Diseases, by Dr. Blockley," "Cases by Dr. Tuckey," and "An afternoon's work in the Women's Out Patient Department, by Dr. Carfrae." Also it contains a beautiful likeness of Dr. Frederick T. Quinn, for which especially we shall prize this number.

*We are not certain that this is a medicine.

TRANSACTIONS TENTH ANNUAL SESSION HOMOEOPATHIC MEDICAL SOCIETY OF MICHIGAN. Vol. I. No. 1. This seems to be the first attempt on the part of this society to publish its proceedings. It is a very creditable beginning. The book is well printed, and the whole gotten up in good taste, thanks to the care of the secretary, Dr. House. We hope the series may receive a substantial addition each year. The doctors of Michigan owe it to themselves to keep up the work so well begun.

NEW JOURNALS.—The Physician's and Surgeon's Investigator, a monthly journal devoted to the best interests of the profession. Edited by the Faculty of the College of Physicians and Surgeons of Buffalo. \$1.00 a year.

THE CLINIQUE, a monthly abstract of the clinics and of the proceedings of the Clinical Society of the Hahnemann Hospital of Chicago. \$1.00 a year.

THE LONDON LANCET, a journal of British and foreign medicine, physiology, surgery, chemistry, criticism, literature and news. Reprint by the Industrial Publication Co., 14 Dey street, New York. \$5.00 a year

CLINICAL ASSISTANT. By R. W. Nelson, M. D. Duncan Bros., Chicago. This little book is a very handy little thing to have in one's pocket. It is as good almost as a consulting doctor, when you have a hard case and would like a valuable hint. The busy doctor will be greatly helped by consulting it. Price \$1.00.

ART OF PROPAGATION is a highly illustrated practical work on the rapid increase and multiplication of stock. Published by Jenkins' Grape and Seedling Nursery, Winona, Columbiana Co., Ohio. Price prepaid by mail, 50 cents. Catalogue free. Agents Wanted. Address as above.

Editor's Table.

A CORRESPONDENT of ours is very indignant over Prof. Elsner's vivisection of a dog, as related in our last. That such experiments do not aid our therapeutics we quite agree. To vivisection properly conducted we do not object. With the advertisements of this journal, of which our friend complains, the editor has nothing to do. Please address the publisher on the subject.

A MICHIGAN doctor informed a patient that "both his livers were affected."—*Ex.* Our colleagues at Ann Arbor should be more careful.—

Hab. Monthly. Hepatic organs are numerous and often duplicated in Michigan. It takes a Philadelphia doctor, however, to demonstrate a total want of a cardiac organ, as may be seen by the above heartless remark.

OUR friends and contributors must have patience. They shall all be heard in good time.

BUREAU OF PÆDOLOGY.—The bureau of pædology of the American Institute of Homœopathy, has selected the "Diseases of the digestive apparatus," for papers and discussions, at the meeting in Milwaukee next June, under the following arrangement, viz: W. H. Jenney, M. D., Kansas City, Mo., Chairman—Acute gastritis, causes, anatomical characteristics and diagnosis. W. Edmonds, M. D.—Prevention and treatment of same. J. C. Sanders, M. D.—Stomatitis, causes, diagnosis and anatomical characteristics. A. M. Cushing, M. D.—Treatment and prevention of same. R. J. McClatchey, M. D.—Grastromalacia, anatomical characteristics, causes and diagnosis. W. Danforth, M. D.—Prevention and treatment of same. T. C. Duncan, M. D.—Thrush, anatomical characteristics, causes, diagnosis and treatment. S. P. Hedges, M. D.—Gangrene of the mouth, anatomical characteristics, diagnosis, causes, prevention and treatment. Mary A. B. Woods, M. D.—Dietetic rules to be observed in the treatment of diseases of the digestive organs.

REPORT of Homœopathic Hospital of San Jose. The February number of *El Criterio Medico*, published at Madrid, Spain, contains a full and very interesting account of the hospital at San Jose, for 1879. Total number of patients, three hundred and thirty-two; total number cured, two hundred and ninety-two; total number died, sixteen; mortality four and eight-tenths per cent. There were also treated as out patients five thousand four hundred and forty-nine, with thirty-two thousand nine hundred and eighteen prescriptions. This is a good showing for one city in Spain. The journal in question shows the homœopathic profession in that country to be thoroughly alive.

DR. CHAS. HOYT has settled in Chillicothe, O. He is sure to win.

DR. ALFRED K. HILLS removed to 465 Fifth Avenue; Dr. G. S. Norton, to 36 W. 27th, New York. Dr. A. A. Whipple to Quincy, Ill.

DR. O. C. LINK has just been elected physician to Jasper county, Ind. This will give the poor some taste of genuine Homœopathy.

DR. H. C. ALLEN, the well known author of the *Hom. Therapeutics of Fever and Ague*, has been elected to the lectureship of Diseases of Women and Children, in the Homœopathic Department of Michigan University.

DIED.—Abigail, the beloved wife of Dr. P. B. Hoyt, of Paris, Ill., March 25, 1880. Our acquaintance with Mrs. Hoyt led us greatly to admire her character. Her death seems to be a great loss.

MARRIED.—Dr. H. K. Harker and Miss Nettie E. Williams, at Lebanon, O., March 18. The Doctor will take his fair bride to his home.

THE Western Academy of Homœopathy will meet at Minneapolis this year, June 9, 10 and 11, in joint session, with the Minnesota State Society. Reduced rates, etc., announced later.—C. H. GOODMAN, M. D., General Secretary, St. Louis.

INDIANA INSTITUTE OF HOMŒOPATHY.—Dear Doctor:—The fourteenth annual session of the Indiana Institute of Homœopathy will be held in the parlors of Plymouth Church, at Indianapolis, Ind., May 25th and 26th, 1880. You are earnestly invited to attend this meeting and present a paper on medicine, or surgery, or report cases from practice. The Institute needs your best counsel and most hearty co-operation in its work of advancing the true practice of medicine in Indiana.—MOSES T. RUNNELS, M. D.

THE American Institute of Homœopathy, Milwaukee, Wis., June 15, 16, 17 and 18. We hope the West will honor its privileges by turning out to this convention *en masse*.

THE eleventh annual meeting of the Hahnemann Medical Association, of Iowa, will be held May 26th and 27th, at Waterloo, Iowa. A good and instructive meeting is promised.—E. A. GUILBERT, M. D., Secretary, Dubuque, Iowa.

CHANGE OF DATE.—The Homœopathic Medical Society of the State of Ohio will be held in Cincinnati on Tuesday and Wednesday, May 18th and 19th, 1880, (instead of May 11th and 12th, as before announced). All Railroads entering Cincinnati will issue tickets at excursion rates on the above dates. The session promises to be unusually profitable. The annual circulars will be issued soon.—J. A. GANN, M. D., Secretary.

THE eleventh annual session of the Homœopathic Society of the State of Michigan will be held in the City of Jackson, on Tuesday and Wednesday, May 18th and 19th, 1880. An unusually interesting meeting is expected.—R. B. HOUSE, M. D., Secretary.

THE Montgomery Co. Hom. Med. Society meets at Dayton, O., May 6th.—J. K. WEBSTER, Sec.

PROF. T. P. WILSON, at the Centenary Channing Celebration, at Ann Arbor, with his usually advanced ideas surprised his audience by the address he gave them.

NOTICE TO STUDENTS.—A few scholarships in good homœopathic colleges can be secured on favorable terms by addressing J. P. G., MEDICAL ADVANCE, 305 Race street, Cincinnati, O.

WE have been informed that good openings for homœopathic physicians are at the following places: Springport, Mich., and Jackson, Concord co., Mich.

EFFINGHAM, ILL., April 8, 1880.—ED. ADVANCE:—Please announce in your journal, that I want a good physician to take my practice here, as I am going to leave. For particulars address, J. W. HUFFAKER, M. D.



T. P. WILSON, M. D., EDITOR.
ANN ARBOR, MICH.

J. P. GEPPERT, M. D., Ass't EDITOR.
CINCINNATI, O.

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NUMBER 6.

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THE AMERICAN INSTITUTE OF HOMEOPATHY meets on the 15th of June at Milwaukee, Wis. This is the first time the Institute has appointed its meeting so far west for years, and that the West may appreciate its opportunity we hope to see a full representation from each state. All those intending to start from Cincinnati or vicinity are requested to communicate with us at Cincinnati.

THE MILWAUKEE AGONY is in one sense over. The final report of the committee lies before us, and we can not find that anybody or anything has been damaged thereby. For this we are devoutly thankful. It is not likely the experiment will be repeated. It did not pay so richly as was expected. The originators are themselves, without doubt, satisfied that the plan proposed is not the best way to find out if there is or is not anything in the Hahnemannian 30ths. And so the chapter in one respect ends. But the investigation, or the controversy which grew out of it, has given a new impetus to the question commonly known as "dynamization." First, is there anything medicinal in the high attenuations? Secondly, if there is then is it the original force or substance retained, or is it a new or modified force that is developed by attenuation? Into the action of the high potencies the profession has been made to look as it never looked before. For this we have to thank the Milwaukee Academy of Medicine. We do not care to enquire into the motives

that gave origin to the "Milwaukee test." It might not stand severe scrutiny. But we are thankful all the same, and believe the cause of medical science will be greatly advanced through its endeavors.

OUR SCHOOL.—"We desire to say to our contemporary that we understand our school to cover the whole field of medical practice including *Homœopathy*." This precious morsel of wisdom comes from the editor of a homœopathic (?) journal. In the same number the journal is highly endorsed by a state society member in a speech as "the best homœopathic paper we have." To all this we do not object, except as it is misleading. Both gentlemen might easily be presumed to speak for the homœopathic school, but that they do not is readily seen. The value of the editor's statement depends upon what "our school" means. That it does not mean the homœopathic school is evident enough, for it includes Homœopathy. Nothing can include itself, and something more. "Our school" must, therefore, be the allopathic, or the eclectic, or some nondescript not yet baptized. As the editor in the article referred to is making a special plea for the use of "regular" measures, "*Quinine, Morphine, etc.*," in the treatment of disease, he can be easily designated, though he falsely fly whatever flag he may. We have a neighbor who calls himself "a physician," and he gives the public to understand that he covers "the whole field of practice, including, of course, Homœopathy." He gives "sugar pills" or "the regular system," just as the case seems to require, or his patients may wish. Generally his patients decide the question as to the mode of treatment. This man is a saint in "our school," and while he prides himself upon his catholicity and consequent freedom from "narrow views" and "exclusive systems," his more intimate acquaintances say that, while he attempts to practice all systems, he understands none. The fact is, those who do not understand Homœopathy, including our neighbor, "the physician," and the editor aforesaid of the so-called homœopathic journal, are always wanting something to fill the void they feel. That they supply that want from the "regular system" is not the fault of the homœopathic school, but is due to their own misfortune, and it would only increase the calamity to have such false views accepted as true by any in search of the truth. Homœopathy is not so understood nor taught by those who believe in it and faithfully practice it. It is the antithesis of Allopathy, and always will be, and it makes no fellowship with eclecticism. It follows the one law and abides in its strength by that.

Theory and Practice.

The Thirtieth Potency. By Dr. Lorbacher, Editor A. H. M. Zeitung. Translated by S. L.

Let me run the gauntlet to be considered by some physicians an unscientific man, a bad observer, full of notions, etc., as it seems the order of the day with so many, if one dares to speak about the action of the thirtieth potency.

Results were not as favorable as desired when we prescribed *Phosphorus* in the fourth potency in chronic pulmonary affections, as catarrhs, suppurative sequelæ after pneumonia or acquired tuberculosis. We therefore tried *Phos.* in the thirtieth potency and in rare doses. We knew very well that a perfect cure might be impossible, and we intended only to retard the development of the morbid process and to make our patient easy.

CASE I. M. D., American, aet. nineteen years, tall stature, with decidedly hectic habitus, but no hereditary disposition, came under treatment April 8th, 1878. He had taken cold during January. Physical examination revealed a pulmonary catarrh on the right side, spreading over the greater part of the upper lobe; the cough was mostly dry, only in the morning copious, greenish-yellow expectoration; worse in the fresh air; the expectoration had been several times tinged with blood; breathing difficult, especially in walking and ascending stairs, accompanied by an oppressing, sometimes slightly lancinating pain in the affected part; for the last two weeks fever in the evening; profuse night sweats weakened the patient; inappetency and all roborantia failed to keep up the strength of the patient; bowels rather diarrhœic, acne. He received *Phos.-pellets* in powders, to take one every other evening. This medication was continued till the middle of June. Amelioration set in after the first few powders, and steadily progressed, so that most careful physical exam-

ination fails now to reveal any abnormality, and notwithstanding that he goes out in this hard winter whenever he chooses, no relapse has taken place.

CASE II. G. E., aet. thirty-four years, machinist, healthy, strong, without any hereditary disposition, very temperate, took cold about four months ago. He then probably suffered from a left-sided pleuritic process, and some exudation still remained. He came under treatment January, 1879, and I found the man emaciated, chest sunken in, without strength or appetite; tendency to diarrhœa; profuse night sweats, and suffering from a continuous cough, worse in the morning, with copious, purulent expectoration. Physical examination revealed on the left thorax a place of the size of the palm of the hand, where the percussion sound was dull; on another place, tympanitic, weak, hardly audible respiratory murmur, consonant, rattling murmurs, and in one place bronchial breathing, so that the presence of acquired tuberculosis could well be made; high fever, temperature above thirty-nine C., threatened to consume the remaining strength of the patient. Prognosis unfavorable. After a short use of *Bryonia*, third potency, with only transient amelioration, he received globules of *Phos.* 30th, a dose every other night. After six weeks the cough and expectoration had gradually decreased, fever and night sweats had disappeared, appetite returned and the patient felt able enough to do some light work. Physical examination showed a considerable decrease of the dulness and of the rales; respiration more easy; an ulcer in his lung was still present, and as he caught cold several times in his labors, exacerbations could hardly be avoided, which were usually removed by *Phos.* 30, in addition to *Bry.*, *China*, *Cal. carb.*, and *Sulph.*, so that he only rarely had to stop work. Although not cured, it must be admitted that the remedy prevented a further development of the disease, and it would be nonsense to ascribe the improvement perhaps to a more roborating diet, or to atmospheric changes.

CASE III. P. Schl, aet. thirty-one years, foreman in a factory, who lost father and brother from tuberculosis pulmonum, hence hereditarily affected as his whole habitus manifested;

suffered for the last four years from morbid symptoms, which clearly demonstrated a development of that disease, as hemoptysis, labored breathing, short and dry cough. September, 1878, he came under my treatment after a preceeding, not very profuse hemoptysis, which stopped him from working. He had taken *Acon.* and *Bry.* in alternation, according to the prescription of his family physician. I found a small and somewhat emaciated person, with somewhat depressed, flat anterior surface of the thorax; dulness on percussion; the defective expansion during inspiration, the abnormal respiratory murmur satisfactorily demonstrated the presence of a tubercular infiltration in the left upper lobe of the lungs. There was also pretty severe dyspnœa when mounting stairs; short, dry cough; only towards morning some expectoration with pus granules; nightsweats, and slight fever; no appetite; tendency to constipation; he also suffered from tœnia. After perfect removal of the hemoptyses, he received, September 28th, the first vial of *Phos.* 30th, to take a dose every other evening, which was continued to the middle of November, when he stopped the treatment, because he felt so much relieved from all his ailments. January, 1879, he reported continued progress, and his ability to attend uninterruptedly to his labors, and physical examination affirmed his statement. He received another portion of *Phos.* 30th. October, 1879, he reappeared on account of a slight hemoptoe, which was quickly removed by *Arn.* 3, and then *Phos.* continued, which again reduced his ailments to a minimum. Repeated examinations up to date prove that during the whole year the disease did not progress, notwithstanding irregular diet and hard labor.

One might hear that such intervals in the development of tuberculosis happen without the intervention of remedial measures. But when they appear so rapidly and decidedly, as in this case, some participation in the improvement must be allowed to the treatment. I forgot to mention that in this patient the swelling of the sternal margin of the first rib, so often observed in tuberculous patients (*Grauvogl*) was eminently present.

I could add many more cases to the three heretofore mentioned, but I fear to become tedious. Though the effects of the thirtieth potency of *Phosphorus* may not always be so rapid and decisive, still I am fully convinced that *Phos.* in the thirtieth potency is the remedy which promises most in these diseases; though in many cases *Sulphur*, *Calcarea* or other remedies may be more strictly indicated and applied. I felt already for a long time that a sojourn in Merean, Nigga, Mentone, (Aiken, in S. C., Ashville, in N. C., Colorado), has no better effect. Those who can afford it may travel from home, but let us be satisfied that we can equally alleviate the sufferings of our poor patients by the remedy.

Another diseased state where *Phos.*, and again in the thirtieth potency, acts so satisfactorily, is in the chronic gastric catarrh, and the *ulcus ventriculi*, as long as its edges do not show the scirrhus character. Characteristic symptoms are the burning pain, the aggravation, the immediate vomiting after warm food or drinks, whereas the use of cold food often ameliorates. Too often such cases come under treatment when already greatly emaciated.

CASE IV. A. G., aet. forty-one years, mason. Never sick till three years ago the disease began, and so far steadily progressed. From simple, slight pressure in the gastric region after eating, with eructations and acidity, it has steadily reached its present state in spite of all treatment. He is emaciated, sallow, complains of steady burning pain, aggravated from ever so small a quantity of food, and which only diminishes after vomiting all the food he took; the vomited matter sometimes contained streaks of blood; fresh milk and cold water were most easily digested; constipation; inappetency; slight attacks of hectic fever and *œdema puden*. Examination revealed a hard, very sensitive spot on the anterior portion of the stomach. *Ars.* 6th, three drops thrice daily, steadily given for six weeks failed to bring any relief, and we changed therefore to *Phos.* 30th, at first a dose daily, then every second or third day. After two weeks a decided diminution of all pains, as well as of the vomiting could be demonstrated. After five weeks no pain, no vomiting, no

other morbid symptoms. Six months after beginning treatment the patient was discharged cured, and has remained so after a year and a half.

Spontaneous cures of gastric ulcers happen, we know that; but when the improvement is so decided and continues uninterruptedly, it would be wrong not to ascribe the benefit to this thirtieth potency of *Phosphorus*.

Dr. Lippe's "Fatal Errors." By D. Haggart, M. D., Indianapolis.

It may possibly seem presumptuous in one of my years to undertake the work of scrutinizing and analysing the article entitled "Fatal Errors" contributed to the March number of the *MEDICAL ADVANCE* by Dr. Ad. Lippe, but when old and experienced practitioners are both illogical and unreasonable, I, from a high sense of duty, enter my protest, and consequently offer no apology for being a younger man in the profession.

The Doctor manifests considerable complacency in the outset, and no small degree of self-assurance in asserting that it is a "fatal error" to declare that the efficacy of the thirtieth potency as a curative or sick making agent is an "open question," and that a scientific experiment at this day is not a necessity in solving this question, which has been fully settled half a century ago. No doubt this question has been settled in the minds of some of our venerable brethren—they may have even convinced themselves so thoroughly that the matter now appears to them a truth incontrovertible. But unfortunately for aged theories, young skeptics always insist upon practical demonstrations, and are not willing to accept anything upon mere assertion. The whole tendency

of the age is toward investigation. If we accept without experiment the teachings of our fathers, advancement comes to a "dead halt" in medicine and in all other things as well. Nothing aside from a self-evident truth, which we all know is susceptible of no proof whatever, can be "fully settled" universally. A few, or if need be, a number of persons may satisfy themselves of the truth of questionable problems similar to the one under discussion, and yet the truth in such cases can not be made clear universally; consequently that which can not be shown to be true universally, can not by any means be classed among the "settled questions" of the ages. If we accept the idea suggested by Dr. Lippe of the immutability of the documentary evidence of homœopaths, we may just as well "stop right here." Who have the whole truth (and more) done up in these writings? Consequently he who proposes to go one step further is a heretic and "perverter" of the healing art. In short, such doctrine means just this, that there is no such thing as progression in Homœopathy, and you, Mr. Editor, have misnamed your journal when you called it MEDICAL ADVANCE. The sapient author of "Fatal Errors" asserts most positively that the thirtieth potency is a curative or sick making agent. The thirtieth potency of what? Are all remedies possessed of an identity of force at the thirtieth? Are *Sac lac.* and *Arsen.* equally sick making at the thirtieth? It may appear to be all well enough to pooh! pooh! in answer to such queries, and to affirm that "this is not an open question, and that a scientific experiment at this day is not a necessity," but there are honest doctors in the profession, true homœopaths in the highest sense of the term Homœopathy, who differ, without asking leave to do so, from Dr. Lippe when he makes such assertions as these.

How has this question been settled, under what circumstances has it been settled, and is the documentary evidence all sufficient to satisfy investigating minds? If Hahnemann was the Omega as well as the Alpha of Homœopathy, then this question has been settled beyond appeal. The history of all the ages tells us that the discoverers of new laws and

new truths have only seen the beginning of a work that succeeding generations have carried on into fuller development. The Doctor attempts to furnish no proofs of his assertions further than the statement regarding the success of the pioneers of Homœopathy in this country fifty years ago. Now the incredulous raise the question right here, was it the thirtieth potency that affected the cures, or was it the cessation of old school empiricism that made such wonderful changes? We all know that no medicine at all was a thousand fold preferable to the heroic and fatal practice of Allopathy of that period, consequently this statement is not direct and positive proof of the curative powers of the thirtieth potency by any means. The Doctor is arbitrary in asserting that those who propose to make convincing experiments testing the truth of this question "have no case and that the matter has been settled forever." If this be true and the Doctor is honestly convinced in his own mind that the curative power of the thirtieth is a fixed and settled fact, why need he manifest anxiety and a desire to forestall further experiments? If he is so thoroughly convinced of the entire immutability of the documentary evidence, why need he reprove those who propose to test this evidence, and add to the documentary, accumulative evidence if nothing more? He of course has no fear that the truth will come out of the test unshaken, and all the clearer and brighter on account of the experiments honestly proposed. It is no indication of ignorance when individuals differ from us upon important questions, as the Doctor asserts, but on the contrary it is rather an evidence of thoughtfulness, hence the charges of ignorance of the history of Homœopathy, and of the *Materia Medica* and *Chronic Diseases* of Hahnemann is only an imperious way of waving the logic of the issue. Instead of frowning upon the proposition of Dr. Lewis Sherman, the Doctor should rejoice over an opportunity of making such a wide spread demonstration of the great truth of which he has so long been firmly and positively convinced.

In regard to the "evidence," the Doctor inquires what evidence can be offered to show that an improbability exists of

the therapeutic action of the thirtieth potency? This is just the question the Milwaukee School of Medicine proposes to solve by a scientific and intelligent experiment, and instead of it being on the witness stand of the medical world, it is the "documentary evidence" that is now to testify, and it is proposed that it shall be put through an ordeal of cross questioning that will elucidate the whole truth, and until the evidence of the investigating committee is in, it is out of the logical order of all evidence to call for the proofs. Assertions are not always truths, and the evidence in support of them, whether documentary or otherwise, to stand investigation must be very positive and unmistakably convincing. No court will take cognizance of evidence other than this. Besides believers in supposed or asserted fallacies are not bound to prove these supposed fallacies either false or true. This is the province of those who originate and promulgate them. What men declare emphatically to be true, they are bound to furnish unmistakable evidence to substantiate! The idea advanced by the Doctor that "documentary evidence is positive," is preposterous in the extreme, most especially so when applied to the theorizing and experimentation of doctors one hundred ago.

Nothing is positive in the developments of science, especially medical science, but that which has been demonstrated and applied universally.

But further investigation in this matter says the Doctor, "must end in a farce." So said the revilers and persecutors of Hahnemann when he first stepped upon the threshold of the new era of medicine and pushed open the door leading into a vast, wide realm of medical progress and development. Ought we now, while Homœopathy is still in its infancy, to listen to such demands for muzzling investigation? Is it not a "fatal error" for an avowed champion of a great medical reform to attempt to muzzle all individual thinkers of the profession, lower their status as men, and brand them eclectics now and forever, because, forsooth, they possess reasoning ability sufficient to desire to know as much as men knew a century ago. The surest way to establish the fact

that the great law of medicine discovered by Hahnemann was not a true one, is to demonstrate the impossibility of building upon it new developments. For out of the discovery and applications of true laws from time immemorial have grown the progress, advancements and developments of the world.

It is, has ever been, that only when the truthfulness of the evidence given in support of a theory or dogma is somewhat doubtful, that opposition to investigation has been brought forward; consequently the only logical conclusion we can arrive at, considering the denunciations against those who propose to investigate, is that there are doubts, even in the minds of the bravest defenders, of the efficacy of the curative or sick making power of the thirtieth potency! Let our venerated colleague come to Indiana, grow up with the doctors, and the "ager" will soon knock the bottom out of his thirtieth potency, and he will come out a wiser man, and his last days will prove to be the most useful to Homœopathy.

"Wabash Ague." (A New Species.) By H. C. Allen, M. D.

In the March number of *The Homœopath*, Dr. Taylor, of Crawfordsville, Ind., president of the State Society, gives, in a very racy article, his treatment of "Wabash Ague." He says, "I am often called upon to smile aloud while perusing some Eastern man's ideas of treatment of intermittents." Query: What will the "other fellows" (including the Eastern man above referred to) do when they read Dr. Taylor's treatment? "Of course he (the eastern man) never saw an intermittent—a real ague." Dr. Taylor seems to doubt that "*Ars.* 30, *Puls.* 30, *Nat. m.* 200" ever cured "a real ague," except by accident. The allopath and eclectic doubt that

remedies in these attenuations ever cured "ague" or any other disease. First symptom that Dr. Taylor is not a homœopath. The insinuation that no man in Indiana or out of Indiana who individualizes his cases and uses the single remedy and potentized drug, ever saw a case of "real ague," or ever cured one if he did see it (except Dr. T. of the Wabash) will certainly be news to such men as Drs. Baer, McNeil, Runnels, Haynes, Berurenter, Eggert, Fisher, and many others who have labored in that state for years, and now to find that they have been laboring under a delusion, that the cases they have reported cured were not cases of "real ague" will be a mortification. What becomes of this disease producing ague generating "Wabash" after it leaves Crawfordsville "on its way to the sea?" How does it get into Crawfordsville without leaving a little "real ague" in its wake for some other man to wrestle with? What would become of Dr. Taylor's ague practice were it not for this muddy "Wabash" and its tributaries? The second hand subterfuge that "Wabash ague" differs from that found on the "classic Maumee," the "treacherous Miami," or the "sluggish Rouge," is but a miserable excuse for routine empiricism, unworthy any man who claims to be guided by a law of cure in the selection of his remedies. This attempt to make *the kind of ague* the scape goat for lack of knowledge of the materia medica, and non-adherence to the principles of the school of medicine we profess to practice (in the treatment of ague) is only an excuse, to escape the labor of looking up the case. Is it the same with diphtheria "on the Wabash?" Does Dr. Taylor and those who treat ague with *Quinine* and *Ohinoidine* ever individualize any case of ague? If they can, they never report any such cases, that the profession may judge whether it be the Doctor or the ague that is at fault.

Here is a "specimen brick" which would appear to require an explanation of some kind: "As a matter of fact the proper indications for high dilutions are hard to get on the Wabash." Who ever heard of a homœopath trying to get "indications for high dilutions" anywhere in the "wide, wide

world" except "on the Wabash?" The homœopath looks for "indications" for his remedy, not for the dilution, either high or low. In the following eight cases, given as samples I presume of what is found "on the Wabash," not a single "indication" is given for the selection of *Chinoidine* or any other remedy in the materia medica that would be a guide for Dr. Taylor or any other man in the treatment of this affection in the future. In the second case the approach to a symptom "bloodless eyes, and legs swollen" is common to *Ars.*, *Eup.*, *Apis.*, *China*, *Ferr.* and a great many others.

I give the cases to show what can be done "on the Wabash;" how instructive a lesson is given as a substitute for "indications for high dilutions"

"Joe. D., aet. eighteen; quartan ague for four years. Geo. M., aet. twenty-four; ague two years; bloodless eyes, and legs swollen. John T., aet. forty; tertian ague one year. James D., aet. thirty-eight; quartan ague sixteen months. W. J. McC., aet. forty-two; quartan three weeks. Wife, aet. thirty-six; quartan two years. D. A. B., aet. thirty; quotidian six months; tertian three months; quartan six months. J. N. M., aet. forty-six; quartan three years. J. D., aet. fifty; quartan three years."

All these cases were promptly cured (?) by *Chinoidine*, and what is equally gratifying to every homœopath, quantity is made to take the place of quality. The lesson is wholesale, as out of eight hundred and ten cases of "Wabash ague" occurring in Dr. Taylor's practice in eight years, seven hundred and ninety were cured (?) by *Chinoidine*, leaving only twenty cases for all the rest of the materia medica, and of these twenty *Arsenic* had fourteen. Wonderful record, in that it was ever made or preserved for future reference. Fortunate Homœopathy in having found such a champion "on the Wabash."

I venture the opinion (but I may be mistaken) that Dr. Taylor would treat "ague" in the same way on the Hudson or anywhere else. Given a case of ague, *Chinoidine* is the remedy. And I also venture the opinion that symptoms or indications are quite as numerous, that a case is just as easily

individualized and is just as amenable to the single remedy potentized, "on the Wabash" as on any other river in America.

In other words the kind of ague has nothing to do with it, the doctor everything.

And here is the Doctor's admission that I am correct; the whole question in a nut shell: "Your regular cures a recent case with *Quinine*. I cure recent and chronic with *Chinoidine*." "The regular makes their heads hum with *Quinine*. *Chinoidine* does not."

The difference between Dr. Taylor and a "regular" consists in making or not making "their heads hum;" the exact difference between Allopathy and eclecticism. The principle is the same in each case. But where does Dr. Taylor's law of cure come in? Where is the proving of *Chinoidine*, our only guide for selecting the remedy "on the Wabash" or anywhere else, for ague, diphtheria or any disease, acute or chronic? It is a poor Homœopathy that prescribes for the name of the disease; Homœopathy only in name, not in fact.

But into what constant trouble this routine empiricism leads us when applied to some acute disease, as diphtheria, where immediate danger is much greater than in ague. The principle is the same, the mode of selecting the remedy the same, when Dr. Taylor extols the virtues of *Potassa chlorate* in malignant diphtheria as a specific for a name; and here it becomes a matter of serious consideration both to the Doctor and to his patients whether he adopt a generalizing practice, or adhere to his law of cure and individualize each case. The Eclectic and Allopath do nothing but generalize: can we not with our law of cure which we profess to follow do something better than imitate the mongrel practice of the other schools? The difference between the schools of practice is not alone in the quantity of medicine given—not in the attenuation whether high or low—so much as in the strict individualization of each case. This is the key stone of the homœopathic arch so strenuously maintained by Hahnemann, and of which Dr. Taylor says: "I take no account

of accessory or concomitant symptoms. They amount to little on a Wabash ague." What would they amount to in ague, diphtheria, scarlet fever or pneumonia if "taken no account of?" All that is necessary is to name it ague or diphtheria, give the "ethereal solution of *Chinoidine*" or *Potassa chlorate* and the thing is done; treat the diagnosis; the symptoms, and the expression of disease, "amount to little." It is this mistaken idea, both of the theory, the spirit and the practice of the law of cure, that "has gotten Homœopathy more falls than favors, more blows than blessings." He may, if he will, select his remedy with almost mathematical certainty, but not after Dr. Taylor's empiric method, for the homœopath never "tries many remedies;" never searches after "indications for high dilutions."

But the Doctor has learned one thing, very important in the treatment of intermittents. After "breaking up" the chills "the remedy must be given three or four times a day, for three weeks, in acute cases;" and in chronic cases, "if the fever had lasted two years, it must be given for three months after recovery."(?) Patients must be very persistent, very obedient, very trusting, to take a dose bitter enough "to stop a candidate from shaking" for three months after recovery.(?) Somewhat difficult to tell whether the remedy be not worse than the disease and quite as difficult to get rid of; in fact, would it not be much easier for the patient to shake off "a candidate" than a Doctor armed with such a remedy.

The following case, reported by S. E. Burchfield, junior in the Homœopathic Department, University of Michigan, is given as a sample of what is done in Michigan, not very "East" of the latitude of the "Wabash:"

"Mrs. Godden, aet. thirty, living in lower town, near the river, came to homœopathic clinic, March 13, 1880, suffering with chills and fever, tertian type, for nearly two weeks; had a slight chill the previous morning about eight o'clock, lasting half an hour, followed by a severe one from eleven to twelve o'clock the same day; chill commenced in the back, with severe backache; bone pains in extremities, aching all over, accompanied by some thirst, nausea and vomiting; ex-

ternal heat does not mitigate the chill; chill lasted about two hours and was the most severe one she had ever had; headache begins during chill; during the heat, less thirst, but drinking relieves; bone pains continue; headache increased, and is very severe; heat nearly all the time, which is followed by profuse drenching sweat, which relieves bone pains and headache; hydroa on the lips.

Eup. perf., *Ign.* and *Nat. mur.* were compared, but the type, the time of the chill, the backache during the chill, the vomiting during chill (not bitter), the severe headache during heat, relief of headache and bone pains by the profuse sweat, and the hydroa, all indicated *Nat. m.* as covering the totality of the symptoms. *Nat. m. cc.* one dose was given, and no return of chills to date, May 1st."

Puerperal Peritonitis or Metritis. By C. L. Hart, M. D.,
Omaha, Nebraska. Part II. Treatment.

Dr. F. Churchill says, "If by the treatment of low puerperal fever, we are supposed to mean such remedies as afford a reasonable hope of cure in the majority of cases, I must frankly confess that I know of no such remedies." Among the leading therapeutic measures in the allopathic school are bleeding, especially for the asthenic form, leeching, blisters, emetics; *Calomel* with or without *Opium*; *Camphor*, *Quinine*, *Capsicum*, *Turpentine*, etc., and *Veratrum vir.* was used by a New York physician with some success.

Dr. Gooch suggests a copious bleeding to decide the best mode of treatment.

If bleeding does manifest good it is to determine our course in favor of most vigorous antiphlogistics; if not, this must be abandoned for an opposite course of treatment. Even under

the old school treatment this would seem a hazardous experiment, for if the case should be of an asthenic type the single bleeding might be sufficient to sacrifice the life of the patient. The stimulating or supporting treatment is *Quinine*, *Wine*, *Brandy*, *Carb. ammon.*, *Camphor*, *Cantharis*, *Capsicum*, *Opium*, *Turpentine*, etc.

Dr. A. Clarke, of New York, recommends massive doses of *Opium*, three or four grains, or from one to one and one-third grains of *Morphine* every hour.

Dr. Fordyce Barker commends highly *Veratrum vir.*, in doses of four to ten drops of mother tincture every hour, until the pulse is normal in frequency.

From the above we see the same conflict of opinion in this disease as is so manifest in the treatment of most diseases, the one class advocating the most active antiphlogistic treatment, copious bleeding, liberal purgation and free emesis; another class condemning the antiphlogistic, and as warmly advocating the tonic or sustaining mode of treatment. This is the legitimate outgrowth of a treatment without a therapeutic law—like a mariner at sea, without compass he has no guide.

In the homœopathic school the practitioner must be guided by our therapeutic law, carefully consider the epidemic remedies, and then be led by the objective and subjective symptoms of each individual case, not losing sight of constitutional or temperamental indications.

Following, you will find some of our leading remedies, with their special indications:

Aconite.—Is useful where there is a real synochal fever; a hard, full rapid pulse; hot, dry skin; intense thirst; sharp, shooting pains in the whole abdomen, which is very tender to touch.

Apis m.—Stinging, thrusting pains, similar to those arising from the sting of a bee; absence of thirst; urine scanty; dyspnœa.

Ars. alb.—Burning, throbbing, lancinating pains, burning like fire; she is sure she will die; great restlessness and anguish, with fear of death; thirst for frequent sips of water,

only a little at a time; cold water aggravates her symptoms; she wants more cover over her; wants to be wrapped up.

Belladonna.—The pains come on suddenly and cease as quickly after continuing a longer or shorter time, or there are clutching pains, as from clawing with the nails; pressure as if all the parts would issue through the vulva; throbbing headache, with heat and redness of the face and eyes, and throbbing of the carotids; involuntary flow of urine; furious delirium; the milk or lochia suppressed or very offensive; the parts very sensitive; she can not bear the least motion or jar of the bed.

Bryonia.—The least motion aggravates her sufferings; her head aches as if it would split; raising up in bed causes nausea and fainting; the lips are parched and dry; mouth dry, and very thirsty for large draughts of water; constipation, the stool being hard and dry, as if burnt. A dry cough or stitching pains would be further indications for *Bryonia*.

Cal. carb.—This remedy will sometimes be found indicated in persons of a leuco-phlegmatic temperament, with cold, damp feet; the head and upper part of the body is in a profuse perspiration; thirst for cold water; constant aching in the vagina; aggravation at night; pulse tremulous or full and accelerated; stitches in the neck of the uterus; the history of her case shows that her menses have been too profuse, or returned too often.

Cantharis.—Frequent and almost constant desire to urinate, ineffectual or with cutting or burning pain, passing only a few drops at a time, which are mixed with blood; burning in the uterine regions. The urinary symptoms are of the greatest importance in determining the selection of this remedy.

Carb. an.—In chronic or sub-acute cases of metritis, with painful pressure in the loins, groins and thighs; great sense of soreness in the pit of the stomach; general sense of lassitude.

Carbo veg.—Much soreness about the vulva, with aphtha; Aching or pinching in the iliac regions; languor, weariness and physical depression toward noon, with faintness and

hunger; flatulence, by emission of flatus; she wants to be fanned.

Chamomilla.—In cases which come on in connection with a fit of passion; heat all over, with thirst and redness of the face—one side of the face red and the other pale; great impatience; she can hardly restrain herself and treat persons with civility; urine abundant and light colored.

China.—The disease has supervened upon great loss of blood; she suffers from distension and oppression of the abdomen, which is not relieved by eructations; much ringing in the ears; the suffering is aggravated by the least touch, painless diarrhœa.

Cocculus ind.—Much paralytic pain in the back, and paralysis in the lower extremities; sensation as of sharp stones in the abdomen, upon motion; head and face hot, and feet cold; pulse hard and small; metallic taste in the mouth; intense thirst or aversion to drink; shivering over the mammæ.

Coffea.—In cases induced by great joy. She seems in a state of ecstasy, and is very sensitive to contact.

Colocynthis.—When induced by violent indignation, severe colicky pains, causing her to bend double, with great restlessness; cutting pain, as from knives in the bowels, with great distress; distension of the abdomen; diarrhœa, which is aggravated by everything eaten or drank; feeling in the whole abdomen as if the intestines were being squeezed between stones; full, quick pulse; great thirst; bitter taste in the mouth.

Conium mac.—Burning, sore, aching sensation in the uterus; the urine intermits in flow; much vertigo, particularly on turning in bed; she usually has a bitter taste in her mouth, with thirst; the pulse is unequal, some pulsations are smaller than others; the pulse is also irregular, sometimes beats slower and sometimes faster.

Creosotum.—Stitches in the vagina proceeding from the abdomen, causing her to start at every pain; putrid, acrid, corrosive discharge; a low form of fever; putrid fever.

Crocus sat.—Black, stringy discharge from the uterus; rolling and bounding in the abdomen, as from a fœtus; stitches in the abdomen arresting respiration.

Ferrum.—Fiery, red face; the bowels feel sore on touching them, as if they had been bruised or weakened by cathartics.

Graphites.—Particularly when the ovaries are affected; eruptions or tetter, with a glutinous exudation on various parts of the body, or a tendency to obesity.

Hepar sulph.—When there is a tendency to perspiration, with burning, throbbing pains and chillness.

Hyoscyamus.—Especially when induced by emotional disturbances; if there appeared spasmodic symptoms; jerking of the extremities face and eyelids. In cases which fall into a typhoid state with delirium, the patient throws off the bed-clothes; she wishes to be naked.

Ignatia.—Cramps, with lancinations; the pains are aggravated or renewed, particularly by touching the parts; the woman is apparently full of suppressed grief; there is sorrow and sighing; an empty feeling at the pit of the stomach.

Ipecac.—The patient suffers with a continued nausea; every movement is attended with a cutting pain, almost constant, running from left to right; pain about the umbilicus, extending toward uterus; a continual discharge of bright, red blood from the uterus; rapid pulse; with or without thirst.

Iodium.—Acute pain in the mammæ, developed by inflammation of the uterus; the mammæ also become very sore; a low cachectic state of the system, with feeble pulse.

Kali carb.—Intense thirst continually; very rapid pulse; distressing cutting, shooting, darting, stitching pains all over the abdomen; the stitch pains are in ascendancy; the more completely the stitching pains seem to predominate the more certainly will *Kali c.* be the appropriate remedy.

Lachesis.—She can not bear any pressure, even the clothes, over the uterine region; she wishes frequently to lift them, not that the abdomen is so very tender, but that the clothes cause an uneasiness; a sensation as if the pains were ascending toward the chest. This remedy is especially indicated near the critical age. The pains in the uterine regions in-

crease until relieved by a flow of blood from the vagina; not long afterward the same symptoms are repeated themselves; aggravation of the suffering after every sleep, by day or night.

Lycopodium.—Cutting pains across the abdomen from right to left; much working and rumbling in the abdomen, particularly in the left hypochondrium; red sand in the urine; much pain in the back previous to the flow of urine; dryness in the vagina; discharge of wind from the vagina.

Magn. mur..—Hysterical complaints and spasmodic turns; uterine spasms extending to the thighs; constipation of large difficult stools, which crumble as they pass.

Mercurius.—Lancinating, burning or pressing pains; much perspiration, which, however, affords no relief; moist white coating on the tongue, accompanied with intense thirst; symptoms aggravated at night.

Nux vom..—This remedy is very frequently indicated. Pain, as if bruised, in the neck of the uterus; frequent desire to urinate, with pain; scalding and burning; frequent and ineffectual desire to defecate, or passing a small quantity of feces at each attempt; much pain in the small of the back, which is aggravated by attempting to turn in bed; heaviness and burning in the abdomen; much pain in the forehead, above the eyes, and fainting spells; the symptoms are aggravated about four a. m.; she is despondent, sleepless, or dreams frightful dreams.

Opium.—In cases originating in fright, the fear of the fright still remaining. Flushed face, with soporous delirium; in her lucid moments she complains of the sheets being too hot for her; she is sleepy, but can not sleep; coldness of the extremities; discharge of fetid matter from the uterus.

Phos. acid..—In cases of great debility, with great indifference to all about her; meteoristic distension of the uterus; slow fever.

Pulsatilla.—In mild, yielding, tearful temperaments; semi-lateral headache; bad taste in the mouth; nothing tastes good; absence of thirst; nightly diarrhœa; scanty urine.

Rhus. tox.—Particularly after confinement. Aggravation at night; particularly after midnight; restlessness; she can not lie still, but must change her position, which relieves for a moment; slow fever and dry tongue; powerlessness of the lower extremities; she can hardly draw them up.

Sabina.—Especially after confinement or miscarriage; pain extending from the sacrum or lumbar regions to the pubes; severe stitching in the vagina, from before backward; frequent urging to stool; liquid stool, followed by hard stool.

Secale corn.—When there is a strong tendency to putrefaction; the inflammation seems to be caused by the suppression of the lochia; discharge of a thick, black blood, a kind of sanies, with tingling in the legs, and great debility.

Sepia.—Burning, shooting and stitching pains in the neck of the uterus; a constant sense of pressure into the vagina; she feels she must cross her legs to prevent a protrusion; a painful stiffness in the uterine region; sense of weight in the anus; putrid urine, depositing a clay-like sediment, which is difficult to remove; icy coldness of the feet; a great sense of emptiness in the pit of the stomach.

Stramonium.—The face is bloated with blood; she awakes with a shrinking look, as if afraid of the first object she sees; she desires light and company; she is disposed to talk continually; strange fancies enter her mind; she imagines all sorts of absurd things, that the bed is full of creases, or that she is double, or lying crosswise, etc., etc.; the head is frequently jerked from the pillow, and then falls back.

Sulphur.—The vulva seems much inclined to be excoriated early in the attack; frequent flushes of heat pass off in a little moisture and faintness; feet cold or with burning soles, so that she wishes to find a cold place for them, or to put them out of bed; sense of heat in the crown of the head; she feels suffocated; she wants the doors and windows open; very light sleep, she wakes very frequently; weak, faint spells occurring frequently during the day, after having improved under other remedies she gets worse again until she receives a dose of *Sulphur*; she feels unusually faint, with strong craving for nourishment from eleven to twelve a. m.

General Clinics.

CLINICAL CASES.—CASE I. TOOTHACHE.—*Silicea*.—In May, 1879, a lady was suddenly attacked, while eating, with pain in a right lower molar; the tooth then became so sensitive that she could not bite with it. Her dentist removed the filling, with only temporary relief from the introduction of *Creosote*. There was swelling of the gum and much sensitiveness of the tooth to touch, with inability to eat with that side of the mouth, and shooting in the lower jaw. The last symptom led to the selection of *Silicea*, a dose of which, in Fincke's nine hundredth potency, was in a few minutes followed by relief, which soon became complete. Some days after, there was a slight return of the pain; it vanished quickly and permanently after taking *Silicea* 45m. F. The tooth has since been filled again.

Another lady, a friend of the former, who had no faith in the reality of a homœopathic cure, assured her of a return of the trouble. A few months later, calling to see another patient where the latter lady lived, I found the latter in bed from a very painful swelled face; in connection with a left lower decayed molar there was the same pain, shooting in the lower jaw. She had been using mustard and hot applications without any relief, and was quite willing for me to prescribe *Silicea*; this time Swan's cm., was given. In a short time she was able to leave the bed and come to the table, and in a few hours became, and remained, free from the pain.

CASE II. HOARSENESS.—*Carbo veg.*—Involuntary provoking. Mrs. R., for hoarseness, worse from speaking, tension in trachea and rawness on speaking, received *Carbo veg.* 900, Fincke, one powder. In about ten minutes she felt heat in throat, neck, nape of neck and upper part of chest, as from strong wine, lasting about five minutes, and soon followed with relief of all the other symptoms.

CASE III. AMENORRHŒA.—COUGH.—*Pulsatilla*.—Nov. 10, 1879. Miss —, house servant; has had a bad cold for

three or four weeks, with cough; worse in morning, on rising, and from exertion; comes from tick'ing in chest, with thick, yellow-green, bitter expectoration, and pain in chest; has missed menses for two mouths; has always been irregular; menses usually scanty, blackish, preceded by slight pressing in lower abdomen, and attended, the first day, with dull pain over eyes; has a stitch on lower left side on taking deep breath, or from sweeping; a little dizziness on stooping; her sister, father and mother's sister died of consumption. Has also bad headache all time; worse toward evening and in warm room; better in the cold and in open air. *Pulsatilla mm*, Swan, one dose.

Nov. 15. Cough nearly gone; painless; expectoration less, tastes better; all other symptoms better; no medicine. I did not see her again; two months later her mistress told me she was well and regular.

CASE IV. PAIN IN CHEST.—*Dulcamara*.—Dec. 28, 1879. A colored woman had for several weeks a sticking pain in right chest, going from near the third rib and sternum to the inferior angle of the scapula; worse about noon and on lifting anything heavy. *Dulcamara* 900, (Fincke) two powders, one evening and morning, were given, and the pain left the next day, without return for two months, when it again as quickly disappeared under the same remedy and potency.—EDWARD RUSHMORE, M. D., Plainfield, N. J.

TAPE WORM.—*Kali carb. 6x*—Mrs. P., aet. sixty; nervobilious, active, bright temperament. She had taken *Cucurbita pepo*, *Kousso*, active violent cathartics, etc., for its removal, but segments were frequently passed for years. There were few symptoms to be obtained, viz: cramping in abdomen, and pronounced vertigo on rising from bed or from stooping posture. Gave patient one ounce *Kali carb. 6x*, which she took for three months and now reports she passes no segments of worm, and after other efforts to discover segments, has failed to find any. The following is her letter:

SANDUSKY, April 2, 1880.—DR. BUCK:—Dear Sir: I have now taken all the powders sent by you, watching myself

carefully during the time. I could feel the dizziness and all other symptoms of my trouble growing less and less. My other deliveries have been three months between, and when that time was up I concluded to test the thing, and knowing *Pumpkin seeds* to be about as good as anything and could do no harm, I peeled two hundred seeds, ground the peels and mixed with honey, took two hundred more, split them in two and made a good cup of tea, went to bed without supper, and in the morning, on an empty stomach, took the mixture of peels and honey; through the day amused myself eating the meats taken from the seeds. During the day I took a small piece of cracker, nothing more, and on going to bed, drank the *Pumpkin seed tea*. In the morning before breakfast took two tablespoonfuls of *Castor oil*, which operated well, and there were no signs of worms of any kind, no odor of one. I have always noticed a peculiar odor each time before, now I am thinking it is eradicated, and will go on my way rejoicing. I wish I could thank you in person. Respectfully yours, MRS. A. H. P.

Clinical Cases of Eye and Ear Diseases. Reported from
Dr. Wilson's Clinic.

CASE XIV.—**ULCER OF THE CORNEA.**—This little patient, Miss Sophy Brown, is only five years old, and is in a very bad way with her right eye. Her light hair and fair skin show her to have a constitutional tendency to scrofula. This scrofulous cachexia, though not marked by sores upon her body, is revealed to the physician's eye by slight but very certain peculiarities. Until quite recently Miss Sophy has been in good health, and enjoyed good eyesight. Her father recently died of consumption. This is an important fact. Her mother, who brings her here, is in good health. This is her only child. Two weeks ago Sophy had several red spots appear on her eye balls. Her mother described very accurately the

appearance of the inflammation. She said the spots were whitish, or only slightly red, and around them were clustered blood vessels which were very red. Other portions of the eye ball, she said, were white, and that made the eye look spotted or streaked. This continued several days and did not afford much trouble. Then there came upon the cornea of the right eye a similar spot. This caused her pain and dread of light. The mother became alarmed and sent for a physician. He came and examined the case, but what his opinion of it was is not known. Among other things, he ordered a wash to be dropped into Sophy's eyes three times a day, and each time it was applied it gave her great pain. We have no difficulty in determining the nature of the wash, for the mother calls our attention to her handkerchief, which is stained over with the characteristic spots made by *Nitrate of silver*.

We now make an examination of the eye, and find: left eye, three or four phlyctenulæ on the conjunctiva. These are the congested points above referred to. Right eye uncovered with difficulty; so much pain is caused by exposure to the light. The cornea of the eye is nearly covered by an ulcer. The outer surface is eaten off or sloughed away over more than half its extent. The anxious mother asks, "Can the eyes be saved?" The left eye can soon be cured, but the right eye is hopelessly injured. It will heal up, but there will doubtless be a scar upon the sight. It is hard to say such things to a mother whose only child is a patient in the case. It falls with crushing weight upon her hope and happiness. She is, however, gratified to know that her child can have relief from the torture she has endured so many days and nights. We note the discharge is mucopurulent. The pains are much worse at night. Instillations of *Atropine*, four grains to the ounce, are ordered to be applied every one or two hours. *Mercurius cor.* 30 to be given internally every two hours. Hot fomentations are to be put on the right eye every one or two hours, or as often as the pain seems to demand it. The eye is to be kept lightly bandaged.

The effect was, immediate relief of the pain and causing the child to sleep. But it will take many days to accomplish a cure of this case.

The gentleman who first had charge of Sophy, is a very intelligent general practitioner, but he does not profess to understand diseases of the eye. There are many doctors who are in a similar condition, and they think they know that *Nitrate of silver* is the best thing to put into inflamed eyes. They can not distinguish between this and that form of inflammation, but when they see that the eye looks red they do not fail to put in or order to be put in, *Nitrate of silver*, and they are not always careful how strong they make it. The result is, many eyes are ruined. What would have soon gotten well if left alone is made a thousand fold worse. A small, simple ulcer of the cornea that gives but little pain and might be easily cured, will, if treated to repeated doses of *Nitrate of silver*, become a spreading and painful ulcer, and in the end destroy or greatly injure the sight. "Look

before you leap" is good advice, and in cases like this, means look carefully at the eye before you order *Nitrate of silver*, and avoid it when there are ulcers on the cornea.

We can not be sure that Sophy's eye trouble was caused in this way, but the history of the case points strongly in that direction.

This patient continued under treatment for several weeks, and finally recovered, with comparatively little blemish to the eye.

CASE XV.—GLAUCOMA CURED BY SCLEROTOMY.—LOSS OF SIGHT.—Mrs. Jane Davis, aet. fifty-two, presents herself for examination. She relates the following sad story: In February last she began to have trouble with her right eye in seeing distinctly. Previous to this, and for a month or two, she had experienced severe pain in and about her right eye ball. She then applied for help to a doctor who claimed to be an oculist. He examined the eyes, gave no opinion of the case, but gave her medicine to take. After this she visited another professed oculist, who, after hearing her history, applied *Atropine*, and dilated the eye so that he could look into the eye with an ophthalmoscope. From neither of these gentlemen did she get any idea of the nature of her malady. She returned to the first named gentleman, and continued to visit his office twice a week for a space of three months. Meantime her sight rapidly disappeared in the right eye, and the left became affected in the same way. At last she was informed by the doctor that nothing could be done for her as she had applied to him "too late," and this, notwithstanding she could see to read ordinary print with both eyes when she first placed herself under his care. She also informs us that during all this time the pain in her eyes extending into her forehead and face continued, and was at times very excruciating. This, the doctor told her, was "neuralgia." Inasmuch as he could do no more for her, and, indeed, had so far done nothing for her, she left him and came to Dr. Wilson for consultation. Examination showed all sense of sight gone from right eye, and the ball hard and the pupil widely dilated. In the left eye the condition was nearly as bad, there being only an ability to distinguish light from darkness. Her case was at once pronounced *glaucoma*, and no hope existing of a restoration of sight. The effect of this knowledge was very depressing, but she bore up under it bravely. She begged to be at least relieved of the pain, which had become almost unendurable. The doctor placed her in the operating chair, and with a narrow, cataract knife made a simple sclerotomy by passing the point of the knife into the anterior chamber, through the sclerotic coat, and passing the point out on the opposite side at a corresponding distance from the edge of the cornea, and then carefully brought the knife out so as to cut a slit about three-quarters of an inch long. This was accomplished without the use of *Chloroform*, and with comparatively little pain. The result was an almost immediate cessation of pain upon that side. Nor

has it returned since. In six weeks after the other eye was operated on in the same manner and with a like result. Three months have passed and she has been entirely free, all that time, from suffering. Nor is it at all likely she will suffer a return of it. In less than a minute's time the inflammatory condition was thus arrested, and without material pain to the patient. Her gratitude for the relief afforded was boundless. So far as facts show in the history of her case, had she had this operation performed in February last, simple as it is, it is probable she would have been saved six months of suffering and retained her sight. Unlike this patient, there are many who have a like complaint and who go blind from sheer neglect. They have a needless fear of the operation, and are often wrongly advised by injudicious friends, and they apply for help when it is indeed too late. But it sometimes happens that doctors take a case of this kind which they do not understand and treat it every way but the right one, and the disease goes on until the patient is hopelessly blind.

Glaucoma is sometimes very insidious and escapes only the most trained observation, but even when it should be easily recognized from its symptoms, it is mistakenly treated for neuralgia or some other disease, until the day for help is passed. Glaucoma is always destructive of sight if not arrested. That treatment, according to the homeopathic law, and without an operation, is possible, we have abundant proof. But when an operation is inevitable, the sooner it is done the better. Now that sclerotomy has taken the place of other and more painful procedures, there is all the more reason why patients should not avoid seeking relief through fear. In all doubtful cases the general practitioner will best consult his own interest and the welfare of his patient by obtaining the judgment of a skillful specialist. In conclusion, we call attention to the fact that in all cases of suspected glaucoma *Atropine* should not be put into the eye. It will increase the trouble and make it perhaps incurable.

Miscellaneous.

THE Allgemeine Med. Central Zeitung, March 6th, 1880, contains an article by Dr. H. Struve on the cause of diphtheritis and croup, wherein he says that the accompanying

fever runs the same typical course as malaria fever, and hence *Quinine* his remedy. An involuntary vaccination with a diphtheritic membrane on a burn in his hand caused, after thirty-six hours, a severe intermittent fever, with diphtheritic deposit on the wound. A second voluntary vaccination with diphtheritic membrane five years after the first totally failed, but he took for two days immediately after the vaccination, three *Quinine* powder.

Numerous cases are on record, where from vaccination by vaccine from children suffering from malaria the malaria poison was also carried along, and just such cases brought vaccination into bad repute, inasmuch as on one side two morbid causes, instead of one, acted on the organism, and on the other side, in consequence of the malaria infection, the power of resistance was diminished and the action of vaccination more severe than usual.

May we ask the question, whether the germ theory gains here new proof that these germs, invincible though they are, even to the strongest microscope, can be inoculated, that they are the cause, and their multiplication the effect of the process of fermentation. Cases and facts multiply on all hands, that our knowledge of disease producing agents as well as of disease removing agents, is still very limited. Would it not be better to wait yet, to follow patiently all scientific investigations now going on (just look at Edison, at Crook and others) and we are sure that each and all of them will aid us finally in elucidating the mysteries, which yet seem to involve the action of high potencies. Why deny the facts, because we yet can not explain them, and the cry "post hoc is not propter hoc" may as well be applied to physicians using low potencies exclusively, as well as to those using the middle and higher ones. It is easy to cry "fruits of imagination and of fraud," but rather doubtful whether the proofs will be forthcoming.—S. LILIENTHAL.

Croup Differentially Considered.

An article upon this subject by Allen Mott King, M. D., of St. John, N. B., appeared in the December number of the *Homœopathic Times*. The presumption is that Dr. King is a homœopath, but he would never be accused of it had the article in question found its way into the *Medical Record* instead of a homœopathic journal.

The editor of the *Times* must have been absent when it was "set up" for that journal, but how it came to escape the vigilance of the able editor of the *St. Louis Clinical Review* and find its way into the January number of that staunch homœopathic paper is a mystery. Think of a professed follower of Hahnemann closing the treatment of croup and diphtheria with such a wail as this: "A specific remedy for diphtheria has yet to be discovered, and the physician who shall discover it will be considered one of mankind's greatest benefactors." The treatment is also a fair sample of what might be expected from a man in search of "a specific" for the name of a disease. He recommends *Chloral hydrate* because "Dr. John Barclay mentions several cases where all chances of recovery seemed removed, that were saved by the administration of *Chloral*." That is certainly a very scientific reason for its homœopathic exhibition in croup; where, in its pathogenesis of ten pages there is not a croup symptom to be found.

He says: "Some years ago I flattered myself that, with the *Binioidide of Mercury* and *Permanganate of potassa*, the one internally (which one?) the other applied to the throat locally, I could cure most any case of diphtheria or diphtheritic croup, but a more extensive experience has since convinced me of the folly of my confidence." Also: "The literature of diphtheria is wonderfully voluminous, and as wonderfully useless when put to the test, and we feel surprised that scientific men have been rash enough to rush into print to advocate remedies that are in most cases worse than useless, as precious time is lost in trying them." The Doctor even

went so far as to "give *Lac can. cm* and *1m* a fair trial in several of my worst cases," and "I obtained the medicine and full directions from Dr. Swan himself," but, allopathic like, he does not give an indication for its use, or a symptom of his patient by which the profession may be able to determine whether he had a case of croup or of Bright's disease to treat or what was the cause of his failure. I venture to say that Dr. Swan never prescribed *Lac can.* or any other remedy in that way. The Doctor is evidently unacquainted with the Alpha of the science he professes to practice. The literature of the treatment of croup and diphtheria is wonderfully complete, not "useless," and if the Doctor will study carefully Hahnemann's *Organon*, Hering's *Materia Medica*, Johnson's *Key*, Dunham's *Lectures* and Lillenthal's *Therapeutics*, he will learn not only how to treat these diseases successfully, (homœopathically) but all others. He will then be able to select his remedy without "losing precious time in trying," which a homœopath should never do.—
H. C. A.

Michigan University Dedication of the New Homœopathic Hospital, March 12, 1880.

The new homœopathic hospital and amphitheatre were dedicated with public exercises, which were held in the amphitheatre. There was a large number of persons present to witness the opening exercises, and among the homœopathic physicians in attendance from different parts of the state were the following: Drs. Eldredge, of Flint; Hyde, of Eaton Rapids; Sawyer, of Monroe; McQuire, of Detroit; Jewett, of Adrian; Fowle, of Moscow; Pattison, of Ypsilanti; Noyes, of North Adams; Allen, of Portland, and

others. President Angell, Mayor Smith, members of the homœopathic faculty, and numerous others were present. Music was discoursed by the city band, and at eight o'clock Dr. Franklin introduced Rev. Wyllys Hall, who delivered the opening prayer.

Dr. Franklin, dean of the department, then in behalf of the faculty, and friends of Homœopathy in the city, bade the audience a hearty welcome. Many had come from a distance to attend these exercises, and the dean welcomed them here to see the position that the department of Homœopathy had attained in the first five years of its existence here, and alluded with satisfaction to the progress made by Homœopathy throughout the country. Animated by the conditions of its success, conscious of its superior efficacy in the cure of diseases everywhere, the people of the state in legislature assembled in 1855 first engrafted upon the University of Michigan the principles and therapeutics of Homœopathy, but it was not until after a contest of twenty years that Homœopathy found its place on the campus. In 1875 Dr. Samuel A. Jones and John C. Morgan, two prominent members of our school, were appointed as professors in this school, and the former remains in the faculty to-day, having passed triumphantly through without a scar, the battles and sieges of the opposition—a living monument of heroism in the cause of Homœopathy and truth. The evidence that Homœopathy had taken a permanent position in the University was their new buildings erected as important aids for obtaining a thorough medical education, Our department has never been placed on an equality with the other school, and it is an open question for future legislation and an impartial regency to decide whether or not it shall be sustained in the future in all respects. He believed that the time was not far distant when the homœopathic school would reflect as much credit on the university as any of its other departments. But we need more material for our surgical, for our eye and ear clinics, material for medical and obstetrical departments, and for these practical aids we look to the profession in this and contiguous states. It is true our clinic

is daily increasing, and even now outnumbers those of the opposite school. Here many have found relief from their ills after having been subjected to the nauseous doses of the other department without permanent benefit—triumphs due to our superior and health giving therapeutics. This department can be made a bright and shining light that shall send its cheering ray of hope to every portion of the earth where disease lingers and pestilence destroys.

Dr. S. A. Jones was then introduced by Dr. Franklin and delivered a very able and interesting address. After an introduction alluding to the new responsibilities and duties, the speaker said:

These state hospitals do not much resemble the first endowed hospital—that of the Emperor Alexius—of which we have authentic record.

This was as it should be, the state the founder and patron of the hospital, having its usefulness augmented by private benefactions.

When such foundings and such endowments are left to private charity the state is remiss.

These hospitals, the only state establishment of their kind within its borders, compare poorly with that built by Alexius not only in size. The worthiest one of God's poor may knock at our door and knock in vain. There is no place provided for him in this thin charity of the commonwealth.

If not a niggardly, it is indeed a shortsighted mistake. As they stand to-day these hospitals have been built chiefly to further the interests of medicine and surgery in the University. Without them the teacher discharges but the lesser half of his duties; the student loses the larger half of his needful opportunities. The curtailment of the teacher's usefulness is the more quickly perceived, and the more keenly felt by the most earnest and the most promising students, and as a consequence they are tempted to complete elsewhere a course begun here, or they spend elsewhere a post graduate year to supplement the clinical poverty of mere didactic teaching,

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Since the college has been founded a per centage of its every junior class has been deflected in this way, and we must look to this hospital to arrest such depletion. To that end we urge the removal of every obstacle to an abundant supply of hospital material.

It must not be concluded that for all these years we have been without clinical material.

As a means of supplying the hospital demand for material the speaker suggested that the state provide free beds, suitably guarding an abuse of its charity, and that those who languish in the poor houses of the state be sent hither at the expense of the county from which they come; or else that such parties be sent here at the expense of providing for them assessed upon the county furnishing them.

The present system of charity retains these unfortunates in a county house where they are only a worthless and costly incumbrance, depriving the hospital of them, where they could be of use for clinical demonstration. The expense of keeping them will be about the same, while in the one place, they are useless, though they can be of benefit in the other. Why will not the state put them where they can be utilized? Put them where the full need of charity is awarded; where the claims of charity are met, and where even then science can reap a rich harvest. At present all that pathological anatomy could gain from these cases is lost, and that loss falls heavily upon the medical schools of their University. It is a needless waste of some of the most valuable material; a loss that books and didactic teaching can not make up to the student. It might also tend to make the grave more of a place of rest that it is said to be in Michigan. Moreover, many of these now helpless consumers of the public moneys could, through such able medical ministrations, be returned as helpful producers—enriching instead of impoverishing the state. It is certain that in such places many a curable chronic disease is utterly neglected, and the unfortunate victim left an unnecessary burden upon the people. Every consideration of an enlightened character, of sound political economy, and of the educational interests fostered by the state urge the propriety

of utilizing this material, and I beseech of you, within your several influence, to move in this matter.

This, however, is not the sole source of supply. Within the boundaries of this state are many needing the ministrations of these hospitals who could pay their way to its doors but can not sustain themselves in its beds. They were honest, honorable, self-sustaining citizens while health and strength were theirs, and while in possession of these they discharged their duty to the state; in their misfortune the state has made but slender and inadequate provision for the affliction which has deprived them of usefulness. The doors of these hospitals are virtually closed against them.

This most worthy and deserving class of citizens should be provided for by the state, and that not meanly. The officers of these hospitals should have power to admit such to free beds at discretion.

We are left then to those who can pay for their beds as our sole resource. This secures the ministrations of salaried officers of the state for those not citizens of the state who can pay for a bed. The state virtually bestows its munificence upon the stranger and withholds it from its own. The rule should rather be, every bed free to the appropriate applicant; pay beds to be occupied when there is no other applicant; because our present accommodations will meet the demands of only pure charity.

With the earnest support of the profession in the state, the need for ampler accommodations could soon be demonstrated.

There is also another class in behalf of which a voice should be raised. It comprises the pariahs against whom society shuts its doors and hardens its heart. It consists of those whom women condemn, whom Christ forgave and will forgive forever. Catholic Europe carefully provides for them; what will Puritan America do?

A lying-in hospital for these were indeed a Christian charity. An open door for her who trusted in man's faith; a place of refuge for her who fell through trustfulness. Her

awful fall, her heartfelt misery, her utter friendlessness, her sore need the only *sesame*.

We must take this world as it is, not as it should be; we must meet it as it is, not as it should be, and happily, some day it will change the should be for the is—but never, never, never, if there is one single abyss of human misery which human compassion has not fathomed.

Prof. Jones closed his address by adverting to the opportunities offered to students in the hospital, and to the responsibilities devolving upon the faculty.

Dr. I. N. Eldredge, of Flint, who began the practice in this state in 1847, when there were but five homœopathic physicians in Michigan, was next introduced, and his address was devoted mainly to a review of the history of the contest which preceded the establishment of the homœopathic college. He recalled the year 1855 when the legislature provided for the appointment of two homœopathic professors, whom the regents failed to appoint, which failure led to a litigation in the courts in which the regents were beaten. He then detailed the subsequent history of the contest down to 1875, when the college was founded, and alluded with pleasure and satisfaction to the completion of the hospital, and the present permanent position which the homœopathic college had attained upon the campus.

Dr. A. I. Sawyer, of Monroe, was then called for and made a few congratulatory remarks, alluding to the advance which Homœopathy had made during the past generation in this and neighboring states.

President Angell, in response to several calls, came forward. He was glad that Dr. Jones had selected the subject he did for his inaugural address. He was fully in union with the professor, on his recommendations in regard to free beds and county house patients. He had often thought what a fine place Mayor Smith's plat of land southeast of the campus would make for a large state hospital, and had no doubt the Mayor would some day present it to the University for that purpose.

Toxicological Effects of Morphia Sulphate.

The writer, influenced by the desire to experience "the gorgeous imaginations and intense feelings of happiness produced by *Opium*, * *" referred to by Herbert Spencer, in his treatise entitled *First Principles*, of the series of writings comprised in his *Synthetic Philosophy*, took at eleven p. m. one grain of *Morphia sulphate*, and retired, expecting a very pleasant sensation for at least the time during his usual sleeping hours. During the night there was not a period of an hour's duration in which there was quiet sleep or unconsciousness. The night was passed in a semi-unconscious state during part of the night, and a strong desire to pass into oblivion. In the morning, between five and six o'clock, usual time of rising, endeavored to get up, but an extreme degree of nausea and vertigo prevented standing, and was compelled to resume the decubitus state. There was a very bitter taste in the mouth, and severe frontal and vertical headache, with retching. After a short time took few drops *Belladonna* in water; this was immediately followed by emission, and quieting of the stomach was only secured by the recumbent posture. Again tried to take *Belladonna*, with the previous results repeated. About nine a. m. took a cup of coffee, seasoned; this was also emitted, and quiet was restored by keeping in recumbent posture. About ten a. m. called for cup of strong coffee, unseasoned. This was the only substance that the stomach tolerated, and seemed to waken the system from its abnormal condition, and enabled the prover to assume the erect position without violent retching or vomiting. During most of the time there was imperfect vision, want of co-ordination, and a strong desire to obtain a release from the living state or to die. The thought presents itself in this case, that patients suffering the effects of *Opium* may do better if they are not whipped, dragged and compelled to consume their energies in useless physical exertion. Would it not be better to allow all the energy the system possesses to be employed in the correction of, or antagonism

to, the depressing state brought about by this agent? During the afternoon the prover was about his usual business, and thinks had he received the treatment recommended, his condition would not have permitted as easy a recovery.—P.

Homœopathic Medical Society of Ohio. Sixteenth Session.

This body assembled in Pulte Medical College, Cincinnati, Ohio, May 18, 1880, with Dr. E. P. Gaylord, President, in the chair, and Dr. J. A. Gann, Secretary, at the table.

The meetings were characterized by a highly intelligent treatment of all subjects presented, and a gentlemanly and courteous bearing of the members toward each other. One looked in vain for the exhibitions of any ill feeling engendered by outside relations that so frequently are brought forward in state and local meetings of medical conventions. This meeting of the Ohio Society reminded us of the American Institute's deliberations, which are characterized by respect and consideration of the views presented by its members.

During the sessions the subject of potency slumbered, and it is well that no one disturbed it. The subjects evoking special discussion were those of a scientific and practical nature, such as physiology, pathology, therapeutics, sanitary science and hygiene. No mention of the uncertain entity, dynamization, was made. The addition to membership was quite gratifying; among others, we are glad to notice two ladies, Drs. May Howells and Ellen Kirk, of Cincinnati.

The welcoming address was made by Dr. Buck, followed by the opening discourse, entitled, *Progress of Science and Medicine*, which was an able effort, displaying a familiarity with what physicians should cultivate. After these addresses the society entered upon the regular bureau work.

During the convention the society partook of the hospitalities of the city physicians, a banquet, at the Highland House. On this occasion toasts and responses were offered, Dr. Eaton acting as toast master. The first toast, Hahnemann, the assemblage arose and stood in silence. Our Medical Societies, response by Dr. Gaylord; The Ladies, by Dr. Geppert; Cincinnati, by Dr. Owens; Medical Success, by Dr. Parmalee; Our Medical Colleges, by Dr. Gann.

The following officers and chairmen of bureaus were elected and appointed for 1881: President, H. M. Logee, Oxford; Vice-Presidents, first, M. H. Parmalee, Toledo; second, G. W. Moore, Springfield; Secretary, H. E. Beebe, Sidney. Treasurer, J. C. Sanders, Cleveland. Dr. B. F. Lukens, was appointed Chairman Bureau of Gynæcology; M. H. Parmalee, Surgery; J. D. Buck, Physiology and Pathology; H. H. Baxter, Materia Medica; J. P. Geppert, Sanitary Science; W. T. Rowsey, Clinical Medicine; S. R. Beckwith, Insanity; J. C. Sanders, Obstetrics; G. C. McDermott, Ophthalmology; J. R. Flowers, Legislation. Drs. Owens, Beebe and Geppert were appointed on the Publishing Committee, and the Society expressed its desire that the *ADVANCE* be made the medium of publication. The Society passed a resolution requesting the State Legislature to pass a Board of Health bill.

Scientific Medicine (?) Illustrated. By Ah Sam, M. D.

CONRAD—Away! You are an ass; you are an ass.

DOGBERRY—Dost thou not suspect my place? Dost thou not suspect my years? O that he were here to write me down an ass! But, masters, remember that I am an ass * * I am a wise fellow, and which is more, an officer; and which is more, a householder * * and one that knows the law; go to * * O, that I had been writ down an ass! —*Much Ado About Nothing.*

Before us lies a recent lecture upon a rare form of disease of which the lecturer heard something in his recent journey

in Europe. He does not claim to ever have seen a case of the kind, but he has read about it, and conversed with an Italian physician who claims to have seen something of the sort. This fact is remarkable, since the lecturer offers a new and improved (?) method of treatment. And the curious part of it is, that the reason why he offers a new mode of cure is because the methods heretofore followed have proven failures. Anything for a change under such circumstances would seem to be allowable. But the lecturer belongs to a school of medicine which first of all, and all the time, boasts of its great antiquity. Its second and greatest virtue is its scientific accuracy. It is, in its own eyes, nothing, if not scientific. But it would seem that this virtue, great as it is, is of very recent date. It would be an ungracious task to show how far short of their pretensions these gentlemen fall. In the lecture before us, the learned gentleman has shown a curious willingness to place his progenitors upon the record in anything but a favorable light. Compared with the gentleman himself, his professional ancestors must have been sorry asses indeed. Now to the proof. The subject in question was a peculiar form of fever—no matter what. Passing over the exhaustive pathology of the disease we come to the treatment, first considered historically. "The treatment," he asserts, "has been various." We would remark right here that this has been the case with all diseases treated by this school. The statement was, therefore, superfluous. But he goes on to say: "Different remedies have been favored at one time and condemned at another." There was no need of such a humiliating confession. It is a well understood fact that this school has spent its history in adopting and rejecting, without ever yet permanently fixing, upon a remedy for any disease. It would n't be scientific, you know, for a doctor of that school to know just what to do in a given case. He goes on to say that "the success of medication in England" with this disease, "was so doubtful, that the expectant method came to be adopted." He does n't say what that first method was, but we know what it was. Venesection and *Calomel* were the agents used, and he

should have said, that "the method proved so decidedly destructive that the doctors, not knowing what else to do, concluded to do nothing." The learned gentleman does not say if this latter method proved successful or not. But inasmuch as it did not accord with the doctor's business, the "diaphoretic" method was employed, viz: "warmest rooms and closest coverings." But he says it was followed by such results, that it had to be abandoned. He says it was carried to such an excess that it caused "a reaction." That is a delicate way to put it. After that "bleeding was vigorously used, but, though the symptoms were temporarily relieved by it, the depression that followed was attended by consequences which led to its abandonment." All this was rather discouraging, but the gentlemen were not in the least discouraged. Why should they since it was all guess work anyhow, and the next time they might have better luck? So "antispasmodics and various nervines were often used, with relief, doubtless, but without much effect upon the results of the disease." Foiled again. After that, "diuresis" was employed. Result not stated, but practice not continued. Reason obvious. "Several active drugs, as *Corrosive sublimate*, free quantities of *Chlorine water* and other antiseptic agents have been used during the last thirty years but without such effects as to establish their efficacy or determine any question positively as to their value." Meantime, let us ask, what were the patients doing, and how did they thrive under such scientific (!) failures to treat their disease? Then "*Ipecacuanha*, from thirty to forty grains in three doses each, repeated at short intervals to secure an emetic effect, has been praised as exceedingly useful; but its extraordinary alleged efficacy has not been demonstrated." Too bad, isn't it? "Diaphoresis," "antispasmodics," "diuresis," and "emesis," together with their aids and abettors, all *hors de combat!* Had some one at the time and on the spot suggested a better way, he would have been snuffed out as "irregular." The learned lecturer, in unconscious ignorance of the sad spectacle which he is making of his friends, goes on to enumerate a score of other drugs, but he gives to none of them

any appreciable value. In fact, he disposes of them quite summarily by offering to the world "a better way." How e'er he came to know it seems of little consequence. He probably "evolved it out of his inner consciousness." He gives us neither fact nor philosophy to support his recommendations. Why should he? Is he not a college professor? Besides, who can prove his statements to be not true? Clearly nobody, unless they should happen to try what he recommends. This is not likely unless the disease makes its appearance in this country. His sovereign remedy is *Quinine*. He is emphatic upon the dose. "He insists upon large doses," whatever that may mean, for he does not mention quantity or frequency. It might be tried, you know, and it might prove a failure; but what of that? Before the failure could become known, the learned lecturer would have enjoyed a professional reputation upon the strength of his teachings, and maybe have been sleeping with his fathers many years. What would he care if some of his successors to his learned professorship, and standing in his shoes, should make his follies a subject of their lectures? Two rather funny things are to be found in the journal in which appears this learned lecture. By way of conclusion the gentleman says: "Since the foregoing article was written, I have received, in answer to inquiries, a letter from Dr. P., one of the oldest and most reputable physicians in Italy, in which he questions the existence of miliary fever as a distinct disease." So it appears the learned gentleman has attempted to cook his hare before he caught it. After all, it is doubtful if the disease exists. Well, that is richness. In another article on "Amblyopia from *Quinine*," we are told that "injurious results to the eyes may follow the use of excessively large doses of *Quinine*." Several cases are reported of persons going blind and deaf from its use. And all this from a medical school claiming to be scientific. The gentleman has made it plain that their past has proved to be a failure. What their future is to be needs no prophetic eye to see.

The International Homœopathic Convention.

It has been definitely settled that the next convention will be held in London, in 1881. The time will be duly announced. The committee having in charge the arrangements, have presented the following "scheme:"

"1. That the Convention shall assemble in London at such time and during such number of days as may hereafter be determined.

"2. That this meeting take the place of the Annual British Homœopathic Congress, and that its officers be elected at the Congress of the preceding year; the Convention itself being at liberty to elect honorary vice-presidents from those foreign guests and others whom it desires to honor.

"3 That the expenses of the meeting be met by a subscription from the homœopathic practitioners of Great Britain; the approximate amount to be expected from each to be named as the time draws near.

"4. That the expenses of printing the transactions be defrayed by a subscription from all who desire to possess a copy of the volume.

"5. That the Convention shall be opened to all medical men qualified to practice in their own country.

"6. That all who attend shall present to the Secretary their names and addresses, and a statement of their qualifications; and, if unknown to the officers of the Convention, shall be introduced by some one known to them, or shall bring letters credential from some homœopathic society, or other recognized representative of the system.

"(a.) That members of the Convention, as above characterized, shall be at liberty to introduce visitors to the meetings at their discretion.

"7. That the committee be authorized to enter into communication with physicians at home and abroad to obtain—

"(a.) A report from each country supplementary to those presented at the Convention of 1876, recounting everything

of interest in connection with Homœopathy which has occurred within its sphere since the last reports were drawn up.

“(b.) Essays upon the various branches of homœopathic theory and practice, for discussion at the meetings, and publication in the transactions; the physicians to be applied to for the latter purpose being those named in the accompanying schedule.

“8. That all essays must be sent in by January 1st, 1881, and shall then be submitted to a committee of censors for approval as suitable for their purpose.

“9. That the approved essays shall be printed beforehand, and distributed to the members of the Convention, instead of being read at the meetings.

“10. That for discussion the essays shall be presented singly or in groups, according to their subject matter, a brief analysis of each being given from the chair.

“11. That a member of the Convention (or two, where two classes of opinion exist on the subject, as in the question of the dose) be appointed some time before the meeting to open the debate, fifteen minutes being allowed for such purpose, and that then the essay, or group of essays, be at once opened for discussion, ten minutes being the time allotted to each speaker.

“12. That the order of the essays be determined by the importance and interest of their subject matter, so that, should the time of the meeting expire before all are discussed, less loss will have been sustained.

“13. That the Chairman shall have liberty, if he sees that an essay is being debated at such length as to threaten to exclude later subjects of importance, to close its discussion.

“14. That the authors of the essays debated, if present, shall have the right of saying the last word before the subject is dismissed.

“15. That, as at the first convention, the subjects of the essays and discussions shall be—

“(a.) The Institutes of Homœopathy.

“(b.) Materia Medica.

“(c.) Practical Medicine.

“(d.) Surgical Therapeutics, including diseases of the eye and ear.

“(e.) Gynæcology.”

At a subsequent meeting of the committee, it was determined that the gathering shall be known as the “International Homœopathic Convention.”

All communications to be addressed to the Secretary, Dr. Hughes, Brighton, Eng.—*Monthly Hom. Review*.

Book Notices.

The American Journal of Electrology and Neurology. John Butler, M. D., Editor. Boericke & Tafel, Publishers.

The April No. seems well filled with valuable matter. We say “seems,” for we have not read the whole of it, and what we have read is so spurious that we would not like to endorse it, even if a homœopathic professor edits it and a homœopathic house publishes it. In the application of electricity we might doubtless learn something of value, but in therapeutics the editor, or his “devil,” is sadly demoralized. “The ‘high deluded’ practitioners” is a funny phrase, but the editor does not wisely in admitting it to his columns. Here’s a bit of wisdom worthy the page of an allopathic journal: “We have seen cases of cerebral and spinal anæmia much benefited by the use of *Tokay wine*. Half a wine glassful three times a day, of Reich’s importation, will be found a valuable prescription in many cases.” And here is another, taken out of an allopathic journal where it had better been left: “Dr. Whittaker, in the Cincinnati Lancet and Clinic, reports good results from the use of hypodermic injections of *Ether* in *Sciatica*.” Such statements are neither new nor valuable. If they are followed by practitioners, so much the worse for their patients. If the editor will stick to his electricity he may do well enough. His empirical recommendations are out of place.

Laryngeal Phthisis. A paper read before the New York State Homœopathic Medical Society. By Chas. E. Jones, M. D. Albany, 1879.

We recognize in this paper a very able production, and one that might be studied with profit by all. The author, to our mind, unfortunately leaves an open door to empiricism by his quasi endorsement of almost all the "regular" methods of local treatment of the larynx. He had better have kept the door wholly shut, and relied upon strictly homœopathic treatment. If allopathic empirical methods are allowable there, then they are allowable elsewhere, and for all we can see everywhere, and what then becomes of the science of therapeutics?

Diphtheria. By Wm. Morgan, M. D. Homœopathic Publishing Co., London.

This is presumably a homœopathic treatise, so far as therapeutics is concerned. The facts, however, do not bear out the supposition. It is actually a system of treatment that may be described as about 'alf and 'alf. The writer is strong on topical applications, and his logic is of the usual order. He says, after mentioning and summarily throwing overboard pretty much everything recommended by other people, "The *Hydrochloric acid*, however, to my mind, stands foremost in the ranks of topical remedies. It was the first that I selected on my acquaintance with diphtheria, in 1859. It has since been used by a large number of allopathic and homœopathic [!] physicians in this and other countries. It is one of the chief remedies recommended in Ziemssen's great work on the Practice of Medicine, and in a strongly written article on diphtheria, by Dr. Heslop, which appeared in the Medical Times for May, 1862. He did not lose a case out of a large number after adopting the *Hydrochloric acid*." Still we are in doubt as to the value of this famous remedy until we can look into Dr. Morgan's mind. That must be an important factor, for he sets it up himself as a sort of standard from which to calculate. To Dr. Morgan's "mind" *Hydrochloric acid* stands foremost. So it appears, it stands to several allopathic minds, but we know how untrustworthy they are. What they kiss to-day they kick to-morrow. "Ziemssen," "Heslop" and "The Medical Times" are all made of treacherous quicksand, but Morgan is a homœopath (?) you know, and knows what he is talking about. His "mind" settles it when he wants a remedy. What a pity he had not given the sage of Costhen just a piece of his mind, as it would have saved all this trouble in proving the *materia medica*. Dr. Morgan thinks Hahnemann a big man, for he discovered that Asiatic cholera can be cured by *Camphor*, *Cuprum* or *Veratrum*, and intimates that he—Morgan—might attain to immortality on the ground of his—Morgan's—discovery that diphtheria can be cured by *Belladonna*, *Mercurius sol.* AND *Hydrochloric acid*. But bless you, "or" and "and" make all the difference in the world.

Hahnemann gave his remedies separately and only when indicated, while Morgan gives his remedies all together, or what is equivalent to it; and if he thinks he can deceive us into accepting such a procedure as in any sense scientific, or holding any relation to anything Hahnemann ever taught or practiced, he deceives himself. We do not hesitate to condemn it in toto.

Photographic Illustrations of Skin Diseases. By Geo. Henry Fox, M. D. E. B. Treat, New York.

Parts 7, 8, 9 and 10 are just received. The preceding numbers we have already noticed. We can but admire the enterprise of the publisher in getting out such a splendid and yet comparatively cheap work. The numbers all together and bound, will make an incomparable volume on skin diseases. In the parts before us we have fine illustrations of lupus vulgaris, lupus erythematosus, epithelioma superficial, epithelioma rodens, epithelioma, trichophytosis capitis, trichophytosis corporis, lichen planus, lichen ruber, kerion, lepra maculosa, molluscum, erythema multiform, phtheiriasis capitis, phtheiriasis corporis, scabies, porrigo. We have only admiration and commendatory words for the work.

A Warning Voice to the Young. By H. B. Van Norman, M. D., Cleveland, O. Pp. 20.

The author of this excellent little pamphlet has done society a valuable service by presenting a plain and forcible statement of the evils of self-abuse. The existence of this crime is undeniably wide spread. But as it is essentially a secret vice, it exists and does its awful work where, least of all, it is suspected. There is no surer antidote or certain cure, than to disseminate such an appeal as this. It might with benefit be scattered along all paths where the feet of the young are wont to tread; and there would be many a silent thanksgiving from the hearts of those kept by it from the path of destruction. Physicians in want of such a work to quietly drop into the hands of youthful sufferers, could do no better than send to Dr. Van Norman for a copy of his excellent little pamphlet. Price 25 cents.

RECEIVED.

LUNACY REFORM. A letter to Dr. E. Seguin. By Dr. Von den Steinen. G. P. Putnam's Sons, New York.

LONDON LANCET, for May, 1880. Reprint by Industrial Publication Co., New York. \$5.00 a year.

WOOD'S MEDICAL LIBRARY FOR 1880. 1. Hand-Book of Physical Diagnosis. By Dr. Paul Guttman. 2. Foreign Bodies in Surgical Practice. By Alfred Poulet, M. D. Vols. I and II. 3. Venereal Diseases. By E. L. Keyes, M. D. There will be twelve large volumes, one to be issued each month. Price \$15.00.

Editor's Table.

MR. WILLIAM THAW, of Pittsburg, Pa., has offered to give twenty-five thousand dollars toward building a homœopathic hospital in that city.

A SAD calamity attended the recent fair of the Hahnemann Hospital [N. Y.] The building, crowded with people, fell, killing several and injuring many. A lady and a gentleman each gave five thousand dollars to the Hospital, in view of the loss it sustained.

EIGHTEEN graduates of the Hahnemann College settled in Philadelphia. Cincinnati would welcome a few good men.

THE American Homœopathic Ophthalmological and Otological Society will hold its fourth annual meeting in the parlors of the Newhall House, Milwaukee, beginning June 15th. Papers are promised from leading specialists throughout the country. H. C. Houghton, President; F. Park Lewis, Secretary.

MEMBERS of the Ohio State Medical Society who have not received the proceedings in pamphlet, are requested to address Dr. J. P. Geppert, Cincinnati, O., for the same.

DR. S. R. BECKWITH is convalescing from his late severe and dangerous illness.

THE year 1880 shows an increase over other years in the number of homœopathic graduates. Pulte Medical College had twenty-three; New York, thirty-one; Philadelphia Hahnemann, seventy-five; Chicago Hahnemann, eighty-seven; Iowa University, eight; St. Louis, twenty-five; Boston University, thirty-five; Chicago Homœopathic, twenty. Showing over three hundred, with several colleges not yet reported.

THE Annual Homœopathic Gazeteer has been placed before us. This publication is issued by Dr. E. A. Guilbert, St. Louis, and gives the correct address of nearly one thousand physicians in the Mississippi valley. Such publications should receive the hearty co-operation of the profession, as it gives definite data for many purposes. We should be pleased to see Pettet's U. S. Directory revised, and brought up to date.

DR. C. S. VERDR's "Progressive Medicine," comprising the latest discoveries and new remedies in the science of medicine, is nearly ready to issue from the Bond street press of THE AUTHOR'S PUB. CO.

DR. A. C. JONES has located in his old field again, Connersville, Ind.

DR. I. H. DIX has moved to Inman, Kan.

DR. A. A. WHIPPLE is now at Quincy, Ill.

HANNIBAL, MO., May 3, 1880.—The time of meeting of the Missouri Institute has been changed to Wednesday and Thursday, June 2d and 3d. The annual address will be delivered by Prof. Philo. G. Valentine, A. M., M. D., of St. Louis, in the Congregational Church, on Wednesday evening at eight o'clock. Subject: "Popular Errors touching Homœopathy."—WM. D. FOSTER, Secretary.

SCHOLARSHIPS in medical colleges for sale. Address Scholarship, care MEDICAL ADVANCE.

